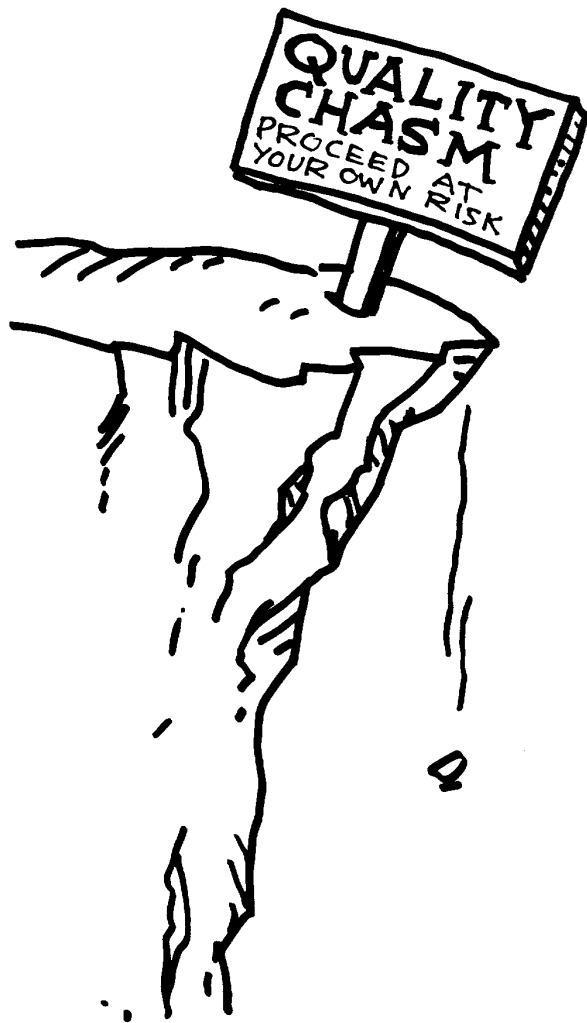


**“The American health care  
delivery system is in need of  
fundamental change.”**

*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**
  - Abookire 2000, Evans 1998, Hunt 1998
- **Improve compliance with practice guidelines**
  - Starmer 2000, Morris 2003, Tang 1999
- **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**
  - Kuebler 2000, Liederman 2003, Worth 1997



OK, Dad... here's my  
"Pay-for-Performance" Plan!

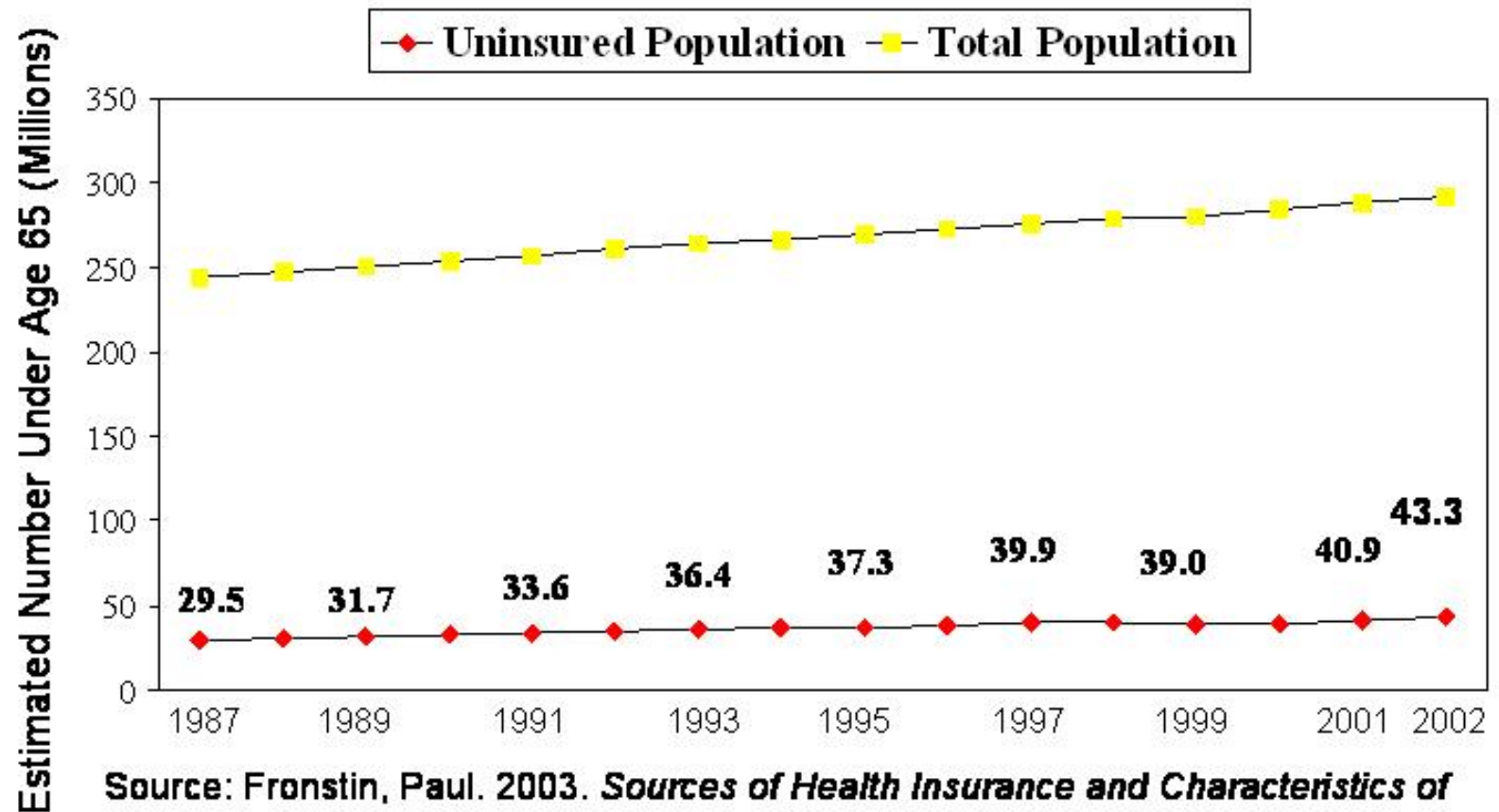
A = \$10  
B = \$5  
C = \$1  
D = 50¢  
F = 0



# *Additional Issues for Quality Care and Disease Management*

- Uninsurance
- Health Literacy
- Unequal Treatment

# The Number of Uninsured Persons Has Grown Over Time



Source: Fronstin, Paul. 2003. *Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 2003 Current Population Survey*. Issue Brief 264. Washington, DC: Employee Benefit Research Institute.

# *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?*

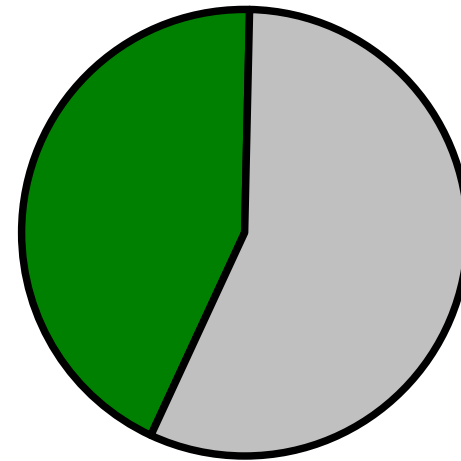
The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

*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**

**Total US Population (2002)**



**■ 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*

