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LEAN
Cars, Cancer...and Varicose Veins?

By James Williams

When a prospective patient calls your office to inquiry about vein treatment are you confident in your system as well as your processes? Do you have:

- A streamlined process that is consistently repeated by each employee?
- A system of metrics that follows the patient from initial call through follow-up and also identifies best practices?
- Sales and educational processes that seamlessly move the patient successfully through the treatment cycle?
- An experience that would cause them to say, "Yes, they treated my veins, but let me tell you how they treated me as a person?"
- A culture that takes as much pride in employee satisfaction as it does patient satisfaction?

If you answered "yes" to all of these questions, congratulations and well done. If not, read on.

Action Items Assigned Week of 11/13/17 1. 2. 3.	Action Items Completed 1. 2. 3.
Action Items Assigned Week of 11/20/17 1. 2. 3.	Obstacles and Support Needed 1. 2. 3.

BEGINNING OF A REVOLUTION

After World War II and throughout the 1950s, the teachings of Taiichi Ohno, W. Edwards Deming and Phillip Crosby throughout Japan led to what is now known as LEAN production and manufacturing. LEAN and the Toyota Production System (TPS) are synonymous.

LEAN is defined as all of the tools and concepts, including the philosophical approach derived from TPS, working together to eliminate all waste or non-value-added activities from a process. Waste and non-value-added effort that the customer should not, and will not, pay for.

Think continuous improvement, zero defects, doing things at the right time, in the correct amount and without error. Think Value Stream or all of the activities that take a defined product or service from its raw beginning (initial inquiring phone call) all the way to its natural end (treatment), in the most efficient and effective way possible.

CANCER CARE AND LEAN

Now think about being diagnosed with cancer and calling a center that is promoting breakthrough technology but, because of a myriad of obstacles and disconnects, you have less than a 10 percent chance of receiving treatment AND it will take more than three months before treatment can begin.

This was the reality my patients faced in 2010 when I led the construction and opening of the nation's ninth proton therapy cancer treatment center. This was the second of four such centers my company built.

Nearly two years after our shovel first hit the ground, we were finally less than a month away from opening. To prepare for the opening of the second facility, I met with the staff of our first center. They presented key policies and procedures that they suggested we adopt, and it was then that I learned of the 10 percent conversion to patients and the three months it took before the care is delivered.

Imagine if only 10 percent of the patients you saw received treatment. You wouldn't accept that, but what would you do? Where would you start? We knew we needed to identify and understand the disconnects and areas of breakdown. But WHERE did we need to start? LEAN management was the answer.

We set a 30/30 goal – 30 percent conversion from inquiry to treatment in 30 days or less. We gave ourselves a full year to reach this goal – knowing it would take time and we'd definitely need this level of performance in 12 months when our financial covenants kicked in.

We started by challenging and clarifying our goal. Yes, 30/30 is a measurable goal, but what was more important was to build a "culture of excellence." This is an over-used term that is casually thrown about in healthcare and often without any supportive substance. But it couldn't just be words for what we were doing.

We wanted and needed a culture that would literally be defined by excellence. We wanted 30/30 to be a result of our culture and not an isolated goal.

FROM 'IS' TO 'SHOULD'

Our LEAN and Six Sigma experts helped us define the current or "is" process. We counted forms, words, keystrokes, etc. We simulated every process we could, from initial phone call to consult to pre-procedure testing to treatment.

We identified hundreds of areas of wasted time and effort and numerous disconnects. And with unbridled creativity, we constructed the future or "should" process.

The "should" process required hundreds of fixes. We attacked quick fixes first to satisfy our hunger for results and to build momentum. We

phased in longer term fixes, categorized them into logical groups by department and assigned owners.

