

A Review of *Crossing the Quality Chasm* and Recommendations for Sustainability Research and Best Practice Brief

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The Institute of Medicine makes an urgent call for fundamental change to America's health care system in *Crossing the Quality Chasm: A New Health System for the 21st Century*. The Institute's Committee on Quality of Health Care in America notes that no real progress is being made toward restructuring health care systems to address both quality and cost concerns or toward incorporating advances in information technology to improve administrative and clinical processes. The book outlines several recommendations including a set of performance expectations, new principles to guide patient-clinician relationships, an organizing framework for accountability and quality, and steps to strengthen clinical information systems.

Current System Problems

"Health care is composed of a large set of interacting systems -.... These systems function within such diverse and diffuse management, accountability, and information structures that the overall term health system is today a misnomer." (pg. 78)

At a time of tremendous growth in knowledge and technologies in the medical field, research on the quality of care reveals that the American health care system frequently fails to translate knowledge into practice, to apply new technology safely and appropriately, and to afford all Americans with critically important access to basic care. Medical costs are increasing and resources are often inappropriately managed, in part due to the increasing aging population and the increasing patient demand for new services, technologies, and drugs. Waste in the medical field is a large part of the problem and refers to many types of medical errors that result in subsequent need for additional health care as well as the highly fragmented delivery system. As many as 98,000 deaths annually are attributed to errors in hospitals, and poorly designed care processes result in unnecessary duplication of services and long waiting times and delays. Additional challenges include reductions in third-party payments, shortfalls in nurse staffing, and the growing numbers of uninsured patients seeking uncompensated care.

For several decades, the medical needs of the American public have been shifting from predominantly acute, episodic care to care for chronic conditions. Chronic conditions affect almost half of the population; are now the leading cause of illness, disability, and death; and about 44% of those affected have more than one such condition. These findings argue for advanced systems to communicate and coordinate care, yet there is a scarcity of clinical programs with sufficient infrastructure to provide the full complement of services needed by people with heart disease, diabetes, asthma, and other common chronic conditions. All too often, physician groups, hospitals, and other health care organizations operate as silos, providing care without the benefit of complete information about the patient's condition, medical history, services provided in other settings, or medications prescribed by other clinicians.

Recommendations for Performance Expectations

The Committee proposes the following agenda for redesigning the 21st-century health care system:

- That all health care constituencies commit to a national statement of purpose for the health care system as a whole and to a shared agenda of six aims for improvement that can raise the quality of care to unprecedented levels.
- The adoption of a new set of principles to guide the redesign of care processes.
- Identification of a set of 15 priority conditions upon which to focus efforts by the Department of Health and Human Services.
- Health care organizations design and implement more effective organizational support processes.
- Creation of an environment that fosters and rewards improvement by creating an infrastructure to support evidence-based practice, facilitate the use of information technology, align payment incentives, and prepare the workforce to better serve patients in a world of expanding knowledge and rapid change.

Statement of Purpose

“All health care organizations, professional groups, and private and public purchasers should adopt as their explicit purpose to continually reduce the burden of illness, injury, and disability, and to improve the health and functioning of the people of the United State.” (pg. 39)

Six Aims for Improvement:

Safe	Medical errors are avoided; patient information on allergies, medications, diagnostic and treatment plans, and specific needs is available to all who need to know it with appropriate assurances of confidentiality; and patients are informed and participate fully as they wish and are able.
Effective	Health care is based on scientific knowledge and is supported via laboratory experiments, clinical trials, epidemiological research, and outcomes research.
Patient-centered	Health care is respectful and responsive to patients' values, preferences, and expressed needs; is coordinated; provides patient education; is committed to physical comfort and includes state-of-the-art pain relief; and provides emotional support.
Timely	Services are provided in ways that reduce waits and delays.
Efficient	Waste is avoided by reducing errors, overuse, and administrative and production costs.
Equitable	Quality does not vary, there is universal access for all Americans, and health disparities are reduced.

