



Translating QI Into Policy:

Succeeding in a World in Which Change Could Actually Happen!

Cary Sennett, MD, PhD
Chief Medical Office, MedAssurant, Inc.
Vice-Chair, AMA-Physician Consortium for
Performance Improvement





Introduction

- There is enormous energy for quality improvement in health care
- In general, though, that energy has not been focused (so has not driven nearly the change that it could)
- “Policy” can help to organize—and therefore enhance the effectiveness of—energy for QI
- An understanding of the policy milieu can help you develop and position your agenda



Quality Improvement: Two Pathways (IOM)

- “Choice”—buyer (including consumer) initiatives to select high quality option
 - “Choosers” elect higher quality over lower quality (provider) options
 - “Left hand tail” disappears
 - Average quality rises/variance falls
- “Quality Improvement”—delivery system initiatives to identify and capitalize on opportunities to improve
 - Providers study self, best-practices
 - Providers reorganize work/employ improved practices
 - Quality increases in all systems (that are engaged in QI)
 - Average quality rises/variance falls



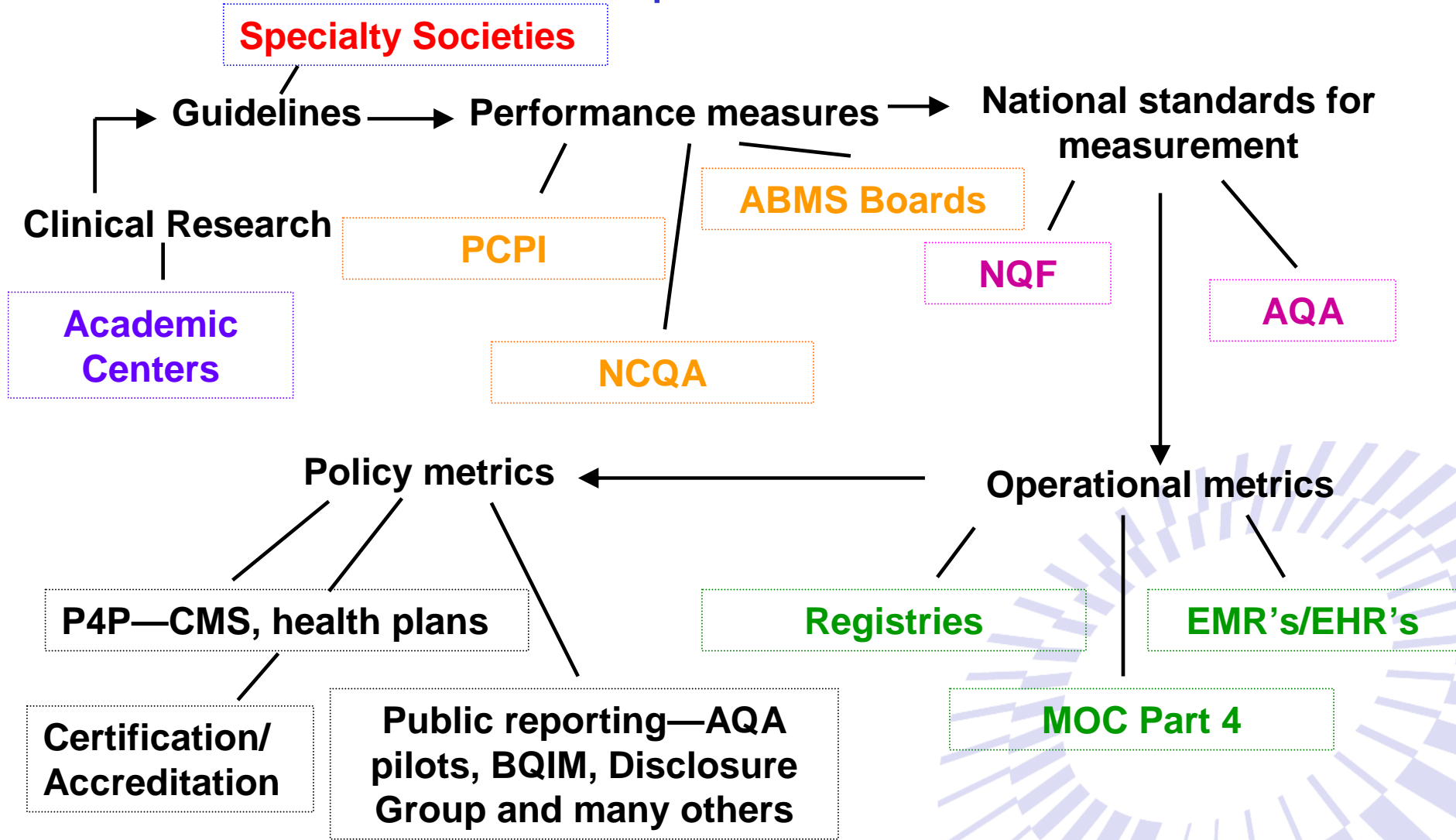
The Quality Improvement Pathway: Policy Objectives

- “Capacity building”—policy initiatives directed toward increasing delivery system understanding of/ability to execute QI
 - Educational initiatives (including ABMS MOC)
 - Collaboratives (IHI, many others)
 - Infrastructure (e.g., HIT)
- “Will building”—policy initiatives directed toward increasing (provider/organizational) commitment to improve
 - Regulatory requirements (including NCQA, The Joint Commission)
 - Pay-for-Performance programs
 - Public reporting/“accountability” programs
- Change requires both
- Measurement is foundational to each





The Measurement Landscape





Take Aways

- Conditions are propitious for rapidly accelerated change in health care
- Policy-makers are looking for commitment to “accountability”
- But, in the long run, they are looking for demonstrated improvement
- The latter requires “will” (accountability) but also significant (!) enhancements to delivery system capacity
- Measurement is at the foundation of each—and a natural place for ACHA