Module 5 - Quality of Health Care and Being Mortal

Tags	Weekly Modules
Status	Completed

Learning Objectives

Quality of Health Care

1. Discuss primary reason why quality is lacking in the US
2. Discuss Donabedian’s quality assessment model
3. Discuss Health Care Effectiveness Data and Information Set (HEDIS)
4. What are the methods to achieve malpractice reform?
5. What are some proposals to improve quality?

Being Mortal

1. Focus on how end of life care is delivered and how practitioners (MDs and nurses) talk to patients about their end of life care

Quality of Health Care in the United States

I want to begin today's class by having you watch a very short trailer to a movie titled The Skin You Are In. This film was directed and produced by the Dean of the School of Public Health at Tulane University. It is a very powerful film about living as a Black or Brown person in New York. If you have time to watch the full documentary, I would highly recommend it. This trailer ties directly into what we will be discussing in this module: quality of care. **It depicts how widely quality of care varies by zip code.**

The Skin You're In - Trailer

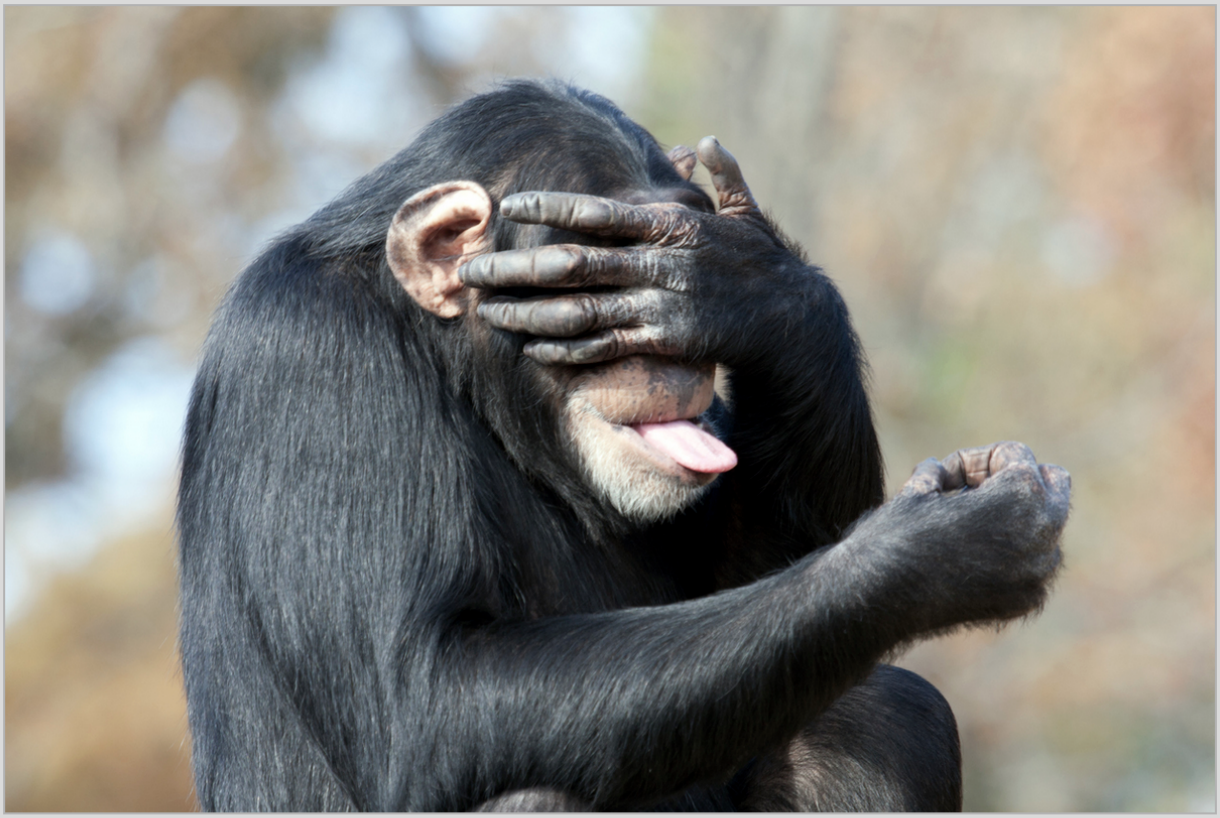
In the United States of America, African Americans live sicker and die younger than any other ethnic group in the nation. Why is this happening? In this feature documentary THE SKIN YOU'RE IN, we will investigate this disturbing

https://youtu.be/gVsEoNMlEPY

Now, what are we going to learn about in this module?

1. Quality of care in the United States and other countries
2. How we define quality of care
3. Assessing and improving quality
4. Outcomes

What is the Quality of the U.S. Health Care System?



"Are we the best in the world?" (Source: iStock)