Principles to Guide the Redesign of Care Processes

The Committee proposes that clinicians and patients, and the health care organizations that support care delivery, adopt a new set of principles to guide the redesign of care processes.

- Care based on continuous healing relationships – care provided whenever needed and in many forms, including over the internet and telephone
- Customization based on patient needs and values – designed to meet the most common types of needs but having the capability to respond to individual patient choices and preferences
- The patient as the source of control – accommodation of differences in patient preferences and encouragement of shared decision-making
- Shared knowledge and the free flow of information – patients have unfettered access to their own medical information and clinical knowledge
- Evidence-based decision making – based on best available scientific knowledge
- Safety as a system property – reducing risk and ensuring safety
- The need for transparency – information available to patients and families that allows them to make informed decisions
- Anticipation of needs – anticipating patient needs, rather than simply reacting
- Continuous decrease in waste – of resources or patient time
- Cooperation among clinicians – to ensure an appropriate exchange of information and coordination of care

Priority Conditions

Substantive improvements to the health care system will require enormous changes. The Committee recommends focusing attention on common chronic conditions as a starting point for restructuring and suggests that the Department of Health and Human Services should promulgate a short list of priority conditions. All health care stakeholders should use the list to establish state-of-the-art processes for these conditions, and resources should be provided to seed innovative projects at the delivery system level. The Medical Expenditure Panel Survey, a nationally representative household survey of health care use, expenditures, sources of payment, and insurance coverage conducted by the Agency for Healthcare Research and Quality identifies the following 15 “priority conditions” based on their prevalence, expense, and policy relevance:

1. Cancer
2. Diabetes
3. Emphysema
4. High cholesterol
5. HIV/AIDS
6. Hypertension
7. Ischemic heart disease
8. Stroke
9. Arthritis
10. Asthma
11. Gall bladder disease
12. Stomach ulcers
13. Back problems
14. Alzheimer’s disease and other dementias
15. Depression and anxiety disorders

Organizing Framework for Accountability and Quality

In order to make full use of current technologies and improve resource management, the Committee notes that the following challenges must be addressed:

- Use of information technologies to improve access to clinical information and support clinical decision-making
- Knowledge and skills management
- Development of effective teams
- Coordination of care across patient conditions, services, and settings over time
- Incorporation of performance and outcome measurement for improvement and accountability

Strengthening Clinical Information Systems

The Committee proposes that solutions for many health care system challenges can be found through information technology applications. They argue that handwritten clinical data can be eliminated by the end of the decade. Potential benefits of a national commitment to building an information infrastructure to support health care delivery include:

Consumer Health

Consumers can be informed and educated by information on the Internet

Clinical Care

The Internet has the potential to make health care more timely and responsive through such devices as reminder systems, telemedicine applications, email and online prescribing

Administrative and Financial Transactions

Service and efficiency improvements are already underway and can be increased

Public Health

Incident reporting, videoconferencing during emergency situations, disease surveillance, and delivery of alerts are a few of the possibilities

Professional Education

The Internet can provide undergraduate, graduate, and continuing medication education for all types of health professionals

Research

Possibilities for improving research include increased access to databases and literature, enhanced collegial interaction, and speedier dissemination of research results

Recommendations from The Policy Group for Ensuring Sustainability of Health Care Restructuring

In order to make the well-being of children and families a priority in the State of Florida, The Policy Group for Florida's Families and Children seeks to facilitate improvements and/or sustainable change across local, state, and federal systems. Extensive study of the system change process by noted national researchers and organizations has revealed nine critical components for implementation of comprehensive initiatives. They are:

1. A longer view of change,
2. A coherent framework for implementing a comprehensive initiative,
3. High-level leadership,
4. Broad-based participation and involvement at the local level,

5. Strategic communications,
6. Partnerships between specialized supports and services (e.g., government-sponsored systems and programs) and primary supports and services (e.g., community-sponsored organizations and programs),
7. Multi-partisan commitment,
8. A balance between regulation and accountability, and
9. Incorporation of research, evaluation and accountability.

