Bio

Dr. Milstein is a Professor of Medicine and directs the Clinical Excellence Research Center at Stanford University. The Center discovers and demonstrates in multi-state locations scalable innovations in clinical process and in bedside applications of machine intelligence that lower the cost of high-quality healthcare.

Before joining Stanford's faculty, he created and globalized a healthcare performance improvement firm, co-founded three nationally influential public benefit initiatives including the Leapfrog Group, served as a Congressional MedPAC Commissioner and was elected to the National Academy of Medicine (NAM).

ACADEMIC APPOINTMENTS

- Professor, Medicine - Primary Care and Population Health

LINKS

- Clinical Excellence Research Center: http://cerc.stanford.edu

Research & Scholarship

CURRENT RESEARCH AND SCHOLARLY INTERESTS

Design and national demonstration of innovations in care delivery that provide more with less. Informed by research on AI-assisted clinical workflow, positive value outlier analysis and triggers of loss aversion bias among patients and clinicians.

Research on creation of a national index of health system productivity gain.

Teaching

COURSES

2017-18

- Leading Value Improvement in Health Care Delivery: SOMGEN 275 (Aut)
2016-17
• Leading Value Improvement in Health Care Delivery: SOMGEN 275 (Aut)

2015-16
• Leading Value Improvement in Health Care Delivery: SOMGEN 275 (Aut)

2014-15
• Leadership and Strategies for Health Care Delivery Innovation: SOMGEN 275 (Aut)

STANFORD ADVISEES
Postdoctoral Research Mentor
Myra Altman, Brian Brady, Kendell Cannon, Chuan-Mei Lee, Danielle Rochlin, Claudia Scheuter

Publications

PUBLICATIONS

• Improving the Value of Medical Care for Patients with Back Pain. *Pain medicine (Malden, Mass.)*
  2017

• Redesigning Cancer Care Delivery: Views From Patients and Caregivers. *Journal of oncology practice*
  2017; 13 (4): e291-e302

• Reply to E.C. Winkler et al. *Journal of clinical oncology*
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• Predicting patient 'cost blooms' in Denmark: a longitudinal population-based study. *BMJ open*
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• Association Between the Birth of an Infant With Major Congenital Anomalies and Subsequent Risk of Mortality in Their Mothers *JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*
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• Better health, less spending: Redesigning the transition from pediatric to adult healthcare for youth with chronic illness. *Healthcare (Amsterdam, Netherlands)*
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• The Financial Effect of Value-Based Purchasing and the Hospital Readmissions Reduction Program on Safety-Net Hospitals in 2014: A Cohort Study. *Annals of internal medicine*
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• ACO model should encourage efficient care delivery. *Healthcare (Amsterdam, Netherlands)*
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• The Effect of Moving Carpal Tunnel Releases Out of Hospitals on Reducing United States Health Care Charges. *Journal of hand surgery*
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Safety-Net Hospitals More Likely Than Other Hospitals To Fare Poorly Under Medicare's Value-Based Purchasing. *Health Affairs*
2015; 34 (3): 398-405

Time-driven activity-based costing of multivessel coronary artery bypass grafting across national boundaries to identify improvement opportunities: study protocol. *BMJ Open*
Erhun, F., Mistry, B., Platchek, T., Milstein, A., Narayan, V. G., Kaplan, R. S.
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2015; 5 (12)

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Kalanithi, L., Tai, W., Conley, J., Platchek, T., Zulman, D., Milstein, A.
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  Becker, E., Hockenberry, J., Bae, J., Avgar, A., Lui, S., Wilson, I., Milstein, A.
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• How the Pioneer ACO Model needs to change: lessons from its best-performing ACO. *JAMA-the journal of the American Medical Association*
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