

# **NHII 03 Safety and Quality Group A**

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**This presentation does not necessarily reflect the views of the U.S.  
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# **Safety and Quality: Current Status**

- **Patients are often injured inadvertently**
- **Huge gaps between evidence and practice**
- **Chances of receiving high-quality care are no better than coin flip**

# **Safety and Quality A: Desired State--Guiding Principle**

- **We need to move from a cost-driven system to a quality-driven system**
  - **Health care funding should be based on quality, not on transactions**

# Safety and Quality—Track A: Desired State

- Information flowing freely within/across organizations
- Routine use of EHRs
- Electronic communication between providers and patients
- Safety checks at the point of care
- Adverse events monitoring routine
- Evidence-based decision support ubiquitous
- Robust care and quality measures collected as by-product of care delivery
- Broad public quality information

# **Safety and Quality A: Short Term Recommendation 1**

- **Incentives: provide differential payment for higher quality, safer care, and loans for IT infrastructure associated with quality**
  - **Why: current incentive structure doesn't reward higher-quality, safer care, and capital is scarce**
  - **Target organizations: CMS, private payers, providers**

# **Safety and Quality A: Short Term Recommendation 2**

- **Provide resources to develop and maintain national quality and safety performance measures (Standards)**
  - **Why: necessary to incent quality care, and these measures will need to grow/change over time**
  - **Target organizations: Federal government; CMS; National Quality Forum; AHRQ; NIH**

# **Safety and Quality A: Short Term Recommendation 3**

- **Elevate research priority of health care quality and safety and IT, redirecting \$1 billion/year at these areas, of the current \$70 billion (Research)**
  - **Why: need investment in new ideas**
  - **Target organization: AHRQ, Federal Government/NIH**
  - **Research agenda includes:**
    - **Evaluation (e.g. business case, VA)**
    - **New uses (e.g. adverse event detection)**
    - **Adoption (e.g. by rural, safety net)**
    - **Measures (e.g. validation)**

# **Safety and Quality A: Short Term Recommendation 4**

- **Implement new national unique patient and provider identifiers (Infrastructure)**
  - **Why: necessary for providing high-quality, safe care, and for tracking outcomes of interest to patients and providers**
  - **Target organizations: Federal Government**



# **Safety and Quality A: Medium Term Recommendation 1**

- **Develop a shared repository of rules and knowledge for information systems (Standards)**
  - **Why: Much of the benefit from increased use of IT comes from decision support, and not currently available**
  - **Who: eHealth Initiative, NLM or AHRQ**

# **Safety and Quality A: Medium Term Recommendation 2**

- **Development of a national quality measurement database**
  - **Why: to assess the safety and quality of care in the U.S.**
  - **Who: Federal government**
  - **Allow individuals to opt in**

# **Safety and Quality A: Medium Term Recommendation 3**

- **Substantial increase in support for training clinicians to do clinical informatics, targeting both primary care and specialists**
  - **Why: Manpower shortage in these areas**
  - **NLM and AHRQ**

# Migration Path

## Outside the Hospital

- **Physicians start to use EHRs – first in primary care settings**
- **Then migrate to personal health record – initially windows into provider EHRs.**

## Inside the Hospital

- **Enterprise master patient index**
- **Clinical data repository**
- **CPOE**
- **Full EHR**

**Political/social path as important as technical**

# Migration Path

**Path should include a series of projects, for example, in 3-5 years:**

- **National medication list**
- **National unique patient identifier**
- **Medication information available to patients, providers**

# Our Group

## Facilitators

- David Blumenthal
- Guy Mansfield
- Martha Radford

## Experts

- Richard Croteau
- David Lansky
- Mick Murray
- Ginnie Pepper
- Annette Williams

**And all the Participants**