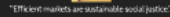


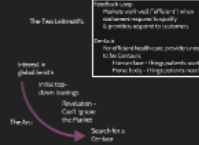


Pediatric Economics



Pediatric Leadership for the Underserved
Grand Rounds @ SFGH
Tuesday 30 June 2015
Michael Scullin MD MBA

- Efficient markets are sustainable social justice.
- Holy goal of global health is high quality providers that breaks down = sustainable & scalable.
- Very hard - have to beat Medicine Men at their own game.
- Need Contact + Nudges - sell health people want & give health they need.
- Nudges helps customers & providers.
- Design systems for real world, irrational humans.
- Unhappy Wedge - easier to beat quacks with higher clinical capacity.



Prezi

The Overview

Pediatric Economics

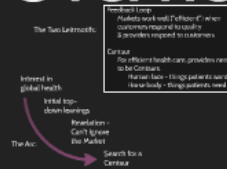


"Efficient markets are sustainable social justice"

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Take Homes

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How to make health care like El Farolito?



Sure.
But...
It's very expensive (unsustainable).
People may not take what they are given.



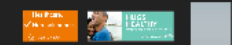
Can't a wise Ministry of Health just give away good health?

Feedback Loop



How to be more like El Farolito?
Offer patients a Centaur.

Centaur



In general, patients do not care about our quality metrics.

Patients who care can only give to the best of their ability.

Thus, markets respond to things other than 'quality'.



Not just clever advertisements but also... clever researchers know this.

...not going to work.
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Human-only providers (Medicine Men) have not improved outcomes.

Rigorous quality care... an appealing human face.

In unregulated markets, Medicine Men are super cheap.

Thus, a successful health provider in a developing country.

Not a strong feedback loop - to be useful & reasonable.

Put another way.

Low quality, low cost. High quality, high cost. High quality, high cost. High quality, high cost.

The Arc:

"Fair Trade" Days

Revelation.

Learning

The Search...



Pediatric Economics



"Efficient markets are sustainable social justice."

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Neither I nor my immediate family members have a personal financial relationship with a manufacturer of pharmaceutical products or services that will be discussed in this presentation.



The Two Leitmotifs:

Feedback Loop

Markets work well ("efficient") when
customers respond to quality
& providers respond to customers

Centaur

For efficient health care, providers need
to be Centaurs.

Human face - things patients want
Horse body - things patients need

Interest in
global health

Initial top-
down leanings

Revelation -
Can't Ignore
the Market

Search for a
Centaur

The Arc:



Take Homes

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 - Very hard - have to beat Medicine Men at their own game.
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In medias res, a case...



Manhica, Mozambique: District Health Center

- Toddler p/w fever, AMS, meningismus
- LP confirms meningococcus
- On presentation, vomits a mess of herbs, leaves & sticks.



On further review, realize a remarkable number of kids present with similar vomitus.

Why?



Prezi

Rochester, NY > Columbus, OH > Scranton, PA

1984.
my mom's writing



c. 1987.

2001-5 Boston College:

Discovered rugby.
Did lots of science.



"Fair Trade" coffee
campaigner
Thinking about
public health &
social justice.



Kaiser SF OB
Resident!

Argentine Marxist

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82% of total population of

Population in Mexico City

World Bank's role in the development of the world

2007: Stanford.



Obama with markets.
Aspirant to an HPR.

Peak of Fredrik Hultén: "want to reform the political, legal & medical framework of developing countries"



2007: Stanford.



Obsessed with malaria.
Aspiring to an MPH.

Peak of Foolish Hubris - "want to
reform the political, legal & medical
framework of developing countries"





82% of countries have a...

...of the world's population...

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Manhiça, Mozambique: District Health Center

- Toddler g/u/w/fever, AMS, meningismus
- LP confirms meningococcus
- On presentation, vomits a mass of heme, leaves 6 stools



On further review, realize a remarkable number of kids present with similar symptoms

Why?



Manhica, Mozambique: District Health Center

- Toddler p/w fever, AMS, meningismus
- LP confirms meningococcus
- On presentation, vomits a mess of herbs, leaves & sticks.



On further review, realize a remarkable number of kids present with similar vomitus.

Why?



Why?

- Our hospital was hard to get to, especially with more kids at home.
 - Care was free, time & transport not.
- Doctors barely spoke Portuguese, let alone Shangaan.
 - Our nurses were overworked & a little frayed.

Why not?

Just like 6M, most kids get better no matter what.

The Revelation:
Perfectly rational to go to the cheap, friendly, culturally sensitive provider nearby.





82% of total green bank of

Private Equity in Africa, Asia,

and Latin America, and the

2007: Stanford.



Obama and with markets.
Aspiring to an MNC.

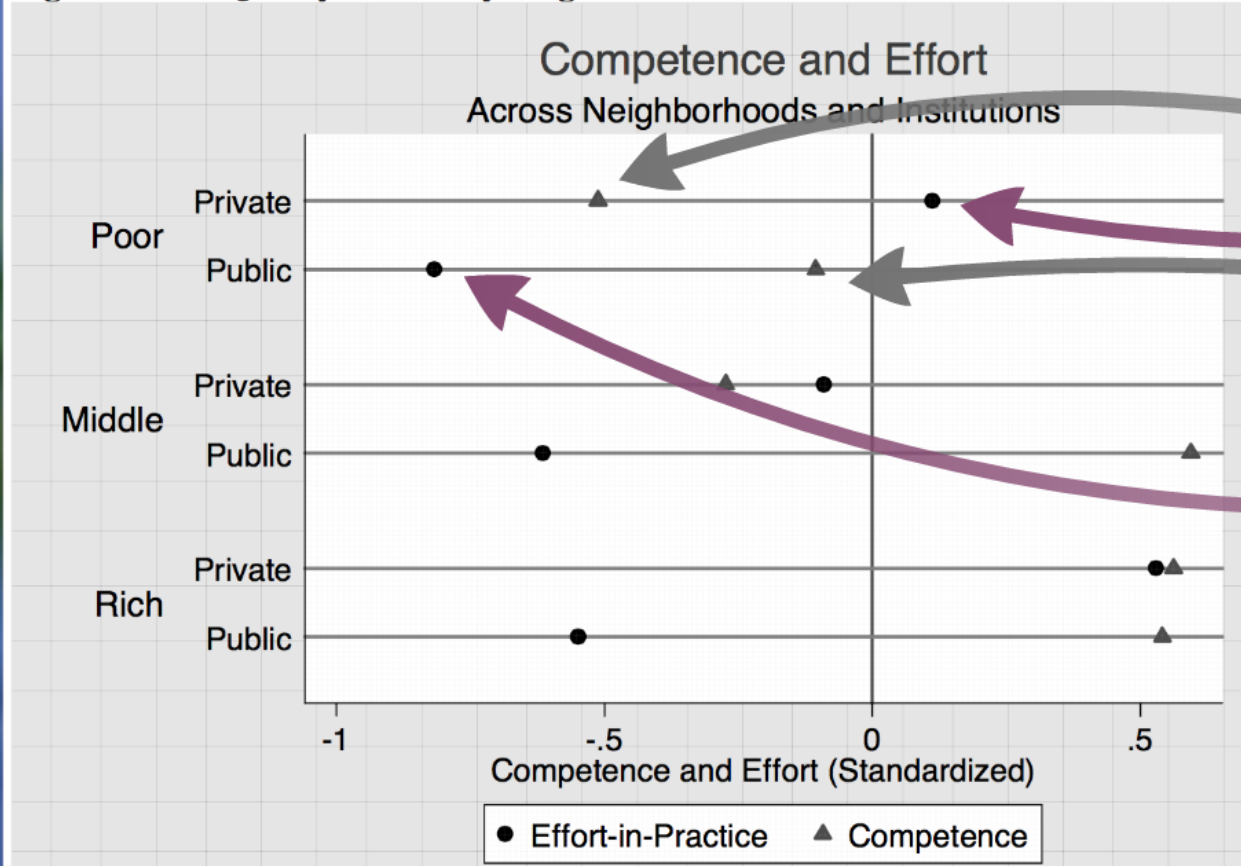
Peak of Fredrik Hultén: "want to
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Money for Nothing

