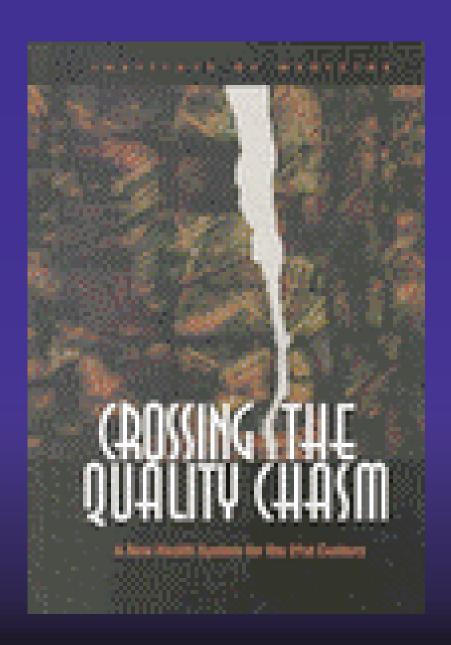
## Crossing the Quality Chasm: A Systems Approach

Richard J. Schuster, MD, MMM Boonshoft Chair and Director Health Systems Management Wright State University

#### Chasm ...





#### South Rim



North Rim

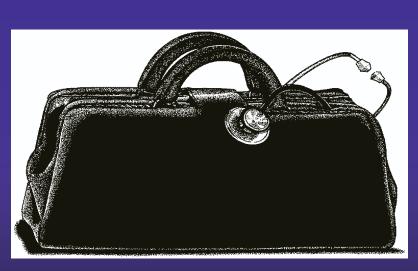


#### A Double Oxymoron....



Why ???

