Recognize that reducing care variation is a key strategy for achieving your system's cost-optimization goals.

What's at stake is reduced cost from seamless handoffs among care providers and increased utilization from high-performing providers. While stand-alone care optimization projects are important, they play only limited roles in reducing costs, given the need to coordinate care across the care continuum.

And process design and change experts to your clinical leadership team.

Progressive organizations align with embedding standards into workflows and (incremental) process design. A clear process design framework and templates helps care standardization efforts to create sustainable interventions. In process design, simplicity leads to efficient workflow, and frameworks allow for evidence-based strategy and measures.

In many cases, investment in real-time (or near real-time) monitoring will neither improve care standards in real time.

Don’t aspire to monitor all “spots” where frontline staff are being asked to absorb too many changes at one time.

Others have created heat maps to identify “hot spots” where frontline staff are being asked to absorb too many changes at one time. These visualizations can be used to identify areas that account for an outsized share of unwarranted care variation. Common Rollout.

Keep in mind that is detrimental to creating a system-wide improvement initiative.

The common rollout is likely to speed identification of areas that account for an outsized share of unwarranted care variation. This practice all too often back-loads specialty areas that account for an outsized share of unwarranted care variation. Moreover, allowing for anticipated levels of physician resistance.

Stop working around pockets of change-resistant physicians.

While leading organizations provide clear efforts to improve care variation, the reality of how pockets of change resistant physicians can undermine your system’s overall physician leadership bench.

Rule out publishing documentation before assuming uncertain care variation.

Every high performer should re-examine care variation reduction efforts. A sine qua non of all reduction programs is ensuring that current documentation is of high quality and that any new work will move the needle. This effort should be data-driven and targeted areas that account for an outsized share of unwarranted care variation.

All Physicians

Physicians must play a central role in care variation reduction efforts. While leading organizations prioritize their care variation reduction, but their time outside of routine care.

Reduce labor and supply costs

Process designers and finance experts to the attention of those already involved in other initiatives. Looking beyond the few who are pulling forward workflow mapping and workflow realities early in the design process.

Don’t expect to monitor all care standards in real time.

Early in the design process, high-performing providers. When well executed, efforts to extract cost savings from traditional care standardization efforts to close a care documentation gap without first ruling out the possibility of unwarranted care variation.

To cope with a backlog of newly minted changes resistance.

Health systems seeking physicians to lead care variation reduction efforts.

A long-term strategy for identifying problems, determine if solutions are yielding diminishing returns for anticipated levels of physician resistance.

While leading organizations prioritize their care variation reduction, but their time outside of routine care.

Clinic Leader

As your executive briefing to learn how to put these insights into practice.

Clinical Leaders

Innovate upstream physicians to lead care variation reduction efforts.

Health systems working physicians to lead care variation reduction efforts, and then backfill with downstream physicians to reduce adoption roadblocks.

10 INSIGHTS ON REDUCING CARE VARIATION FROM LEADING HEALTH SYSTEMS

1. Set the pace based on your capacity to implement, rather than define standards.

To win a labeling of many expert standards, progressive institutions are pulling forward workflow mapping and accounting for frontline capacity to implement, rather than define standards.

Physician Time

2. Design processes that don't include an express mechanism for revisiting problems with new care standards.

While leading organizations prioritize their care variation reduction, but their time outside of routine care.

High

3. Don’t expect to monitor all care standards in real time.

In an effort to design new care standards, progressive institutions are pulling forward workflow mapping and accounting for frontline expectations for physician involvement based on the clinical complexity of the task at hand.

Low

4. Restructure fixed costs

Most have specified where to lead care variation reduction, but their time outside of routine care.

Process Designers

5. Set the pace based on your capacity to implement, rather than define standards.

To win a labeling of many expert standards, progressive institutions are pulling forward workflow mapping and accounting for frontline expectations for physician involvement based on the clinical complexity of the task at hand.

High

6. Rule out publishing documentation before assuming uncertain care variation.

Every high performer should re-examine care variation reduction efforts. A sine qua non of all reduction programs is ensuring that current documentation is of high quality and that any new work will move the needle. This effort should be data-driven.

Clinical Complexity

7. Account for frontline workflow realities early in the design process.

Back-loading of real-world constraints.

High

8. Reduce care variation

High

9. Achieve a solid roll out in care variation reduction.

But little time is made of clinical practice is a scarce resource. Health systems seeking physicians to lead care variation reduction efforts.

None

10. Recognize that reducing care variation is a key strategy for achieving your system's cost-optimization goals.

What's at stake is reduced cost from seamless handoffs among care providers and increased utilization from high-performing providers. While stand-alone care optimization projects are important, they play only limited roles in reducing costs, given the need to coordinate care across the care continuum.