



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

The Third Annual Global Symposium on Business and Mental Energy at Work

Crossing the Quality Chasm; A New Health System for the 21st Century

Allen S. Daniels, Ed.D.

Institute of Medicine Priority Areas

Summit Committee

Professor, Clinical Psychiatry

University of Cincinnati

*WORLD
STRATEGIC PARTNERS*





**GLOBAL
SYMPOSIUM
2003**

**The Annual Global Symposium
Business and Mental Energy at Work**

Health Care Policy – The State of the Current Dialogue

- Stakeholder discussions between Purchasers (Feds/States, Employers, Insurers), Providers/Healthcare Systems, and Patients/Families (Consumers-Recipients of care), generally focuses on cost and not quality.
- We currently lack a common vision and roadmap for the design and reform of healthcare systems.
- A constructive dialogue about about health care requires a framework to guide the discussion and chart the course.



**GLOBAL
SYMPOSIUM
2003**

**The Annual Global Symposium
Business and Mental Energy at Work**

The Urgent Need to Improve Health Care Quality

- “Our present efforts resemble a team of engineers trying to break the sound barrier by tinkering with a Model T Ford”

Institute of Medicine National Roundtable on Health Care Quality (*Chassin & Galvin 1998*)



**GLOBAL
SYMPOSIUM
2003**

**The Annual Global Symposium
Business and Mental Energy at Work**

Institute of Medicine

- **Established in 1970 By National Academy of Science (NAS)**
- **Mission to convene eminent members of appropriate professions in examination of policy issues for the health of the public**
- **IOM acts under responsibility designated by NAS by congressional charter to be an adviser to the federal government to identify issues of medical care, research, and education**



GLOBAL
SYMPOSIUM
2003

The Annual Global Symposium
Business and Mental Energy at Work

IOM and the Quality of Care in America

- **Quality Chasm Series** www.iom.edu
 - **To Err is Human: *Building a Safer Health System*** (2000)
 - **Crossing the Quality Chasm: *A New Health System for the 21st Century*** (2001)
 - **Unequal Treatment: *Confronting Racial and Ethnic Disparities in Health Care*** (2002)
 - **Leadership By Example: *Coordinating Government Roles in Improving Health Care Quality*** (2002)
 - **Priority Areas for National Action: *Transforming Health Care Quality*** (2003)



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

To Err is Human: *Building a Safer Health System*

(Quality Chasm Series, 2000)

- “The status quo is not acceptable and cannot be tolerated any longer. Despite cost pressures, liability constraints, resistance to change and seemingly insurmountable barriers, it is simply not acceptable for patients to be harmed by the same health care system that is supposed to offer healing and comfort.”



**GLOBAL
SYMPOSIUM
2003**

**The Annual Global Symposium
Business and Mental Energy at Work**

Crossing the Quality Chasm:

A New Health System for the 21st Century

(Quality Chasm Series, 2001)

- “Quality problems occur typically not because of failure of goodwill, knowledge, effort or resources devoted to health care, but because of fundamental shortcomings in the ways care is organized”
- “trying harder will not work. Changing systems of care will.”



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

Crossing the Quality Chasm: *A New Health System for the 21st Century* (Quality Chasm Series, 2001)

- **Crossing the Quality Chasm**
 - Six Aims for health care
 - Ten Rules
 - Challenges for the redesign of US health systems
 - Critical Environmental Forces



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

IOM Six Aims for Improving American Health Care

Health Care should be:

- **Safe** – avoiding injuries from care that is intended to help them
- **Effective** – providing services based upon scientific knowledge and avoiding those not likely to benefit
- **Patient-centered** – care that is respectful and responsive to individual patient preferences, needs, values, and includes patient values in clinical decision making



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

IOM Six Aims for Improving American Health Care

Health Care should be:

- **Timely** – reducing waits and sometimes harmful delays for those who receive and give care
- **Efficient** – avoiding waste, in particular - of equipment, supplies, ideas and energy
- **Equitable** – care that does not vary in quality due to personal characteristics (gender, ethnicity, geographic location, or socio-economic status)



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

IOM Ten Rules for the redesign of 21st Century Health Care Systems

Currently

1. Care is based on visits.
2. Professional autonomy drives variability.
3. Professionals control care.
4. Information is a record.
5. Decisions are based upon training and experience.

New Rule

1. Care based upon continuous healing relationships.
2. Care customized to patient need and value.
3. Patient is the source of control.
4. Knowledge is shared and information flows freely.
5. Decision making is evidence based.



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

IOM Ten Rules for the redesign of 21st Century Health Care Systems - continued

Currently

6. Do no harm is an individual responsibility.
7. Secrecy is Necessary.
8. The system reacts to needs.
9. Cost reduction is sought.
10. Preference for professional roles over the system.

