Choosing to use the most powerful model in the world

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Our national aims

As you know, this nation has embarked on a bold and ambitious journey. The Affordable Care Act directed the secretary of Health and Human Services (HHS) to implement many powerful new programs and initiatives to increase access to high-quality, affordable health care for all Americans. We are pursuing three broad aims to guide and assess local, state, and national efforts to improve health and the quality of health care:

1. Better care—Improve the overall quality by making health care more patient centered, reliable, accessible, and safe.
2. Better health—Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
3. Lower cost—Reduce the cost of quality health care for individuals, families, employers, and government.

The Partnership for Patients initiative was established by the Centers for Medicare and Medicaid Services (CMS) and HHS Secretary Sebelius, together with other public-sector and private-sector leaders, to rapidly generate progress in achieving improved patient safety and reduced 30-day hospital readmissions. These are two key areas that were identified where the nation could make substantial gains on the overarching goals of better care and better health at a lower cost.

I will be presenting information and results in a few minutes on the Partnership for Patients. Serving as codirector of this initiative is 100% in alignment with my nearly 30-year career in the social marketing field. This work has been aimed directly at generating bottom-line results at the national and the international scale. I would like to begin our time here today by sharing with you some of the results from several large-scale public–private initiatives, including the Partnership for Patients,
that have focused on achieving significant, measurable results for the people we serve.

For many years, the number of patients needing organ transplants has exceeded the number of organs available. A national Organ Donation Breakthrough Collaborative was launched in October 2003 to generate rapid, measurable increases in the number of donor organs made available for transplant. The donation and transplantation community enthusiastically supported this collaborative and benefited from the rapid sharing of best practices in organ donation and transplantation. In Figure 1, you will see that the breakthrough collaborative methodology helped the thousands of patients and caregivers involved in this national effort to generate month-after-month increases in the number of organ donors. The increases in organ donation generated by this initiative have saved or enhanced the lives of tens of thousands of Americans since its inception.

Another example of a powerful collaborative at work is occurring through the hard work and support of many of you here today. The Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) was initiated in the Health Resources and Services Administration in 2007 out of a need to address medication safety in underserved communities. CMS is currently supporting this work through the 10th “scope of work” for quality-improvement organizations. This collaborative, known today as the Alliance for Integrated Medication Management, is resulting in over 13,000 patients being screened each year by PSPC teams to catch, correct, and ultimately eliminate medication harms.

I have also been privileged to serve as one of the contributors and leaders of an international initiative led by the Environmental Protection Agency called the International Partnership for Clean Indoor Air. This effort is helping millions of the poorest families in the world to use cleaner cooking technologies. The benefits of a modest, 15- to 40-dollar improved cookstove are enormous: Mothers spend less time gathering fuel and more time educating children, and the improved cookstoves produce far less black carbon in the environment, substantially reducing deforestation and fuel consumption. The leaders of this work have established an aim (and are meeting it) to double the number of improved cookstoves in use every two years. In fact, as you can see in Figure 2, they are nearly doubling the number each year.

This brings us to current national efforts that many of you and many of

William A. Zellmer Lecture

The William A. Zellmer Lecture was established in 2010 by ASHP in collaboration with the ASHP Research and Education Foundation’s Center for Health-System Pharmacy Leadership in honor of Zellmer’s contributions to health-system pharmacy policy development, advocacy, planning, and communications during his career on the staff of ASHP. The lecture is given annually during ASHP Policy Week by a distinguished individual who has demonstrated exceptional leadership in advancing health care-related public policy that has improved the safety and effectiveness of medication use.

Lecturers

2013 Dennis C. Wagner
2012 Scott F. Giberson
2011 Jimmy R. Mitchell
2010 William A. Zellmer

Figure 1. National increase in monthly number of organ donors in the United States, January 1999–April 2007.
our ASHP colleagues are actively engaged in today. The Affordable Care Act provides for the development and evaluation of innovations to improve the quality of health care while reducing overall costs. The Partnership for Patients is one of many initiatives supported by CMS and its Center for Medicare and Medicaid Innovation. The partnership is defined by two aims: a 40% decrease in preventable hospital-acquired conditions and a 20% decrease in 30-day readmissions by December 2014.\(^2\) The method of achieving these aims is a national test to spread the known practices in generating progress through a full-court press by multiple federal and private sector programs like quality-improvement organizations, coupled with an Innovation Center investment in 27 Hospital Engagement Networks (HENs) and the Community Based Care Transitions Program.

