



Medical Home Run? Incubating 60 MPG U.S. Health Care Teams

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For the Dorsetts to Afford Coverage *and* a Continual Inflow of Medical Miracles, Beyond Improving Quality, Clinical Teams Must...

n ↑↑ Translational Efficiency

**Lower total cost of care by
~ 35 percentage points by
meeting “top quadrant”
quality-cost benchmarks**

n ↑↑ Knowledge Turns

**Lower total cost of care by
>2.5 real percentage points
every year thereafter
and improve quality**



(See Andy Grove's '05 *JAMA* article)



Finding Today's 40 MPG Teams, Starting with Primary Care for Sickest 20%

Support from payers, RWJ and California Health Care Foundations for a national talent search for “super-lean” primary care “idols.”



“Is this a great 40 MPG medical home?”



Wish You Were Here: Postcard From Jamaica Plain, Massachusetts



- n Quality: A
- n Service: A-
- n Affordability: 20% Leaner
- n Memorable Facts:
 - Specialize in sick & poor
 - 7/24 MD availability
 - In-home relationship with caregiver
 - Memory-proof med paks
 - Start health plan & gainshare





Wish You Were Here: Postcard From Downey, California



- n Quality: A (+ C)
- n Service: A (+ C)
- n Affordability: 35% (+ 15%) Leaner
- n Memorable Facts:
 - Blackbelt hospitalists & LPNs rule
 - One capitated specialist/specialty
 - Needs-tailored “mini-mills”
 - Up-close learning (gym gems)
 - Start health plan





4 Diverse Sites, Common Ingredients Across Two Reengineering Frames: A. Health Crises/Year and B. Cost/Visit

**Salient Caring
W/ Outreach
Between Visits**



(↓ Crises/Year)

**Lean Production by
Diverse Teams**



(↓ Cost/Visit)

Supplier Mgmt



(↓ Both)

See “Medical Homes – And Medical Home Runs?” By A. Milstein, Sept. 10, 2008. *Health Affairs Blog*.

URL: <http://healthaffairs.org/blog/2008/09/10/medical-homes-and-medical-home-runs/>



40 MPG “Idols” Continue to Study, Test, Learn & Evolve Toward 60 MPG (~Moore’s Law)

“If you want to succeed,
double your failure rate.”



– IBM Founder
Thomas Watson

Source: *London Independent*



Payer Paths to 60 MPG Team Care

1. Via tiered MD networks and/or shared savings with MD-led practices, create a market that encourages *adoption* of today's benchmark care delivery methods
2. Incubate *discovery* of tomorrow's benchmarks in care delivery methods, starting with primary care



Government



Aerospace



Gaming