The Dire Straits of Medical Practice in Delhi, India

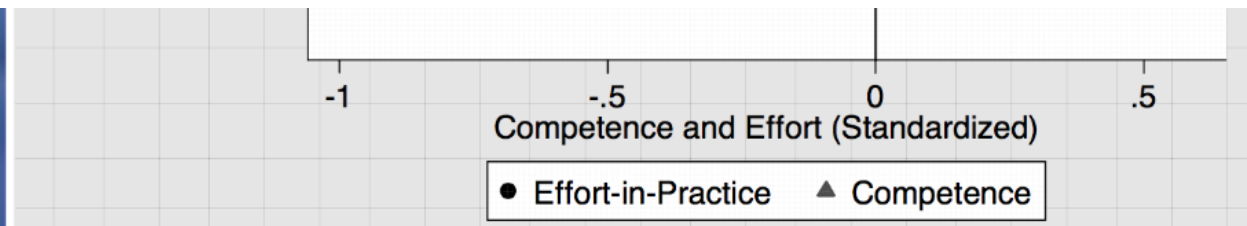
Figure 3: The Quality of Care by Neighborhood Income and Institutional Affiliation



Medicine Men are not good at all...but they try so hard!

Public providers know medicine...but they may as well not.

82% of all visits are to private providers!



82% of all visits are to private providers!

People love the *Medicine Men*.

Probably because they are cheap, friendly,
culturally sensitive and nearby.

The Overview

Pediatric Economics

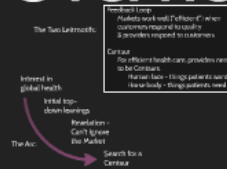


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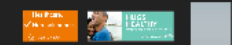
Can't a wise Ministry of Health just give away good health?

Feedback Loop



How to be more like El Farolito?
Offer patients a Centaur.

Centaur



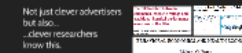
versus



In general, patients do not care about our quality metrics.

Patients who care can only give to the best of their ability.

Thus, markets respond to things other than 'quality'.



This approach...



...not going to work.
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Thus, a successful health-provider in a developing country...

Has a strong feedback loop - to be useful & sustainable.

Is 'Centaur' with balanced 'nudges' to give people the care they want AND the cost they need.

Put another way...

Poor quality, least event.

High quality, sustainable.

High quality, expensive, money.

Easy.

Unusually hard.

Need a Centaur - Nudges.

Relatively Easy.

The Arc:

"Fair Trade" Days

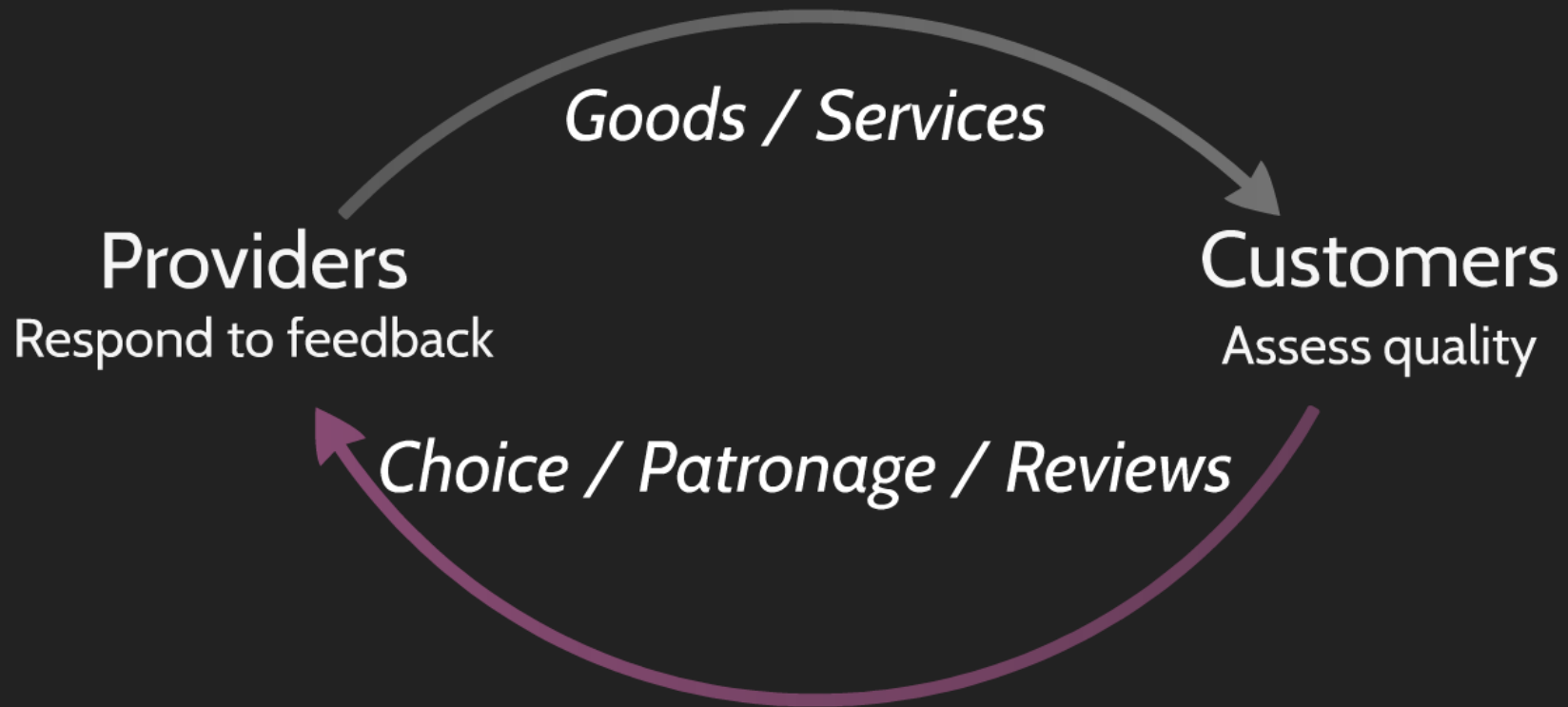
Revelation.

Learning

The Search...



Feedback Loop



Complete loop -> Efficient market.
[High quality, affordable supply satisfies demand]

Broken loop -> Market failure.

A Complete Loop: Burritos in the Mission



- Competitive market, easy to switch patronage.
- Customers can assess quality.
- Providers respond or bust.

Result: Burritos are delicious, plentiful & cheap.
The market is efficient.

Incomplete Loops:

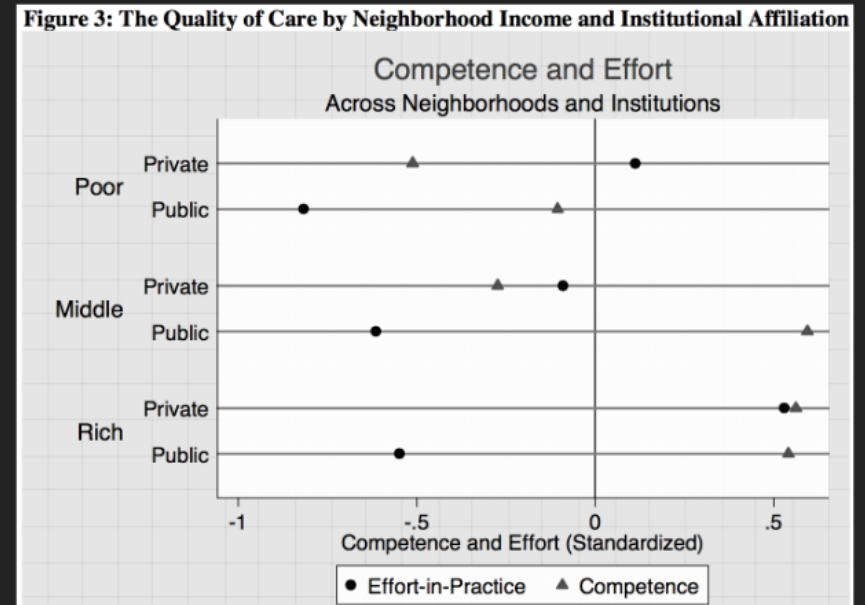
Auto Mechanics - Customers cannot assess quality:price.



