Performance Measurement and Quality Improvement for Health Professions

Bureau of Health Professions
All Programs Meeting
February 26, 2008

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Connecting resources and knowledge to strengthen the health of people in rural communities.

BusinessWeek

SEPTMBER 25, 2008

COVER STORY

What's Really Propping Up The Economy

Since 2001, the health-care industry has added 1.7 million jobs. The rest of the private sector? None

If you really want to understand what makes the U.S. economy tick these days, don’t go to Silicon Valley, Wall Street, or Washington. Just take a short trip to your local hospital. Park where you don’t block the ambulances, and watch the unending flow of doctors, nurses, technicians, and support personnel. You’ll have a front-row seat at the health-care economy.

For years, everyone from politicians on both sides of the aisle to corporate execs to your Aunt Tilly have justifiably bemoaned American health care – the out-of-control costs, the vast inefficiencies, the lack of access, and the often inexplicable blunders.

But the very real problems with the health-care system mask a simple fact: Without it the nation’s labor market would be in a deep coma. Since 2001, 1.7 million new jobs have been added in the health-care sector, which includes related industries such as pharmaceuticals and health insurance. Meanwhile, the number of private-sector jobs outside of health care is no higher than it was five years ago.

Sure, housing has been a bonanza for homebuilders, real estate agents, and mortgage brokers. Together they have added more than 1.800,000 jobs since 2001. But the pressures of globalization and new technology have winded Houston on the rest of the labor market. Perturbations still driven: retailers are shriveling, and the future...
HRSA’s Bureau of Health Professions Mission:

Improve the health **status** of the population by providing (a)…

health workforce that provides the **highest quality health care** for all.

HRSA’s Bureau of Health Professions Vision:

A nation in which utilization of **quality health care** is provided…
HRSA’s Bureau of Health Professions

Vision:

A nation in which utilization of quality health care is provided…

and health outcomes are optimal for all.

Are We There Yet?
“Education for the health professions is in need of a major overhaul”

(IOM, 2003)

Concern is Crystallizing

"The old models of medical care and public health delivery no longer work... the US health care system, both public and private, is in imminent danger of collapse... the public health system is faring even worse than private health care."

(AHA Health Research and Education Trust Sept. 2006)
On occasion the care that’s provided can be WORSE than the disease being treated.

(Spear, Harvard Business Review, Sept. ’05)

What is Everyone Reacting To???
RCH

U.S. Adults Receive Half of Recommended Care; Quality Varies Significantly by Medical Condition


Medicare Spending per Beneficiary, by Hospital Referral Region, 2005

(Source: Congressional Budget Office based on data from the Centers for Medicare and Medicaid Services.)
Primary Care

- Health is better in areas where there are more primary care services.
- People who receive primary care are healthier.
- Costs of care are lower in areas where there are more primary care services.

(Starfield, et. al. 2005)

Quality

- Do health care providers know it?
- Do they know how to know it?
- Do they know how to do something about it?
- Will they have a way of knowing if they’re “there yet”? 
“Current payment systems… place little emphasis on achieving high clinical quality… and do not encourage patient-centered care or the efficient use of resources.”

(Institute of Medicine, Rewarding Provider Performance, p. 32, 2007)
P4P should:

- Encourage the most rapid, feasible performance improvement by all providers
- Support innovative change throughout the health care system
- Promote better outcomes of care, especially through coordination of care.

(IOM, September 2006)

“…An urgent appeal for adopting… some uniform system of publishing the statistical records of hospitals. If they could be obtained… they would show subscribers how their money was being spent, what amount of good was really being done with it, or whether the money was doing mischief rather than good.”

(Florence Nightingale, 1863)
How Do We Get There from Here?

- Leapfrog
- NPSF
- IHI
- CMS
  (PQRI, etc)
- ARHQ
- PSO’s
- NQF
- JCAHO
- AQA
- HQA
- QASC
- VA
- HRSA

NQF

- Endorsed over 100 clinician level performance measures
- Appropriate for evaluation of PA’s, NP’s, CNS’s, Optometrists, MD’s.
- In the process of identifying measures for podiatrists, chiropractors, dentists, clinical social workers, PT’s, OT’s, etc.
2007
Goals of CMS Value-Based Purchasing Program

- Improve clinical quality
- Reduce adverse events
- Encourage patient centered care
- Avoid unnecessary costs
- Stimulate investments in improving quality/efficiency.