There are 11 adverse-event areas of focus in the Partnership for Patients. And it should come as no surprise to those of you here today that over one third of hospital-acquired conditions are due to adverse drug events. Later on, I will be sharing some results from our efforts to reduce adverse drug events in this program. However, to get started, I would like to show you some results related to our collective national efforts to decrease readmissions across the nation. In Figure 3, you will see a graphic display of the systematic month-after-month decreases in national Medicare fee-for-service, 30-day, all-cause readmissions, beginning in late 2011 and continuing through the present.

The most powerful model

I have made clear in the title of this Zellmer Lecture that this talk is about a pretty audacious subject: the most powerful model in the world. I believe that the results just profiled—across multiple national and international initiatives—are propelled, in large part, by the systematic use of this powerful model. To get you thinking about what this model might be, I pose this question for you to discuss with the person sitting next to you: What do these initiatives and results have in common? Although I have a particular model and answer in mind, there are many other great answers to this question. Take a few minutes to generate and discuss your answers, and we will come back to the full group to hear some of your thoughts. (Editor’s note: At this point in the presentation, a group discussion ensued, from which a number of answers emerged, such as an intentional focus on results, collaboration and alignment across multiple sectors, and bold aims.)

These are all great answers and, based on my experience with these initiatives, I believe they are very much on the mark. In addition to these answers, I want to share with you a very simple and straightforward answer that is anchored in the writings of Viktor E. Frankl. Frankl’s seminal work is a book called *Man’s Search for Meaning.* Many of the writings in this book were informed by Frankl’s horrendous experiences as a World War II concentration camp survivor. Consider the following passage:\(^5\)

We stumbled on in the darkness, over big stones and through large puddles, along the one road leading from the camp. The accompanying guards kept shouting at us and driving us with the butts of their rifles. Anyone with very sore feet supported himself on his neighbor’s arm. Hardly a word was spoken; the icy wind did not encour-

### Figure 2. Increase in use of cleaner cooking technologies by worldwide members of the Environmental Protection Agency’s International Partnership for Clean Indoor Air, 2003–10.

<table>
<thead>
<tr>
<th>Year</th>
<th># Stoves Sold</th>
</tr>
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<tbody>
<tr>
<td>2003-06</td>
<td>313,000</td>
</tr>
<tr>
<td>2007</td>
<td>512,791</td>
</tr>
<tr>
<td>2008</td>
<td>804,436</td>
</tr>
<tr>
<td>2009</td>
<td>1,538,966</td>
</tr>
<tr>
<td>2010</td>
<td>2,484,093</td>
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age talk. Hiding his mouth behind his upturned collar, the man marching next to me whispered suddenly: “If our wives could see us now! I do hope they are better off in their camps and don’t know what is happening to us.”

That brought thoughts of my own wife to mind. And as we stumbled on for miles, slipping on icy spots, supporting each other time and again, dragging one another up and onward, nothing was said, but we both knew: each of us was thinking of his wife. Occasionally I looked at the sky, where the stars were fading and the pink light of the morning was beginning to spread behind a dark bank of clouds. But my mind clung to my wife’s image, imagining it with an uncanny acuteness. I heard her answering me, saw her smile, her frank and encouraging look. Real or not, her look was then more luminous than the sun which was beginning to rise.

A thought transfixed me: for the first time in my life I saw the truth as it is set into song by so many poets, proclaimed as the final wisdom by so many thinkers. The truth—that love is the ultimate and the highest goal to which man can aspire. Then I grasped the meaning of the greatest secret that human poetry and human thought and belief have to impart: The salvation of man is through love and in love. I understood how a man who has nothing left in this world still may know bliss, be it only for a brief moment, in the contemplation of his beloved. In a position of utter desolation, when man cannot express himself in positive action, when his only achievement may consist in enduring his sufferings in the right way—an honorable way—in such a position man can, through loving contemplation of the image he carries of his beloved, achieve fulfillment.