New Rule

6. **Safety is a system priority.**
7. **Transparency is Necessary.**
8. **Needs are anticipated.**
9. **Waste is continuously decreased.**
10. **Cooperation among clinicians is a priority.**

Levels of Care/Improving Quality

Berwick 2002

**A. Patients
and Communities**

**Experience
of Care**

6 Aims

**B. Microsystems
of Care**

**Process
of Care**

10 Rules

**C. Health Care
Organizations**

**Facilitators of
Process**

**Design Concepts: HR,
Practice standards, IT,
Teamwork, Coordination
of care, Performance
measurement**

**D. Health Care
Environment**

**External
Environment of
Care**

**Financing
Training/Education
Public Policy/Legal**

Road Map For the Implementation of the IOM's Quality Chasm Report

Berwick, "Health Affairs" 2002

Experience of Patients and Communities

"True North"



Microsystems of Care
"Where care occurs"

Health care
Organizations

External Environment of Care
"Policy/financing/regulation"



**GLOBAL
SYMPOSIUM
2003**

**The Annual Global Symposium
Business and Mental Energy at Work**

Challenges for the Redesign of US Health Systems

1. Redesigning care processes
2. Effective use of information technology
3. Knowledge and skills management
4. Development of effective treatment teams
5. Coordination of care across patient conditions, services, and settings over time
6. Use of performance measures/outcomes for continuous quality improvement and accountability



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

Unequal Treatment: *Confronting Racial and Ethnic Disparities in Health Care* (2002)

- “Evidence of racial and ethnic disparities in healthcare is, with few exceptions, remarkably consistent across a range of illnesses and healthcare services. These disparities are associated with socioeconomic differences and tend to diminish significantly, and in a few cases, disappear altogether when socioeconomic factors are controlled.”



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

Leadership By Example: *Coordinating Government Roles in Improving Health Care Quality (2002)*

- “A critical first step in addressing the nation’s serious health care safety and quality concerns is the establishment of valid and reliable measurement systems that can be used to assess the degree to which care processes are consistent with the clinical knowledge base and patients are achieving desired outcomes.”



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

Leadership By Example: *Coordinating Government Roles in Improving Health Care Quality (2002)*

Government Healthcare Programs FY'01

Program	Beneficiaries	Expenditures
Medicare	40.0 million aged and disabled	\$242.4 billion
Medicaid	42.3 million low-income, mostly children, pregnant woman, disabled, and aged	\$227.9 billion (joint Federal and State)
SCHIP	4.6 million low-income children	\$4.6 billion (Fed/State)
VHA	4.0 million vets	\$20.9 billion
DOD TRICARE	8.4 million active duty military, families, and retirees	\$14.2 billion
IHS	1.4 million American Indians and Alaska Natives	\$2.6 billion
Total	About 100 million people	\$512.6 billion



**GLOBAL
SYMPOSIUM
2003**

**The Annual Global Symposium
Business and Mental Energy at Work**

Priority Areas for National Action: Transforming Health Care Quality (2003)

- “The Quality Chasm report recommends the systematic identification of priority areas for quality improvement. The idea behind this strategy was to have various groups at different levels focus on improving care in a limited set of priority areas, with the hope that their collective effort would help move the nation forward toward achieving better quality health care for all Americans.”



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

Priority Areas for National Action: Transforming Health Care Quality (2003)

- Criteria for the selection of initial conditions
 - Impact the extent of the burden, disability, mortality and cost imposed by a condition including effects on patients families, communities and societies
 - Improvability the extent of the gap between current practice and evidence-based practice and the likelihood of closing the gap with the use of 6 Aims
 - Inclusiveness the relevance of an area to a broad range of individuals with regard for equity, generalizability, and scope of impact



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

Priority Areas for National Action: Transforming Health Care Quality (2003)

1. Care Coordination,
2. Self Management/health literacy,
3. Asthma,
4. Cancer Screening,
5. Children with special health care needs,
6. Diabetes,
7. End of life with advanced organ failure,
8. Frailty associated with old age
9. Hypertension,
10. Immunization,
11. Heart Disease,
12. Major Depression,

Red indicates initial priority areas



**GLOBAL
SYMPOSIUM
2003**

**The Annual Global Symposium
Business and Mental Energy at Work**

Priority Areas for National Action: Transforming Health Care Quality (2003)

13. Medication
Management,

14 Nosocomial
infections

15. Pain control in
advanced cancer

16. Pregnancy/childbirth
– appropriate prenatal
and intrapartum care

17. Severe and Persistent
mental illness –public
sector

18. Stroke – early
intervention and
rehabilitation

19. Tobacco dependence
treatment in adults

20. Obesity (emerging area)



**GLOBAL
SYMPOSIUM
2003**

**The Annual Global Symposium
Business and Mental Energy at Work**

Priority Areas for National Action: Transforming Health Care Quality (2003)

- Next Steps
 - Summit Planning for 1/04 Meeting
 - Focus
 - Model Communities
 - Crosscutting Issues (measurement, IT, leadership, financing, care coordination)
 - Behavioral Summit (2004)



**GLOBAL
SYMPOSIUM
2003**

The Annual Global Symposium
Business and Mental Energy at Work

Quality Chasm Initiatives in Behavioral Healthcare

—