These critical components are pertinent to health care reform and, in many instances, mirror or support the proposals made by the Institute of Medicine's Committee on Quality of Health Care in America.

Critical Component 1: Creation of a Longer View of Change

Effective interventions take a longer view of change, often targeting more than one generation. A longer view of change requires recognition that all generations are negatively impacted by shortsighted, quick fixes. Indeed, quick fixes waste precious resources and should be considered expenditures instead of investments. The Committee has called for long-term change in the health care system and has developed a proposal that is incremental in its approach. Their recommendations have implications for children and adults of all ages.

Critical Component 2: Development of a Coherent Framework for Implementing a Comprehensive Initiative

A coherent framework for implementing a comprehensive initiative requires the development of a vision, mission, goals, objectives, and a long-term strategic plan to identify progress and correct problems. The Committee has created a vision for America's health care system that encourages innovation, use of successful strategies, integration of services, opportunities for learned and skilled practitioners, and capacity building.

Critical Component 3: Development of High-Level Leadership

Leaders are essential to implementation of successful initiatives. These individuals must be knowledgeable of systems and solutions, skilled at building consensus and resolving conflicts, and able to communicate effectively. Furthermore, leaders are needed that reach across cultural, ethnic, and political boundaries. Although the Committee has provided important leadership and has identified other potential leaders, implementation of the initiative will require leadership identification and development at the national, state, and local levels.

Critical Component 4: Development of Broad-Based Involvement of People at the Local Level

Long term, sustainable policy change requires creating a public will to support such change. This requires attention to culture and values that influence individual and community behavior. It requires respect for the potential of "the masses" to either support or defeat change in either direction. Implementation of health care system reform will require extensive public education and local citizen involvement.

Critical Component 5: Development of a Mechanism for Strategic Communications

Developing common understandings, building public will, garnering multi-partisan support, and bringing champions on board are all served by the development of a mechanism for strategic communications. This mechanism will enable the development and delivery of key messages and spokespersons to target messages for outreach and ensuring informed decision making. The Committee has identified poor communication processes as a major impediment to effective health care service delivery. Changing the system will require close attention to communications on a broader scale.

Critical Component 6: Development of Partnerships between Formal Systems and Community-Based Organizations

Partnerships are needed to bring health care services to families where they live, work and play, and the Committee recognizes that the current system functions poorly relative to communication and coordination of efforts between system entities. Formal systems (e.g., government-sponsored systems and programs) are more likely to have significant fiscal and administrative resources, and community-based organizations are better equipped to identify and relate to community needs. Working in alliance, these entities can maximize resources.

Critical Component 7: Development of Multi-Partisan Support

The balance of power moves rather frequently from one party to another and influential policymakers can be found in all political affiliations. Therefore, it is imperative that the visioning and implementation process incorporate viewpoints and strategies that cross political boundaries. Soliciting widespread input and inclusion of all stakeholders helps to ensure adequate representation and build support.

Critical Component 8: Development of a Balance between Regulation and Accountability

The way programs are funded, regulated, and held accountable can support or undermine the attributes of effectiveness. The shift of service delivery from government agencies to private entities underscores the importance of sound regulations. Just as local communities differ, so must implementation. Whereas, accountability for certain outcomes is necessary, local flexibility and responsiveness are crucial to successful interventions. The Committee has taken an inclusive approach to identifying the entities that are needed to bring about system change.

Critical Component 9: Incorporation of On-Going Research and Evaluation

Progress depends on an evolving knowledge base that informs policy direction, assists with midcourse correction and guides public investments. The Committee has recognized the importance of research and evaluation to help identify promising practices, the connection between interventions and interim benchmarks, and the long-term outcomes of public investments.

With 35% of low-income, non-elderly adults uninsured, 26% of low-income children uninsured, and 44,000 children on a waiting list for KidCare as of November 2003 in Florida, there is tremendous need for health care reform. The Institute of Medicine has outlined an ambitious and important agenda for changing the health care system. The critical components for implementation of sustainable comprehensive initiatives identified by The Policy Group underscore and support their recommendations.

References

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