

JSPH Announces the Center for Value in Healthcare

This summer, the Jefferson School of Population Health (JSPH) unveiled a new organized research enterprise – the Center for Value in Healthcare. Mark W. Legnini, DrPH, who 10 years ago founded The Healthcare Decisions Group, a consultancy in Washington, DC, was named Director of the Center.

The Center for Value in Healthcare focuses on performance measurement and improvement to increase the capacity of the US healthcare system to deliver higher-quality, safer, more cost-effective care and, ultimately, better patient outcomes. The Center's work aligns closely with JSPH's academic programs and integrates the resources of Jefferson's other schools, the University's hospitals and its faculty medical practice. "We hope to provide patients, practitioners, purchasers and payers with information that will move us closer to the healthcare system we all want" said Legnini. Formation of the Center seizes upon a modern American social movement – the healthcare quality and value revolution – and the critical role it will continue to play in transforming the US healthcare system.

"Value is where the world is moving," said David B. Nash, MD, MBA, Dean of the School of Population Health. "This is a tremendous opportunity to provide better outcomes for patients."

At the Center's core are the "Six Aims for Improvement" established in the Institute of Medicine (IOM) report, *Crossing the Quality Chasm*, paraphrased briefly here:

- **Safety:** Patients ought to be safe in health care facilities as they are in their own homes.
- **Effectiveness:** The health care system should match care to science, avoiding both overuse of ineffective care and underuse of effective care.
- **Patient-centeredness:** Health care should honor the individual patient, respecting the patient's choices, culture, social context, and specific needs
- **Timeliness:** Care should continually reduce waiting times and delays for both patients and those who give care.
- **Efficiency:** The reduction of waste and, thereby, the reduction of the total cost of care should be never-ending, including, for example, waste of supplies, equipment, space, capital, ideas, and human spirit.
- **Equity:** The system should seek to close racial and ethnic gaps in health status.



Mark W. Legnini, DrPH, Director, Center for Value in Healthcare

Dr. Legnini's background includes experience in the management of HMOs and academic medical centers, the organization and management of health policy research, and the design and implementation of performance measurement programs for both the public and private sectors. Most recently, Dr. Legnini was Research Director in the Engelberg Center for Health Care Reform at the Brookings Institution. ■