

EDITORIAL

Rose Colored Glasses

At year's end, I'm often asked to prognosticate about the year ahead. Recently I received a phone call from a senior consultant at Huron, a well-respected national consulting firm. He was surveying some of the usual "pundits" in our field and asked me to quickly describe the three most prominent characteristics of the healthcare system of the future.

Without hesitation, I blurted out that the health system of the future would be free of harm, recognizing that it could never be error-free. My colleague was silent, for what seemed an interminable time on the phone, until he somewhat sheepishly admitted that of the 20-plus persons he had interviewed thus far, I was the only one who provided an answer focused on safety. Never one to follow the pack, this got me more reflective about the system of the future, and hence, this editorial.

I'm going to look at the system of the future through a "rose colored lens" and hope that in the near twilight of my long career, I'll get to see such a system. The key attribute for the future should be our aspiration to become harm-free, and to fully embrace the tenets of high reliability, crew resource management, and bring into healthcare learnings from many other important industries. Our readers appreciate that leading researchers confirm that medical error is the third leading cause of death in our country; a fact which seems to have been lost on many of our elected representatives.

Other key attributes of the system of the future, through my special lens, would include a system completely focused on transparency and public accountability for outcomes. It would be characterized not

only by websites like CMS.gov, but think of CMS married to YELP and you get the idea. We need to provide millennials, who are emerging as key customers of health care, better information in a format that they are much more accustomed to. As part of this transparency, we should strive for public accountability in every aspect of care, and if it were up to me, I would mandate that error rates be publicly available on the internet on a per delivery system basis (and possibly on a per provider basis as well).

My lens predicts a completely patient-centered system, harking back to the critically important 2001 report, "Crossing the Quality Chasm." We have made only modest progress toward implementing one of the key "domains" of patient-centeredness. We need to bring the system to the patient, and this will mean fully embracing telemedicine and building new delivery systems that give patients access to the specialist in new and more convenient ways. Hardly a day goes by when I'm not stopped by bewildered patients on the street and asked directions to any one of the multiple buildings and scores of offices in our Center City location. It's truly baffling for the average consumer; just imagine trying to find a doctor's office for your follow-up visit in order to get your test results, because they're only available in-person, requiring a trip downtown, expensive parking, and other inconvenient barriers!

On the positive side, every delivery system will achieve CMS 5-star status, and we can accomplish this in part by fully embracing the notion that improvement science is central to achieving a just, patient-centered, and harm-free system. In other words, imagine a world where the Central Line-Associated Bloodstream Infection

(CLABSI) rate is zero in every clinical setting for more than a year. Some delivery systems have achieved these remarkable results, but I'm envisioning a world where this is routine, rather than the exception.

On the educational front, I hope to see the 140 academic medical centers that form the backbone of our system implement the recommendation from Association of Academic Medical Centers (AAMC) report, Teaching for Quality, and that every clinical department in every medical college has at least one faculty member with deep expertise in quality and safety. If this were to be more fully embraced, imagine its potential long-term impact! (I am proud to note that the TJU Board has unanimously approved just such a resolution and look forward to its implementation).

Every clinical department, from surgery to obstetrics and gynecology, and even psychiatry, could boast of their prowess in garnering grant support and producing peer-reviewed publications regarding quality and safety. This honestly sounds like Nirvana to me! But realistically, the far ranging impact of such a change would be enormous. These faculty would, in turn, become not only leaders in their own realm, but would serve as positive role models for thousands of medical students.

Corresponding to this sea change would be an explosion of interest in the six extant Master's degrees in healthcare quality and safety, including our program at the Jefferson College of Population Health (JCPH). The Society for Hospital Medicine (SHM) and their innovative Quality and Safety Educators Academy (QSEA), would become a standing room only affair, and would continue to help train legions

CONTINUED ON PAGE 2



of teachers who could then carry the vision of a harm-free system to every component of the delivery system.

I believe wholeheartedly that our work today is more important than ever before. We have an opportunity to move from an admittedly "rose colored" view of the future, to a more pragmatic one by rededicating ourselves to truly cross the

quality chasm, and to build a system that we can proudly pass to our children, whose future we all cherish. I hope you'll join me on this vital journey.

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