

Prescriptions for Excellence in HEALTH CARE

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

Editorial

Quality Improvement Strategies: Frontline Experience

By David B. Nash, MD, MBA
Editor-in-Chief

The first 2 issues of *Prescriptions for Excellence in Health Care* addressed quality improvement in general terms (“Doing Things Right and Doing the Right Things – Quality and Safety in Health Care,” Fall 2007) and from the hospital’s perspective (“Hospitals Take Ownership for Quality Improvement and Patient Safety,” Winter 2007). In this issue, we feature innovative strategies for improving quality of care in 4 different clinical settings.

Pay for performance (P4P) continues to have both advocates and detractors. Although the Centers for Medicare and Medicaid Services (CMS) and other organizations have promoted P4P as a tool for improving the quality of patient care, there remains little evidence to support its effectiveness at this juncture. The first article, “Effectiveness of Pay for Performance as a Quality Improvement Strategy,” chronicles a study comparing and contrasting the impact of P4P vs. public reporting vs.

governance and oversight on specific measures of clinical quality in a large health care system – with surprising results.

The second article, “Heart Failure Advocates Reduce Hospitalizations and Readmissions for Heart Failure,” describes an innovative strategy whereby non-advanced practice nurses were trained and deployed at 6 different hospitals to promote guideline-based care. The success of this program spurred the development of a National Heart Failure Training Program for heart failure advocates.

An electronic health record was put to the test as a positive change agent in a study intervention targeting lipid management. “Lipid Management Study Shows Value of Electronic Health Records in Improving Quality of Care,” the third article, describes this randomized controlled study and discusses the outcomes.

“Ambulatory Quality Measurement: The Jefferson University Physicians

Experience,” the fourth article, details the development and implementation of a faculty-practice-wide ambulatory quality measurement initiative at our own institution. After 2 years of activity, 14 of the 16 Jefferson University Physicians (JUP) clinical departments had at least 1 performance measurement initiative under way. In addition, JUP became one of the first academic group practices to deploy an ambulatory patient safety assessment tool.

The final issue in this series of *Prescriptions for Excellence in Health Care* will be devoted to the role of health information technology and public reporting in improving quality and safety. Finally, I am pleased to report that the response to this series has been very positive and that Lilly has agreed to partner with us on a second series of newsletters.

As always, I am interested in your feedback and 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 of the Department of Health Policy at Jefferson Medical College.