



Innovating to Create a 60 MPG U.S. Health Care System

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October 21, 2008
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For the Dorsetts to Afford Coverage *and* a Continual Inflow of Medical Miracles, While Improving Quality, Their Clinicians Must...

- **↑↑ Translational Efficiency**

Lower total cost of care by ~ 35 percentage points by meeting “top quadrant” quality-cost benchmarks

- **↑↑ Knowledge Turns**

Lower total cost of care by >2.5 real percentage points every year thereafter *and* improve quality



(See Andy Grove's '05 *JAMA* article)



How Do Today's Most "Fuel-Efficient" Clinicians in Top Quadrant Minimize (A) Health Crises/Year and (B) Cost/Contact For Chronically Ill Patients?

**Salient Caring
With Outreach
Between Visits**



(↓ Crises/Year)

**Lean Production of
Service Units**



(↓ Cost/Contact)

**Tight Mgmt of
MD Specialists**



(↓ Both)



Critical Co-Factors

- **Global capitation or robust shared savings**
- **Relentless innovation testing**
- **Personally zealous MD leader**

