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Doing Things Right and Doing the Right Things — Quality and Safety in Health Care

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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON MEDICAL COLLEGE AND ELI LILLY AND CO.

Editorial

Doing Things Right and Doing the Right Things – Quality and Safety in Health Care

By David B. Nash, MD, MBA

Editor-in-Chief

Welcome to the premiere issue of *Prescriptions for Excellence in Health Care*, a series of supplements to our *Health Policy Newsletter* devoted to the quality improvement agenda. Change - in regulations, technology, and quality measurement, to name a few - is accelerating exponentially. Amid this constant change, it is challenging for health care professionals to remain current on the programs and initiatives being implemented. To help address this issue, the Department of Health Policy has partnered with Eli Lilly and Company to provide you with essential information from the quality improvement and patient safety arenas.

Improving the quality of health care in America has been the focus of policy debates since the Institute of Medicine (IOM) published its groundbreaking study, *Crossing the Quality Chasm*. Most of the first decade of the 21st century has been spent deliberating how best to measure, monitor, and manage health care delivery to

ensure that patients receive the type of care they have a right to expect in the world's richest nation. While the intent to provide safe, scientifically validated treatment has never been in doubt, there definitely is room for improvement in the execution of these efforts.

The IOM specified that the "right" or high-quality health care is safe, effective, timely, efficient, evidence-based, and equitable. Driving our health care system to the point of consistently getting these "right things" right will not only help to optimize outcomes, it also will reduce costs.

Government, payors, and providers have been working diligently to develop appropriate systems, incentives, and reporting mechanisms that will assist providers to optimize quality and reduce costs, and empower patients to make informed choices regarding their care. Beginning in 2008, the Centers for Medicare and Medicaid Services (CMS) will no longer pay

for the consequences of medical errors. Hospitals will have to absorb the costs of flawed processes and delivery systems that result in "never" events such as wrong-site surgery and hospital-acquired infection. Forward-thinking leaders in an increasing number of states are requiring public reporting of a variety of quality measures that will enable patients to make more informed decisions about whether and where to have elective surgery, and even to compare costs.

These efforts align with CMS' Quality Improvement Roadmap, which was outlined in detail in a previous editorial.¹

Progress will begin on several of the strategies outlined in the roadmap in the coming months, namely: creating partnerships to improve performance; applying useful measures of quality of care (eg, outcomes, consumer experience, cost of care); and implementing a payment schedule that focuses on quality of patient care rather than services received. In March 2007, the Department of Health Policy convened a diverse panel of national health care thought leaders to discuss the most recent efforts in performance improvement, public reporting, patient safety, and health information technology. Panelists

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will contribute articles to this supplement series that reflect their experiences and areas of expertise.

Among the offerings in this inaugural issue are a general overview of the national quality landscape; a discussion of the role of regional quality improvement organizations (QIOs); a review of an innovative leadership training program in patient safety; and a report detailing Pennsylvania's

efforts in public reporting on hospital quality. Future issues will provide insight on such issues as hospital quality improvement efforts, improving the quality of care in outpatient settings, and the role of health information technology and public reporting. I am extremely proud of the wealth of information presented by our awesome initial group of authors, and hope you will find it enlightening. As always, I am interested in your

feedback; you can reach me by email at david.nash@jefferson.edu.

David B. Nash, MD, MBA is the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy, and Chairman, Department of Health Policy at Jefferson Medical College. He can be reached at david.nash@jefferson.edu.

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