

NHPF Forum Session
Meeting Announcement



**Pursuing Perfection in
Health Care Delivery:
Insights from Innovators**

A DISCUSSION FEATURING:

Donald Berwick, M.D.
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Officer*
Institute for Healthcare
Improvement
Boston

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PeaceHealth
Bellingham, Washington

Brian Rank
Medical Director
HealthPartners
Bloomington, Minnesota

Honor Page
Consumer
Cincinnati

**Wednesday,
February 12, 2003**

8:30 am — *Continental Breakfast*

9:00–10:30 am — *Discussion*

H-902

Hart Senate Office Building
Capitol Hill

To register:

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possible.



Pursuing Perfection in Health Care Delivery: Insights from Innovators

Evidence has been accumulating for more than 20 years that health care in America is not what it could be. The situation was brought sharply to the public eye with the release of the 1999 Institute of Medicine report, *To Err Is Human*, which held that as many as 98,000 deaths in the United States are caused each year by medical error. The quality issue was further elaborated in a subsequent IOM report, *Crossing the Quality Chasm*, which set out a wide range of proposals for changes in the health care system. And yet, as patient-safety sage Lucian Leape, M.D., observed to the *Washington Post* on the occasion of the error report's third anniversary, there has been a lot of activity around quality improvement, without a lot of progress.¹ Sustained public outcry has not materialized, but there are increasing stirrings of concern.

At the beginning of the 108th Congress, it is physicians rather than consumers who are complaining. Their grievance, however, is not about quality directly, but rather about the financial fallout from real or perceived errors by providers. The steep escalation in malpractice rates, physicians say, cannot be borne. Surgeons in West Virginia, who staged a walkout in protest of high rates, drew sympathy from their peers in other states. Legislators propose to impose caps on monetary awards in malpractice cases.

SESSION OVERVIEW

This Forum session will look at efforts to improve health care quality along the lines advocated in the Institute of Medicine's 2001 report, *Crossing the Quality Chasm*. Highlighted will be grantees from the Pursuing Perfection initiative, which is sponsored by the Robert Wood Johnson Foundation and overseen by the Institute for Healthcare Improvement. Speakers will represent the perspectives of providers, administrators, and consumers of health care. Issues to be raised include barriers to quality improvement, keys to making improvement programs self-sustaining, investment in technology, and community collaboration.

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While addressing the malpractice crisis clearly is important, it is only a piece of the quality picture. The reason for imposing malpractice liability on providers is twofold: to offer a means of redress against negligence or malfeasance on the part of a particular provider and to act as a deterrent to such behavior among providers generally. In spite of rising insurance rates, there is little evidence to connect mindfulness of potential liability with systemic improvement in patient care.

Systemic is the key word here. *Crossing the Quality Chasm* took as its theme the need to reengineer systems of care. Experts are agreed that designing processes to prevent error is more effective than punishing it after the fact. Inertia, expense, and active resistance all have proved difficult to address. However, there are some organizations that are becoming more fully engaged in improving the care they deliver.

Pursuing Perfection is a high-risk project intended to create models for the nation that show how good health care can be and what it takes to get there. With funding from the Robert Wood Johnson Foundation, seven health care organizations are working to redesign themselves, to dramatically improve patient outcomes by pursuing perfection in all of their major care processes. Under the leadership of Donald M. Berwick, M.D., and Tom Nolan, Ph.D., the Institute for Healthcare Improvement (IHI) in Boston directs the initiative.

Pursuing Perfection offers promise to each of the key stakeholders in health care:

The patient — At Cincinnati Children's Hospital Medical Center, parents of children with cystic fibrosis are assured that they will be involved in care decisions as much as they wish. Twelve parents and patients are members of an improvement team charged with designing care that meets patient needs. Parents report that their children are willing and able to cooperate with difficult treatment regimens because the services have been tailored to meet their unique needs.

The providers — Doctors and nurses who care for patients have been working faster and harder over the past ten years. They have been faced with multiple payment and policy changes and have seen their work getting tougher—fewer supports, poorer relationships with patients, and no resolution in sight. The medical staff at HealthPartners Medical Group and Clinics (HPMG&C) in Bloomington, Minnesota, have seized on the resources and opportunities in Pursuing Perfection as a means to step back and think about redesigning their delivery system. They have established same-day access for primary care patients, built an information system for state-of-the-art care, and created more satisfying, integrated, and continuous relationships with their chronically ill patients. According to IHI and other observers, widely accepted data sources and analyses indicate that HPMG&C is achieving better results in both costs and outcomes.

The executives — Most senior administrators in health care organizations have two main goals: to assure that their organization produces needed health services in their community, and to keep their organization afloat. Doing both at once has become more and more challenging. As many executives find their days filled with financial worries and “fighting fires,” quality can be an afterthought. In Pursuing Perfection, senior executives are devoting a far greater portion of their time than in most health care organizations to promoting the vision of unprecedented performance for patients, their communities, and their organizations. This is particularly important in Whatcom County, Washington, where the chief executive officers of the hospital and the health care system involved in the Whatcom Community Health Improvement Consortium see “wins” for everyone involved. With this vision, they spend their days rolling out the strategy with improvement teams, providers, payers and other key stakeholders in the community, removing barriers, and galvanizing board and community support. The aim is to improve care for every person with chronic illness in an economically stressed county with a population of 170,000.

Each organization in Pursuing Perfection has set out an ambitious work plan that begins with two pilot projects that can be used to catalyze significant improvement across the organization and its community. The organizations and their first two pilot projects are described briefly in an appendix to this announcement. Now one year into the effort, the project sites are rapidly expanding their improvement work into five additional areas each. By year’s end, they are expected to have redesigned a wide array of organizational care processes for the vast majority of their patients.

Certain themes unite all of these projects. There is a shift from health care practitioners operating independently (or under orders) to a team model, where all have an acknowledged role in improved outcomes. Making this shift involves moving beyond turf battles and relaxing narrowly defined professional prerogatives. Additionally, successful implementation requires a real focus on ongoing learning, with improved communication, feedback, and system support. Also key to the projects is a shared vision of constructive and continuous effort to improve quality, of systems capable of transcending personnel turnover, absorbing new technologies, and rewarding achievement. Many of the redesigns have the central theme of putting patients and families much more in control of their own care and of the decisions that affect them. The three core themes for all of the Pursuing Perfection redesigns are these: evidence-based care, patient centeredness, and unprecedented levels of cooperation throughout the care system. Each organization has the further burden of finding (or making) a “business case” for its improvement work, demonstrating ways in which better care can contribute to organizational vitality and sustainability.

It is not easy work, and not all of the efforts are succeeding. As they pursue goals that, in Berwick's words, "seem nearly psychotic" in the current health care marketplace, those involved in Pursuing Perfection are confronting and helping to uncover barriers to change, in the process compiling information that might point to future policy changes. Extrapolating lessons learned and developing materials to document and support suggested changes in organizational structure, payment policy, and the like will be a multiyear exercise. At this early stage, however, project managers see indications that even relatively minor—and cost-neutral—shifts in patterns of payment, job roles, and information technologies could facilitate significant improvements in care and outcomes. What is not clear just yet is whether experimenters and policymakers, working together, can capitalize on these efforts, not only to see them sustained but also to encourage others to emulate them.

SPEAKERS

In this Forum session, **Donald Berwick, M.D.**, president and chief executive officer of the Institute for Healthcare Improvement, will give an assessment of quality improvement efforts to date and summarize the goals and aspirations of the Pursuing Perfection program. He will describe the role of the institute in supporting the program. Representatives of three Pursuing Perfection grantee organizations will share their experience of systemic quality improvement and their thoughts on how it may be more broadly extended. **John Hayward** is chief executive officer of PeaceHealth, a member of the Whatcom Community Health Improvement Consortium. **Brian Rank** is medical director of HealthPartners in Minnesota. **Honor Page** is the mother of a child with a chronic illness who is treated at Cincinnati Children's Hospital Medical Center.

QUESTIONS FOR DISCUSSION

Questions to be addressed in discussion include the following:

- Why are patient safety and quality improvement not higher priorities for clinicians and provider organizations? What barriers to the pursuit of quality need to be overcome? Does quality improvement "pay off" for the organization that invests in it, or not?
- What are the factors an organization must consider in trying to realize a culture of safety? How must cultures and accountabilities change?
- What are the costs to invest in quality-enhancing technology, such as automation of medical records and computerized physician order entry? Is it reasonable to expect that such technology will pay for itself through improved efficiency and outcomes?

- How can payment practices and rules be modified to offer greater flexibility and support more effective care, especially for chronically ill patients?
- Does collaboration across communities to provide safe, effective, patient-centered care make sense? Can it be done? How can concerns about anticompetitive activity be addressed?

ENDNOTE

1. Sandra G. Boodman, "No End to Errors," *Washington Post*, November 30, 2002.

Appendix

PURSUIING PERFECTION GRANTEES

Cambridge Health Alliance Cambridge, Massachusetts

The Cambridge Health Alliance is a nationally recognized academic public care health system, affiliated with the Harvard Medical School. The alliance includes three acute care hospitals, more than 20 primary care sites, and a statewide managed Medicaid health plan. Unlike other grantees, this organization also includes a local public health department and is the major safety net provider in its diverse community. Its two initial efforts to pursue perfection are in the management of childhood asthma and the care of adults with diabetes across the community.

Cincinnati Children's Hospital Medical Center Cincinnati, Ohio

Cincinnati Children's Hospital Medical Center is an internationally recognized leader in pediatric health care, with a reputation for excellence in patient care, research, and medical education. The first pilot project focuses on establishing a comprehensive delivery system for children with chronic illnesses, with an initial focus on patients with cystic fibrosis. The second pilot project is developing a comprehensive strategy for delivering family-centered, evidence-based care to children with acute conditions, with an initial focus on patients with bronchiolitis.

Hackensack University Medical Center Hackensack, New Jersey

Hackensack University Medical Center is a 635-bed major tertiary teaching and research hospital affiliated with the University of Medicine and Dentistry of New Jersey – New Jersey Medical School. The medical center is striving to assure that 100 percent of its patients receive all the services indicated by the best medical evidence. Their first two pilot projects focus on chronic illness and safety. The heart failure program is extending the intensive care now required for congestive heart failure patients to their homes in order to prevent repeat hospitalizations. Greater patient safety is the target of the anti-coagulation (that is, blood thinning) service, which has been established to improve the system of care for patients with blood clots. The project reduces the over- and under-use of warfarin (an anticoagulant), which will decrease bleeding complications and build knowledge about making service delivery safer in the hospital.

**HealthPartners Medical Group and Clinics
Bloomington, Minnesota**

The HealthPartners Medical Group and Clinics (HPMG&C) is one of the largest and most integrated multispecialty group practices in the Twin Cities area. HMPG&C is staffed by more than 550 physicians, who provide care to patients at 40 clinic locations. Partnering with HPMG&C for the Pursuing Perfection initiative will be two hospitals: Regions Hospital, a 427-bed facility, and North Memorial Medical Center, a 518-bed facility. The first pilot project is seeking fundamental changes in the traditional model of providing health care, improving both processes and outcomes of care for all patients with diabetes. A second pilot project seeks aggressive improvement in access for patients requiring primary care and/or specialty care.

**McLeod Regional Medical Center
Florence, South Carolina**

McLeod Regional Medical Center (MRMC) serves 12 counties in northeastern South Carolina. MRMC provides primary, secondary, and regional tertiary medical and educational services to a population of nearly one million people. More than 4,000 employees, 350 physicians and 36 medical practices make up MRMC. One of MRMC's pilot programs is focusing on eliminating adverse drug events by capitalizing on enhancements in paperless technology and providing extensive training to medical and hospital staff. Additionally, MRMC is implementing best practices for treating heart disease, concentrating on patient identification, disease management, and medical technology.

**Whatcom Community Health Improvement Consortium
(St. Joseph Hospital, PeaceHealth)
Bellingham, Washington**

St. Joseph Hospital is one of five hospitals in the PeaceHealth not-for-profit system and the only hospital in Whatcom County. This organization is seeking nothing less than perfect care for residents of Whatcom County, focusing on the management of chronic illness both in and out of the hospital. The first two pilot projects are addressing the chronic illnesses with the greatest burden in the community, diabetes and cardiovascular disease in the form of congestive heart failure. They are seeking improved function for these patients, greater satisfaction, and decreased use of expensive hospital care.

**Tallahassee Memorial HealthCare
Tallahassee, Florida**

Tallahassee Memorial HealthCare (TMH) is a private, not-for-profit, integrated health care system. The system is licensed for 770 beds,

including a tertiary hospital, a behavioral health hospital, a sub-acute facility, a long-term care facility, a home health agency, 12 primary care clinics in seven surrounding counties, and a family practice residency program. TMH is conducting two pilot projects with partner Capital Health Plan, a single-site, mixed-model health maintenance organization with the same primary service areas as TMH. The first pilot project completely redesigns the medication system, focusing on all phases of medication management, including computerized physician order entry, automated dispensing, an on-line medication administration record, bar-coding, and a medication error and near-miss reporting system. The second pilot project is aimed at redesigning cardiovascular services to reduce mortality and costs of care.