Featured Topics:

- Assuring Quality and Patient Safety in a Time of International Economic Crisis
- Quality and Incentives: Value-Based Purchasing, Pay for Performance and Transparency
- Teams and Team Communication (Transitions of Care)
- System Approaches to Quality Improvement
- The Role of Leadership, Governance and Workforce Development in Patient Safety
- Special Opportunities for Advancing a Quality and Safety Agenda through the IT Stimulus Funds
- The Role of Built Environment on Patient and Provider Safety and Well Being
- The Role of Patient Safety and Quality in Health Reform
- The Impact of Social Networking on Patient Safety and Quality
- The Scholarship of Quality and Patient Safety — An Editors Panel
- The Role of the Patient Safety Organization Going Forward
- And the Patient Safety Certificate Program

Colloquium Co Chairs:
Barry P. Chalken, MD, MPH, FHMIMSS
Chief Medical Informatics Officer, SystmOne
David R. Nash, MD, MBA, FACP, Dean and Richard E. Nunn Professor of Health Policy, Jefferson School of Population Health
Paul Wallace, MD, Medical Director, Health Care Innovation, Kaiser Permanente Federation, Kaiser Permanente

Colloquium and Patient Safety:
Pam Barach, MD, MPH, Director, NISAR Acting Head, School of Risk and Safety Science University of New South Wales, Sydney,
Julie K. Johnson, MSPH, PhD, Associate Professor, Clinical Governance Research, Faculty of Health, Sydney, Australia

Featured Faculty:
Leah Binder, Chief Executive Officer, Institute of Healthcare Improvement
Guy D'Andrea, President, Discern Consulting
Susan DesHarnais, PhD, MPH, Program Director, Jefferson School of Population Health
Brent James, MD, MStat, Executive Director, Vice President Medical Research and Commercial Affairs, HealthCare Royalty
Joseph C. Kvedar, MD, Founder and Director, Mayo Clinic Health Care
Janet Marchibroda, Chief Healthcare Officer, Health Initiative, Former Executive Director, National Committee for Quality Care
The Eighteenth National QUALITY COLLOQUIUM

An Executive Education Course on Patient Safety, Healthcare Quality Enhancement and Medical Errors Reduction for Healthcare Executives, Clinicians and Patient Care Staff

August 19-22, 2019 • www.QualityColloquium.com

Classes Held: Annenberg Hall and Faculty Club, Harvard University • Cambridge, MA
Colloquium Hotel: The Inn at Harvard

Featured Topics:

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Crossroads In Quality

Successful reform must address coverage, costs, and quality at the same time.


ABSTRACT: Expanding insurance coverage is a critical step in health reform, but we argue that to be successful, reforms must also address the underlying problems of quality and cost. We identify five fundamental building blocks for a high-performance health system and urge action to create a national center for effectiveness research, develop models of accountable health care entities capable of providing integrated and coordinated care, develop payment models to reward high-value care, develop a national strategy for performance measurement, and pursue a multistakeholder approach to improving population health. [Health Affairs 27, no. 3 (2008): 749–758; 10.1377/hlthaff.27.3.749]
Health Reform Timeline

Committees on Ways and Means, Energy and Commerce, and Education and Labor July 14, 2009

2009
- MD Payment
- Medical Loss Ratio Req’ts
- Fill in the Donut Hole

2013
- Low Income Protection
- Health Insurance Reforms
- Exchange Expands

2018
- Employer Plan Grace Period Ends

- Exchange

- Mandates

- Public Plan
The Business of Health Care in 2009: Chronic Health Conditions Underlie the Bulk of Health Care Costs

Diabetes
Heart Failure
Coronary Artery Disease
Depression
Chronic Pain
Cancer
Asthma and COPD
Dementia
Falls
Obesity

... Co-morbidities
Challenge vs. Obligation:
Changing the future composition of the top 1%...

Who do you think will be in the top 1% in 2019?
A key challenge

Phil Madvig MD
The Permanente Medical Group
A key challenge: Living to utilize...

Phil Madvig MD
The Permanente Medical Group
Financial Planning

Dogbert the Financial Planner

With advances in health care, you could live to be 200.

If you have a good financial plan, only the last 120 years will be spent in squalor.

I recommend a diversified portfolio.

And bacon.
The *Dartmouth Atlas* Applied to Kaiser Permanente: Analysis of Variation in Care at the End of Life

By Matt Stiefel, MPA, Paul Feigenbaum, MD, and Elliott S Fisher, MD, MPH

The Permanente Journal/ Winter 2008/ Volume 12/ Number 1

Figure 4. Variation in hospital days per decedent in last six months of life KP vs *Dartmouth Atlas* Hospital Referral Regions.
Who do you think will be in the top 1% in 2019?
Exponential Growth of Bariatric Procedures

Who do you think will be in the top 1% in 2019?

Figure 2. Estimated Number of Bariatric Procedures Performed in the United States: 1992–2008
KP Costs in Joint Replacements

KP JointReplacement Products
Spend and Forecast in $Millions

Who do you think will be in the top 1% in 2019?
Knowledge Generation: The Kaiser Permanente National Joint Replacement Registry

Evaluation feedback changed practice with respect to: implant selection, minimally invasive procedures, uncemented knees, and surgical indications and preoperative care.

Paxton,EW et al; The Permanente Journal 15:12-16, 2008
Correlation Between Per Capita Expenditure on Health Care and GDP, 2002-2003

The figure for Japan is 2002 estimate; the figures for Australia, Austria, China, Hungary, Ireland, Israel, Poland, Sweden and United Kingdom are of 2002; the figures for Canada, France, Iceland, Norway and Switzerland are 2003 estimates. The rest are of 2003.

Source: OECD Health Data 2005 and WHO. ©Stuart H. Altman
What ‘Patient-Centered’ Should Mean: Confessions Of An Extremist

A seasoned clinician and expert fears the loss of his humanity if he should become a patient.

by Donald M. Berwick

ABSTRACT: “Patient-centeredness” is a dimension of health care quality in its own right, not just because of its connection with other desired aims, like safety and effectiveness. Its proper incorporation into new health care designs will involve some radical, unfamiliar, and disruptive shifts in control and power, out of the hands of those who give care and into the hands of those who receive it. Such a consumerist view of the quality of care, itself, has important differences from the more classical, professionally dominated definitions of “quality.” New designs, like the so-called medical home, should incorporate that change. [Health Affairs 28, no. 4 (2009): w555–w565 (published online 19 May 2009; 10.1377/hlthaff.28.4.w555)]
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Featured Topics:

- The Patient in control – safe and satisfied
- Chronic Condition Management – excellent care for multi-morbidity and the end of life
- Best use of Health IT – beyond the EMR to patient engagement and population management
- Primary and specialty care coordination, collaboration and integration
- Integration of care delivery and financing – the transformation from accelerated learning models
- Leadership and governance of the 21st Century Health System
The Patient at the Center of Care

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