

GHP Annual Meeting
Final
Effective Partnerships: Politics, the Media and Group Health
2/9/10

Good evening.

It feels incredibly good to be here with you tonight.

As some of you know, Sara I spent much of the fall and winter in Boston with our son Nick, who was paralyzed with what he describes as a rematch with Guillain-Barre syndrome.

The news is good. After weeks in intensive care and months of rehabilitation, Nick moved back into his apartment in mid-January and returned to graduate school a few days later.

And while he has a long road to recovery ahead, he is walking with a cane and his prognosis is excellent.

The months in Boston were a wrenching time, yet they clarified again for me what we are called to do.

The first couple of weeks in intensive care are mostly a blur—a haze of events and fragments of memories thick with fear that the worst possibilities might come to pass.

It was 2 weeks before we knew that Nick had hit bottom and stabilized, and then another few days before he was transferred to Spaulding Hospital to begin rehabilitation.

Spaulding is a powerful place—14 floors of people whose lives have been shattered by a moment when everything changed forever.

Many are between the ages of 20 and 40.

Nick was like them—struggling to make sense of what had happened while working hard to adjust to his new reality.

But he was also profoundly different in one important way—he knew he was likely to recover.

At Spaulding, Nick's care team was led by Dr. O'Connor, a gifted physiatrist who charted the course.

But the actual rehab process was accomplished by a team of physical and occupational therapists working together to teach Nick how to sit in a chair again; how to shower, and how to hold a spoon.

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Watching the occupational and physical therapists work with Nick was a revelation for me.

As busy physicians, we don't always see the details of how a rehab plan is actually carried out.

We chart the course, but it takes real partnership and trust between the therapists and the patient and communication and coordination among the therapists to be successful.

First, they needed to understand Nick's goals. He wanted to go back to school and walk with his class on graduation day.

Then they broke down what that meant—the things Nick needs to do to achieve his goal.

Things like get food in the house and get to class, like take notes and do laundry.

They were teachers who helped Nick learn how to sit, then stand, and to use the strange device that allows you to put on socks when you have limited use of your legs and can't reach your feet.

The first time Nick got dressed alone, it took an hour and a half.

These therapists were also motivational psychologists who pushed Nick to push himself—always with professionalism and compassion.

Dr. O'Connor clarified what needed to happen, and the team became Nick's path to independence.

These weeks were a powerful reminder to me of what we as caregivers do when we are at our very best:

First, we put our patients at the center, helping them understand their choices, and being their trusted partners as they work to achieve their goals.

We're at our best when we collaborate with our partners across our care system and through all settings of care.

Together, we use our medical skills and knowledge to meet our patients' goals, and anchor this in compassion to meet their humanity.

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This then, is the theme of tonight's Annual Permanent meeting: partnership.

Partnership is an essential part of our future even as it has shaped our past.

Before we focus on the role of partnership moving forward, let's reflect on how far we've come since our last meeting.

Twelve months ago, we highlighted the pace of change and the need to adapt.

Well we have seen change . . . change that included a new President of the United States and an intense health care reform debate that remains unresolved.

Change in the form of a deep recession and dramatic loss of jobs.

But we adapted to these changes. And we adapted well.

We tackled a large budget gap by building on strategies. Not through layoffs.

One result was a 50 million dollar positive swing in our margin during 2009.

The strategies that enabled this turnaround were the foundation for many of the accomplishments of which we can be most proud.

We implemented our medical home in all 26 primary care clinics.

Your hard work will not only drive better outcomes for our patients, it also makes our jobs more rewarding and satisfying.

Our specialty colleagues developed an approach to shared decision making that is leading to greater patient involvement, less invasive treatment, and improved patient satisfaction.

We kicked off the cardiology model line to identify standard processes that we can apply throughout specialty to help patients and staff

Your commitment to improving patient care continued with work led by CSBD (Clinical Support and Business Development) in collaboration with our health plan colleagues on end of life care and on smoothing transitions between care sites.

Despite the economic collapse and the lost jobs, we still managed to grow, and grow significantly.

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In 2009, our Group Practice grew by nearly 7,600 patients, and over the past 3 years our growth has been over 17,000.

These patients are coming through choice products, a necessary market shift that we discussed last year at this meeting.

As the health care reform debate in Washington D.C. has ground to a halt over partisan politics, we've worked hard to deliver the most appropriate care for our patients in ways that improve quality and affordability.

For example, the combination of better access to upstream alternatives like primary care and urgent care, coupled with improved coordination throughout our system, is enabling us to moderate utilization of hospitals and emergency rooms.

This is critical because external costs account for around half of what we spend, even in our own Group Practice. And a large portion of these external costs are in hospital and ER use.

This work is a huge bet on our future. When our delivery system works seamlessly through the entire continuum of care, we maintain our ability to manage quality and cost.