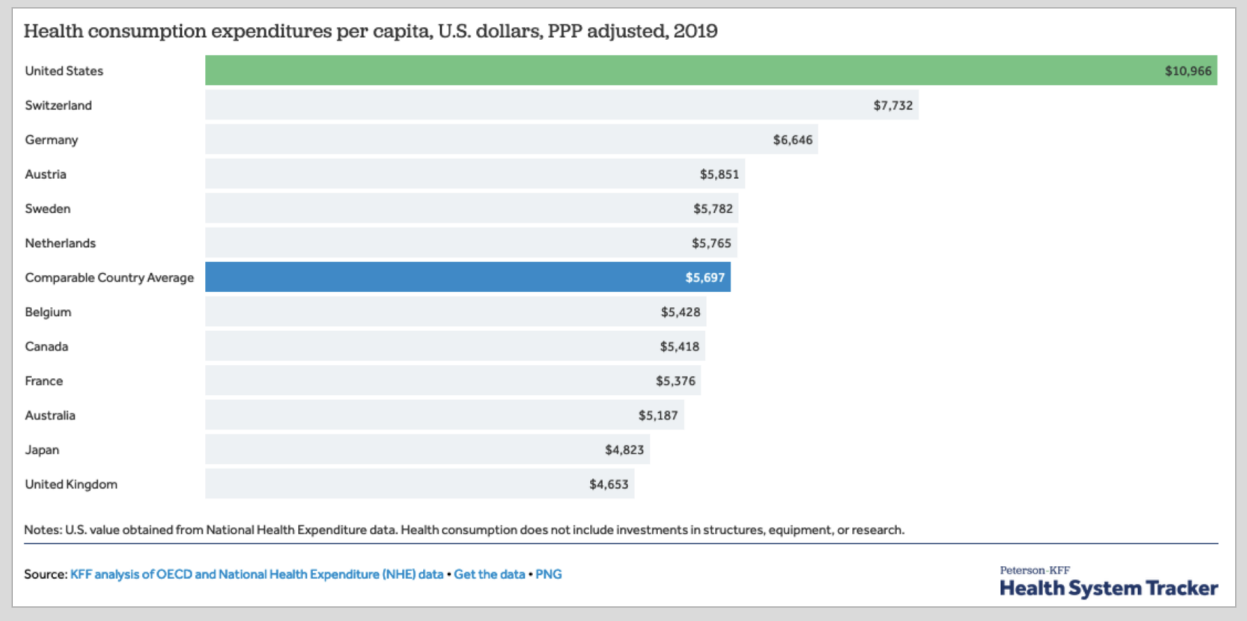
First, the capabilities of the U.S. health care system truly are extraordinary. Our neonatal intensive care units have led to dramatic declines in neonatal and infant mortality in the United States. Also, inpatient coronary heart disease care has contributed to significant reductions in mortality.

And yet... Are we the best in the world?

Miller, Lee and Lu, Wei. These are the Economies with the most (and least) efficient health care. Bloomberg September 2018. (Source: Bloomberg)

As you can see from the map above, the answer is no! Our health care efficiency score is lower than Canada, Australia, France, Spain, and Italy, just to name a few.

So now you ask yourself: Is this difference due to health system cost? Are those countries spending more on health care than we are?



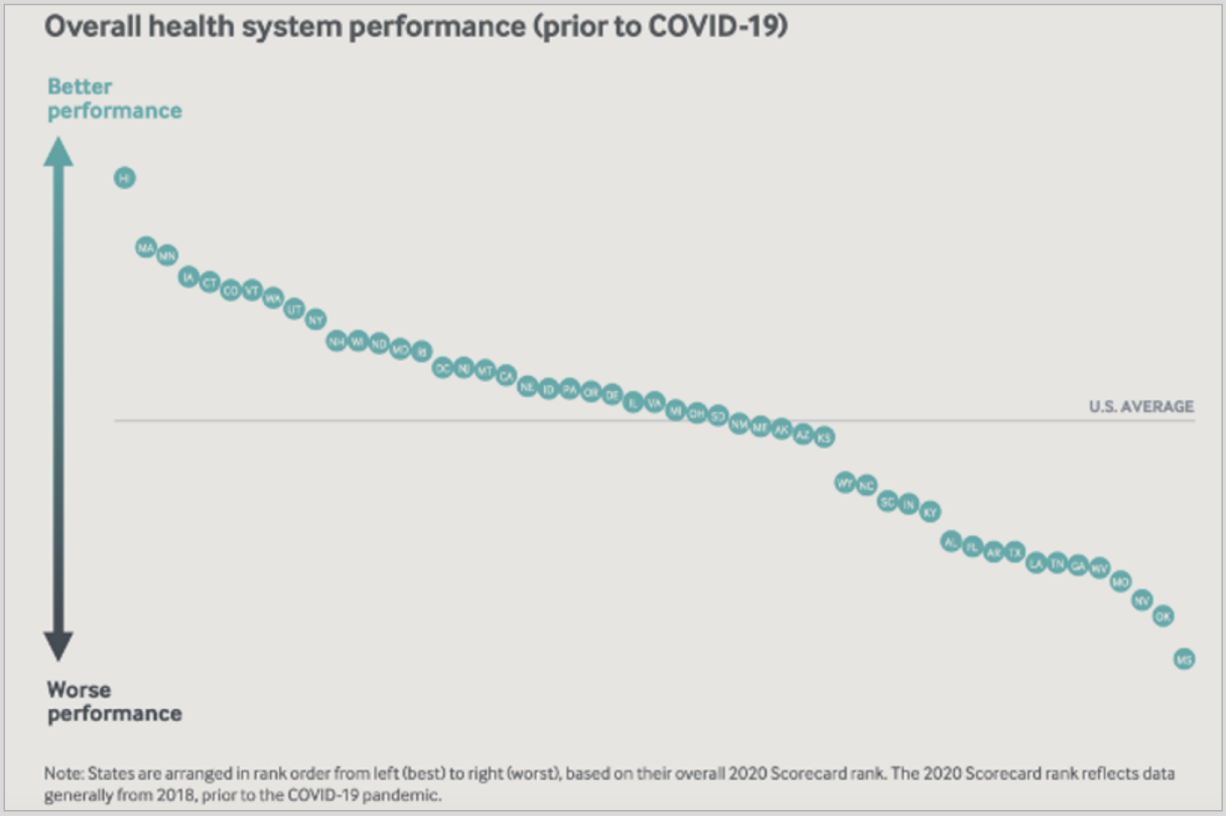
As you can see in the graph above, the answer to that question is also no! We actually spend more on health care and our efficiency score is lower.

