New Rules for Radical Redesign in Health Care
**Change the balance of power:** Co-produce health and wellbeing in partnership with patients, families, and communities.

**Standardize what makes sense:** Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care.

**Customize to the individual:** Contextualize care to an individual’s needs, values, and preferences, guided by an understanding of what matters to the person in addition to “What’s the matter?”

**Promote wellbeing:** Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care.

**Create joy in work:** Cultivate and mobilize the pride and joy of the health care workforce.

**Make it easy:** Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians.

**Move knowledge, not people:** Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

**Collaborate and cooperate:** Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.

**Assume abundance:** Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities.

**Return the money:** Return the money from health care savings to other public and private purposes.
Change the Balance of Power: Co-produce health and wellbeing in partnership with patients, families, and communities.

Example:
- NUKA in Anchorage, Alaska – “Customer-Owners”
**Standardize What Makes Sense:** Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care.

- Example:
  - Alliance Member Charleston (W.Va.) Area Medical Center and leaders of their surgical trauma ICU led improvements in their pressure ulcer prevention. After the team tested new ways to educate staff, patients, and families on the importance of turning patients at defined intervals, team members standardized roles and processes to ensure there was an individual assigned to assist the nurse in turning the patient at identified intervals.
Customize to the Individual: Contextualize care to an individual’s needs, values, and preferences, guided by an understanding of “What matters” to the person in addition to “What’s the matter?”

Example:

- Alliance Member Bellin Health partnered with a number of patients to redesign the organization’s gynecology-oncology service line, from addressing concerns about finances at the time of diagnosis to anxieties about transitioning between care teams during remission.
**Promote Wellbeing**: Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care.

- Example:
  - End-of-Life Care and the Conversation Project
Create Joy in Work: Cultivate and mobilize the pride and joy of the health care workforce.

Examples:
- Alliance Member HealthPartners “BeWell” work
- Alliance Member Coastal Medical
  - Organization’s practice transformation and accountable care success
  - President and CEO Al Kurose’s Blog: “Share the Work, Share the Wealth”
- “Don’t Walk By”
  - Lieutenant General David Morrison, Chief of the Australian Army, and his video message about unacceptable behavior and “the standard you walk past is the standard you accept”
  - Bellin Health’s “Do Not Walk By” list
**Make It Easy:** Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians.

**Examples:**
- Alliance Member University of Pittsburgh Medical Center’s “No Hassles” Work
- “Breaking the Rules for Better Care” Week (January 11-15, 2016)
The Leadership Alliance “Breaking the Rules” workgroup, which is set to meet twice a month September 2015 through February 2016, is currently making progress in the following areas/aims to inspire radical redesign across their organizations:

- **“Amnesty Week”:** Alliance members will act together over the course of a single week in January to ask their staffs through a standard template of questions to submit ideas for the top health care rules they would like to break, or are breaking, in their organizations.

- **Rule Categorization:** Once Alliance members collect ideas of top rules to break from their organizations, they will bucket these rules into one of four categories:
  - **Habits (Micro and Macro)** - Can be changed through culture
  - **Administrative Prerogative (Micro and Macro)** - Can again be handled internally
  - **Regulation Myths** – Can reach out to organizations like the Joint Commission or HIPAA to clarify
  - **Real Regulation and Policies** – Opportunity to use Collective Voice to advocate for change

- **Top 10 Rules to Break:** The list of rules will be narrowed down into the top rules Alliance members believe are most important to break, and members will examine which organizations are breaking these rules currently and who might want to break them in the future. Once a “Top 10” list is created, the group will engage in user-centered design to work together on breaking these top rules across their organizations in a national effort, keeping in mind both care providers and care receivers.
Move Knowledge, Not People: Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

Example:

- Alliance Member Northwell Health’s partnership with Project ECHO at the University of New Mexico School of Medicine. Project ECHO employs a guided practice model and uses video conferencing to connect primary care providers in rural and underserved areas with an array of specialists via condition-specific virtual clinics.
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Collaborate and Cooperate: Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.

Example:
- Bellin Health “Live Algoma”
- Scotland’s Early Years Collaborative
Live Algoma is part of the 100 Million Healthier Lives Campaign, a global initiative sponsored by the Institute for Healthcare Improvement. The healthcare system accounts for a small portion (10%) of an individual’s health. To truly improve health requires improvement in the many determinants of health which exist outside the walls of the system (the other 90%). Coalitions of health care representatives and community stakeholders are partnering to develop innovative solutions to achieve the shared goal of 100 million people living healthier lives by 2020.
Keys to delivering a healthy community

Healthy EMPLOYERS

Healthy INDIVIDUALS

The COMMONS (Community Assets)
- Arts
- Recreation
- Education
- Public Safety
- Collective Contributions of Community Segments

Healthy CHILDREN

Healthy COMMUNITY
Healthy Children

- **Child’s Purpose**: choose appropriate health, lifestyle and learning resources to maximize learning opportunities
- **Contribution to the Commons**: students volunteer by offering orientations at the community wellness center
- **Measure**: Children graduate from school ready for life (i.e. to enter workforce or college)
Assume Abundance: Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities.

- Examples:
  - On Lok
  - Planetree
**Return the Money:** Return the money from health care savings to other public and private purposes.

- **Example:**
  - Alliance Member Bellin Health’s Algoma work
    - The Live Algoma Coalition, a partnership between Bellin Health, the Algoma School District, community agencies and local employers and government, is an initiative to help communities further their capability to improve the health of targeted populations and develop ways to share and spread community-driven approaches across the country.
    - In 2015, IHI named the Live Algoma Coalition a SCALE (Spreading Community Accelerators Through Learning and Evaluation) awardee, and Live Algoma was distinguished as a pacesetter community to use its grant funds to further the work of Live Healthy, Live Well, Live Algoma, a comprehensive initiative designed to improve the overall health of the community and address workforce wellness needs.