

CERC PROGRESS REPORT, JANUARY – JUNE 2014



BETTER HEALTH CARE WITH LESS HEALTH SPENDING

The Stanford Clinical Excellence Research Center (CERC) is discovering better care delivery methods to solve our nation's health-care affordability crisis without sacrificing clinical excellence.

TWELVE U.S. HEALTH-CARE SITES WILL PILOT TEST NEW CERC CARE MODELS

Four innovative Stanford Clinical Excellence Research Center care delivery models—for late stage cancer, chronic kidney disease, stroke, and safe transfer of medically fragile adolescents to adult care—have been selected for pilot testing by 12 U.S. health-care systems. Since several are among the most efficient, high-quality health-care delivery systems in the country, CERC research teams will be able to discern whether their new models fulfill their aim of pushing beyond today's "value frontier." If estimated savings are attained, these four new care models represent an opportunity to lower national health-care spending by more than \$100 billion annually and improve clinical outcomes.

CERC Pilots May 2014



2014-2015 CERC INNOVATION FELLOWSHIP APPLICANT POOL MULTIPLIES

In May, CERC completed its most successful fellowship recruiting year, receiving 70 applications for six fellowship slots. Applicants spanned diverse medical specialties, industrial and systems engineering, and management sciences. This year's pool is seven times larger than the pool of applicants from four years ago in CERC's first year. CERC faculty have selected six 2014-2015 CERC research fellows, pictured below.

In addition, systems engineering scientist Feryal Erhun, PhD, and neurosurgeon Mazi Kalani, MD, from CERC's 2013-2014 research fellowship class will remain for a second year. They will work with U.S. health-care sites to launch pilot tests of CERC's new ambulatory surgical care model that they designed to safely lower U.S. health spending by \$45 billion annually.



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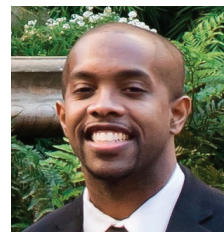
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CERC'S "AMERICAN IDOL" TEAM TO RELEASE FIRST WAVE OF FINDINGS

CERC's American Idol in Medicine (AIM) research pinpoints best practices used at mainstream U.S. health-care sites that attain exceptionally high quality of care at an exceptionally low cost to their patients and their patients' insurers. Funded by the Peter G. Peterson Foundation in New York, CERC's AIM team analyzed big national health databases to identify positive outliers in three categories of health care: primary care sites, community hospitals, and six types of medical specialist sites. Health system managers and researchers selected by CERC then traveled to the sites to identify the positive features that they share.

The AIM study will conclude in December, to be followed by a multi-year national initiative to encourage use of its findings. CERC estimates that national adoption would both improve clinical quality and substantially and safely reduce population-wide annual per person health-care spending.



CERC'S AIM RESEARCH TEAM STAFF (L-R):

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STANFORD HUMAN BIOLOGY GRADUATE

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