



CERC SECOND ANNIVERSARY PROGRESS REPORT BETTER U.S. HEALTH, LESS HEALTH-CARE SPENDING

WHITE HOUSE AND CERC CO-HOST NATIONAL CONFERENCE AT STANFORD ON RESEARCH POLICIES TO SAFELY LOWER U.S. HEALTH-CARE SPENDING

The White House Office of Science and Technology Policy selected Stanford's Clinical Excellence Research Center (CERC) to co-host a gathering of the nation's foremost scientists in health systems engineering, health behavioral sciences, biomedical technology, and health information technology. Their mission: to pinpoint for the White House a short list of changes in federal research and technology policy likely to simultaneously slow health spending growth and accelerate health gain.

One hundred and twenty health-care scientists and technology industry leaders specified 19 policy changes. White papers addressing the top 4–6 recommendations will be presented at the White House by Stanford CERC Director Arnold Milstein and chairs of the four topic-specific panels. Senior faculty from Duke, Harvard, the University of California, the University of Michigan, the University of Pennsylvania, Yale, and other research universities collaborated with Stanford CERC faculty, along with leaders in science, industry, policy, health-care delivery, and at the National Academies.

Recommended policies include making more predictable private and public payment for biomedical technology innovations, linking prices to value created for payers and patients, and conditioning federal payments for electronic health record adoption on open application programming interfaces.

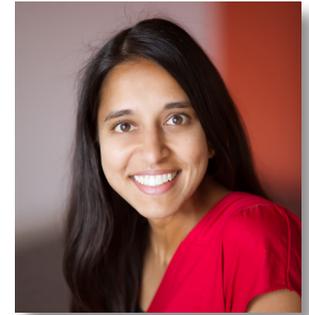
In explaining why the White House selected Stanford as its partner, White House staff explained that CERC was the nation's first research center at a major university wholly dedicated to improving the national affordability of clinical excellence.



STANFORD UNIVERSITY PRESIDENT JOHN HENNESSY SPEAKS AT A SUMMIT CO-HOSTED BY CERC AND THE WHITE HOUSE

FIRST FOUR CERC CARE INNOVATIONS ATTRACT 30 PILOT TEST SITES FROM ACROSS THE U.S.

In 2011-12 the first wave of CERC research fellows and faculty designed four new care delivery models to safely slow health spending growth in the United States, targeting chronic kidney disease, poor prognosis cancer, colorectal cancer screening, and morbid obesity. In the year that followed, the fellows contacted dozens of U.S. payers and care delivery organizations to identify partners willing to pilot test them. Ten health-care organizations across the U.S. offered to host 30 pilot tests. CERC selected 10 sites for CERC implementation support, which began in the spring of 2013. Pilot testing sites span payers (self-insured employers, union benefit trusts, health plans, Medicare Advantage plans), care providers (accountable care organizations, hospital systems), and the Veterans Health Administration in multiple states.



MANALI I. PATEL, MD, MPH, IS A FORMER CERC FELLOW AND NOW CERC'S CANCER CARE MODEL IMPLEMENTATION LEAD

CERC SELECTS 2013-2014 DESIGN GOAL—MORE AFFORDABLE U.S. SURGICAL EXCELLENCE

A new cadre of CERC post-doctoral fellows from engineering, law, and medicine arrived on August 6 to design more affordable approaches to non-emergency surgery and recruit sites for pilot testing. After surveying global exemplars of high value in surgery, and relevant emerging science and technology, the CERC team will ferret out major sources of dissatisfaction among current surgical teams and patients.

Their search will probe opportunities to improve surgical value by new surgical care designs aimed at eliminating four types of waste: inappropriate or unwanted surgeries, use of unnecessarily intensive surgical facilities, inefficient surgical work processes, and overcapacity of costly fixed clinical assets. Surgery and its sequelae account for more than a quarter of total U.S. health spending.

They will begin with an activity-based cost accounting comparison of three uniquely efficient regional cardiac surgery centers in Texas, Utah, and India. The research will be co-led by faculty from CERC and Harvard Business School and will answer a pivotal question: after adjusting for differences in the price of labor and non-labor inputs to high quality surgical care, what is today's global benchmark in efficient, excellent surgical care?



THE NEW TEAM OF CERC POST-DOCTORAL FELLOWS ARE FROM ENGINEERING, LAW, AND MEDICINE

ALLINA HEALTH JOINS GROWING LIST OF CERC HEALTH INDUSTRY SPONSORS

Allina Health became the fifth U.S. health-care organization to join CERC's roster of health industry sponsors. Allina is the largest multi-state system of hospitals and clinics serving the north central U.S. Allina has committed to systematically using innovations in care delivery to pursue the triple aim: better health, better service, and lower cost. CERC is now planning pilot tests with Allina of CERC's 2012-13 care models for stroke and for secure transition to adult care for adolescents with complex medical conditions. Leaders from Allina also participated in the "boot camp" training of CERC's incoming class of 2013-14 research fellows.



ABBOTT NORTHWESTERN HOSPITAL IS PART OF ALLINA HEALTH.

CERC's industry partners program is modeled on the School of Engineering's highly successful Center on Integrated Systems and is advised by Stanford's engineering school Dean Emeritus, Jim Gibbons.

For more information about CERC activities or philanthropy, please contact CERC Director Arnold Milstein at amilstein@stanford.edu or Erik Rausch in Medical Center Development at erausch@stanford.edu or 650.725.1005.