Airport bars / The DMV -
Customers are powerless to switch.



Health Care in Developing Countries: 2 Incomplete Loops.



Public – Providers know what to do but don't bother.
Salaried. Hard to fire. Customers politically disenfranchised.

Private – Medicine Men thrive where customers cannot assess "quality".

Instead, assess friendliness, cultural match, etc.

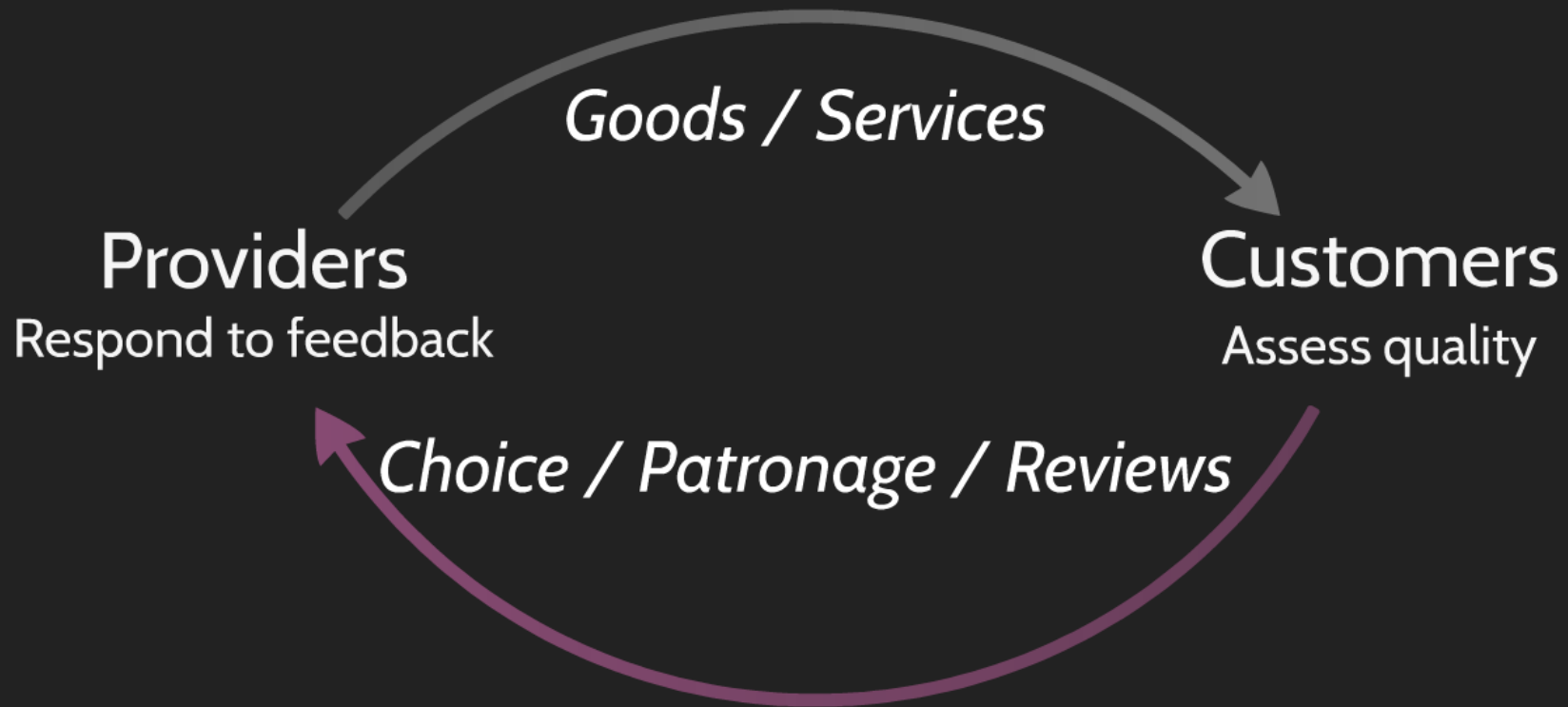
Private – Medicine Men thrive where customers cannot assess 'quality'.

Instead, assess friendliness, cultural match, etc.



- Medicine Man "problem" is pervasive.
- Customers are *never* fully informed.
- *Always* competition from "low quality" providers.

Feedback Loop



Complete loop -> Efficient market.
[High quality, affordable supply satisfies demand]

Broken loop -> Market failure.



Can't a wise Ministry of Health just give away
good health?

Feedback Loop





82% of total green bank of

Part of the green bank of

Part of the green bank of

2007: Stanford.



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THE ILLUSION OF SUSTAINABILITY*

MICHAEL KREMER AND EDWARD MIGUEL

Cluster randomized study of anti-schisto drug uptake in Kenya

THE IMPACT OF COST-SHARING

	Dependent variable: Child took deworming drugs in 2001		
	(1)	(2)	(3)
Explanatory variables:			
Cost-sharing school indicator	-0.580*** (0.054)	-0.459*** (0.122)	-0.572*** (0.080)

Families do not pay for their own medicines.

EXPERIMENTAL SOCIAL EFFECT ESTIMATES

	Dependent variable: Child took deworming drugs in 2001				
	(1)	(2)	(3)	(4)	(5)
Explanatory variables:					
# parent links with children in early treatment schools (Groups 1 and 2, not own school)	-0.031** (0.014)	-0.040** (0.017)			-0.002 (0.018)
# parent links with children in early treatment schools		0.017 (0.029)			
* Group 2 school indicator					
Proportion direct (first-order) parent links with children in early treatment schools			-0.098** (0.045)		

Families are even *less* likely to take them the *more* they hear from



Families do not pay for their own medicines.

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Proportion direct (first-order) parent links with children in early treatment schools			-0.098** (0.045)		

Families are even *less* likely to take them the *more* they hear from friends.

Kremer, M., & Miguel, E. (2007). The Illusion of Sustainability. The Quarterly Journal of Economics, 122(3), 1007-1065.

Sound familiar?

Medicines for HTN, HL, DM...
Vaccines... :(

Sure.

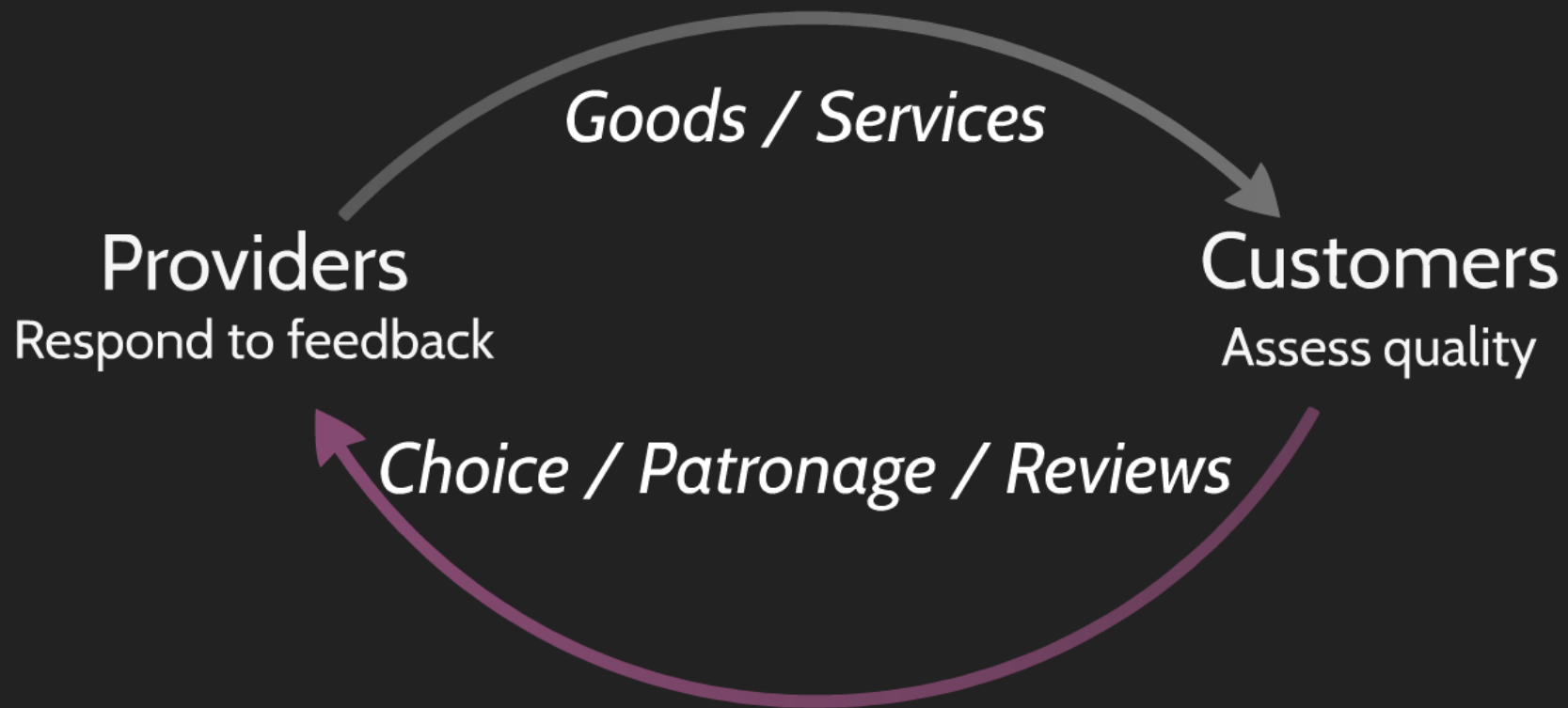
But...