IOM Vision for a Reformed System – including the health care workforce
Workforce planning should **shift from** determining the supply of clinicians in specific disciplines who continue to perform the same tasks using the same methods...

(IOM Report: Crossing the Quality Chasm, 2001)

...**toward** assessing adequacy of supply given that care is provided through processes that rely on multidisciplinary approaches, modern technology, and continuous care.

(IOM Report: Crossing the Quality Chasm, 2001)
The starting point for addressing workforce issues should be…

A vision of how 21st century care ought to be delivered:

• What is the relationship between education and care quality?
• How is the vision relayed across the education continuum?

(IOM Report: Crossing the Quality Chasm, 2001)

The starting point for addressing workforce issues should be (cont)…

• How can new providers most effectively learn patient-centeredness, evidence-based practice, and systems thinking?
• What are the implications of these changes for funding approaches to support clinical education?

(IOM Report: Crossing the Quality Chasm, 2001)
The people who deliver care are the system’s most important resource.

Preparing the Workforce

• Over the coming decade, the nature of work will change dramatically---new types of work, new types of organizations and settings, new multidisciplinary relationships, and new patient and clinician relationships.

(IOM, 2002)
Workforce Lacks Key Competencies To:

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Apply Quality Improvement
- Utilize Informatics

(IOM, 2002)

Interdisciplinary Team Training Requires:

Preparing health care clinicians to effectively collaborate, communicate, and integrate care across clinicians and settings.

(IOM, 2003)
Local Example: UND 2006-07

511 students: 75 groups

- Medical 170
- Nursing 205
- Physical Therapy 70
- Communication Speech Disorders 31
- Social Work 25
- Dietetics 4
- Occupational Therapy 6
  - Grand Forks 2
  - Casper, Wyoming 4

TeamSTEPPS

…TeamSTEPPS is an evidence-based framework to optimize team performance across the healthcare delivery system.

(AHRQ/DOD)
Public Views about Effective Actions to Improve Care Quality

![Bar chart showing public views on different actions to improve care quality.](chart)

- **Computerized medical records**: 92% somewhat effective, 22% very effective.
- **Doctors and nurses working as a team/expanded role for nurses**: 90% somewhat effective, 27% very effective.
- **Receiving reminders for preventive care**: 88% somewhat effective, 26% very effective.
- **Doctors practicing in groups rather than on their own**: 81% somewhat effective, 34% very effective.

(Commonwealth Fund, 2006)

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**Quality Improvement**

- Assess and measure the quality of care
  - Individual, team and organization levels.
- Design and test interventions to improve care processes:
  - Compare to best practices
- Continually measure.

*those who do not study history are destined to repeat it*
“...What if we change our paradigm to one in which every employee has two jobs... the job they were hired to do... and more important, improving the process by which they are currently performing their job.”

(Sahney, 2003, p. 270)

Physicians in Smaller Practices Less Likely to Know “How they are Doing”

(The Commonwealth Fund National Survey of Physicians and Quality of Care)
Develop Education Metrics

• Lack of standardized measures about the quality of clinical education makes the job of reformers more difficult

(IOM, 2003)

Education should be enhanced to ensure that professionals master core competencies necessary to provide high quality care. Opportunities exist across the pipeline to address these competencies
5-Part Strategy to Address Quality Challenges in Rural Communities:

3 of which are:

1. Adopt an integrated approach to addressing personal and population health needs at the community-level.

2. Establish a stronger quality improvement structure to assist rural health professionals.


Strengthen Human Resources

- Congress should provide resources to HRSA to expand experientially based workforce training programs in rural areas to ensure that all health care professionals master core competencies.
What do we need to Focus on to be the Best?

A high performance health system is designed to achieve four core goals:

1. high quality, safe care
2. access to care for all people
3. efficient, high value
4. capacity to improve

Keys to Transforming the U.S. Health Care System

1. Extend health insurance coverage
2. Safe, effective, and efficient care
3. Ensure coordinated and accessible care for all
4. Increase transparency, reward quality and efficiency
5. Information technology and exchange
6. Workforce for patient-centered and primary care
7. Collaboration among public and private stakeholders
Leveraging a High Performance Health Care Workforce

- Support redesigned education that aligns with redesigned health care
- Strengthen program expectations for competencies to practice in a 21st century health system.
- Standardize core performance measures across health professions education programs
- Create alignment across discipline specific programs; a “shared destiny” orientation.
- Anticipate future performance expectations

BHPt Programs + New Alignment, Partners and Tools = A High Performing Health Care Workforce and health outcomes are optimal for all.
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