

Improving Health Care System Performance: Physician-Driven Solutions

EXECUTIVE SUMMARY

The Improvement Journey: Understanding Where We Need to Go

Health care organizations must work to close the gap between the care patients could and should receive and the care they actually do receive, says Donald Berwick, MD, MPP, president and chief executive officer of the Institute for Health care Improvement (IHI) in Boston. "I have come to believe that the average American cannot count on receiving care of high quality," he says.

Quality problems generally categorized as overuse, underuse, and misuse of interventions are widespread and common. But progress is being made on many fronts, reports Berwick. Examples include IHI's Idealized Design of Clinical Office Practices (IDCOP), a three-year effort to fundamentally rethink and reshape the way care is delivered in clinical offices. Through IDCOP, 42 practices are working together to improve access, interaction, reliability and vitality. Berwick reports that some of the results they are achieving are "stunning."

Making Change Happen

Berwick lists the following steps as important ones for any health care organization interested in making change:

- Face reality
- Aim to improve
- Move measurement from judgment to learning
- Value exploration
- Encourage trials of change
- Focus on early adopters, ignore the resisters
- Buffer the toxicity of the environment

It is important, says Berwick, for health care professionals to recognize the severity of the problem. They must also recognize that progress

toward comprehensive redesign of the system is possible, is already in progress, and is imperative.

How Can We Get There From Here?

Redesigning the health care system requires organizations to learn and change, says David Burnett, MD, MBA, vice president, University HealthSystem Consortium (UHC) and director of the Clinical Practice Advancement Center in Oak Brook, Illinois. Health care organizations by their nature, says Burnett, are internally focused, when the opposite should be true.

Attributes of a Learning Organization

Being an effective learning organization means evolving from adaptive learning with its emphasis on meeting standards and adjusting behavior to fixed goals, norms and assumptions to generative learning, characterized by meeting latent need, and by goals, norms and assumptions that are open to change.

The first step toward transformation, says Burnett, is a sense of urgency, which can result from a national crisis, an employer crisis, a provider crisis, or what Burnett calls a "disruptive innovation," such as a movement toward creating an ideal practice as described earlier by Don Berwick.

Educational Tools and Strategies

A panel of experts from different areas of the health care system presented information about different tools and strategies currently available to promote positive change through education and training. These include:

Curriculum for Effective Care Management: Tufts Managed Care Institute (TMCI)

TMCI's curriculum is organized into 5 major content categories and, within these categories, 10

curriculum domains reflecting competencies that national academic organizations are increasingly requiring of physicians and other health care professionals. These are:

I. Health Care System Overview

Domain 1: Managed Care Systems and Structures

II. Population-Based Care

Domain 2: Caring for Panels and Populations

Domain 3: Screening and Prevention

Domain 4: Ethical Issues in Population-Based Care

III. Effective and Efficient Care

Domain 5: Clinical Care Management

Domain 6: Information Management and Technology

IV. High Quality and Patient-Centered Care

Domain 7: Quality Measurement and Improvement

Domain 8: Practitioner-Patient Communication

V. Practice Management

Domain 9: Practice Management Systems and Operations

Domain 10: Teamwork and Leadership

Physicians are well trained in clinical knowledge and skills, but need to gain a better understanding of the environment in which they practice, of the need for systemic improvement, and the place that both advocacy and accountability play in that effort. TMCI's curriculum is designed to support this learning.

TMCI Center for Online Learning

TMCI's Center for Online Learning offers web-based learning, with resource links to online references, to libraries, and to other relevant websites. The online courses are CME accredited and are also ideal for meeting new curriculum requirements for residency training. The online curriculum is organized into the 5 content

categories and 10 curriculum domains described above.

Curriculum for Effective Care Management: American College of Physicians-American Society of Internal Medicine (ACP-ASIM)

ACP-ASIM has created a web-based educational tool, Clinical Problem Solving Cases (CPSC), that consists of a series of interactive, patient care scenarios. The online cases are convenient, shown to be educationally effective, highly rated by users, and inexpensive. The learner manages a case from the beginning to its resolution, assessing the patient's condition, forming a differential diagnosis, ordering tests, and making treatment decisions. CPSC can be accessed at www.acponline.org.

Assessing Competency: Tufts Managed Care Institute

Supporting TMCI's managed care curriculum are assessment tools that help learners gauge their knowledge and opinions about care management. TMCI's Knowledge Assessment™, which is currently being validated through a pilot study, enables users to answer a series of questions that test their understanding of the principles and practices of effective care management. TMCI's Managed Care Opinion Survey™, fully operational on TMCI's website, enables users to express their views and opinions on specific statements about managing care.

Federal Initiatives and Support: Health Resources and Services Administration

The Health Resources and Services Administration (HRSA), along with the U.S. Public Health Service, is funding a five-year national demonstration project called Undergraduate Medical Education for the 21st Century (UME-21). Eighteen medical schools are implementing and evaluating innovative educational strategies for all students in core primary care clinical rotations.