It's very expensive (unsustainable).
People may not take what they are given.



**Can't a wise Ministry of Health just give away
good health?**

How to make health care like El Farolito?



Complete loop -> Efficient market.
[High quality, affordable supply satisfies demand]

2010: Stanford Graduate School of Business?!



Not just for rugby.

How can I be more like the
Medicine Men?

Or, how can I beat them at
their own game?



How to be more like El Farolito?
Offer patients a Centaur.

Centaur



Rigorous quality care...

...an appealing human face.

...grafted onto...

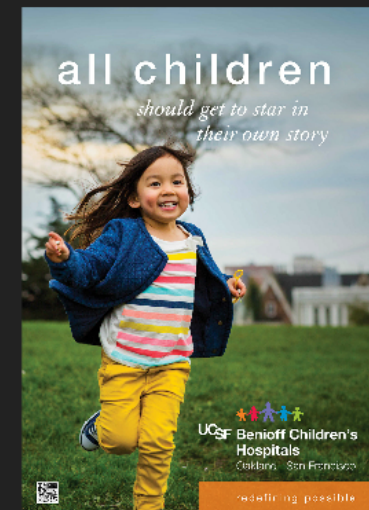
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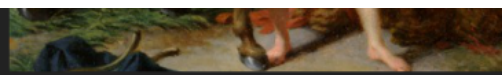
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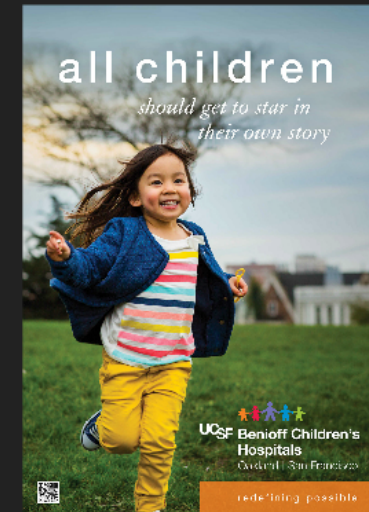


Rigorous quality care...



...an appealing human face.

...grafted onto...



versus



If your baby has bronchiolitis,
we won't do ANYTHING!



Avoiding antibiotics for
viral infections!



Our CLABSI's are so rare!



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In general, patients do not care about our
quality metrics.

Patient education can only go so far.

Even highly educated often care more about convenience & pleasantries.

Thus, markets respond to things other
than "quality".

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Thus, markets respond to things other than "quality".

Not just clever advertisers
but also...
...clever researchers
know this.

The relationship between commercial website ratings and traditional hospital performance measures in the USA

Naomi S Bardach,^{1,2} Renée Asteria-Peñaloza,² W John Boscardin,³
R Adams Dudley²

Measuring Hospital Quality Using Pediatric Readmission and Revisit Rates

AUTHORS: Naomi S. Bardach, MD, MEd,* Eric Vittinghoff, PhD,¹ Renée Asteria-Peñaloza, MPH, Jeffrey D. Edwards, MD, MS, MEd,² Linnea Neidert, MD, MPH,² Henry C. Lee, MD, MS,³ W John Boscardin, PhD,³ Michael D. Cohen, MD, MPH,^{4,5} and R Adams Dudley, MD, MBA²

DEPARTMENTS OF: ¹Pediatrics and ²Epidemiology and Biostatistics, ³Philip H. Lee Institute for Health Policy Studies, and ⁴Division of Pharmacology, University of California San Francisco, San Francisco, California; ⁵Department of Pediatrics, Columbia University, New York, New York; and ⁶Department of Pediatrics, Stanford University, Stanford, California

KEY WORDS: readmission rates, hospital performance variation, quality measurement, child health research, delivery of care, health economics

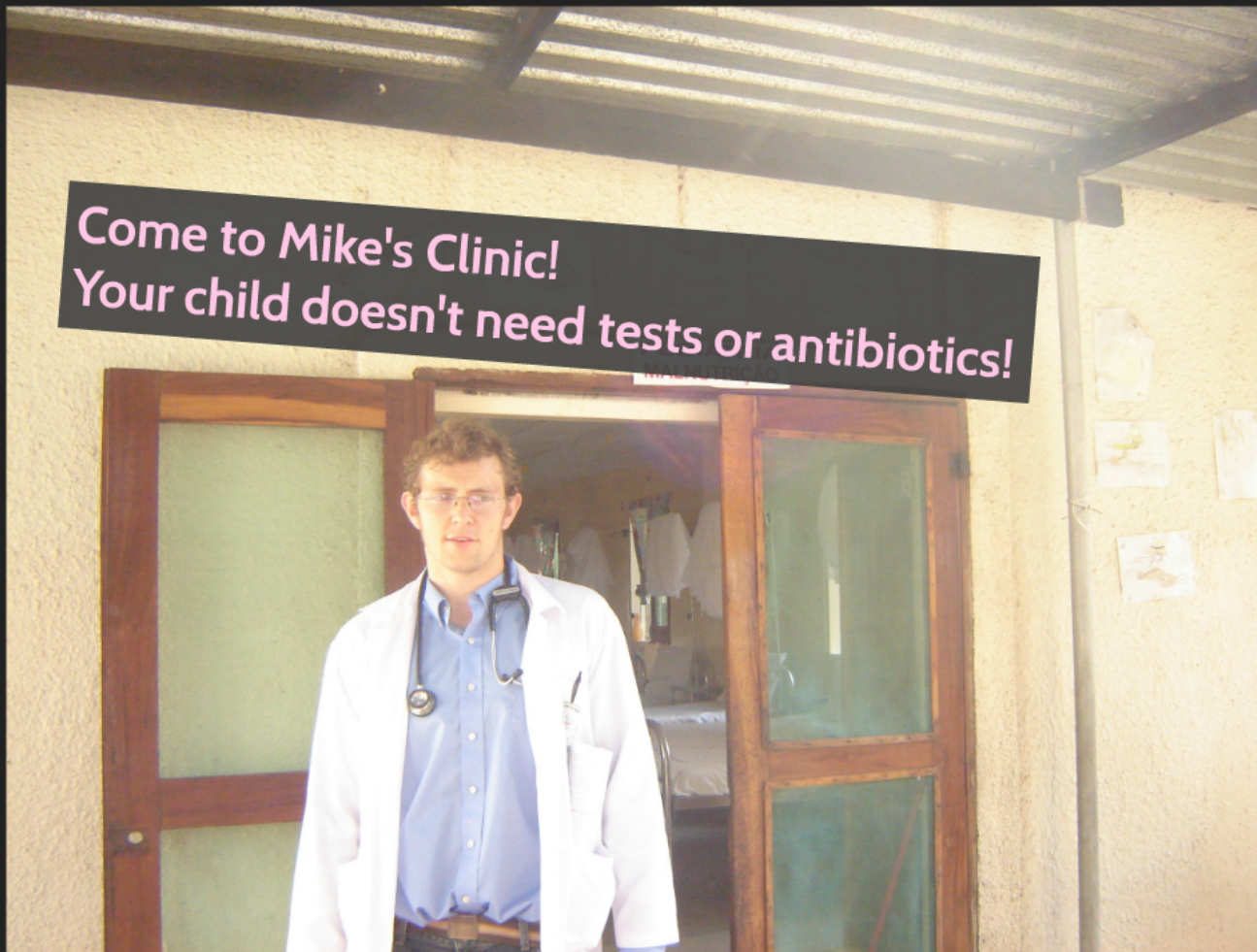
WHAT'S KNOWN ON THIS SUBJECT: Readmissions have been identified as a priority area for pediatric inpatient quality measurement nationally. However, it is unknown whether readmission rates vary meaningfully across hospitals and how many hospitals would be identified as high- or low-performers.