Now you ask yourself: Well, why?

There are two primary reasons why U.S. health care is poorer than other industrialized nations:

1. **Lack of access to care**
2. **Practice variations**

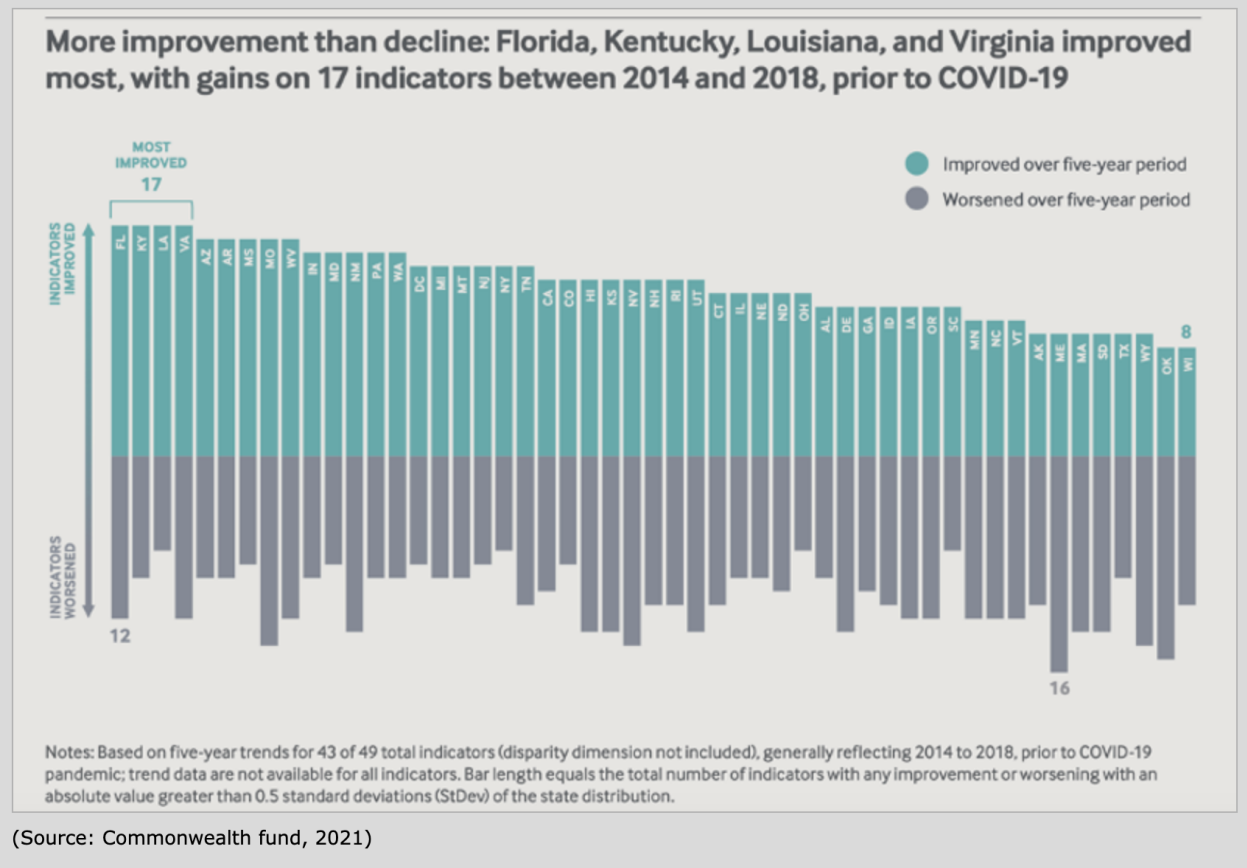
(Institute of Medicine, 2021)



(Source: Commonwealth fund, 2021)

This graphic show the overall health system performance prior to Covid-19. Overall performance depends on which state you live in. If you live in Hawaii, Massachusetts, or Minnesota, your health care system is in great shape. If you live in Nevada, Oklahoma or Mississippi, your health care system is not doing so well.