As we succeed, we truly become a model for healthcare reform in this country.

The need to work as a system extends far beyond all of you here tonight.

Ultimately, the experience of our patients is the sum of thousands of decisions that our frontline staff—doctors, nurses, managers, and everyone else—makes in partnership with our patients every day.

In the end, our success depends on everyone at Group Health who interacts in any way with our patients.

We made strong progress in 2009 in our efforts to work across sub-divisions that too often function as tribal boundaries.

Lean played a critical role—and we haven't treated it as a religion but as a set of tools, a framework, and a management system.

Lean helps us connect our frontline people, our heart, with our strategies, our head. And the more our clinicians lead this work, the better.

The progress we made in 2009 is reflected in the quality of the care we deliver.

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In July, the Puget Sound Health Alliance announced that once again we earned the top quality marks in the region.

The National Committee for Quality Assurance ranked us in the 74th percentile in our commercial market, up from the 59th just 4 years ago,

For Medicare we were in the 96th percentile.

Consumer Reports said we were the number 1 HMO in the country and 53 of our physicians were named “top docs” by local magazines.

From the New York Times to CSPAN, and from Capitol Hill to the White House, legislators, media, and policy wonks want to understand what we do and how we do it.

Let’s take a moment to appreciate the enormity of the work you’ve done—and the results you’ve achieved.

Please give yourselves a round of applause.

There’s a common thread that runs through these accomplishments.

Every single success is the result of partnerships between people with aligned values who take pride in the work they do every day to bring better health to our patients.

Partnership is the foundation of our integrated system—the connection between care and coverage.

What makes us truly different is that we manage the health care dollar from insurance to care.

Then there are partnerships with our clinical colleagues—nurses, receptionists, pharmacists, x-ray techs, and yes, our managers.

Our patients and their families trust us with their health, and they see us a unified care team.

Next are partnerships within clinical departments that make up our multi-specialty group.

This is our core strength—we are the best in the state.

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Finally, driving everything we do is the partnership that you have with your patients.

This of course is why we are here—to connect our heads and our hearts as each one of us works in partnership with each one of our patients to provide care that is as compassionate as it is timely and effective.

We have other partnerships too.

Like our partnership with the Group Health Research Institute. Our work together has led to the best study yet of a medical home and we've undertaken pioneering work in shared decision making.

We have an important partnership with the Group Health Foundation as well. Through the Foundation, we're building innovation pathways for clinicians like Randi Beck, Nan Smith, and Chris Diehl to seek funding and link with other smart people to improve their ideas.

I want to thank Doctors Sara Thompson, Jeffrey Grice, Ginny and Mark Sugimoto, and Bob Riggs for co-chairing the Permanente Annual Giving Committee, which helped increase our contributions by 30 percent.

All of these partnerships signal great progress and are a source of significant achievement.

But they are really just the start.

In order to thrive in a world that continues to change, we need accelerated success in three areas where we already have momentum:

First, we must continue to grow in ways we can sustain. This will require even tighter integration between our health plan products and benefits and our care delivery system.

Profitable growth in our group practice keeps us relevant in the market and ensures a healthy business future.

This is the only way we can fully deliver on being the best place to receive care and the best place to work.

At the same time, we have to be sure that we have capacity for growth. We can't burn ourselves out or disappoint our patients with poor access.

Second, we need to extend our influence to our community partners.

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Health care reform and our own strategic path steers us toward closer collaboration with community providers.

This means using Group Health's values and expertise to influence care of our patients throughout the state.

The model of Accountable Care Organizations is that connected providers with aligned incentives and common quality goals can best manage care and cost for populations of patients.

Yes, the contract matters, but it is the partnerships we create that will enable us to redefine healthcare.

Third and most important, we have to continually seek new ways to enhance partnerships with our patients to create even more trust.

We'll do this by seeing the care we provide through their eyes, just as my family saw Nick's experience through his eyes.

We must also hold ourselves to the highest standards of quality and transparency, and insist on care that is both compassionate and professional.

Enhanced performance in these areas will create a sustainable and thriving future, and a standard to which the entire country can aspire.

This is the challenge for us in 2010 and the years ahead.

We can only do this if we work together, across the continuum of coverage and care. What touches our patients touches us.

With Nick, we saw what can happen when a dedicated team of health care professionals works in partnership with each other and their patient.

There are no words to describe what it was like to watch our adult child relearn how to sit, stand, dress himself, and return to his life.

It was unforgettable.

Yet this is the kind of power we have and the level of service we provide when we link arms and walk together as partners.

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Please look around this room. Your key partners are here. See them. Appreciate them.

As we move forward together, we will achieve great things.

I have enormous faith in our collective ability to find solutions to the cost and quality needs of our patients.

I want to thank each one of you for what you have given and for what I know you will give in the years ahead