WHAT THIS STUDY ADDS: Only a few hospitals that care for children are high- or low-performers when their condition-specific revisit rates are compared with average rates across hospitals. This limits the usefulness of condition-specific readmission or revisit measures in pediatric quality measurement.

BEHAVIORAL ECONOMICS AND HEALTH ECONOMICS

Richard G. Frank

This approach...



...not going to work.
The Medicine Men would crush me.

The ideal provider in any free market is a Centaur.

Horse-only providers
(academic quality) are
shunned by customers.

Human-only providers
(Medicine Men) have
not improved
outcomes.



Rigorous quality care...

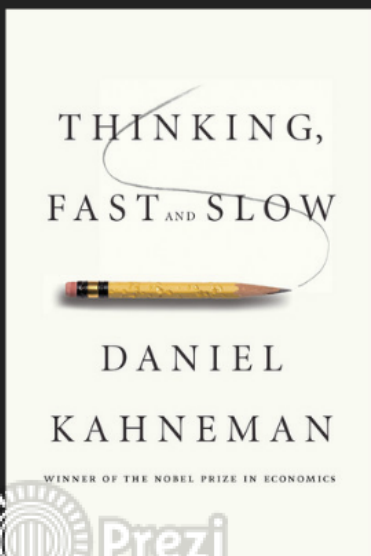
...an appealing human face.

...grafted onto...

In unregulated markets, Medicine Men are super cheap.
Centaur's there need *super efficient operations* and
as many "*nudges*" as they can find.

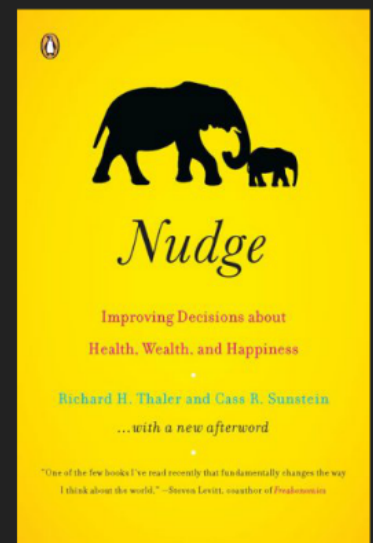
Nudges (Behavioral Economics)

1. Humans are "irrational".
 2. Humans are "irrationality" in predictable ways.
- Thus, choices can be designed to favor a desired outcome.



UK: "9 out of 10 people pay their taxes on time..."

Put the Capri Sun on higher shelves?



Rigorous quality care...



...an appealing human face.

...grafted onto...

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Has a strong feedback loop - to be useful & sustainable

**Is a "centaur" with behavioral "nudges" -
to give people the care they want AND the care they need.**

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Put another way...

Poor quality,
Breaks even:

Easy

**High quality,
Breaks even:**

**Extremely Hard
Need a Centaur + Nudges**

High quality,
Hemorrhages
money:

Relatively Easy

The Overview

Pediatric Economics

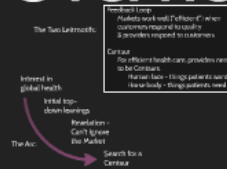


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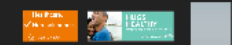
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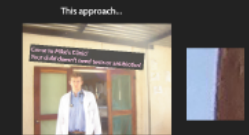


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Poor quality, lowest cost... High quality, high cost, money.
Easy... Relatively hard... Relatively easy.

The Two Leitmotifs:

The Arc:

"Fair Trade" Days

Revelation.

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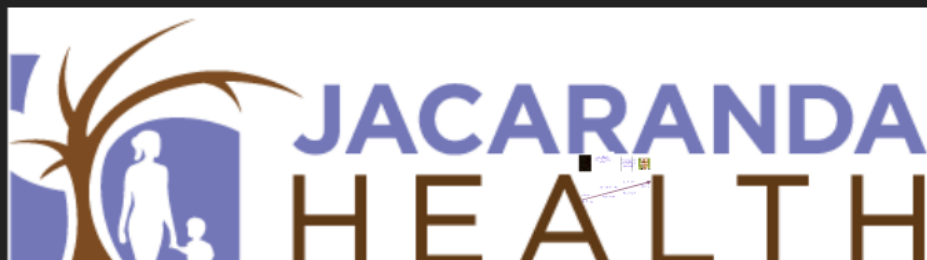
The Search...



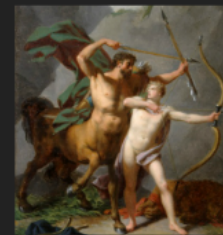
Search

UCSF

PLUS



=

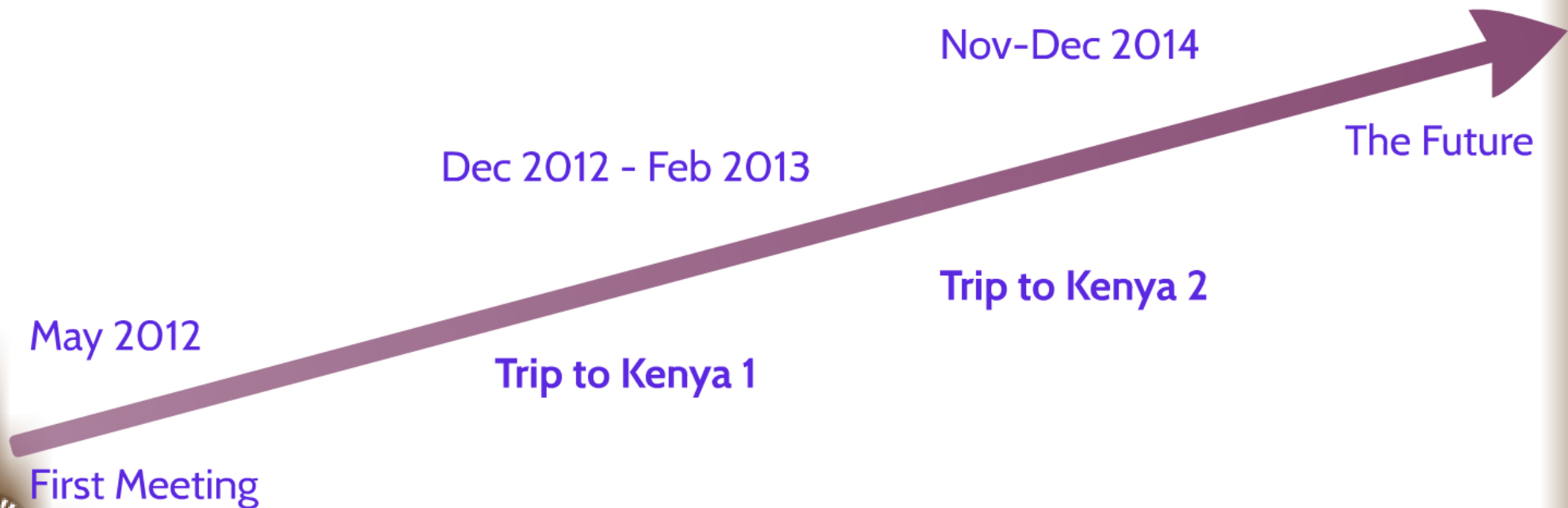


?

