Closing Remarks

Workshop on Improving Quality of Care in Low- and Middle-Income Countries

Institute of Medicine
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Tradeoffs in Learning

Generalizability

Simplicity

Local Usefulness
Nathaniel Learns and Improves

Photo of Dr. Berwick’s grandson
Improvement Requires…

- Aim
- Method
Model I: Bad Apples

The Problem

Frequency

Quality

The Problem
Model I: Bad Apples

“Reliance on Inspection to Improve”

Frequency

Quality

The Problem
The Cycle of Fear

Micromange → Increase Fear → Kill the Messenger → Filter the Information → Micromange
Model 2: Continuous Improvement
“Every Defect is a Treasure”
“The First Law of Improvement”

Every system is perfectly designed to achieve exactly the results it gets.
When you combine the 3 questions with the PDSA cycle, you get…

The Model for Improvement

<table>
<thead>
<tr>
<th>What are we trying to Accomplish?</th>
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<tbody>
<tr>
<td>How will we know that a change is an improvement?</td>
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<tr>
<td>What change can we make that will result in improvement?</td>
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…the Model for Learning and Change

Source: The Improvement Guide p. 10
The Breakthrough Series

Select Topic

Expert Group

Prework

Change Concepts

Participants

LS 1 → LS 2 → LS 3

Printed Reports

National Congress

Supports
E-mail  Visits
Phone  Documents
Assessments
Two Pathways for Improvement

Pathway 1: Selection
- Purpose
- Goals
- Results (Performance)
- Knowledge about Performance
- Consumers
- Purchasers
- Regulators
- Patients
- Contractors
- Referring Clinicians

Pathway 2: Change
- Purpose
- Goals
- Results (Performance)
- Knowledge about Process and Results
- Organizations
- Care Delivery Teams and Practitioners

Measurement for Selection & Accountability
Measurement for Improvement

Motivation
Dr. Joseph M. Juran’s “Trilogy”

QUALITY PLANNING

QUALITY IMPROVEMENT

QUALITY CONTROL
Components of quality: structure, quality control and quality improvement

Quality Planning

Policy, resources, coordination, accountability, mandates, etc.

Quality Control

Standards/ Guidelines/ protocols
Professional oversight
Accreditation
Checklists
Inspection & reward/censure

Quality Improvement

Motivation/Leadership
Efficient Systems
Reflective Data
Context-sensitive learning

IMPROVED OUTCOMES
Some Possible Next Steps

1. Build Will for Improvement… Clarify Aims
   - “Crossing the Quality Chasm: Low and Middle Income Countries.”
   - “Triple Aim” Framework
CROSSING THE QUALITY CHASM
A New Health System for the 21st Century
The Chain of Effect in Improving Health Care Quality

Patient and Community Experience

Aims (safe, effective, patient-centered, timely, efficient, equitable)

Micro-system Process

Simple rules/Design Concepts (knowledge-based, customized, cooperative)

Organizational Context Facilitator of Processes

Design Concepts (HR, IT, finance, leadership)

Environmental Context Facilitator of Facilitators

Design Concepts (financing, regulation, accreditation, education)
Aims for Improvement

- Safety
- Effectiveness
- Patient-Centeredness
- Timeliness
- Efficiency
- Equity
The Triple Aim

Population Health

Experience of Care

Per Capita Cost
Details of the Aims

Population Health

- Safety
- Effectiveness
- Patient-Centeredness
- Timeliness
- Efficiency
- Equity

Experience of Care

- Nutrition
- Physical Activity
- Environment
- Poverty
- Violence

Per Capita Cost

- Per person per year
- Percent of GDP
- Rate of Growth
Some Possible Next Steps

1. Build Will for Improvement… Clarify Aims
   – “Crossing the Quality Chasm: Low and Middle Income Countries.”
   – “Triple Aim” Framework

2. Reconsider the Epistemology of Evaluation and Improvement
   – To maintain and enhance intrinsic motivation
   – To accelerate the pace of improvement
   – To honor the intelligence of the front line
   – To learn from successes and failures
   – To use measurement over time

3. Develop “Pathway 2” Mechanisms… “A Learning World”
   – Networks
   – Fellows
   – Learning Center