We are all part of the equation.

Campaign for Stanford Medicine + you = discovering nationally affordable care paths to clinical excellence

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RISING HEALTH CARE COSTS threaten our economy and societal harmony. Inefficiently delivered health care is estimated to comprise at least 20 percent of U.S. health spending. The upward spending trajectory jeopardizes federal creditworthiness and chokes off investment in our children’s education and basic research. It also slowly strangles job and wage growth and weakens the global competitiveness of U.S. employers.

Aside from its cost – it is by far the most expensive in the world – the U.S. health system does not deliver distinguished overall results. Life expectancy at birth in the United States is 78 years, placing it last compared to Western Europe, Canada, and Australia. Comparisons with other wealthy countries of the quality of U.S. health care reveals islands of excellence but no distinction overall. Patients receive treatment that is consistent with clinical guidelines grounded in scientific evidence in only 55 percent of cases.

Discovering care delivery innovations to solve the nation’s health care affordability crisis

"Federal creditworthiness and therefore American prosperity now hinge on continuously attaining better health with less health spending. By rapidly mobilizing emerging science and technology from engineering, management, and medicine, the Clinical Excellence Research Center will enable Stanford to help solve a seemingly intractable national challenge."

– Arnold Milstein, MD, MPH

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The Stanford Clinical Excellence Research Center (CERC) was established in 2011 expressly for this purpose. Led by Arnold Milstein, MD, MPH, the center’s director and a professor of medicine with deep experience in large-scale clinical value improvement, CERC brings together the brightest minds in medicine, engineering, and management science to re-engineer facets of care that consume the greatest share of U.S. health spending.

Stanford is the first major research university to invest in the science of producing better patient-defined health outcomes with less money. As a leader in transforming electrical engineering research into high value information and communications technologies, the university can now play a catalytic role in the science of efficient health care delivery.

Arnold Milstein, MD, MPH, changed the ground rules of the U.S. health care system by showing what is now being followed by Medicare and privately paid health care. As a health care strategy advisor to the Business Roundtable, he organized the Leapfrog Group, which material was the key impetus for hospitals to reduce costly treatment complications. As a congressional advisor on Medicare, he was the first to propose subsequently enacted legislation that stopped payments to hospitals for the costs of treating preventable treatment complications, such as patient falls or worker-spread infections.

Stanford University recruited Milstein to establish its Clinical Excellence Research Center (CERC). Milstein coined CERC after two decades of improving health care value in the private sector and advocating for the Hospital and Congress. He is now training America’s next generation of health care innovators to replace the wasteful and dangerous inefficiencies that ail the U.S. health care system.

“We recruit exceptional postdoctoral and masters-level research fellows and expose them to global exemplars of value in health care. Mentored by diverse Stanford faculty and Silicon Valley innovators, they formulate better and more affordable health care delivery methods. We then partner with diverse U.S. health care organizations to demonstrate that they perform as designed,” says Milstein.
Mobilizing engineering, management, and medicine

WHILE CERC BEGINS recruiting the world’s most distinguished pioneers in high value care design, the heart and soul of the CERC innovation process are talented and committed “young inventors”. Six are selected each year to design and help launch multi-state pilot tests of innovative care delivery methods. Design teams – physicians who have completed residency training and postdoctoral fellows from engineering and management sciences – use disciplined innovation development methods to design and demonstrate “double win” care delivery innovations that both lower per capita health spending and improve patient outcomes.

To design these innovations, CERC fellows analyze categories of health care that consume the most U.S. health spending from onset to end game, and then design, demonstrate, and disseminate less costly care delivery methods that better serve the unmet needs of patients, patient families, and their clinicians.

To discern unmet needs, CERC fellows have local access to the hospitals at Stanford as well as a national network of already highly efficient health systems which participate in pilot testing of new CERC-designed care models. To assess their effect at scale, CERC partners with large health care payers to conduct multi-site trials after successful pilot testing.

Propelled by new clinician incentives for value from public and private health care purchasers, the Stanford Clinical Excellence Research Center aims to serve as a national value-of-care accelerator of more affordable paths to the best possible clinical outcomes.

CERC seeks more affordable ways to deliver better care for conditions consuming the bulk of the country’s health care spending. This includes helping patients to avoid selecting risky, debilitating treatments unlikely to confer health benefit, as well as delivering valuable treatments more safely and affordably.

CERC’s three elements are illustrated at right:

1. design
   Diverse teams design and forecast gains from innovative care models.

2. demonstrate
   Diverse health systems implement and refine innovative care models.

3. disseminate
   Private sector preps innovative care models for national spread by clinicians and payers.
Breakthroughs in the affordability of clinical excellence

WHAT ARE HIGH-VALUE care methods?

In the 1950s, an imaginative Baltimore physician named Peter Safar realized that outcomes might improve if hospitals consolidated the location of their sickest patients and used a dedicated clinical team to increase the frequency of patient observation and treatment adjustments. His intensive care unit or “ICU” model spread to many aspects of hospital care. Hospital mortality rates for patients with unstable chronic conditions – such as diabetes, depression, asthma, heart disease, hypertension, and those taking five or more prescription medications – often find themselves bouncing between specialists, who typically lack a full picture of their patients’ health needs, too often leading to preventable visits to emergency rooms.

Dr. Milstein originated the concept of the “ambulatory care intensive care unit,” or A-ICU, designed to provide intensified support to patients with chronic conditions like diabetes, depression, asthma, hypertension, and heart disease in order to prevent dangerous health crises and services offering no likely health gain. This innovative care method theme include neonatal ICUs, burn units, and surgical ICUs.

As an influential national leader in clinical care innovation, a national team led by Dr. Milstein originated the concept of the “ambulatory care intensive care unit,” or A-ICU, designed to provide intensified support to such patients in order to prevent dangerous health crises and services offering no likely health gain. This innovative care method or “model” provides a locus of care co-ordination where patients also receive training in self-management skills, close monitoring of their medical regimens, and an enriched opportunity to clarify their health goals with an accountable team of physicians, nurses, nutritionists, behavioral coaches, and physical therapists.

The model was first tested by Dr. Milstein among medically fragile Boeing employees in Seattle and hotel employees in Atlanta in 1996, resulting in improved workers’ health and satisfaction with their health care. An 80 percent reduction in annual total patient health care spending and a 56 percent reduction in hospital inpatient stays related to preventable visits to emergency rooms.

We have consequently expanded our services to other high-risk patients. CERC’s redesign of care delivery—both to improve care and relieve pressure on federal and state budgets. In addition, planning is underway by medical leaders, providers, insurers, and policy makers in multiple states. Within 12 months, they will be up and running in over eight pilot testing sites.

Chronic Kidney Disease: Only 1 percent of patients with chronic kidney disease will require dialysis, yet many receive this costly and often disabling treatment well before it is needed. CERC’s model of care reduces deterioration of kidney function and connects patients with the least debilitating and most cost-effective forms of renal replacement if replacement becomes necessary.

Colorectal Cancer Screening: CERC’s screening model increases the total percentage of people appropriately screened for colorectal cancer by using a combined low-cost immunochemical test and best-practice colonoscopy screening program.

THE FIRST CLASS of CERC research fellows and faculty mentors entered in August of 2011. They targeted better care models for chronic kidney disease, colon cancer risk, poor prognosis cancer, and severe obesity. Implementation planning is underway by medical leaders, providers, insurers, and policy makers in multiple states. Within 12 months, they will be up and running in over eight pilot testing sites.

Our first wave of care innovation design targets
The pivotal role of philanthropy

With your philanthropic support, Stanford’s Clinical Excellence Research Center will create a continuous flow of innovations in care delivery that substantially improve the affordability and quality of American health care.

Experienced scientific leadership with a national track record in health care improvement is in place. Your investment will accelerate the work of CERC, and provide what society needs and expects: affordable, high quality health care. To help launch the center and enable it to become financially self-sustaining in less than 10 years, the Sandler Foundation has generously offered a $15 million challenge gift. Additional gifts of $30 million from other donors, coupled with programmatic progress, will enable CERC to meet the challenge and provide $45 million in funding to propel the science of health care value improvement, nationally and globally.

Improving Poor Prognosis Cancer Care: Recent studies show that when cancer patients understand the big picture – treatment side effects, survival odds, and pain-relief options – they select treatments that allow them to live longer and enjoy a better quality of life. CERC’s new cancer care model delivers these results and could lower $174 billion in annual per capita U.S. health spending for these patients by an estimated 30 percent.

Giving Opportunities

Faculty: To recruit a critical mass of globally distinguished faculty in multiple fields who share a transdisciplinary approach to the problems of affordability and quality in health care. Gifts of $5 million will support a professor and her or his research staff during CERC’s 10-year transition to financial self-sufficiency.

Fellowships: To attract the best young minds in medicine, engineering, and management science to the CERC design teams. Gifts of $2.5 million will support two research fellows and their mentorship during CERC’s 10-year transition period.

Program Support: To fund research and training, and ensure that CERC fellows and faculty have the resources to design, demonstrate, and spread their innovations to patients and health systems across the nation and eventually around the world.

Contact Us

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