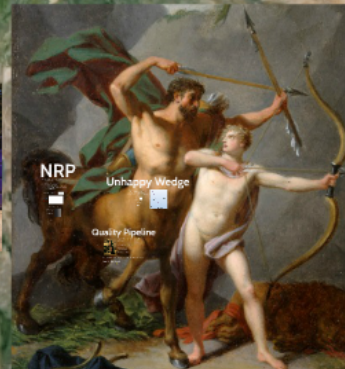


I am looking for a
centaur of pediatrics in
a developing country to
work on.

I am building a centaur
of maternal care in
Kenya, but no one has
pediatric skills.



Building a Centaur is hard:
What I was working on.
(mostly "horse" stuff)



Next Steps

- Scale Up
 - Keep the original theme
 - Product - Design
- Design
 - Customer will make the product, not
design it.
- Create of the 1st copy bridge, keep notes in the
book and use it
• Keep the history

The Search...

Building a Centaur is hard:
What I was working on.
(mostly "horse" stuff)



Dec 2013: 12 midwives. NRP skills not so great.

Seems an easy win...

Not just training - #QI training:

- Created 20-point score
 - Tried to make simple metrics that could be strict & consistent
- Started drills...

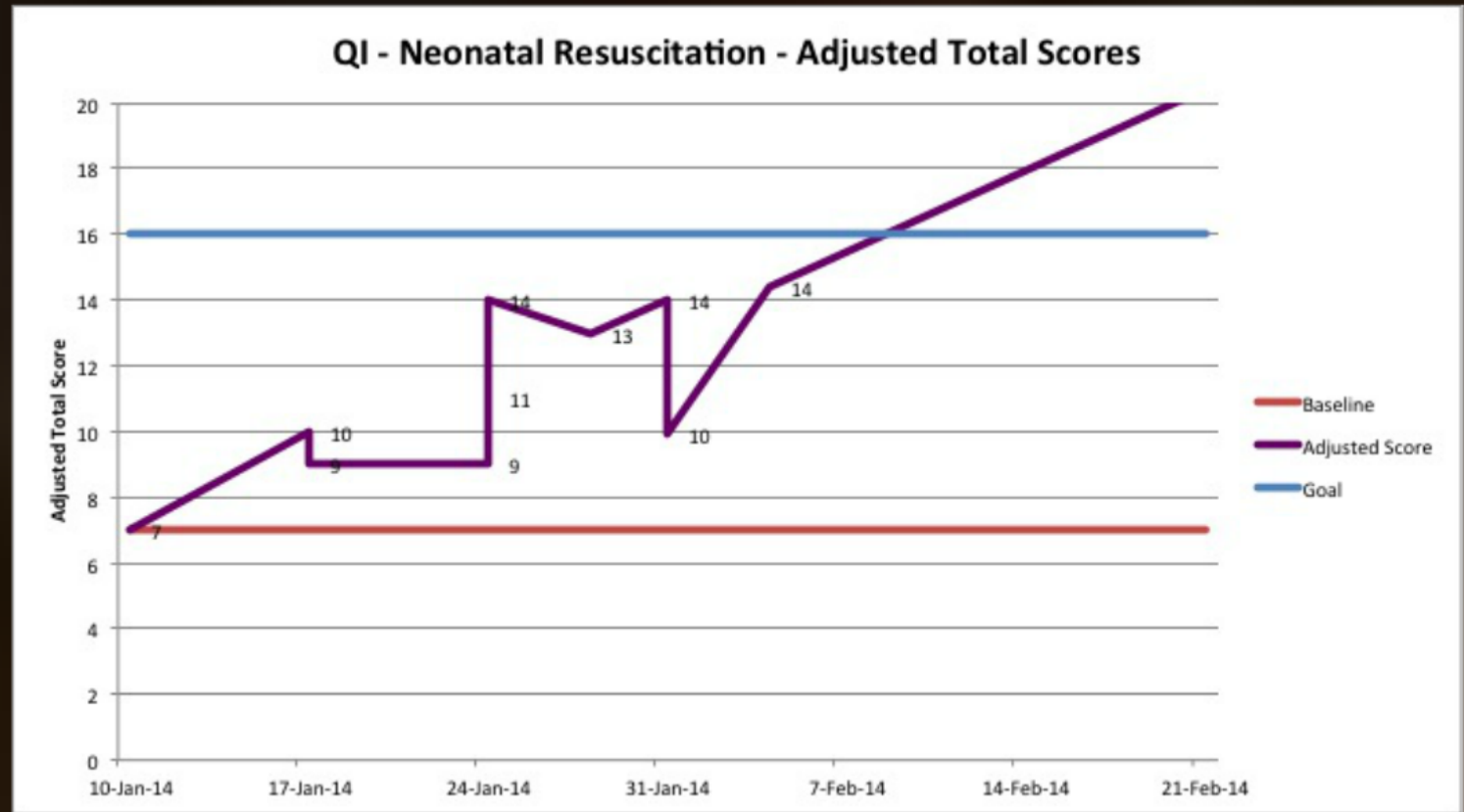


Dramatic improvement!



Goal 16 -
good enough for most

Started at 7 -
can't handle 2a apnea

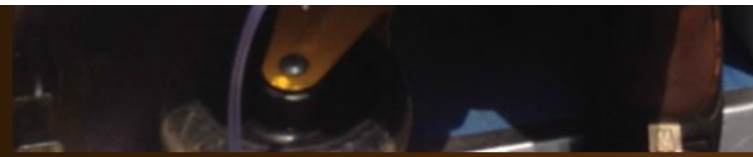


The real proof was in the pudding...

The real proof was in the pudding...

- Feb 2014: ~1kg, 1 min APGAR = 0. Successfully resuscitated & transported to referral NICU
- Dec 2014: Happens again. Resuscitation led very well by midwives!





Lesson 1 - NRP works.

Lesson 2 - #QI works. You manage what you measure.

Therefore: Measure NRP.

Lesson 3 - Our midwives are great. They just can't access quality training.

Quality Pipeline



Dec 2013: Jacaranda has many clinical protocols.

Many are excellent.

None are read.

Practice is variable.

Lesson 1 - It's hard to learn what no one in the organization knows.

Lesson 2 - Follow the pilots.

Quality Pipeline



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Pipeline to Quality Needs a Source
"Trickle-Down Pediatrics"

- Find "attendings" - Recruited 3 midwives to be "Peds Champs"
- Setup a training program for them
- Let them train the rest
 - Including new hires 12 -> 30 staff



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Quality Pipeline



Dec 2013: Jacaranda has many clinical protocols.

Many are excellent.

None are read.

Practice is variable.

Lesson 1 - It's hard to learn what no one in the organization knows.



Lesson 2 - Follow the pilots.

pilots.

“The checklist cannot be lengthy.”

“focusing on...“the killer items”--the steps that are most dangerous to skip and sometimes overlooked nonetheless.”

“The wording should be simple and exact”

“Ideally, it should fit on one page. It should be free of clutter...”

