

## Broad Consensus on the Need to Change – How to Accomplish?

Reflections on Quality and Safety Initiatives  
Mark Williams, M.D.

“I would simply like to be on record as saying I am among those who believe that the unbridled escalation of healthcare cost is the most serious economic threat our nation faces in the decade ahead . . . There is no place on the world leader board for a nation that spends 25 to 30 percent of its gross domestic product on healthcare. And unless we change that’s exactly where we’re headed.”

Michael Leavitt, Secretary, HHS  
Keynote address on *Value Driven Health Care*, World Health Care Congress,  
April 23, 2008

### Overall Ranking

	Australia	Canada	Germany	New Zealand	United Kingdom	United States
Overall Ranking	3.5	5	2	3.5	1	6
Quality Care	4	6	2.5	2.5	1	5
Access	3	5	1	2	4	6
Efficiency	4	5	3	2	1	6
Equity	2	5	4	3	1	6
Healthy Lives	1	3	2	4.5	4.5	6
Health \$ per capita	\$2,876	\$3,165	\$3,005	\$2,083	\$2,546	\$6,102

### National Priorities Partnership

- Broad coalition of vested constituents

### Why National Priorities?

- Focus
- Center on high-leverage areas
- Align
  - Harmonize efforts of “multiple groups’ around common goals
- Accelerate
  - Emphasize the urgent need to drive fundamental change in the delivery system

### Who Is the NPP?

- AARP
- ABMS
- AFL-CIO
- AHRQ
- AQA
- CDC
- CCHIT
- IHI
- NCQA
- NIH

### **Who Is the NPP?**

- Alliance for Pediatric Quality
- AMA Physician Consortium for Performance Improvement
- America's Health Insurance Plans
- American Nurses Association
- Consumers Union
- Hospital Quality Alliance

### **Who Is the NPP?**

- Institute of Medicine
- Joint Commission
- Medicare and Medicaid
- National Association of Community Health Centers
- National Business Group on Health
- National Governors Association

### **Who Is the NPP?**

- National Partnership for Women and Families
- National Quality Forum
- Pacific Business Group on Health
- Quality Alliance Steering Committee
- The Leapfrog Group
- U.S. Chamber of Commerce

### **What Are the Priorities?**

- Patient and family engagement
- Population health
- Safety
- Care coordination
- Palliative care
- Overuse

### **What Are the Priorities?**

- Patient and family engagement
- Population health
- Safety
  - Healthcare-associated infections
  - Serious adverse events
  - Mortality

### **What Are the Priorities?**

- Care coordination
- Palliative care
- Overuse

### What Are the Priorities?

- Patient and family engagement
- Population health
- Safety
- Care coordination
  - Medication reconciliation
  - Preventable hospital readmissions
  - Preventable emergency room visits

### What Are the Priorities?

- Palliative care
- Overuse

### Wait a Minute . . .



### What's Up?

“A logical next step is to tie current quality improvement incentives to this [local and collaborative] approach – pay based on participation in quality improvement efforts rather than simply comparing each other on measures that do not reflect the learning that is required to really improve care”

A New Strategy to Improve Quality,  
Rewarding Actions Rather Than Measures  
JAMA, April 1, 2009

### Local Examples

Great examples do live in Alabama

## Can We Really Change?

- Broaden the definition of merit in admissions
- Provide the knowledge and skills to promote safety and quality
- Emphasize the need for teamwork and systems thinking
- Employ novel methods of clinical education and learning

## Are Physicians Willing and Able to Lead Quality and Safety Efforts?

Now or Later?



### CHAIRMAN'S SUMMARY OF THE CONFERENCE

#### *Revisiting the Medical School Educational Mission at a Time of Expansion*

In October 2008 the Josiah Macy, Jr. Foundation convened a conference to address complex issues concerning the Medical School Educational Mission. Participants presented the state of the field and recommendations for the future.

A more detailed account of the proceedings, along with the background papers, will be published in a monograph to be published by the Macy Foundation in 2009.

In the first time in 50 years, medical schools in the United States are expanding their enrollment in response to projected shortages in the country's health workforce. The drive toward new medical schools is already underway, with at least five more in planning stages. All but 10 of the 121 existing schools are increasing their size, mostly by adding new programs and departments. The total number of students expected to graduate in additional 1000 physicians each year. Growth also is occurring among other health professions schools. Since 2000, nine new veterinary schools have been added to the already an

This period of expansion offers unparalleled opportunity not only to enhance existing medical school curricula but also to explore bold, innovative ways to improve the education of a new generation of physicians. To ensure the work, which is being undertaken in many ways, is successful, the American Medical Association convened a conference and this report. The conference was held in Charleston, South Carolina, in October 2008, and was led by Robert M. Lurie, President-Elect of the Association of American Medical Colleges and currently Professor of Medicine and Public Health at Chicago Northwestern University School of Medicine, served as chair.

For two and a half days, 33 participants, experts in

both allopathic and osteopathic medical education, discussed the challenges and opportunities presented by the current efforts to address the need for more physicians. Their comments, observations and recommendations are included at the end of this brief summary.

Discussions and deliberations were assisted by five commissioned papers that reviewed the current state of both allopathic and osteopathic medical school curricula, identified educational gaps in the current training, proposed means to be learned from past expansion efforts, and offered a framework for considering new models of medical education.

Medical education reform is needed in the landmark week of educational reform, whose 100th anniversary is a great reminder of the need to address the need for more physicians. The report outlines the challenges and opportunities that have transpired since the

past century have outstripped the ability of the education model to produce more physicians. This is not to suggest that medical education has remained static since Finney's reforms were introduced. Far from it. Indeed, participants

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