This passage reveals the moment that Frankl came to a central truth that informs what I consider to be the most powerful model in the world: No matter what the conditions of our environment and surroundings, we all have the ability to deliberately and intentionally choose our response to the environment. Put differently, mankind has the unique ability to choose its response to any given stimulus (Figure 4). We can consciously choose to think good things and do good things, even when the stimulus is as negative as prodding with the butt of a rifle. In his book *The 7 Habits of Highly Effective People*, the celebrated leadership author and thought leader Stephen Covey wrote about Frankl’s model.
of choice. Covey described the movement from stimulus–response to stimulus–choice–response as what it means to “exercise the muscles of human-ness.” Frankl himself eloquently summarized *Man’s Search for Meaning* by noting, “When we are no longer able to change a situation, just think of an incurable disease such as inoperable cancer, we are challenged to change ourselves.”

This is what we are doing to dramatically change our health care delivery system. Think about it: How does our nation get better care and better health at a lower cost? We can achieve it by first choosing to make it happen.

Our personal and organizational leadership choices matter immensely. Choosing to commit to these health care transformation goals is key. The outside pressures of the environment often are compelling us to do other things. Our organizations call on us to “maximize billing.” Our businesses require revenues. Our professional organizations often are working on behalf of their members to get new billing codes that would enable more or new payments for our services. These are all things that inform our regular experiences in the health care field. However, to move the national health care system to regular performance that results in better care and better health at a lower cost, each of us needs to consciously and intentionally decide and choose to do things differently. Understanding this choice—and acting on it—is the systematic application of the most powerful model in the world.

My experience has been that when we make these kinds of choices, and then begin to pursue them with system and method, the world changes around us. Consider the following passage by a leader of one of the first expeditions to successfully scale Mount Everest:\textsuperscript{9,9}: \footnotetext{9}{Until one is committed, there is hesitancy, the chance to draw back, always ineffectiveness. Concerning all acts of initiative (and creation), there is one elementary truth, the ignorance of which kills countless ideas and splendid plans: that the moment one definitely commits oneself, then Providence moves too. All sorts of things occur to help one that would never otherwise have occurred. A whole stream of events issues from the decision, raising in one’s favour all manner of unforeseen incidents and meetings and material assistance, which no man could have dreamt would have come his way.}

Consider the following choice. When I was working with the national Organ Donation Breakthrough Collaborative, I met two extraordinary people, named Monica and Loren. They were the mother and father of a 14-year-old girl named Alexa. Alexa lost her life while on the national waiting list for a lung transplant. Alexa’s parents could have been bitter but chose instead to contribute their time and energy to increasing organ donations. They wanted to help other mothers and fathers to avoid the tremendous pain that resulted from the loss of their lovely daughter. Their involvement in our organ donation work had a tremendous impact: Thousands of caregivers were impacted by Alexa’s story and took intensive actions to ensure that they and their organizations did everything possible to improve their organ donation rates.

In our federal efforts, we have partnered with hundreds of patients and families who have been harmed or affected by medical errors. They too could have been bitter but are choosing instead to work closely with us to make care safer. The systematic involvement of patients and families has helped to galvanize greater urgency and emotional relevance in the improvement work, and it has also helped our initiatives to overcome bureaucratic barriers and obstacles that previously stood in the way of rapid action and progress. William Zellmer,\textsuperscript{10} in his comments in the inaugural Zellmer Lecture, articulated a similar point of view when he said,
“Take students’ and practitioners’ emotions as seriously as their intellects; reverse the notion that we must suppress our emotions to achieve technical competence. This point should resonate strongly with you as we reflect on how ‘technical’ pharmacy education is today.” Zellmer has called on us to lead in new ways. The systematic involvement of patients and families in our caregiving and improvement work is an important dimension of this new way of thinking and being. The examples of Loren and Monica and their daughter Alexa show us how this can look in actual practice. As we further consider Zellmer’s guidance on new thinking and going beyond the traditional boundaries of technical competence, I want to share with you a powerful paradigm on leadership.

