INFORMATION TECHNOLOGY AND HEALTHCARE QUALITY: A NATIONAL SUMMIT

"Current practice depends upon the clinical decision making capacity and reliability of autonomous individual practitioners for classes of problems that routinely exceed the bounds of unaided human cognition."

Daniel R Masys, M.D.
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On March 6-7, 2002, the National Quality Forum (NQF) will sponsor a National Summit on Information Technology and Healthcare Quality. The purpose of the Summit is to reach agreement among critical stakeholders about an action plan for defining the governance, operating standards and funding of a national healthcare information infrastructure.

The Summit will be co-sponsored by the Institute of Medicine (IOM) of the National Academy of Sciences, Centers for Medicare and Medicaid Services, Agency for Healthcare Research and Quality, Veterans Health Administration, U.S. Army Medical Research and Materiel Command, Kaiser Foundation Health Plan, and others. The Summit is also supported by the Markle Foundation and the National Committee on Vital and Health Statistics.

The Summit is intended to build upon and complement the work that has been done, and is being done, by numerous other entities. The Summit does not seek to repeat or otherwise replicate work already completed or underway by others. Instead, by bringing together key decision makers from the many entities working in this area, the NQF hopes to establish a common understanding of the major issues limiting progress towards achieving a national health information infrastructure, clarify public and private sector roles, identify pragmatic solutions to barriers obstructing progress, highlight mutually reinforcing areas of activity, and overall catalyze efforts to achieve a state-of-the-art national health information infrastructure.

To help guide the Summit's efforts, the NQF will be utilizing the six healthcare quality improvement aims and ten re-design principles (see table 1) espoused by the IOM in its report "Crossing The Quality Chasm"[1] (except for one minor change in the aims[2]). Likewise, the NQF has adopted the President's Advisory Commission's statement of purpose for the healthcare system.[3]

1. The NQF is sponsoring the Summit in recognition of the essential role of automated information management technology in healthcare quality improvement;
2. The importance of the NQF's endorsement of national healthcare quality standards to IT system development;
3. The potential to utilize the NQF's voluntary consensus standards setting mechanism to facilitate adoption of standards for healthcare IT; and
4. The NQF's unique convening authority and governance structure.

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[1] Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC; National Academy Press; 2001.

[2] The NQF Board of Directors endorsed use of the term *beneficial* instead of the IOM's term *effective*, but concurred with the other five aims: patient-centered, safe, timely, efficient and equitable.

[3] The purpose of the healthcare system must be to continuously reduce the impact and burden of illness, injury and disability, and to improve the health and functioning of the people of the United States. The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Quality First: Better Care for All Americans. Washington, DC: US Department of Health and Human Services, 1998.

Table 1.—Design Rules for the 21st Century American Healthcare System

1. *Care based on continuous healing relationships*. Patients should receive care whenever they need it and in many forms, not just face-to-face visits. This rule implies that the healthcare system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.

2. *Customization based on patient needs and values*. The system of care should be designed to meet the most common types of needs, but have the capability to respond to individual patient choices and preferences.

3. *The patient as the source of control*. Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over healthcare decisions that affect them. The health system should be able to accommodate differences in patient preferences and encourage shared decision making.

4. *Shared knowledge and the free flow of information*. Patients should have unfettered access to their own medical information and to clinical knowledge. Clinicians and patients should communicate effectively and share information.

5. *Evidence-based decision making*. Patients should receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or from place to place.

6. *Safety as a system property*. Patients should be safe from injury caused by the care system. Reducing risk and ensuring safety require greater attention to systems that help prevent and mitigate errors.

7. *The need for transparency*. The healthcare system should make information available to patients and their families that allows them to make informed decisions when selecting a health plan, hospital, or clinical practice, or choosing among alternative treatments. This should include information describing the system's performance on safety, evidence-based practice, and patient satisfaction.

8. *Anticipation of needs*. The health system should anticipate patient needs, rather than simply reacting to events.

9. *Continuous decrease in waste*. The health system should not waste resources or patient time.

10. *Cooperation among clinicians*. Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care.