“a checklist has to be tested in the real world”



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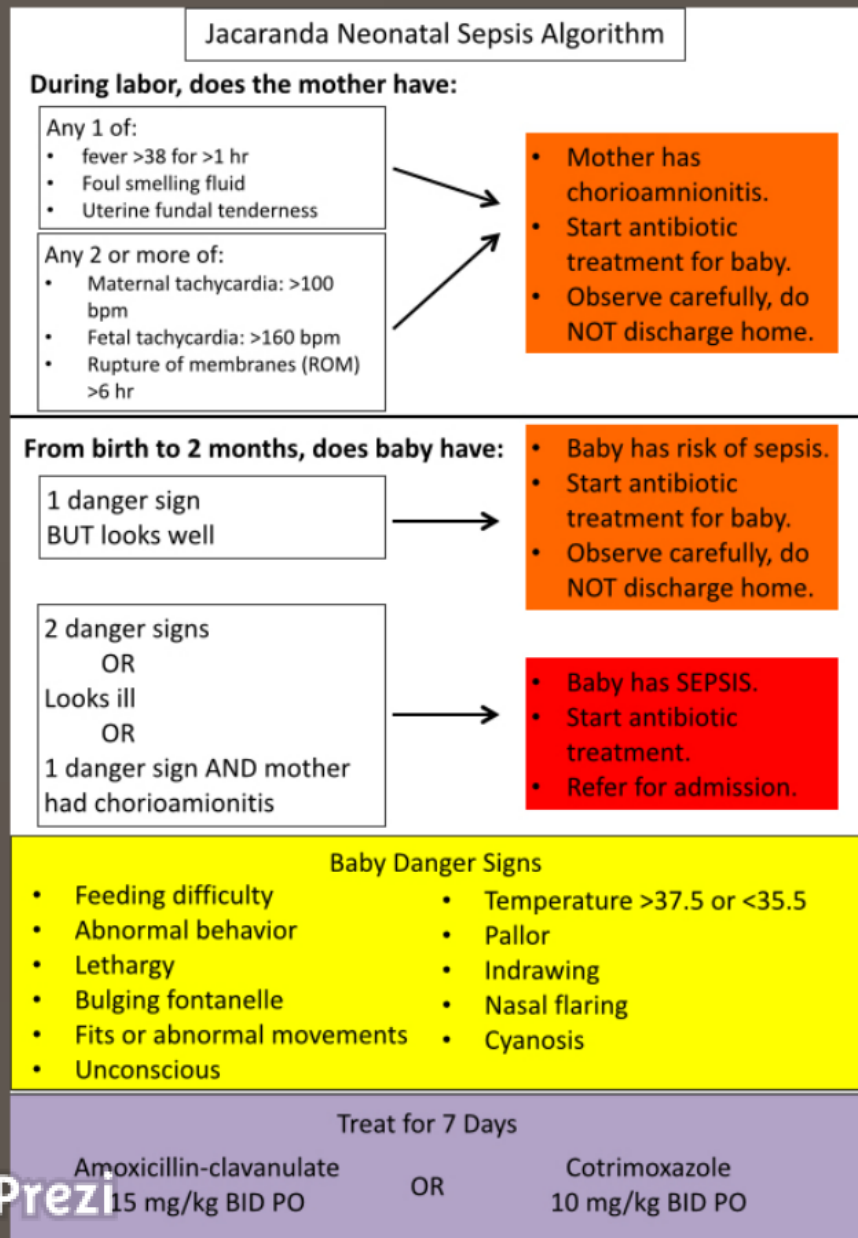
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Providers are human & need behavioral economic 'nudges', too.

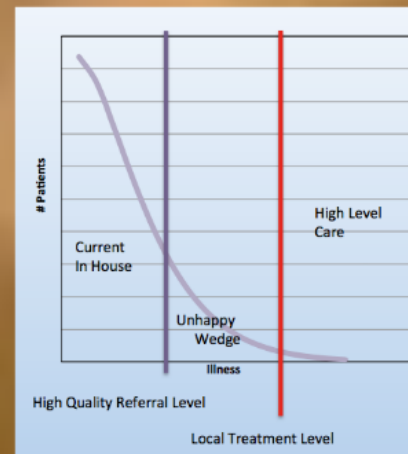
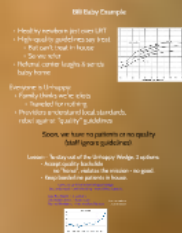
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One example of a work in progress

Unhappy Wedge

The "Unhappy Wedge" is a strategic no man's land where the horse meets the human.

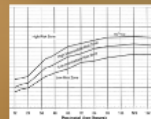


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The "Unhappy Wedge" is a strategic no man's land where the horse meets the human.

Bili Baby Example

- Healthy newborn just over LRT
- High-quality guidelines say treat
 - But can't treat in house
 - So we refer
- Referral center laughs & sends baby home



Everyone is Unhappy

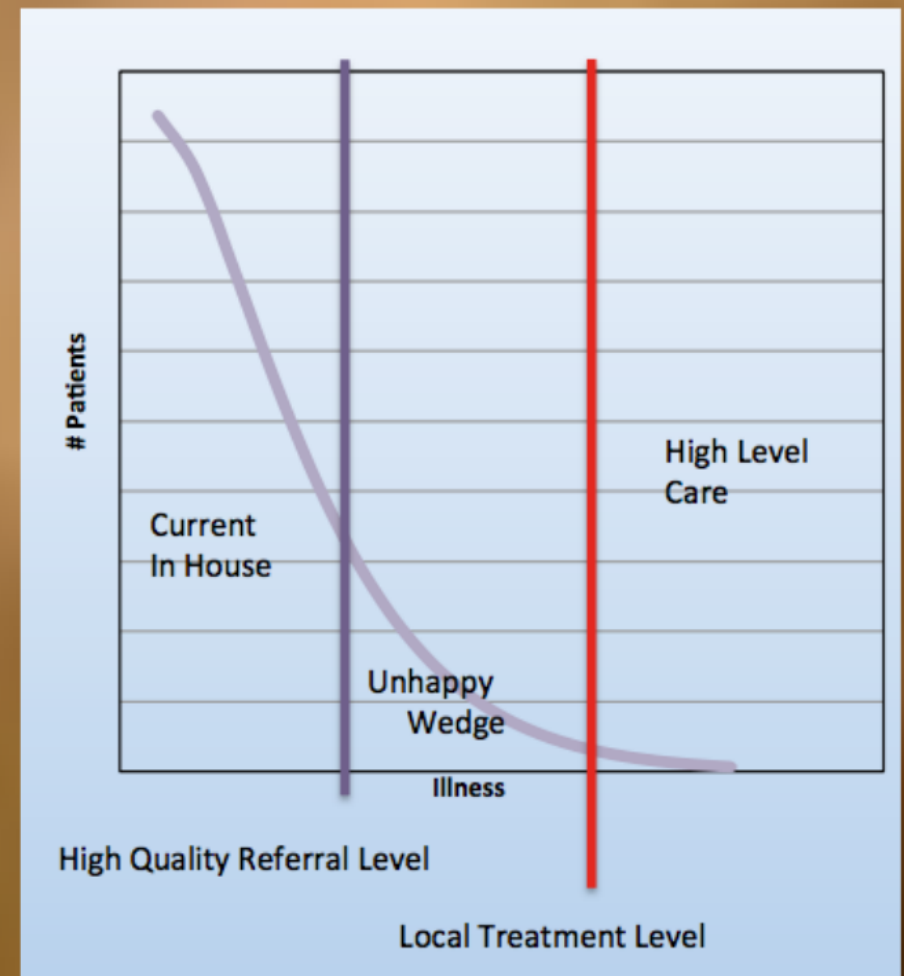
- Family thinks we're idiots
 - Traveled for nothing
- Providers understand local standards, rebel against "quality" guidelines

Soon, we have no patients or no quality (staff ignore guidelines).