Many of us have encountered the idea that leadership and management are different. When I first joined the government, I worked for a rear admiral in the Public Health Service who was fond of saying that “managers do things right, whereas leaders do the right things.” This is a strong, straightforward way of understanding these two roles. Another mentor of mine, Dr. John Scanlon, president of JSEA Inc., took this straightforward paradigm on the distinctions between leadership and management even further. Dr. Scanlon graphically depicts four ways of organizational being: administering, observing, managing, and leading (Figure 5).

These four ways of being in an organization are defined by the extent to which we have (or do not have) two key things: (1) true accountability for results and (2) resources necessary for achieving these results. The conditions of leadership arise when we accept true accountability for results even though we lack the necessary resources to achieve them. This is very different from a management paradigm, where we are taught to never accept accountability without the necessary resources to achieve the accountability. Leadership is quite different and requires different sets of behavior and the systematic use of language linked to those behaviors. John R. Searle and Fernando Flores have written extensively about how leaders use certain “speech acts” that help them to bring about actions, results, and a future that would not have otherwise occurred. Some examples of leadership speech acts are assertions, declarations, requests and offers, promises, acknowledgments, effective questions, and using the phrase “Yes, and . . . .”

In learning and using leadership speech acts, I have found it to be almost as powerful to cultivate an awareness of certain elements of language that are not leadership speech acts: gossip, complaints, worries and frets, ineffective questions, and using the phrase “Yes, but . . . .”

Understanding and consciously using the “language of leadership” are keys to effective leadership. For example, the systematic use of requests and offers is a powerful way that leaders access the often unknown and invisible resources that are needed to achieve significant national results. In my social marketing work, I have found that the conscious and intentional use of requests and offers is a source of incredible abundance. People and organizations often want to contribute to shared results like better care and better results at lower costs. When asked to contribute their diverse and powerful resources and platforms, many of these leaders and their organizations step up to the plate and help. Making requests and offers—with system and method—is one of the many ways that we can surface and align the resources needed to achieve these kinds of impacts and results. Simply stated, the leadership speech act of making requests and offers can generate the resources that leaders need to achieve bold aims.

The Partnership for Patients initiative, bolstered by the active and engaged leadership of millions of caregivers throughout the nation, is producing quantitative results to achieve the aims of better care, better health, at lower cost. We have already reviewed the national decreases in Medicare fee-for-service 30-day readmissions. Let’s review some of the initial results in the area of reducing adverse drug events.

At the outset of the work of the HENs in the Partnership for Patients in early 2012, there were fewer than 300 hospitals engaged in measuring, reporting, and improving medica-
tion harms in the Partnership for Patients. By September 2013, nearly 1600 hospitals were reporting data and nearly 1200 were showing improvement.

As examples, I will summarize the results of two HENs in the Partnership for Patients to provide you with an idea of how you and your pharmacy colleagues are choosing to make a difference in the work of the Partnership for Patients initiative. The first comes from the Ascension Health system. In the area of anticoagulation harms, Ascension has used many of the same quality-improvement techniques and principles used by the Dignity Health System and all the other HENs. Figure 6 shows the impact of these efforts on reducing elevated International Normalized Ratio values for patients on warfarin.

The second example comes to us from the Dignity Health system, which is using the science of quality improvement to understand and address the root causes of hypoglycemia. Figure 7 shows the impact of these efforts on reducing the numbers of low blood glucose readings.

**Conclusion**

Our nation has embarked on a journey with bold aims for better care and better health at lower cost. Efforts to make care safer include your contributions to reducing adverse drug events and preventing and resolving drug therapy problems across transitions of care. We are beginning to see significant improvements as we work together to build a medication-use system our country deserves.

I ask each of you to maintain your commitment to achieving our bold aims by continuously engaging in leadership acts of requests and offers. Requests and offers surface...
the natural abundance in the world. They result in “deals” and commitments, which, in turn, lead to action and results.

Most important, I am calling on you to choose to stand for better care and better health at lower cost—for our patients, your profession, and our nation. Use your diverse personal and organizational platforms to make this happen, do more of what is already working, lead others in this work, and stand together in serving as catalysts for change. The limits of our accomplishment know no bounds when we choose to use the most powerful model in the world.

References


\( ^{a} \)Attempts to trace the copyright holder of reference 9 were unsuccessful (Goodman H, Orion Publishing Group Ltd., personal communication, 2014 Mar 7).