One of the primary objectives of the project is to demonstrate innovative educational strategies that will move medical students along the educational

continuum toward attaining the knowledge, skills, values and attitudes needed to practice in a more intensively managed and integrated health care system.

Elements of Organizational and System Change

During the conference, meeting participants divided into three workshops to discuss strategies, goals, and tools to improve quality and cost-effectiveness through physician education, and to identify barriers and brainstorm solutions to address specific cases offered by participants.

Workshop leaders Mark Bloomberg, MD, MBA; Thomas Mayer, MD, MBA; and David Nash, MD, MBA, began the workshops by providing a brief overview of the elements of organizational and system change. These include:

Creating organizational and system change requires:

- Goals
- Leadership
- Structure
- Process
- Outcomes/Metrics

Training supports each element, and should include:

- Dissemination of information
- Collaborative learning
- Focused CME
- Availability and use of learning resources
- Education as a support

From Knowledge to Practice

What are the role and impact of continuing medical education (CME)? David Davis, MD, associate dean for continuing education at University of Toronto, says that effective CME should help practitioners translate evidence into knowledge, and knowledge into practice.

There are many types of CME, and researchers find that no single method, used in isolation, seems to

produce significant change in practice patterns and/or patient outcomes. Reinforcing mechanisms, such as reminders, audit/feedback, seem to be the most effective tools, but are far more effective when combined with other strategies.

Purely didactic courses do not alter physician behavior. Better results are achieved through a mix of didactic and interactive teaching and learning.

Real World Improvements: Strategies from the Field

Case studies about health system improvement are often both instructive and inspiring. A three-member panel offered stories about systematic efforts to improve quality, implement guidelines, and gain physician buy-in. Their examples include:

Institute for Clinical Systems Improvement (ICSI)

A quality improvement collaborative in Minneapolis-St. Paul, ICSI's mission is to champion the cause of health care quality and to accelerate improvement in the value of health care. The collaborative, which includes 18 medical groups and 3,500 physicians (40 percent of all physicians in Minnesota), chooses 4 or more topics for intensive project activity each year. Clinical topics have included asthma and breast cancer care; broader topics such as access or safety have also been tackled.

Results have been positive, leading, for example, to reduced waiting times and to better adherence to clinical guidelines.

Deseret Mutual Benefit Administrators

Deseret Mutual Benefit Administrators have been successful in bringing about practice improvements in both process and outcomes through "microsystem change," in which individuals, caregivers, and support persons work together for a specific purpose.

The three-step method for microsystem change, involves:

- *The Change Concept:* Based on the results of a formative study, what change should be made to the microsystem?
- *Analysis:* What are the benefits and barriers to the proposed change?
- *Test and Measure:* How will one know that the change in the microsystem is an improvement?

Improvement efforts must be simultaneously process-based, evidence-based, population-based, and outcomes-based.

HealthTexas Provider Network (HTPN)

MedProvider, a division of HealthTexas Provider Network, pursues improvement opportunities based on the belief that the more data physicians have about their performance, both clinical and financial, the better able and more motivated they will be to embrace and initiate change.

MedProvider has provided data to physicians on areas such as financial performance, patient satisfaction, and preventive care. In each instance, the data engendered specific efforts that resulted in measurable improvements.

The Future Lies Ahead

George Lundberg, MD, editor-in-chief of Medscape, a leading site for health and medical information on the Internet, predicts that as technology and information management improve, the Internet will revolutionize the way most physicians practice.

Before the “medical Internet” will truly appeal to physicians as a practice tool, however, it needs to be more clinically and less commercially focused. In evaluating the potential use of an online tool or resource, Lundberg recommends that physicians ask six questions:

- Does it save time?
- Is it free?
- Does it perform as advertised?
- Does it have a trusted quality stamp?

- Will it strengthen my power position?
- Will it help me with mandates and requirements?

Tools that embody these six features will be most likely to succeed, such as medical information sites for physicians, wireless references, and ordering and coding systems.

The Internet is largely unregulated, and Lundberg believes it should remain that way. Rather than having formal laws, he believes that basic codes of ethics that govern medical practice should be applied to use of the medical Internet. “The essence of professionalism is self-governance,” he says.

The Internet Health Care Coalition is working to develop ethical guidelines around the use of the Internet in health care. Their e-Health Code of Ethics says that users of health information or services provided on the Internet have a right to expect:

- Candor
- Honesty
- Quality
- Informed consent
- Privacy
- Professionalism in online health care
- Responsible partnering
- Accountability

Many physicians are reluctant to integrate use of the Internet into practice. Lundberg believes, however, that that integration will happen, and when it does, it will greatly benefit both physicians and their patients.

The following conference are available to order:

- Coursebook (3-ring binder) with updated online managed care resources diskette is \$150. (link to order form)
- Lecture audiotapes (3): includes “Big Changes Worth Leading,” Donald Berwick, MD, MPP; “Changing the Health System Digitally,” George Lundberg, MD; and “Implementation Strategies and Action Steps to Improve System Performance,” David Nash, MD, MBA. \$40.

