Patient Safety and Quality of Care: Role of the Compliance Professional

Harvey V. Fineberg, M.D., Ph.D.

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Forces Acting on Medical Care

- Scientific advances and new technology
- Growing prevalence of chronic disease
- Persistent economic exigencies and regulatory pressures
- Rising expectations for quality
- Uncertain system reform
- Self-help, alternative medicine, and interest-group politics

Dimensions of Quality of Care

Health care should be:

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

Selected Elements in Redesign of Health Care in the 21st Century

Systems approach

Process redesign

Priority health conditions

Studies of Quality and Safety

- More than 70 studies document poor quality of care (Schuster et al, 1998; 2000)
- More than 30 studies document medication errors (IOM, 2000)
- Large gaps between the care people should receive and the care they do receive
 - true for preventive, acute and chronic
 - across all health care settings
 - all age groups and geographic areas

Studies of Errors Among Hospitalized Patients

- New York State (1984 data)
 - 3.7% experience injury due to medical care
 - 13.6% of injuries are fatal
 - 58% of injuries are preventable
- Colorado and Utah (1992 data)
 - 2.9% experience injury due to medical care
 - 6.6% of injuries are fatal
 - 53% of injuries are preventable

Alternative Models to Apprehend Problems of Safety and Quality

- Moral Actor
- Rational Actor
- Psychological Actor
- Educated Actor
- Systems

System defined

"A regularly interacting or interdependent group of items forming a unified whole"

Systems in Health Care

- Social-level: finance, organization, global management, etc.
- Institutional-level: hospital services, institutional data-bases, etc.
- Individual-level: physician practices, patient-care decisions, etc.

Redesign Care Systems

- 80/20 principle
- Design for safety
- Mass customization
- Continuous flow
- Production planning

Criteria for Priority Health Areas Individual

- Impact
- Improvability
- Inclusiveness

Collective

- Span the lifespan
- Full spectrum of health care

Institute of Medicine, 2003

- Asthma
- Care coordination
- Children with special needs
- Diabetes
- End of life with organ system failure

- Evidence-based cancer screening
- Frailty associated with old age
- Hypertension
- Immunization
- Ischemic heart disease

- Major depression
- Medication management
- Nosocomial infections
- Obesity
- Pain control in advanced cancer

- Pregnancy and childbirth
- Self-management/health literacy
- Severe and persistent mental illness
- Stroke
- Tobacco-dependence treatment in adults

Challenges to Compliance Professionals in Health Care

- Link compliance with patient safety and improved quality of care
- Utilize information technology to strengthen both compliance and patient outcomes
- Move from risk reduction to quality improvement as the primary goal



- Unremitting forces impinge on medicine and health care
- Quality of care is the central objective
- Systems are a key organizing principle, and process redesign is a key strategy
- Compliance professionals can be in the vanguard of change to promote patient safety and quality of care