“The American health care delivery system is in need of fundamental change.”

*Crossing the Quality Chasm, IOM 2001*
Errors of Commission

• Hospitals: Tens of thousands die each year due to medical errors.
  – IOM, 1999

• Ambulatory settings: 13.8 preventable ADEs per 1000 person years in ambulatory settings.
  – Gurwitz, 2003

• Nursing homes: 116 preventable ADEs per 1000 resident years in nursing homes.
  – Gurwitz, 2000
Errors of Omission

• U.S. adults receive about half of recommended care.
  – McGlynn, 2003

• An estimated 57,000 Americans die because they do not receive appropriate care.
  – NCQA, 2003
Crossing the Quality Chasm

“For decades, the needs of the American public have been shifting from acute episodic care to care for chronic conditions. Yet there remains a dearth of clinical programs with the infrastructure required to provide the full complement of services to people with chronic conditions.”

Crossing the Quality Chasm, IOM 2001
Quality Health Care System is . . .

Safe – patients should not be harmed by the care that is intended to help them
Effective – care that is based on the use of systematically acquired evidence
Patient Centered – responsive to the needs, values and preferences individual patients
Timely – a quality process that flows smoothly
Efficient – resources used to get the best value for money spent
Equitable – all individuals should expect to be treated fairly

Crossing the Quality Chasm, IOM 2001
The longest journey begins with a single step

— Chinese proverb
20 Priority Areas

- Care Coordination
- Self-management/health literacy
- Asthma
- Cancer screening - colorectal and cervical
- Children with special needs
- Diabetes
- End of Life (advanced organ system failure)
- Frailty
- Hypertension
- Immunization
- Ischemic heart disease

Priority Areas for National Action, IOM 2001
20 Priority Areas

- Major Depression
- Medication management
- Nosocomial Infections
- Pain control
- Pregnancy and childbirth
- Severe and persistent mental illness
- Stroke
- Tobacco dependence
- Obesity

Priority Areas for National Action, IOM 2001
Additional Areas of Strategic Importance

• Health Professions Education and Training
• Creating the knowledge (evidence) necessary to deliver effective care
• Aligning incentives for patients, health professionals to make quality choices
Role of Clinicians:

- Provide patient centered care
- Work in interdisciplinary care
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

*Health Professions Education, IOM 2004*
Changing the Toxic Environment

- Redesign of benefit, payment and performance
- Improvement policies
Expanding Knowledge Base

“Current practice depends upon the clinical decision-making capacity and reliability of autonomous individual practitioners, for classes of problems that routinely exceed the bounds of unaided human cognition.”

Daniel R. Masys, M.D.
2001 IOM Annual Meeting
Information Technology

• IT has enormous potential to transform health care, especially care for those with chronic illnesses.

• Key Elements of an IT Infrastructure
  – Web-based knowledge resources
  – computer-based records
  – secure platform
  – decision support systems
Information Technology Offers Substantial Benefits:

- Reduce Medication errors by up to 83%
  - Bates and Gawande, 2003

- Starting to see similar benefits for lab, radiology path, nursing and supply orders
  - Schuster 2003, Wang, 2002;
  - Sanders and Miller, 2001, Schieff, 2003
Decision Support

• Prompts and reminders increase use of preventive services
  – Balas 2000, Shea 1996

• Improve drug dosing, selection and screening for interactions

• Improve compliance with practice guidelines

• Tx of hospital acquired infections
  – Evans 1986
Improved Communication

• Improve communication between care team and care partners
  – Bates 2003, Schmidt 2002

• Improve communication between patients and clinicians, promote continuity, timely interventions
From a "Decision Support" perspective, you need more malpractice insurance!
OK, Dad... here's my "Pay-for-Performance" Plan!

A = $10
B = $5
C = $1
D = 50¢
F = 0
Additional Issues for Quality Care and Disease Management

- Uninsurance
- Health Literacy
- Unequal Treatment
The Number of Uninsured Persons Has Grown Over Time

The Problem of Uninsurance

Uninsured adults living with chronic diseases are less likely to receive appropriate care to manage their health conditions than are those who have health insurance.

Care Without Coverage, IOM 2002
Diabetes

• 25% of adults with diabetes who are uninsured for at least a year have not had a routine exam within the past 2 years, compared with 5% of those who had insurance.

• Uninsured adults with diabetes are less likely to receive recommended services such as foot exams or dilated eye exams.

• Lacking health insurance for longer periods increases the risk of inadequate care for this condition and can lead to uncontrolled blood sugar levels, which, over time, put diabetics at risk for additional chronic disease and disability.

Care Without Coverage, IOM 2002
Hypertension and Cardiovascular Disease

• Uninsured adults with hypertension or high blood cholesterol have diminished access to care, are less likely to be screened, are less likely to take prescription medication if diagnosed, and experience worse health outcomes.

• Adults with hypertension who lost health coverage had poorer blood pressure control than those who remained insured.

Care Without Coverage, IOM 2002
What is Health Literacy?

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

*Healthy People 2010, HHS 2000*
The Challenge of Health Illiteracy

90 million American adults may lack the needed literacy skills to effectively use the U.S. health system.


- NALS level 1 - 2
- NALS level 3 - 5

Estimated from 1992 National Adult Literacy Survey

Healthy People 2010, HHS 2000
Limited health literacy affects health knowledge and behavior

• Adults with limited health literacy
  – Have less knowledge of disease management and of health-promoting behaviors
  – Report poorer health status
  – Are less likely to use preventive services

Healthy People 2010, HHS 2000
It says my BMI is 47... I guess that means I'm fat, huh?