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

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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
- Inclusivenessness

**Collective**
- Span the lifespan
- Full spectrum of health care

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Priority Health Areas - 1

- Asthma
- Care coordination
- Children with special needs
- Diabetes
- End of life with organ system failure
Priority Health Areas - 2

- Evidence-based cancer screening
- Frailty associated with old age
- Hypertension
- Immunization
- Ischemic heart disease
Priority Health Areas - 3

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

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Priority Health Areas - 4

- 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
Key Points

• 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