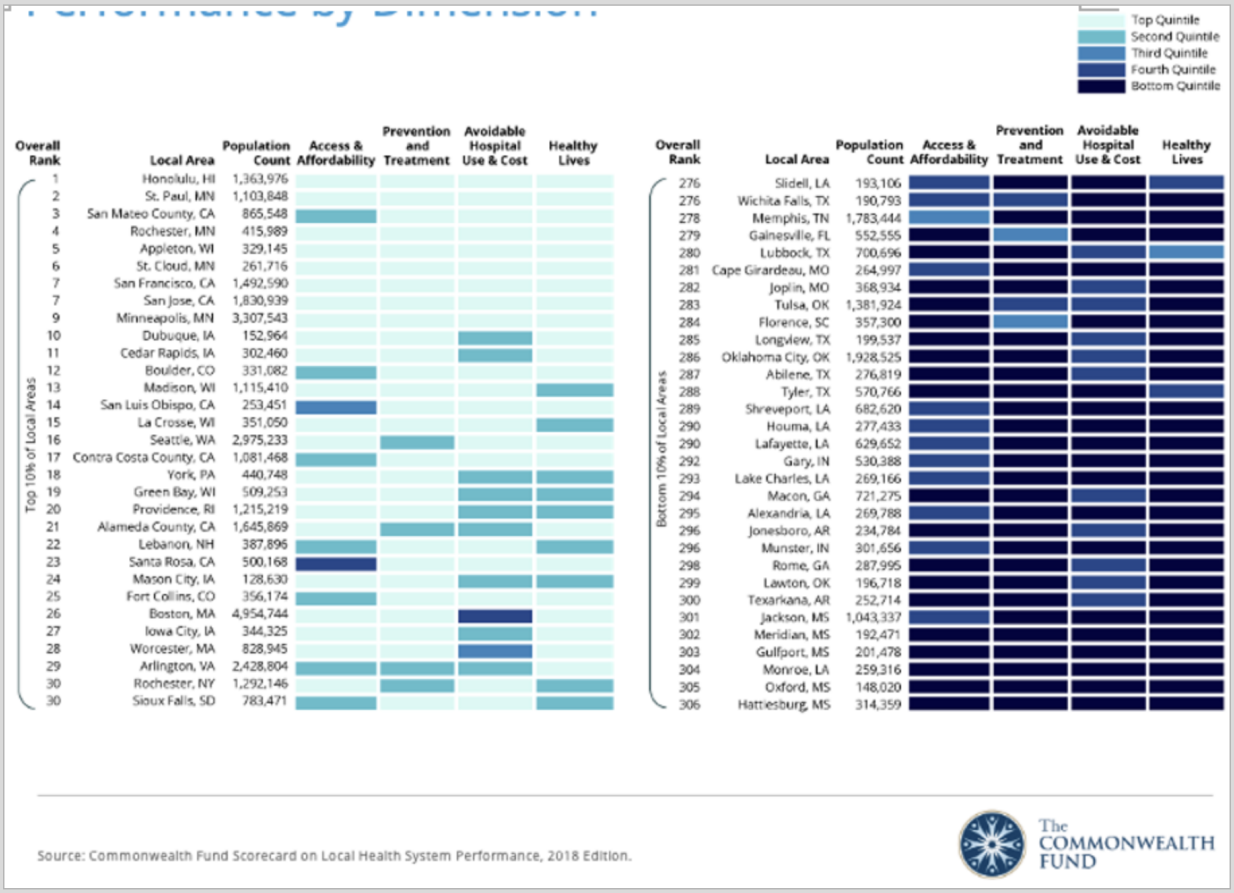
Now you ask yourself: Are there any states that have shown improvement?



(Source: Commonwealth fund, 2021)

As you can see on the slide above, the answer is YES! Florida, Kentucky, Louisiana, and Virginia are improving the most.

Now let’s take a look at performance by dimension.

