

Closing Quality and Value Gaps (Part 3)

By Sheri Strite and Michael E. Stuart, MD

In Part 1 of this series on evidence-based medicine (*The Physician Executive*, January/February, 2005, Vol. 31, Issue 1), we described the problem of inappropriate care in the United States and how solutions to cost and quality in health care can be effectively dealt with at the organizational level, and noted that purchasers will be carefully evaluating the details of organizations' quality structures and processes.

In Part II (*The Physician Executive*, March/April, 2005, Vol. 31, Issue 2) we described in detail how work groups can effectively identify gaps for closing to improve health care quality, cost, satisfaction and uncertainty. We also described the steps involved in critically appraising and synthesizing the medical literature.

We conclude this series by emphasizing the need to analyze both economic and non-economic impacts of proposed changes in the care we deliver and discussing the development of information, decision and action aids. We strongly recommend that professionals working in the quality improvement area develop or acquire useful tools to assist their staff with implementation and measurement.

After examining the published evidence regarding benefits and harms of a potential practice change, the next step in the evidence and value-based clinical improvement process is to assess the possible impacts on cost, quality, satisfaction and other considerations of implementing the change. The sequential steps are outlined in Table 1.

At this point, a value judgment needs to be made. Workgroup leaders or oversight groups are now in an excellent position to decide if the group should proceed with the project, if further modifications should be made or if the project should be stopped.

If the latter, document and summarize your decision, the history of your efforts and your analyses. If the decision is to proceed, the next steps are to create informa-

IN THIS ARTICLE...

Look at some simple approaches that can be used to decide whether to embark on a clinical improvement effort or not.

tion, decision and action tools that meet the needs of various target groups such as clinicians, patients, leaders and other health care staff. These final steps are outlined in Table 2.

It has been 16 years since Donabedian described the components of quality in terms of people, preferences, systems, effectiveness and the three core elements of evaluating effective clinical improvement work—structure, process and outcomes.

It is now possible to combine leadership with a systematic approach to quality improvement using evidence and value-based methodology and improve the quality of the care we deliver. Medical leaders can now:

- Compare their organization's current performance to optimal care as defined by the best available scientific evidence which can now be accomplished by taking advantage of powerful electronic search technology and the skills and tools of evidence-based medicine
- Create the needed organizational structures, processes and supports to evaluate that evidence in the context of other considerations for value and, combined with effective leadership, successfully implement and measure practice change
- Improve patient care, use their resources more optimally and demonstrate to patients, insurers, accreditors, regulators, purchasers and others that they have an efficient, effective evidence-based system which can achieve desired outcomes.

TABLE 1

Assessing Impacts in the Evidence-based Value Model

Now that you know the evidence, you need to anticipate the potential impacts of change for your organization.

Process Step	Appraise: Assess Impacts of Change
<p>Assess potential program change</p> 	<p>Prepare data collection and evaluation tools for estimating, performing sensitivity analyses and evaluating potential impacts of practice change and assemble needed information.</p> <p>Obtain internal data for population of interest.</p> <p>Document current state—this should include such considerations as utilization, current cost, health status of the population, any impacts on patients, satisfaction of both patients and clinical staff, and other issues such as legal, marketing or public relations.</p> <p>Document anticipated changes to current state (including range to be used or choices for sensitivity analyses).</p> <p>Conceptualize changes based on components and how the change will be managed—examples include how you are going to manage a change in procedures or how staff roles might change.</p> <p>Create potential scenarios for change, including how you will implement and measure change.</p> <p>Reviewing your anticipated changes, determine what you would measure.</p> <p>Develop plan to increase capabilities or capacity if needed.</p> <p>Develop evidence-based plan for implementation, and plan for creation of information and decision aids, such as summary statement, one-pager for recommendations, algorithm, patient education and documentation of the processes used to develop the evidence-based clinical improvement.</p> <p>Develop plan for maintenance of change.</p>
<p>Perform analysis of economic and non-economic changes</p>	<p>Perform a cost analysis of all aspects of change: Change in practice as documented above</p>
	<p>Increased capabilities if needed Program management costs—tool creation, implementation, maintenance and measurement Others as needed Consider doing sensitivity analyses to test out various scenarios Analyze potential non-economic impacts of practice change such as marketing, public relations, regulatory and possible legal issues, for example.</p>

TABLE 2

Creating Decision Support and Implementing Change

Now that you know what you want to do, how do you successfully implement and keep it going?

Process Step	Apply: Create Information, decision and action aids
<p>Develop tools – information, decision and action aids that meet the needs of various target groups and can be used to implement change</p>	<p>Possibilities include:</p> <ul style="list-style-type: none"> • