



# Improving Health Care Quality in Your Practice

By Margie Satinsky

Dr. Paul Miles, Vice President and Director of Quality Improvement of the American Board of Pediatrics, describes the quality imperative for physicians very clearly. He suggests that every physician ask him or herself two important questions: (1) How do I know that what I'm doing works? and (2) How can I improve what I do? Physicians have a professional responsibility to respond to inquiries from their patients and from the public by producing data. Blind trust isn't good enough anymore.

Physicians frequently seek my advice on issues related to reimbursement, cash flow, human resources, compliance, marketing and planning and implementing new information technology. They rarely ask about quality and quality improvement. National surveys confirm my own observation and suggest that practice size and unavailability of data may deter physician interest in quality of care. I think there's a third deterrent — that is, not really understanding the meaning of quality and quality improvement in health care.

This article includes basic definitions of quality and quality improvement. It identifies major initiatives and offers suggestions for moving ahead in your own practice.

## WHAT ARE QUALITY AND QUALITY IMPROVEMENT IN HEALTH CARE?

The Institute of Medicine (IOM) defines quality as “the degree to which the health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (Lohr, 1990). In its 1991 report, the IOM comments that “Americans should be able to count on receiving care that meets their needs and is based on the best scientific knowledge” (Institute of Medicine, 2001). Americans don't have that guarantee; the difference between what now exists and the ideal is a chasm, not merely a gap. The quality chasm that exists in health care isn't the result of providers not knowing or caring enough or misaligned financial incentives. Outmoded systems of work are the major barrier that prevents all Americans from receiving state-of-the-art health care.

Any evaluation of the quality of care should look at structure, process and outcomes (Donabedian, 1980). Quality improvement is the method for closing the gap between the current state(s) and the desirable state(s), using measurement before, during and after to track changes and results. The formal body of knowledge that applies the scientific method to improving complex systems is improvement science.

## EXAMPLES OF HEALTH CARE QUALITY AND QUALITY IMPROVEMENT PROGRAMS

Quality of health care and quality improvement are not new

subjects. You may already be familiar with and/or participate in disease management programs, centers of excellence, evidence-based medicine, practice guidelines and pay-for-performance initiatives. Three large managed care plans in North Carolina already have or are launching programs that provide financial incentives to achieve specific clinical results. Many of the current initiatives are external to medical practices and feature financial incentives for quality improvement. Although these initiatives have contributed to a better understanding of quality, they are external to medical practices. They don't focus on ways to address quality issues within your practice. Only you can do that.

Here are seven suggestions for making quality of care and quality improvement a priority within your practice.

**1. Enhance your understanding:** Start by learning more about quality and quality improvement. Good resources include the Institute

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## Your practice...



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of Medicine's 2001 book *Crossing the Quality Chasm* (IOM, 1991), the Dartmouth microsystems website ([www.clinicalmicrosystem.org](http://www.clinicalmicrosystem.org)), and *The Improvement Guide: A Practice Approach to Enhancing Organizational Performance* by Langley and others (Langley et al, 1996). Don't limit yourself to offerings from your own specialty society; look at the websites of the American Health Quality Association, the American Academy of Pediatrics, the American Academy of Family Physicians and the American College of Physicians.

**2. Consider training or continuing education** on quality and quality improvement. The American College of Physician Executives ([www.acpe.org](http://www.acpe.org)) and the Institute for Health Care Improvement ([www.ihc.org](http://www.ihc.org)) have trained thousands of physicians, and their curricula are a good combination of theory and practice.

**3. Take advantage of North Carolina opportunities:** The Quality Council of North Carolina holds an annual spring symposium. The Carolinas Center for Medical Excellence, our state's Quality Improvement Organization, and the North Carolina Healthcare Information and Communications Alliance (NCHICA) sponsor fall conferences. The North Carolina Medical Society collaborates with other organizations, participates in the AMA Consortium for Performance Improvement, offers good resources on its website and is pursuing a project to restructure primary care.

**4. Designate a physician in your practice to be responsible for quality and quality improvement:** Select one physician within your practice as the leader for your quality and quality improvement efforts. He or she will take a lead role in understanding the state of the art, obtaining standards that are relevant to your practice and in guiding your entire team to work with those standards to make systematic process improvements.

**5. Take an objective look at your practice:** Look at your structure, workflow and outcomes to better understand the current status of your practice. With respect to structure, do you have a competent practice administrator or manager? Are physicians engaged in the management of your practice, or would they prefer to leave that responsibility to someone else? With respect to workflow, many of you haven't changed the way you run your practices in 30 or 40 years. If you introduce electronic health records (EHR) into your practice before you address workflow, you'll automate bad habits. If your workflow analysis identifies problems, can you measure them so you can determine the results of your solutions? Finally, what about outcomes? Pick a few nationally accepted measures, determine your current status and measure your improvement.

**6. Organize your findings:** Most practices that review their workflow thoroughly come up with a long list. Organize your findings into different categories — organization and management, financial management, compliance, operations, human resources. Work on issues from all categories rather than directing your energy to just one topic. [www.clinicalmicrosystem.org](http://www.clinicalmicrosystem.org) has a step-by-step template that takes you through a meaningful improvement effort.

**7. Document your quality efforts:** Document exactly what steps you take to make improvements so you can measure your progress and self-correct as you go.

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