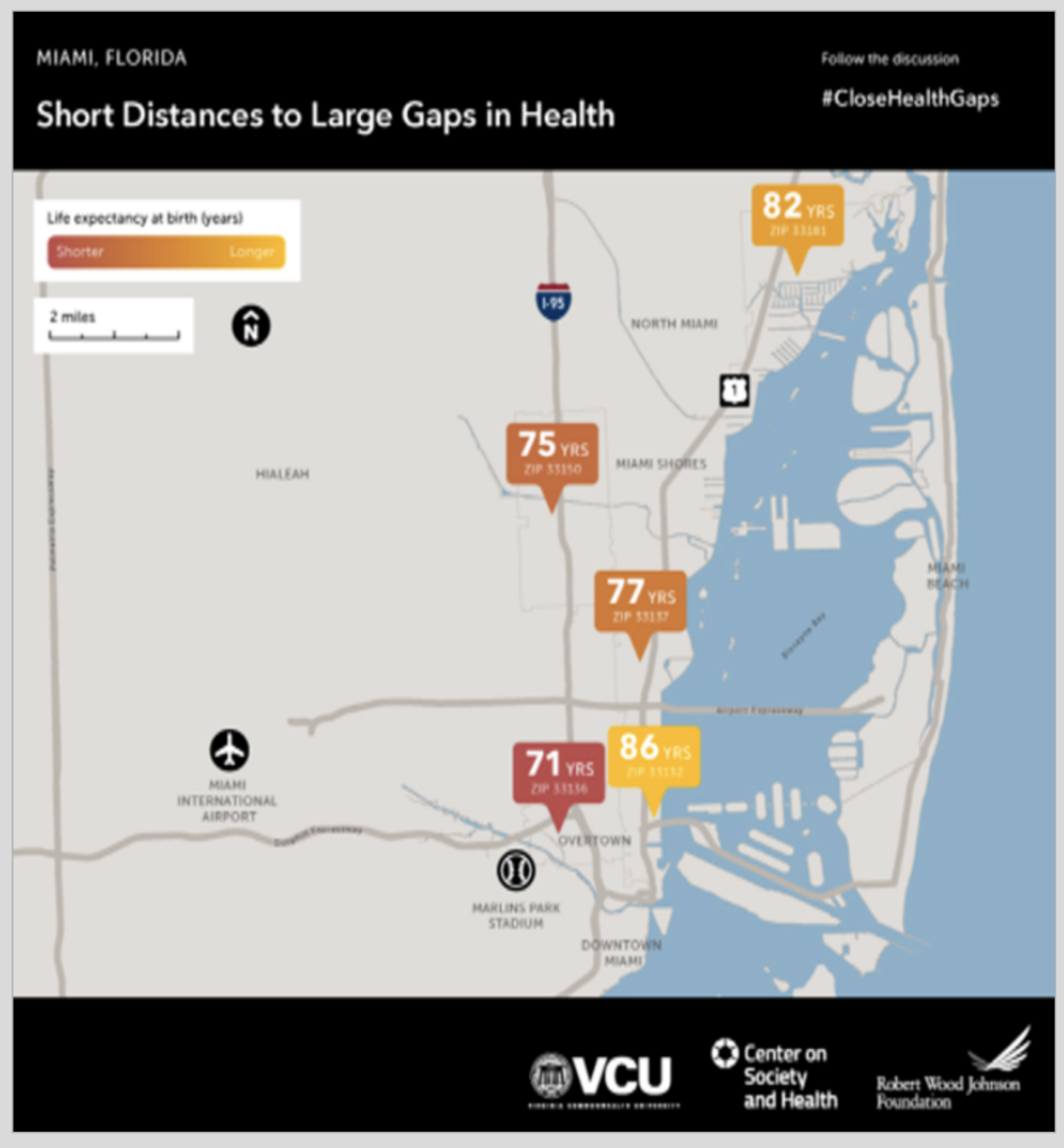


(Source: Commonwealth fund, 2018)

This chart is a breakdown of performance by dimension. It looks at access and affordability, prevention and treatment, avoidable hospital use and cost, and healthy lives.

I want you to take a minute and really look at this graph and ask yourself: Should performance really vary this much depending on where you live?

Unfortunately, it does. Even your zip code can play a role in your life expectancy.

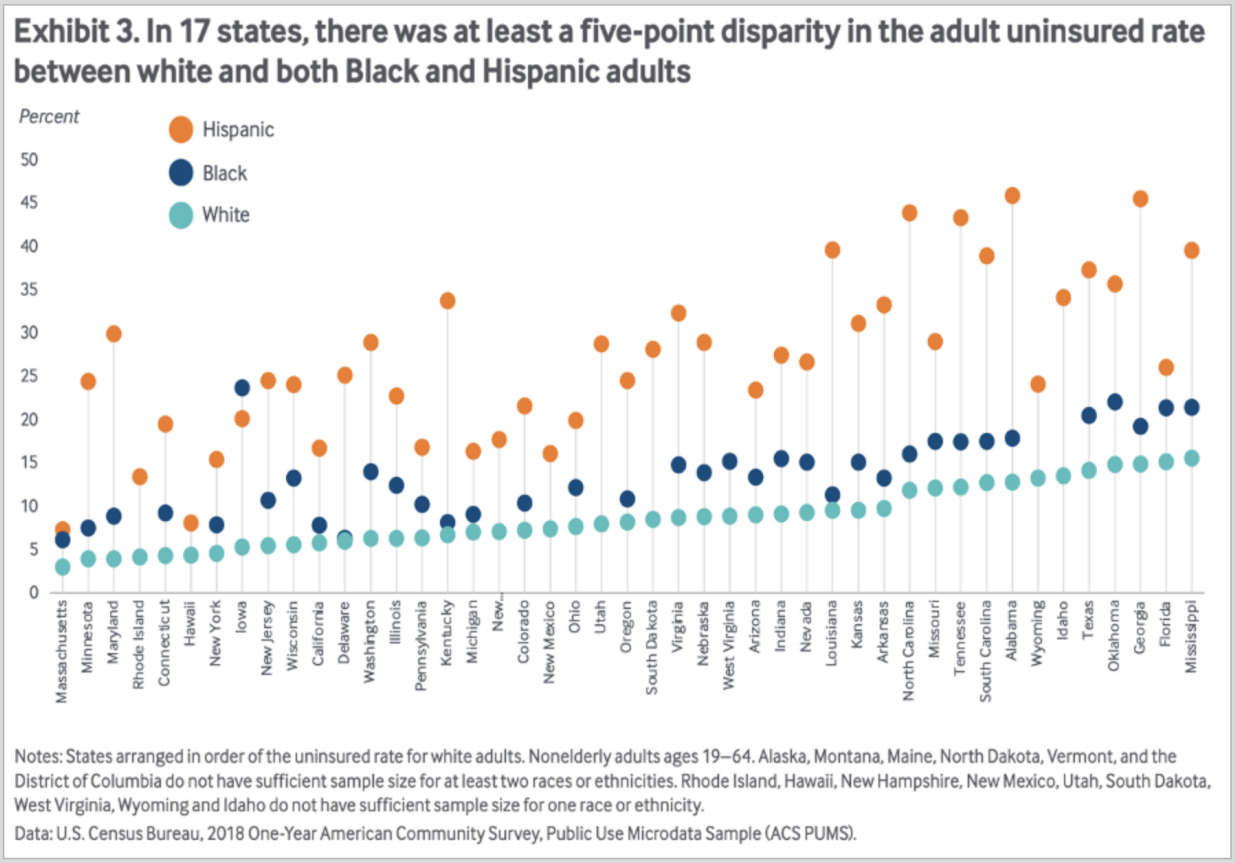


Above you will see a map of South Florida. What you are looking at is life expectancy by zip code. If you live in zip code 33136 your life expectancy is 71 years. If you live 2-3 miles east in zip code 33152 your life expectancy is 86. That is a 15-year difference!

▼ **Q: Why do you think life expectancy differs so much by zip code?**

A: Access to healthy food, adequate housing, crime rates, socio-economic status to name a few.

