CERC PROGRESS REPORT, JULY - DECEMBER 2014



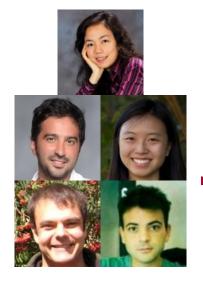
BETTER HEALTH CARE WITH LESS HEALTH SPENDING

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

CERC AND ARTIFICIAL INTELLIGENCE (AI) LAB TEST JOINTLY DESIGNED CARE INNOVATIONS

CERC's year-old "Partnership in Al-Assisted Care" with the School of Engineering's Al Lab is now launching pilot tests with five U.S. health-care organizations, including Stanford's adult and children's hospitals (see: PAC¹). The two teams will apply recent advances in computer vision technology (see: CVT²) to reduce work burden for ICU nurses, assist all hospital staff with reinforced hand hygiene, and help families and clinicians to secure the health of seniors living at home in the early stages of cognitive and physical impairment. Development is now underway with On Lok in San Francisco, Palo Alto Medical Foundation, Intermountain Healthcare in Utah, and both Stanford hospitals.

AI LAB



AI-LAB DIRECTOR, ASSOCIATE PROFESSOR FEI-FEI LI, PHD, AND AI-LAB RESEARCHERS: ALEXANDRE ALAHI, PHD SERENA YEUNG, MS MYKHAYLO ANDRILUKA, PHD AND GUIDO PUSIOL, PHD

CERC



CERC DIRECTOR, PROFESSOR ARNOLD MILSTEIN, MD, MPH, AND CERC RESEARCHERS: KELLY VRANAS, MD MEGHAN RAMSEY, MD BEATRICE PODTSCHASKE, PHD AND JEFF JOPLING, MD

BETTER, MORE NATIONALLY AFFORDABLE CARE



¹ PAC: http://vision.stanford.edu/pac/

CERC'S "AMERICAN IDOL" NATIONAL STUDY OF HIGH-VALUE PHYSICIANS FEATURED IN PETERSON FOUNDATION'S INITIATIVE TO DISCOVER AND SPREAD BEST PRACTICES

A foundation funded by former U.S. Commerce Secretary and Blackstone co-founder Pete Peterson featured early findings from CERC's national study of high-quality, cost-effective frontline clinical teams during its press event in Washington, D.C. on December 4, 2014. The foundation hosted press and health policy leaders to announce its new \$200 million initiative to identify and spread best practices in the U.S. health system. CERC researchers isolated 10 features that distinguish primary care teams that excel on both quality of care and low annual total per capita spending for the care of their patients. The features reflect deeper forms of relationships with patients, wider stewardship by physicians for care delivered by other physicians, and investments in physician support teams rather than in office space and equipment. Findings from similar CERC national studies of medical specialists and community hospitals will be released in 2015.



DR. ARNOLD MILSTEIN ON PANEL AT PRESS EVENT IN WASHINGTON, D.C.

BETTER, MORE AFFORDABLE CERC REDESIGN OF CANCER CARE COMMUNICATED NATIONWIDE

A new care delivery method created during CERC's first year was the center of an Al Jazeera America special report hosted by TV anchor Michael Okwu (See: Article³). The broadcast examined opportunities to improve the quality, affordability, and patients' experience of cancer care. CERC fellowship graduate and Stanford instructor Manali Patel, MD, MPH, and CERC faculty have organized four pilot tests of the model in New Jersey, Illinois, Southern California, and at the Veterans Affairs Palo Alto Health Care System.



BETTER CARE FOR LESS:

ONCOLOGIST DR. MANALI PATEL EXAMINES A PATIENT ENROLLED IN A PILOT TEST TO MEASURE THE IMPACT OF THE NEWLY REDESIGNED CERC CARE METHOD TO IMPROVE PATIENTS' OUTCOMES AND THEIR EXPERIENCE OF CARE, WHILE LOWERING TOTAL ANNUAL PER CAPITA HEALTH SPENDING.

THE CERC RESEARCH TEAM ESTIMATES THAT IF THE NEW METHOD WORKS AS INTENDED, IT WOULD SAFELY REDUCE ANNUAL U.S. HEALTH-CARE SPENDING BY \$37 BILLION WHILE IMPROVING CARE.

³ Article: http://america.aljazeera.com/watch/shows/america-tonight/articles/2014/7/28/is-america-treatingcancerthewrongway.html

