
PATIENT CARE PROGRAM

National Program Launch, National Press Club, Washington, D.C.

George Bo-Linn, MD, Chief Program Officer, Gordon and Betty Moore Foundation



What a terrifically exciting day. Welcome to all of you here today and all of you who have joined us on the webcast, especially those back at the Gordon and Betty Moore Foundation in Palo Alto.

I am thrilled to be with you to announce the new Patient Care Program. As Steve said, this marks the first time in nearly a decade that the Gordon and Betty Moore Foundation has launched a new program. Let me describe the process that brought us here today.

Because the Gordon and Betty Moore Foundation seeks ambitious, large-scale transformation; significant, lasting, measurable results from our work, and makes large investments over years to pursue that goal; we began with examining where we can make a difference in patient care.

Over the past year we have reviewed the scientific literature. We talked with many people—outside healthcare such as engineers and retailers—and inside healthcare—nurses, physicians, and other healthcare professionals—policy makers and researchers—clinic directors and hospital presidents—and of course and most meaningful to us all—patients and their families.

We convened an advisory group of national leaders and healthcare experts. We held meetings to identify gaps in patient care and opportunities for the Foundation to build on the great work that has been done and continues to be done, by many of you who have joined us so graciously here today.

And we had many conversations with the Foundation's Board of Trustees. We greatly appreciate the generosity and wisdom of those many individuals.

Through its research, the Foundation identified three aspects of patient care in the United States that need significant improvement.

Everyone recognizes the first two areas: 1) quality and safety; and 2) the cost of healthcare, and many of you are deeply committed to addressing those aspects.

However, the Foundation believes that just as important is engaging patients and families in their own healthcare. And when we say patients we mean *any* consumer of healthcare.

Let me share some observations about Patient and Family Engagement:

- 26% of hospitalized patients report that clinicians failed to explain medications prior to giving them
- Only 49% of patients are presented with treatment choices or asked their opinions
- Almost half of all patients report a loss of dignity and respect when interacting with the healthcare system

Yet patients and their families are an unrealized, unique resource of important information, vital perspectives, and valuable partnerships for healthcare. Almost all patients believe that they have the knowledge and confidence to play an active role in their own healthcare even when under stress of their medical condition.

When “activated,” patients have improved health outcomes across a variety of medical conditions. When well informed and engaged in shared decision making, patients will choose care that is usually less invasive and less costly.

But if so many patients are willing and able to engage in their own healthcare, why aren’t they? I think we all know the answer: because too often we in healthcare are **not** supportive of such engagement. Many of you here today—even clinicians such as myself—know that when we find ourselves as patients facing the healthcare system—our confidence ebbs, as though we become a different person—we are afraid that not only could we be hurt by the complexity and urgency of healthcare but also if we speak up—we’ll be labeled a “difficult” patient—even if it means that we expose ourselves to physical harm, to unnecessary anxiety, and to silent indignity.

We in healthcare need to stop harming patients. We must eliminate all preventable harm—not only medical harms, but also the harm of receiving excessive, inappropriate care; and the harm of losing dignity and respect of one’s personhood—that, too, is a measurable harm to be eliminated. When we take away a patient’s dignity and respect even unintentionally, we take away our own, too.

Therefore, the Foundation developed the Program’s theory of change. “Improvements in patient care will be more significant, efficient, and durable by focusing on and meaningfully engaging patients and families in their own healthcare tightly linked to a supportive healthcare delivery system.”

On your tables is a graphical illustration of our Program’s Theory of Change. I invite you to read through that. We welcome your input. We believe that this theory is a way to transform relationships in healthcare.

I want to emphasize that a supportive healthcare delivery system does not hurt patients—it prevents avoidable complications; errors; unnecessary, wasteful, and disrespectful care—and that will reduce healthcare costs.

Many healthcare professionals and organizations are developing the concept and practice of patient-centered care, and this program seeks to build on that important work. The Foundation believes that healthcare must move from *presuming* that patients and families are engaged to *ensuring* that the healthcare system is *continually* engaging patients and their families.

We want patients and their families who are engaged in their own healthcare; who are recognized as respected members of the healthcare team; that they are participants as fully-informed partners in shared decision-making; that they have the knowledge and skills to manage, when desired and appropriate, their own healthcare; and that patients and their families understand their role and the valuable contribution they can make in ensuring safe, cost-effective, respectful, and, above all, high-quality healthcare.

What can we do to realize this vision? What must we do.

First, create the systems of care that stops harming patients. A system cannot be supportive if it hurts patients. It must be safe. The Foundation believes that patients should not have to rely on the heroism of individual healthcare professionals working in frequently chaotic environments.

To be supportive of patients and families, healthcare delivery needs to be redesigned to integrate multiple elements—information technology and decision support, medical technology, interprofessional team-based care, practices based on evidence, systems engineering and continual learning—that systems approach would be one in which all the different parts work together in an integrated, interdependent, coherent whole that supports continual engagement of patients and families.

And patients and families must be part of the redesign—so that the delivery system not only meets the needs of healthcare professionals to provide the highest levels of quality and safety—but also ensures that the care is delivered in a way that enhances the respect and dignity of patients and families.

Second, we do everything we can to welcome and support the engagement of patients and their families in their own healthcare. Patients and families want and need to be engaged; we must embrace that opportunity.

Third, we do this now. Now. Because every moment we delay, more people are hurt, more of us lose the joy of our profession.

The Gordon and Betty Moore Foundation believes in taking big risks for the goal of achieving big impact. And the Foundation believes in collaborating with others.

We want to build on and expand the work of so many dedicated individuals and organizations, to achieve what we all desire so fiercely: safe, affordable, compassionate care.

As our first step towards that ambitious goal, we will begin in the acute care setting. Hence, we are pleased to announce a grant in strategic partnership with the Johns Hopkins Armstrong Institute for Patient Safety and Quality.

Dr. Peter Pronovost, director of the Armstrong Institute, will lead the project. As you know, Peter led the work to eliminate central line-associated blood stream infections that has been spread across the US and now to Europe. This work was based on a designed system to address a

preventable complication, incorporating many elements for sustained improvement with large scale adoption.

This 9 million dollar grant will create a supportive delivery system beginning in the intensive care unit setting – where too often preventable harms occur; where patients too often lose the dignity and respect of their personhood; where families are too often separated from their loved ones. This project will be designed to address all preventable harms, to engage patients; to eventually expand into the general hospital, and to achieve large-scale adoption.

We are thrilled to have Peter as the principal investigator of this transformative project.