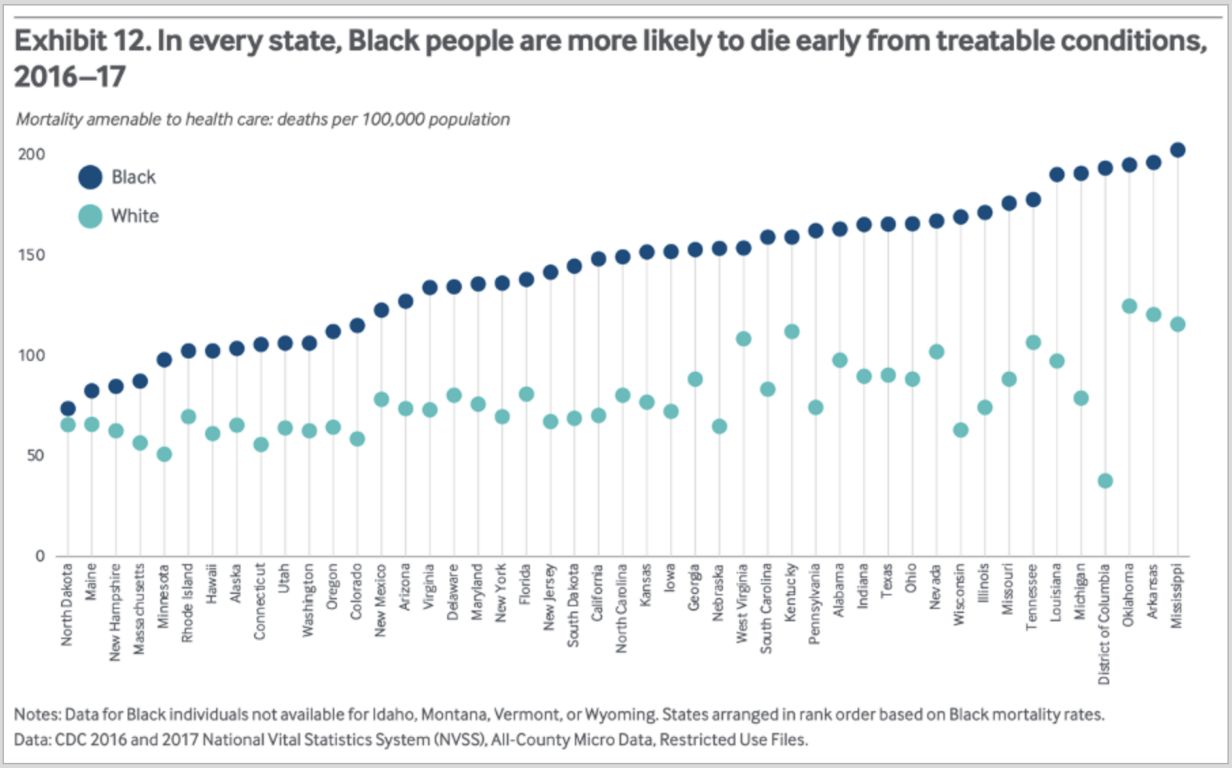
Now let's take a look at the differences in the adult uninsured rate for White, Black, and Hispanic adults:



(The Commonwealth Fund, 2020)

As you can see in Massachusetts there is a very small difference but in Washington, Iowa, Mississippi and Georgia there is a tremendous difference.

As you can see in the table below, in every state Black people are more likely to die early from treatable conditions.



(The Commonwealth Fund, 2020)

I want you to take some time to think about and reflect on this. How does this discrepancy make you feel?

Practice Defects

In the United States, there are **four practice defects** that need to change. They are:

1. **Overuse**
2. **Underuse of effective care**
3. **Misuse and errors in medical care**
4. **Inefficiency and waste**

Let's begin by discussing overuse.

Overuse

In areas where there are higher volumes (more hospitals and more patients) you tend to see more office visits, more hospitalizations, more tests and procedures ordered. At times, these are inappropriate.

An example of this is overuse of non-urgent emergency department care that could save (conservatively) $21.4 billion dollars (Sipkof, 2009).

Underuse of Effective Care

Below, please find two examples of underuse of effective care.

Underuse of generic anti-hypertensives could save close to $3 billion dollars.

Underuse of controller medications in pediatric asthma, particularly inhaled corticosteroids, could save $2.5 billion dollars (Sipkof, 2009).

Misuse and Errors

Adverse events during Medicare patients' hospital stays contribute to the deaths of 180,000 patients every year (Levinson, 2010).

These errors occur by prescribing inappropriate and contraindicated medications.

Miscommunications occur and equipment fails.

Medicare and Medicaid have put together a list of what they term "Never Events." Meaning if one of these events happens, Medicare or Medicaid will NOT reimburse the hospital or physician. These include:

1. Surgery on the wrong body part or wrong patient
2. Wrong surgery on a patient
3. Foreign object left in a patient after surgery

4. Death/disability associated with intravascular air embolism, incompatible blood, or hypoglycemia
5. Stage 3 or 4 pressure ulcers after admission (these occur when a patient is left in one position for an extended period— the skin breaks down and an ulcer develops).
6. Death/disability associated with electric shock, a burn incurred within a facility, or a fall within a facility.

(Lembitz & Clarke, 2009, p. 26)

Inefficiency and Waste

First is waits and delays. How many of you have waited for 30-60+ minutes to see a doctor?

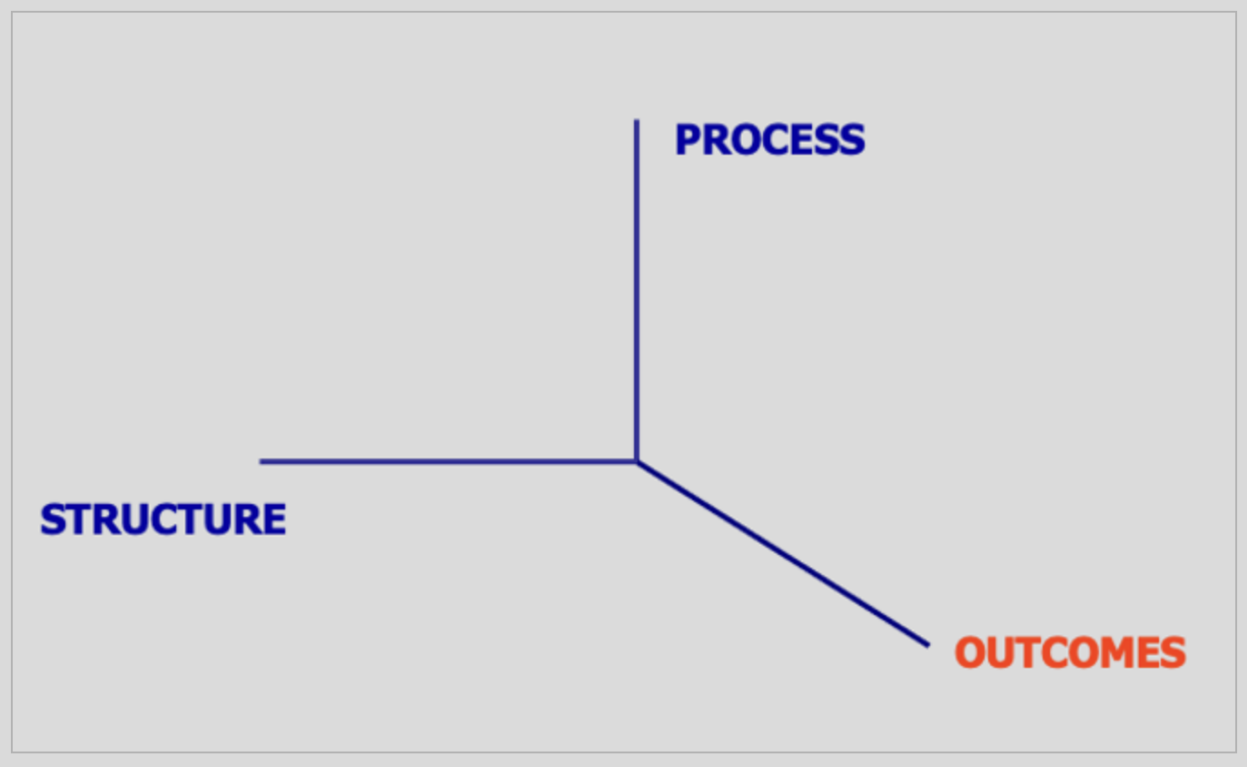
Operating room throughout—an operating room that is empty is inefficient. When a surgery is completed, housekeeping should immediately disinfect and sanitize the room so that the next case can begin.

Post-operative intubation time—as soon as a surgical case is complete, the patient should be extubated as quickly as possible.

One final type of inefficiency is medical record availability. This is what I struggle with the most. If you see a doctor at Mass. General/Brigham (MGB) in Boston and then you see another at the Beth Israel (BI) and then another at Boston Medical Center (BMC), **your providers (doctors) are not able to access your medical record from other institutions.** So, the doctor at Mass. General/Brigham cannot access your medical record from BI or BMC.

The Donabedian Quality Assessment Model

Next let's talk about the quality of health care and the Donabedian quality assessment model:



As the diagram above illustrates, in order to have successful outcomes you must have adequate structure and process. So, what does that mean? Let's start by talking about structure.

Structure

Structure refers to resource inputs:

1. **Facilities** – they must be licensed and accredited to ensure that minimal standards are met.
    a. The Joint Commission accredits hospitals
    b. The Commission on Accreditation of Rehabilitation Facilities (CARF) accredits rehab hospitals/facilities
2. **Equipment** – equipment in hospitals and rehab facilities needs to be up-to-date and in good working order.
3. **Staffing levels** need to be adequate for the population. This is why during Covid-19 you saw field hospitals set up and the National Guard called into Boston and New York. We did not have enough beds or health care workers to ensure adequate structure.

4. **Staff qualifications** – staff need to present their current licenses to practice medicine in their current state. Some states require health care professionals to take continuing education courses and some are required to re-take their board examinations every 10 years.
5. **Delivery system** – this is the distribution of beds and staff. You need to ensure that you have enough beds and health care workers to take care of those who are ill.

If any one of these fails, you will not have successful outcomes.

Process

Process refers to the actual delivery of services

1. Interpersonal aspects of care – this is how patients are treated. How do practitioners communicate with their patients? Do they take time to explain a patient's diagnosis? Do they treat them with respect, dignity, and compassion?

I want you to take a minute and think if there was ever a time you saw a practitioner and they did not treat you with respect, dignity and compassion. If yes, how did this make you feel?

2. Technical aspects of care – Did the practitioner accurately diagnose and treat the individual? Was there a long wait time? Was the care affordable?

As you can see, in order to have successful outcomes, you must have adequate structure and process.

Improving Quality

The traditional approach to improving quality was **to identify problem outcomes and sanction the practitioner (bad apples)**. Think back to a time during your childhood when you made a decision that one of your loved ones did not agree with. Maybe you broke your curfew, got caught lying, or broke something. Some of you may have gotten yelled at or punished. How did you feel when you were getting yelled at? If you are like most, you emotionally shut down. This is how some physicians feel when they are sanctioned for mistakes instead of focusing on continuous quality improvement as you will learn about below.

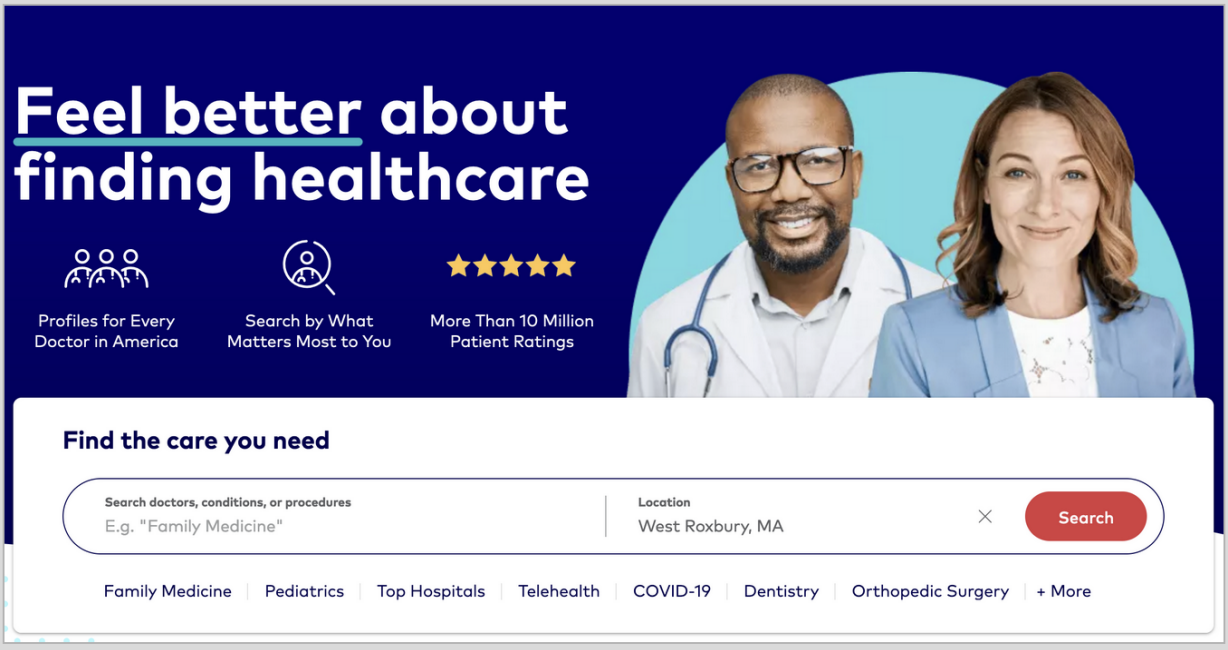
Continuous Quality Improvement (CQI)

Now let's consider a different approach. We call this approach Continuous Quality Improvement (CQI). **Instead of sanctioning a practitioner when something goes wrong, a supervisor would sit down and talk calmly with them about what happened and about what could be done differently next time.** Think back again to that situation in childhood when you did something wrong. Imagine if instead of getting yelled at, your loved one sat down calmly and quietly and talked to you about why you did what you did.

In health care, this has been a much more favorable approach.

Clinical practice guidelines were also created to improve quality. These are explicit descriptions representing preferred clinical processes (**evidence-based practice**).

Quality report cards were also created so that consumers can see the quality of the practitioner or facility they are receiving treatment from.

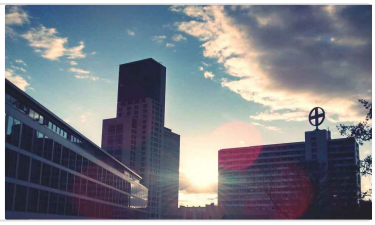


Take a look at the Health Grades website when you have a few minutes.

Healthgrades | Find a Doctor - Doctor Reviews - Online Doctor Appointments

Healthgrades is the leading online resource for comprehensive information about physicians and hospitals.

https://www.healthgrades.com/



There was also a National Committee for Quality Assurance (NCQA). They created a **Healthcare Effectiveness Data and Information Set (HEDIS)** which is used **to evaluate the quality of health plans operating in the United States**. Their goal is to compare performance and publicize that information to help clinicians improve clinical care and to counter financial incentives to restrict appropriate care.

The HEDIS performance indicators include

1. Children immunized
2. Mammograms
3. Pap smears
4. Prenatal exams
5. Eye exams for diabetic patients
6. Osteoporosis screening
7. Flu shots
8. BMI (Body Mass Index) assessment

These are looked at very closely when evaluating health plans.

There has also been reform with malpractice. There are four different forms of malpractice reform listed below.

Malpractice Reform Options

- Tort reform
  - Placing limits on malpractice awards paid to patients
- Alternative dispute resolution

    - Substituting mediation and arbitration for jury trials
- Use of practice guidelines
    - Improving the ability to determine whether a physician
    - was negligent
- No-fault reform
    - Providing compensation to patients suffering medical injury regardless of whether the injury is due to negligence
- Enterprise liability
    - Making institutions responsible for compensating medical injuries on a no-fault basis, thereby creating incentives for institutions to improve the quality of care provided

(Bodenheimer, et al., 2020)

Take a minute to think about which type of malpractice reform you agree with.

Summary

So, is health care quality improving? According to the NCQA's annual 2014 State of Health Care Quality report (drawing data from a record number of plans representing 171 million people, or 54% of the US population), six times as many measures show improvement as measures that show decline.

So, when we see improvement in outcomes, what does this mean? It means faster recovery, lower mortality rates, greater patient satisfaction, and a decreased incidence and prevalence of disease.

In summary, the quality of the U.S. health care system is NOT what it should be. But there are approaches to assess quality of care and quality will receive increasing attention in the United States in the coming years.

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