The Quest for Better Health Care Quality, Safety, and Patient Outcomes

Safety, quality, and successful outcomes—these three elements define the very best hospital care. How to define and measure quality, however, is complicated. Hospitals need objective standards that can be implemented at all institutions, with the goal of consistent quality. For now, this country’s quality of care is uneven and costs are high.

Fixing that issue is a task that preoccupies quality experts. Patients also are increasingly sensitive to the differences in quality care among hospitals, data that are published in report card format.

The federal government, through the Centers for Medicare and Medicaid Services (CMS), hopes to reward quality performance by changing how hospitals and doctors are paid. These new payment models potentially will realign how care is delivered, resulting in higher quality at lower cost.

But improving quality and the value of health care is difficult. It takes a culture change at hospitals. Doctors must track data on the quality of the care they deliver, and then transform how they practice medicine. It takes a team of experts to track data and guide physicians in that transformation. The end result, at the best hospitals, is better care delivered at lower cost.

Transforming the quality of care is a complex quest. To explore how hospitals are tackling the challenge, Crain’s Custom spoke to two experts on measuring and improving health care quality.

**Dr. Catherine H. MacLean** is the chief value medical officer at Hospital for Special Surgery (HSS), where she leads the development and execution of strategies to measure, report, and improve health care value. MacLean is responsible for the strategic planning, implementation, and evaluation of population health, quality, and value programs. A nationally recognized expert, MacLean has been a principal investigator on numerous academic research projects, and has been a director, chair, or participant on national boards, committees, and panels related to health care quality and value. She is a graduate of the Washington University School of Medicine and has a Doctorate in Health Services from UCLA School of Public Health.

**Dr. Rohit Bhalla** is vice president and chief quality officer at Stamford Health, where he oversees quality, patient safety, and care management initiatives, as well as hospitalists and the pain and palliative medicine programs. Bhalla is a graduate of the Boston University School of Medicine BA/MD program and Columbia University’s Mailman School of Public Health, and is board certified in internal medicine and in public health/general preventive medicine. An associate clinical professor of medicine at Columbia’s Vagelos College of Physicians and Surgeons, Bhalla has published several papers on quality improvement and health policy.

Crain’s: U.S. health care is expensive, and outcome measures fall short compared to other countries. What steps can we take to improve value, given quality is closely related to costs?

MacLean: At the societal level, we must think broadly about ways to improve health and target influential factors, including public health measures and social determinants such as education and poverty. It is no coincidence that other developed nations spend less money on health care and more on social services.

The highest value care prevents disease in the first place. But our health system has had fairly limited focus on prevention. Providers should re-examine how diseases might be prevented, and then determine the role clinicians, physician practices, or health systems can play in prevention. We also must double down on our efforts to measure and report health care quality, because we are unlikely to improve what is unknown or unmeasured.

Bhalla: Outcomes are driven not only by hospitals and physicians, but also by public health and social services. In the U.S., we spend less on social services. At the same time, health care organizations are being asked to take important next-generation steps to improve value.

Crain’s: How do hospitals prioritize quality measurement?

MacLean: Quality measurement is critical in health care. But sometimes convenient metrics win out over metrics that truly matter. At HSS, we aim to put better quality measures into practice. We first identify clinical areas where knowledge of quality is both important and actionable. We look at
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...clinical areas where there might be quality gaps, and that’s where we prioritize. But we also keep in mind that on some quality measures, hospitals may receive a bonus or penalty for performance. Some measures are publicly reported and influence reputation. All these areas are also a priority. And, of course, we think about what matters most to patients, including improvements in patient-reported outcome measures.

Once we know what we want to measure, we make sure resources are available to assess and record these metrics. We engage local and administrative staff to measure and report quality metrics, and to develop strategies to improve quality outcomes.

Hospitals are currently awash in quality measures. Take for example the Meaningful Measures initiative of CMS at the federal level. Among its goals is reducing the burden of measuring data that are redundant and of dubious value. It is important for hospitals to prioritize and focus on measures that are meaningful.

And the best defense is sometimes a good offense. Hospitals are under the external measurement microscope, so it’s important that when it comes to data, they promote internal transparency and easily accessible information on quality. That information is most useful if it’s seen by front-line staff, managers and hospital leadership. Hospitals always should think of ways to ingrain quality into their daily operations. For example, scheduling daily unit-based huddles allows staff to identify quality and safety concerns in real-time, and to hear feedback on current performance.

Crain’s: In a recent trend, some hospitals have hired a Chief Value Medical Officer to guide them on quality and cost. How can this new role help improve the patient experience, quality, and outcomes?

MacLean: At HSS, we believe that when we focus on what matters to patients, that drives improvement in patient experience, quality and outcomes. That’s why our hospital has made an investment in this physician leadership role. The Chief Value Medical Officer (CVMO) should be an expert in quality measures and measurement, value-based contracting, and population health. Their job is to develop a hospital’s case-mix classification system, which can be especially helpful in improving efficiency and population health. And they need to be sure that the hospital’s various institutional programs are all aligned to meet this vision. The CVMO also should be the one who identifies which quality measures are important, and takes leadership of operational efficiency and population health programs. By definition, the implementation of quality and effectiveness programs should drive improvements in these areas.

Bhalla: A number of new roles and titles are emerging. In part, they are driven by the evolution of hospitals into large health systems experimenting with innovative care models. With this evolution, quality has become a core component of transformation, and a barometer of health care’s innovation potential. Quality measures are what determine the success or failure of a whole range of new models, value-based arrangements, accountable care organizations, bundled payments, and population health initiatives. So a new role like a CVMO has the specialized expertise demanded by approaches that have many new, unique features.