Why Quality?

Featuring:
Jonathan Grau, MSc
Senior Director

Moderated by:
Camille Espinoza
Director, Member Education

April 21, 2016

Over 430 Members Strong
Why Quality?

Today’s Objectives

- To better understand the purpose of quality measurement
- To understand why quality measurement is an increasingly important component to health reform

Animated Short Video: The Quality Community Using Measures Every Day
Why Quality?

Jonathan Grau, MSc
Senior Director

Institute of Medicine’s Definition of Healthcare Quality

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
A Proposed Definition for Quality Measurement in Healthcare

The use of tools to identify opportunities for quality improvement and to monitor progress over time in healthcare processes, outcomes, patient perceptions, and organizational structure.

35 million admissions a year
5,723 acute care hospitals
893,851 actively practicing physicians
2,724,570 registered nurses
11,756,610 healthcare professionals
Up to 98,000 deaths and 1 million harmed every year due to medical errors, IOM, 1999

$19 billion in direct hospital costs, Society of Actuaries, 2009


200,000 to 400,000 deaths from medical harm, Journal of Patient Safety, 2013

**U.S. health care spending breakdown**

Health care spending in the United States totaled nearly $2.5 trillion in 2010. Of total spending, half (51 percent) goes to pay the cost of medical services provided by hospitals and physicians. Prescription drugs spending accounts for 10 percent. While prescription drug costs represent a significant portion of overall health spending, this is one area where there has been some recent success in slowing the growth in spending. From 2009 to 2010, prescription drug costs grew by just 1.2 percent while hospital and physician costs grew by 4.9 percent.

Source: Center for Medicare and Medicaid Services

---

**Relationship Between Quality And Medicare Spending, As Expressed By Overall Quality Ranking, 2000–2001**

Overall quality ranking

1

11

21

31

41

51

Source: Baicker and Chandra (2004)
Getting it right one patient at a time
The consistent application of medical science by providers to make every patient better.

400 years of Western medicine
~200,000 active clinical trials
~2 million peer-reviewed science and medical publications per year

15 minutes with your provider

Making healthcare quality a bedside reality:
A generalized quality improvement cycle

1. PROBLEM
• Only 30 percent of patients are receiving beta-blockers within 7 days of hospital discharge.

2. STUDY/ANALYZE
• Review literature and updated ACC/AHA guidelines for cardiovascular care.

3. PLAN INTERVENTION
• List actions that will be taken as a result of review.
• Determine metrics for monitoring and evaluating progress.

4. MEASURE
• Utilize Joint Commission/NCQA quality measures reporting use of beta-blockers to collect data.
• Review data collected to gauge progress and shortcoming.

5. IMPROVE
• Plan for the next cycle (i.e., adapt, change, etc.)
The Patient Care Imperative and, Six Sigma, for example...

35.1 million hospital discharges
- 119 defects*
54.4 million hospital procedures
- 184 defects
136.3 million ED visits
- 462 defects
100.7 million outpatient visits
- 340 defects

Total defects = 1,105

*death, harm, near-misses

Major Uses of Quality Measures

- Internal quality improvement
- Benchmarking
- Accountability applications
  - Certification
  - Accreditation
  - Defining provider networks
  - Public reporting
  - Payment

Actual stats (2010)
100,000 deaths
~1,000,000 SREs
# Types of Quality Measures

1. **Quality**
   - A. Structures of care
   - B. Processes of care
   - C. Outcomes
      - i. Intermediate clinical outcomes
      - ii. Health outcomes (mortality, complications, etc.)
      - iii. Patient-reported outcomes (experience, functional status, engagement, quality of life, etc.)

---

# Evaluating the Impact of Quality Measurement

[Diagram showing a map with bar charts and people]
Who really makes quality happen?

Get Involved in Quality Work

- Join a Member Network (Renal, HIT and more coming soon)
- Attend Member Meet-Ups
- Learn through Member-only education events
- Read exclusive Member communications
- Share your success stories: nqfresults@qualityforum.org
- Display your NQF Member Logo

Learn more on the Member webpage
Get Involved in Quality Work

- **Participate** in NQF meetings in-person or online
- **Attend** project webinars
- **Submit** measures for endorsement
- **Comment** on measures and reports
- **Vote** on measures for endorsement
- **Nominate** a colleague (or self-nominate) to a steering committee
- **Sign up** for project-specific emails
- **Follow** NQF on Twitter: @NatQualityForum

Get Involved in National Quality Partners

Reducing antimicrobial resistance through aggressive antibiotic stewardship

Improving advanced illness care through authentic patient and family engagement

Learn More
Your Feedback

Comments? Questions?

Please type into the chat box anytime

Next Steps

Please take a moment to fill out the event evaluation