We met weekly to report on progress, identify obstacles and assign additional resources as needed. We used a simple four-square approach starting in the upper left quadrant and moving clockwise the owner of the task described:

1. what they were to accomplish during the past week;
2. what obstacles if any were encountered;
3. how the obstacle was removed or what assistance is needed and finally
4. by reconciling these three squares when the next week's assignment was made.

Owners came prepared and each person had no more than two minutes to cover their specific four-square. We learned if it took longer than two minutes the owners did not have a firm handle on their project.

Once a step was complete, policies and procedures were developed to aid in delivering replicable results at each specific juncture in the process. Metrics were also established to ensure compliance with the policies and procedures and exceptions were highlighted, both good and bad, which drove continuous improvement.

The entire patient cycle was illustrated step by step (Value Stream) on a 4-foot-wide roll of paper that reached more than 30 feet in length. Listed under each step was the owner, their job qualifications, the purpose and output of that step, the policy and procedure and performance metric.

Beyond its original purpose, we used the Value Stream system as a training and education tool that accelerated the opening of the subsequent centers (our third and fourth). We even used it for patient experience. For example, we identified what we wanted our patients to feel or experience at each major step in the process. This could be clarity and understanding of their condition and treatment options or physical warmth and support, etc.

The winning behavior is the action required to create the intended feeling. For example, for clarity and understanding of a patient's condition and treatment options, the winning behavior was a family versus an individual consultation. Here the patient has the support of their family, who can help raise the questions needed to fully understand the situation. Family could be physically present or attend via phone if necessary.

For physical warmth and support, it was as simple as providing a plush robe (that the patient could take home) and an organized choreography of physical support – with the aim of ensuring that when one supporting hand left the patient, another immediately replaced it.

Screening tools were developed to identify candidates that could naturally demonstrate the winning behaviors. The winning behaviors became part of job descriptions. Employee performance was evaluated based on a 50/50 weighting of skills and winning behaviors.

Our values were already well-entrenched within our culture, but still took on an entirely new sense of importance and purpose through this process. Quarterly, I was inundated with peer nominations for those who best reflected our values and we celebrated and honored winner throughout the year. The energy was contagious.

Over time, we built a true culture of excellence that pervaded our organization from top to bottom and from side to side. We also exceeded our goal – not just in terms of 30/30 but also in terms of patient and employee satisfaction, employee retention, a robust list of referring MDs, tumor mix complexity, a partnership with a national leading children's hospital and a culture you could "see, feel and touch" – not my words, but those from a former patient.

We had no idea how much we'd learn from this process – both collectively as a team and individually as leaders and managers.

> **"Ironically, some argue LEAN was introduced to healthcare not by those within the industry but from those in the automobile industry. At that time, the most expensive part of any car made in the U.S. was the healthcare cost of the automotive workers."**

LEAN AND YOUR VEIN PRACTICE

LEAN is an effective tool to manage your day-to-day operations by creating best practices and standardization. LEAN can be applied to obvious processes such as billing and collections; however, it can also be applied to less obvious areas such as outstanding customer care and new patient acquisition, just as it did in our cancer center.

I recently returned to work in vein disease after almost 10 years. My first run in this space resulted in the development and sale of the nation's largest vein disease practice at that time.

A lot has changed in 10 years, but there's a lot that's remained the same. Of the 30 million people with varicose veins, less than two million seek treatment. When they do seek treatment, they are confronted by providers who all sound alike – no surgery or hospitalization, covered by insurance and back on your feet in the same day.

Vein treatment has, in many respects, become a commodity – it is difficult to own a unique selling proposition. Therefore, in order to survive, and thrive, we all need to get LEAN! **VTN**

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__James R. Williams__ has more than 30 years of healthcare experience building regional/national platform companies and successful exit strategies. His primary focus is disruptive spaces including LASIK, varicose vein disease, proton therapy and other Cancer Treatment modalities. As President of Miller Vein, he is leading the development of a strong operational infrastructure combined with rapid growth. Additionally, he is an advisor to numerous healthcare companies and private equity investors.

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