## Sutter Health- “Mpower” Story of Innovation

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<th>Profile Element</th>
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| **Organization Demographics** | a. Name of innovation/project  
b. Type of organization  
c. Number of physicians involved  
c. Number of patients involved  
e. Timeframe  
f. Website | a. Name of project is Mpower.  
b. Sutter Health is a not-for-profit health system in Northern California.  
c. 40-50 physicians in disease program. 8,000 physicians in total.  
d. 300 patients in disease program. 3 million patients in Sutter.  
e. Been working on this project for 10 years.  
f. www.sutterhealth.org |
| **Description of Innovation** | Short description of the project | This is an approach to care that involves the development of systems and models of care that will help engage patients to take greater responsibility for their health and health outcomes. This involves a technology that will help the provider and the patient to understand how well the patient is doing well as to assist in manage and coordinate the workflow of care teams. |
| **Purpose of Innovation** | a. What issue or problem is your organization seeking to address with this project?  
b. What approach did your organization use to address this problem?  
c. How did you prepare your organization to adopt a new approach for solving this problem? How were different stakeholders prepared for adopting new processes and/or technology? | a. We are focused on intervention for people with chronic conditions. Our vision is managing both the condition and prevention seamlessly on a continuum using our technology and improved workflows. This is about shifting the model of care and the engagement of individuals in their day to day life by helping people understand and set goals and objectives to make reasonable progress towards health goals. We are currently focused on cardiovascular diseases, liver disorders, diabetes, high blood pressure. The model is generic and can be applied to any disease. The technology is doing the job of helping manage and interpreting information.  
b. We’ve developed an application that’s more of a system to support Mpower programs. It complements the functionalities of EHRs. It helps coordinate goals and objectives set by the patient and their care team. Using patient generated health data that is collected from devices that the patient is using e.g glucometer, Fitbit etc. We collect this information in our Mpower system, |
interpret it and give feedback to the individual in terms of their progress and performance towards achieving their health goals. This helps to stratify patients and identify patients who need additional attention.

c. We have put a lot of effort into thinking about the workflows and the type of operational efficiencies to make the technology work. We have to think about getting engagement from the physicians who are often quite intolerable to disruptions of their workflow. We have done a lot of work to interface this technology into the Epic EHR that physicians use. This has been very challenging and remains so. We have been creative and have taken functionalities that exist in EPIC and have used them to do interfacing with our Mpower technology.

A lot of what we are doing is not directly targeted at physicians. Part of the objectives in this is to enable other care team members to be working in their highest level of practice and not bombard physicians with unnecessary information. This is about enabling the distribution of care across the care team.

| Benefits | a. What have been the benefits of using health IT for this problem?  
b. How do actual benefits compare with expected benefits? |
|----------|-------------------------------------------------------------------|
|          | a. This project will not be possible without HealthIT, but it’s insufficient in itself; you need to go beyond that. However, Health IT is critical. The value of this is 1.) assisting in the management of workload for care teams 2.) assisting in enhancing in the experience of the patients in terms of their engagement with their care team 3.) improving outcomes.  
b. We have been able to show with our program that we are getting very similar levels of control for patients as compared to the levels we obtained in a research environment, which is pretty exciting. This is driving better health outcomes.  
It’s challenging to manage the health of patients with complex chronic problems. We are good at managing the health of the patients that come to see us, but what about those patients that do not come? We have a responsibility for those patients |
|          |
as well and as funding models begin to shift to
population health we need to find ways to meet
them where they are. Part of this is tapping into
consumerism and providing a different experience
by supporting people in their day to day lives. We
need to find ways to enable our care teams to
manage more people and scale this program to
care for a larger number of patients.

| Lessons Learned | a. What would you have done different?
|                | b. What key factors made this successful?
|                | c. What unintended consequences emerged from the use of health IT, and how have you addressed those? |
|                | a. In my opinion, we should have found a way to have this approach used more widely in day to day practice than we have been able to achieve. At the end of the day the questions are can it really scale up? This is the challenge of doing anything new and novel. Do we know that this will actually work for half a million patients? Can we actually deploy this to scale and still get similar results? Because our numbers are still smaller we do not have answers to those questions. My biggest regret is to not have pushed this more widely operationally and earlier to gain more experience around that.

b. We followed a process of rapid cycle innovation. We have allowed ourselves to make very rapid changes to the system based on feedback we’ve gotten. This has enabled us to be nimble in responding to issues that have come up. Being nimble to make changes based on feedback and learning is one factor. Another factor is the importance of building this into workflow and talking a lot with the operational team to make sure that the processes does not add work or stress in the clinical setting.

From the patient’s perspective, not everyone loves it. But majority have commented that they like to know that they are being monitored as it holds them accountable and motivates them to work to meet their goals. On the one side that kind of oversight tends to be a bit big brother-ish, but the patients do tend to like this support.

c. There are new support requirements for us to run this system. The technology is not seamless so people can experience connectivity issues, and we have to provide support for this. Some devices have been found to be unreliable in terms of clinical requirements.
Also, at this time this kind of process does not generate revenue. We are driving work out of the clinic and providing care in a remote context, and there are not a lot of funding models that compensate for this type of work. At the end of the day we have to be financially sustainable. Hence, our rate of progress may actually be slowed down as there are not many funding models that support this type of approach.