# The History of American Medicine is One of Organizational Autonomy

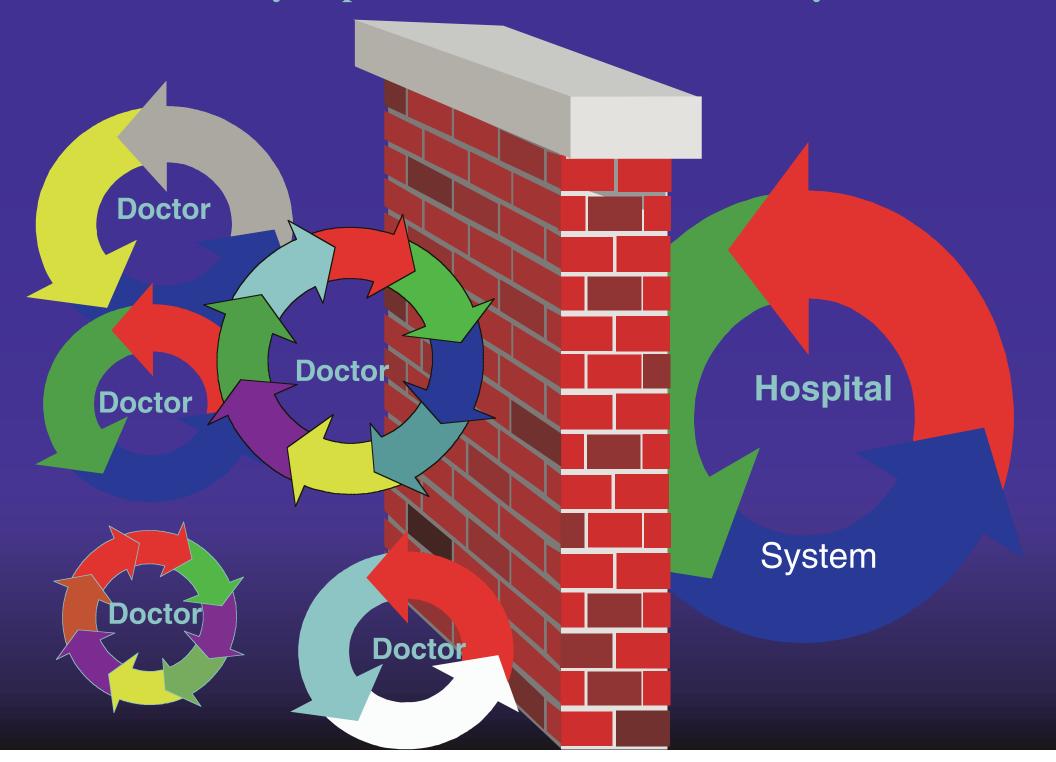




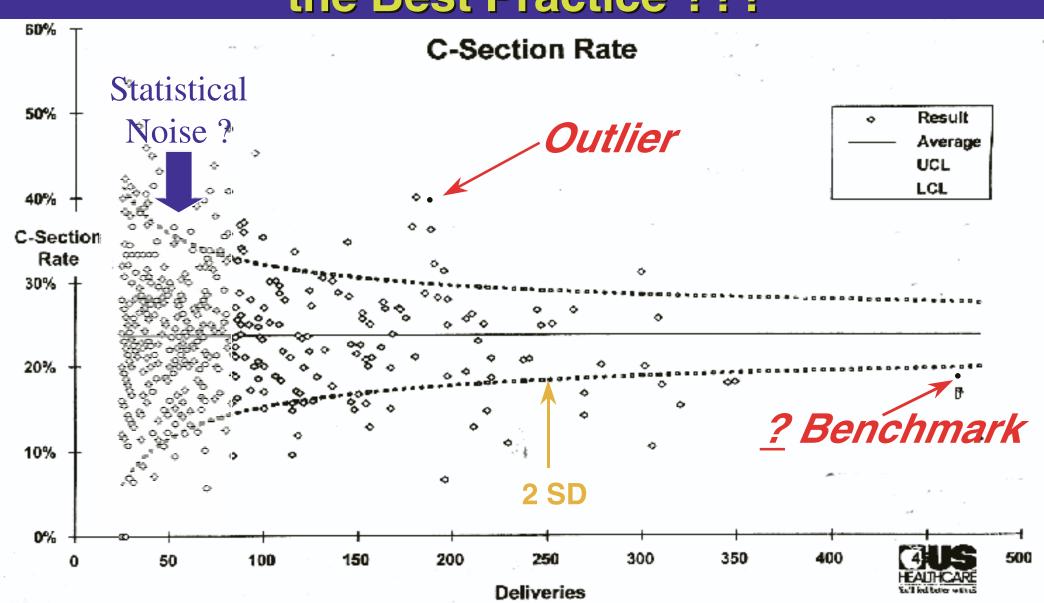
Doctors

Hospitals

#### It's Been Nearly Impossible to Establish a Health System



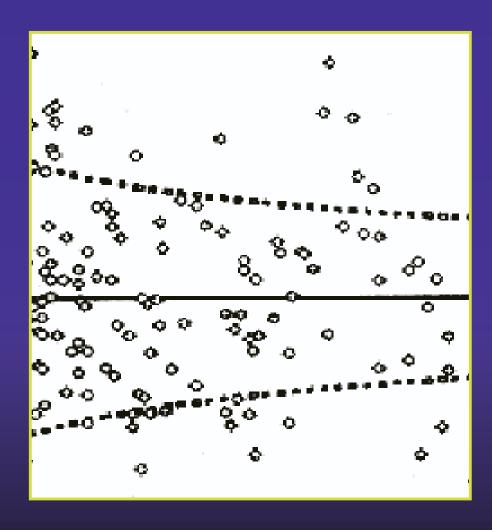
## Best Practice Analysis: Can all of these physicians be doing the Best Practice ???



## Unexplained Clinical Variation Must be Reduced...

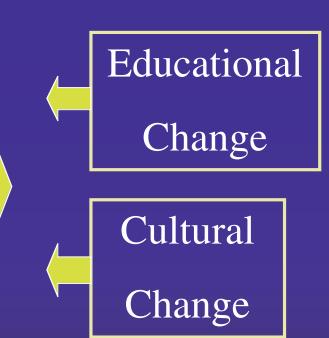
- Explained Clinical Variation
- Unexplained Clinical Variation

David Nash (W. Edwards Demming)



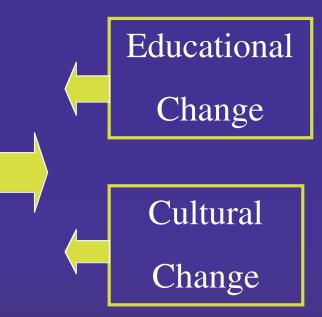
## How Do You Create a Health System?

- Collaboration
- Interdisciplinary Teams
- Human Factors Analysis and Design
- Aligned Financial Incentives
  - > Physicians
  - > Hospitals
  - Insurers / Employers

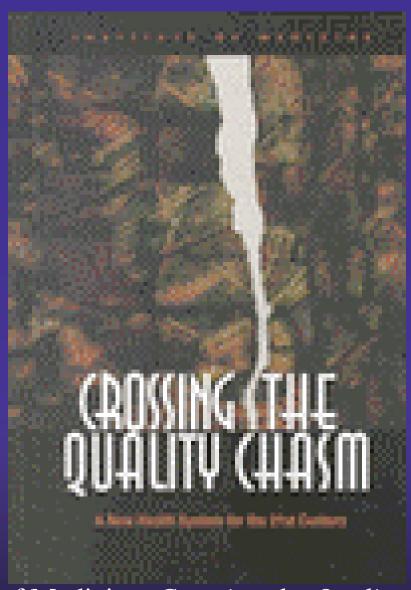


## How Do You Create a Health System?

- Information Systems
- Rapid Adoption of Best Practices
  - > Not 17 years from research to practice
  - Acceptance of practice guidelines & clinical pathways as a means to reduce variation and improve quality
  - > Evidence Based Practice
- Data Driven Outcomes Analysis



#### **Key Points**



- Aims
- Rules

## Aims for the 21st-Century Health Care System

- *Safe* avoiding injuries to patients from the care that is intended to help them.
- *Effective* providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
- *Patient-centered* providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

#### Aims for the 21st-Century Health Care System

- *Timely* reducing waits and sometimes harmful delays for both those who receive and those who give care.
- *Efficient* avoiding waste, including waste of equipment, supplies, ideas, and energy.
- *Equitable* providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

- Care based on continuous healing relationships
  Patients should receive care whenever they need it
  and in many forms, not just face-to-face visits.
- Customization based on patient need and values
  - > The system of care should be designed to meet the most common types of needs.
  - > Have the capability to respond to individual patient choices and preferences

- The patient as the source of control. Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over health care decisions that affect them.
- Shared knowledge and the free flow of information.
  - Patients should have unfettered access to their own medical information and to clinical knowledge
  - Clinicians and patients should communicate effectively and share information

- Evidence-based decision making.
  - > Patients should receive care based on the best available scientific knowledge
  - Care should not vary illogically from clinician to clinician or from place to place.
- Safety as a system property. Reducing risk and ensuring safety require greater attention to systems that help prevent and mitigate errors.

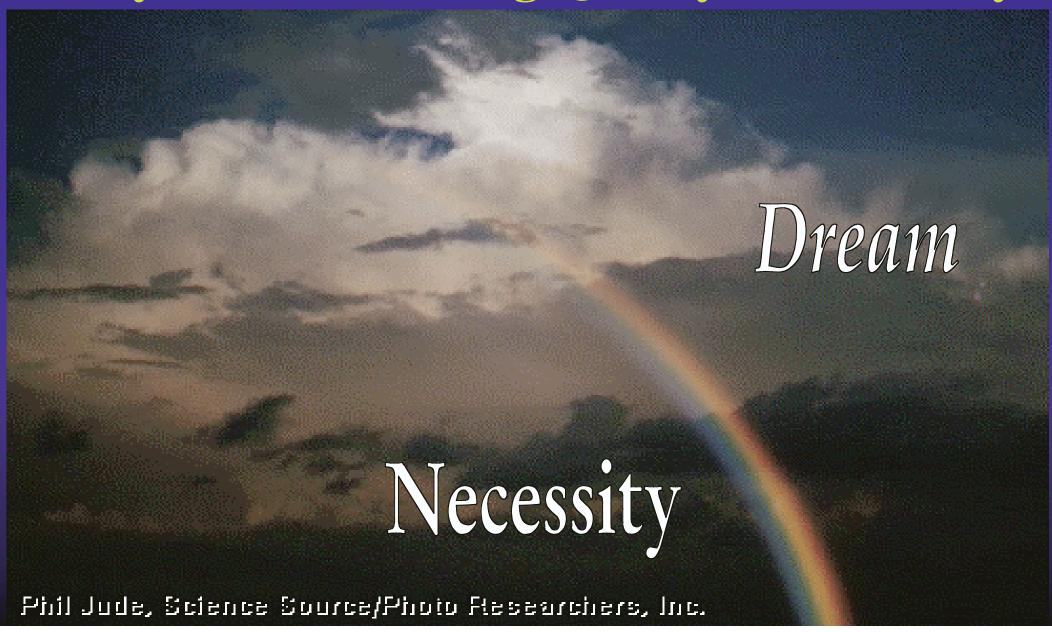
- The need for transparency. Make information available to patients and families allowing informed decisions selecting health plans, hospitals, or clinical practices, or choosing among alternative treatments. This should include information describing the system's performance on safety, evidenced-based practice, and patient satisfaction.
- Anticipation of needs. The health system should anticipate patient needs, rather than simply reacting to events.

• Continuous decrease in waste. The health system should not waste resources or patient time.

• Cooperation among clinicians. Clinicians and institutions should actively collaborate and communicate.



#### Health Care in the Future: Systems Promoting Quality & Efficiency



## Crossing the Quality Chasm: A Systems Approach

Richard J. Schuster, MD, MMM
Boonshoft Chair and Director
Health Systems Management
Wright State University