



# BETTER HEALTH CARE WITH LESS HEALTH SPENDING

The Stanford Clinical Excellence Research Center (CERC) is discovering new care delivery methods to solve our nation's persisting crisis in the affordability of excellent care.

## LOWER COST OBSTETRICAL CARE, DONE RIGHT

Childbirth in the United States is much more expensive than in other wealthy countries. Yet we are not getting better clinical outcomes for the extra money: maternal and infant mortality rates are higher, and Cesarean deliveries are more common even though many women say they would prefer a less medicalized form of childbirth.

In an article published in October 2016 in the nationally influential *Journal of the American Medical Association (JAMA)*, early-career obstetrician Victoria Woo, MD, uses discoveries made during her CERC research fellowship to make the case for a better way: offer women free of hypertension and other risk factors associated with birth complications the option of delivering at hospital-affiliated free-standing birth centers. Research in the United Kingdom has demonstrated that this approach attains equally good nationwide birth outcomes for newborns and their mothers at a much lower cost.



Although the United States has a small number of birth centers, they are rarely offered to women at low risk for birth-related complications and usually fail in efforts to obtain the hospital cooperation that Dr. Woo and her CERC colleagues found to be essential in the United Kingdom's success.

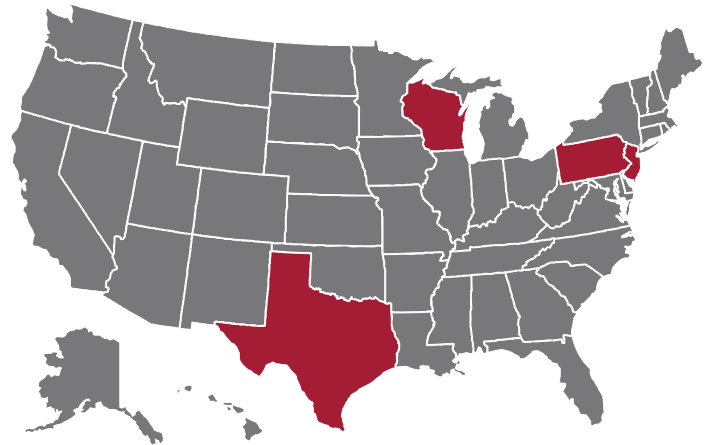
*JAMA* accepts fewer than 5 percent of submitted viewpoint articles such as Dr. Woo's. Her carefully underpinned argument for adopting birth centers reached a readership of more than 300,000 medical professionals and policy-makers. It will be combined with two additional care innovations that Dr. Woo and her colleagues estimate would improve birth outcomes and lower birth-related health-care spending by 28 percent. Their solution will be pilot tested in southern California.

## GENENTECH INVESTS IN MULTI-STATE DISSEMINATION OF DISCOVERIES FROM CERC RESEARCH ON HIGH-QUALITY, LOW-COST U.S. “BRIGHT SPOTS” IN CANCER CARE

A Genentech research award to CERC will support the national distribution of recent CERC findings by Medicare-funded performance improvement organizations. CERC’s research identified replicable attributes of care provided by U.S. oncologists who excel in both quality of care and low total spending per episode of oncology care.

The attributes were uncovered via research funded by the Peterson Center on Healthcare. This funding also supported CERC’s exploration of high-value “bright spots” in six other medical specialties. CERC’s study of oncology bright spots was assisted by multiple U.S. health insurers and the Hutchinson Institute for Cancer Outcomes Research.

Short, web-accessible videos summarizing high-value attributes will be distributed to physician performance improvement leaders in Pennsylvania, New Jersey, Texas, Wisconsin, and several other states.



## MAPPING THE MOST VALUABLE FORMS OF CARE FOR MEDICAL FRAGILITY

CERC is initiating research to pinpoint tangible care delivery methods used by clinicians who excel in caring for medically fragile patients at near-term risk of very high health-care spending and/or are in a late stage of life.



Annual U.S. health-care spending for medically fragile patients typically exceeds spending for same-age peers by three to five times. Along with patients in the last stage of life, they dominate the 10 percent of Americans who incur 70 percent of total annual national spending on health care. In addition to advanced illness, many struggle with age-related frailty, poverty, and/or mental illness.

Combining human-centered design methods with quantified analyses of large national health insurance databases, the research will build on two recent reports by the medicine section of the National Academy of Sciences.

An intensified approach to primary care for employed patients and their adult family members was developed by CERC director Arnie Milstein, MD, in 2006 and widely adopted by multiple large health-care systems. In addition to tailoring a solution to the needs of patients who are elderly and/or struggling with challenges beyond physical illnesses, the new research will create a tool kit to assist clinicians seeking to adopt it.