Lesson - To stay out of the Unhappy Wedge, 2 options:

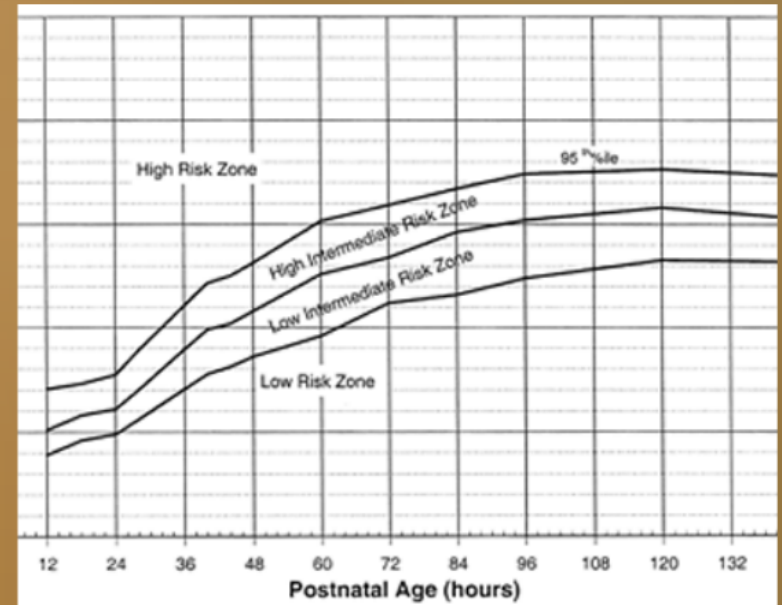
- Accept quality backslide
 - no "horse", violates the mission - no good.
- Keep borderline patients in house.

Source: www.bili.com - Bili Baby Example
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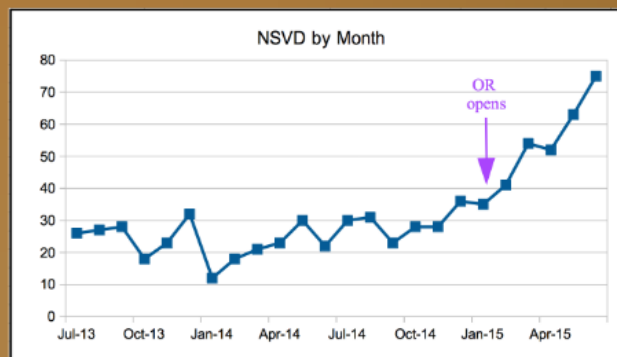
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Centaurs can't live in the Unhappy Wedge.
Jacaranda needs - and is building - more clinical capacity.

Low Risk NSVD -> C-sections
Well Child Checks -> Acute Care
Normal Newborns -> Intermediate Nursery

*Lots of work for
a pediatrician*



Keep borderline patients in house.

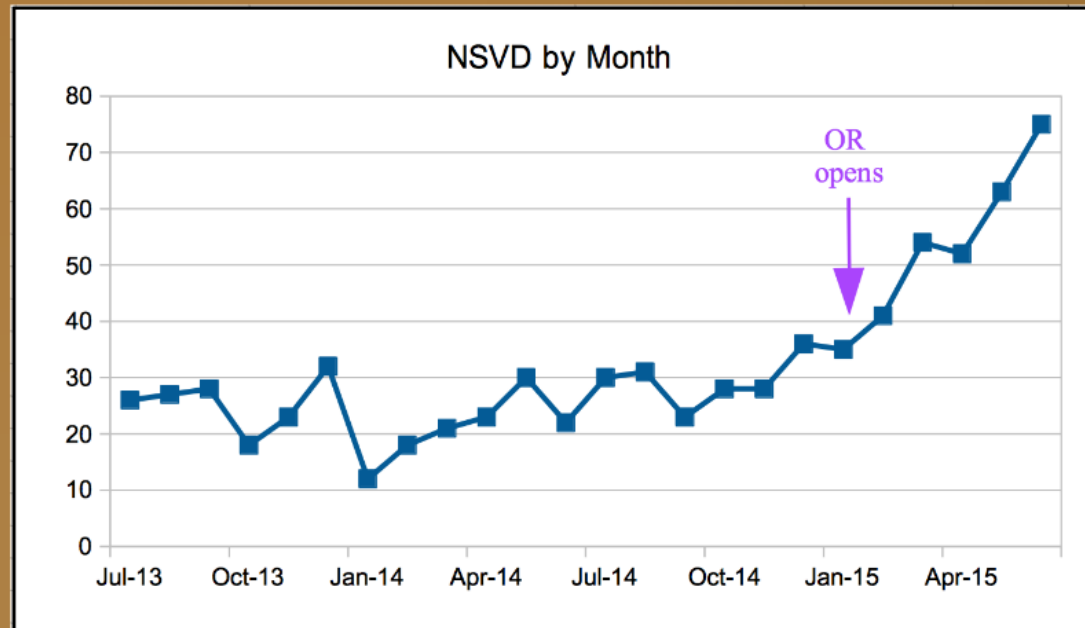
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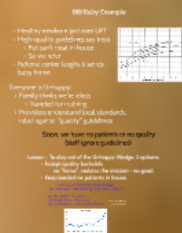
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Unhappy Wedge

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Next Steps

- Scale Up
 - Keep Training the Trainers
 - Protocols -> Checklists
- Nudges
 - Experiment with insurance-like products, health savings accounts
- Get out of the Unhappy Wedge. Keep babies in house.
 - Better Acute Care
 - Intermediate Nursery

The Overview

Pediatric Economics

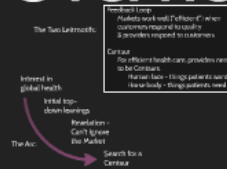


"Efficient markets are sustainable social justice"

Pediatric Leadership for the Underserved
Grand Rounds @ SFGH
Tuesday 30 June 2015
Michael Scobie MD MHA

Take Homes

- Efficient markets are sustainable social justice.
- High quality, affordable supply satisfies demand.
- Very hard - have to lead Medicine Men at their own game.
- Need Centaur - Nudges - self health people want & give health they need.
- Nudges help customers & providers.
- Design systems for real world, irrational humans.
- Uniquely Wedge - easier to beat quality with higher clinical capacity.



How to make health care like El Farolito?



Sure.
But...
It's very expensive (unsustainable).
People may not take what they are given.



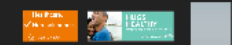
Can't a wise Ministry of Health just give away good health?

Feedback Loop



How to be more like El Farolito?
Offer patients a Centaur.

Centaur



In general, patients do not care about our quality metrics.

Patients who care can only give to the most highly educated often care more about convenience & pleasantness.

Thus, markets respond to things other than 'quality'.



Not just clever advertisements but also... clever researchers know this.

This approach...
...not going to work.
The Medicine Men would crush me.

The ideal provider in any free market is a Centaur.

Human-only providers (Medicine Men) have not improved outcomes.

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The Arc:

"Fair Trade" Days

Revelation.

Learning

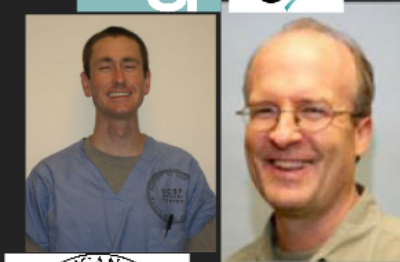
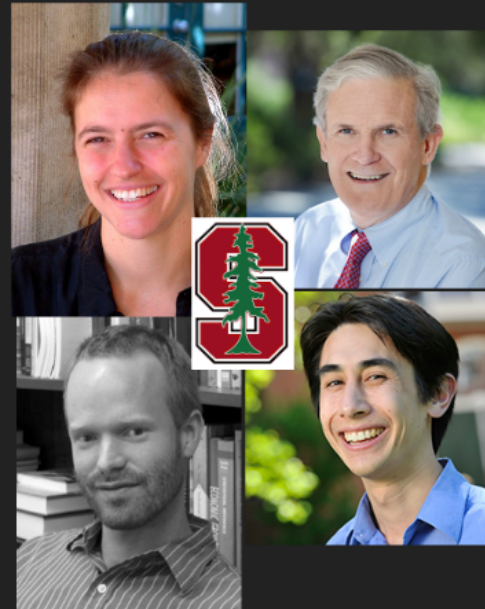
The Search...



Take Homes

- Efficient markets are sustainable social justice.
 - Holy grail of global health is high quality provider that breaks even - sustainable & scalable.
 - Very hard - have to beat Medicine Men at their own game.
 - Need Centaur + Nudges - sell health people want & give health they need.
- Nudges help customers & providers.
 - Design systems for real world, irrational humans.
- Unhappy Wedge - easier to beat quacks with higher clinical capacity

Thank You!



SOICH Travel
Grant

