Tufts Health Care Institute

Mini-Rotation on the Health Care System

Theme: Quality Measures and Perspectives

Topic: Providers, Quality and Patient Safety

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Objectives:
By the end of this session, participants should be able to:

- Outline the history of the quality of care movement in medicine.
- Recognize the relationship between the quality of health care and its cost.
- Describe the definitions of "health care quality" by the Institute of Medicine (IOM) and the Institute for Healthcare Improvement (IHI).
- Describe the relationship between quality, safety and risk management.
- Describe the components of Disclosure, Apology and Offer and the effects of these programs on malpractice litigation.

Overview of the presentation (August 2015):

Description of speaker's organization, Atrius Health

- Patient population
- Physician panel

Quality defined: Institute of Medicine

- "The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"

History of quality improvement in medicine

- Ignaz Semmelweis
- Florence Nightingale
- 1999 IOM report, To Err is Human
- 2001 IOM report, Crossing the Quality Chasm
    - STEEEP: safe, timely, effective, efficient, equitable, patient centered

Need for improvement: Quality in the ambulatory setting

- Findings on quality gaps, e.g., "More than 50% of patients with diabetes, hypertension, tobacco addiction, hyperlipidemia, congestive heart failure, asthma, depression and chronic atrial fibrillation are currently managed inadequately." (2003) ... "1 out of 3 patients admitted to the hospital suffered an adverse event." (2011)

Reasons why gaps exist

- The science and technology of medicine is expanding rapidly
- The burden of chronic disease
- The health care delivery system is poorly organized
- Constraints on exploiting the information technology revolution

Cost concerns

- Health expenditures as a share of GDO, U.S. and developed countries
- Projected national health expenditures

Paying for quality

- Pay for performance (P4P) described
- Documented impact of risk contracts and P4P on quality and cost

Quality improvement metrics at Atrius Health

- Applying the Triple Aim: improving health, enhancing patient experience, and controlling costs
- Grid used to monitor outcomes
- QI as team sport: outstanding practices achieve more than outstanding individuals

Patient safety

- Related to quality
- Statistics on safety of several industries: healthcare more dangerous than others
- Studies of preventable adverse events in healthcare
- Concerns with accuracy of medical records

Safety in ambulatory care

- Definition of "ambulatory"
- Challenges of studying ambulatory safety
- Studies: ambulatory adverse events; medication safety; diagnostic errors

Relationships between quality, patient safety, and risk management

- Malpractice claims for adverse events in inpatient and outpatient settings
- Diagnosis-related cases predominate
    - Distribution of cases by steps in the ambulatory diagnostic process of care: most common issues are around ordering of diagnostic/lab tests
- Volume of malpractice claims does not reflect many more near-misses and problems

Systems and microsystems in medicine

- W. Edwards Deming: Japanese car manufacturing and U.S. medical care
- Failings of the current system of malpractice litigation for patients, physicians, and the healthcare system

Disclosure, apology and offer (DAO): the next step

- Origins of communication, apology, and resolution
  - Establish competencies for MD's & RN's
  - Promote open communication
  - Create an injury compensation system that is patient-centered

The safety culture

- Acknowledgement that high risk activities are prone to error due to the complex nature of an ambulatory healthcare organization
- Ability of all employees to report safety events without fear of punishment or reprisal
- Expectation of collaboration across all disciplines and at all levels of the organization
- Involvement of organizational leadership to direct resources and support to address safety concerns

Principles of disclosure, apology and offer (DAO)

- Compensate patients quickly and fairly when unreasonable medical care caused injury
- If the care was reasonable or did not adversely affect the clinical outcome, support caregivers and the organization vigorously
- Reduce patient injuries (and therefore claims) by learning through patients' experiences

Initiatives in Massachusetts

- Massachusetts Alliance for Communication and Resolution following Medical Injury (MACRMI)
- Liability Reform in the state's Payment Reform Legislation (Chapter 224)

Communication and Resolution

- Process steps
  1. Event Identification
  2. Communication
  3. Root Cause Analysis
  4. Resolution (Post-Analysis Communication)
  5. Documentation
- Case illustrations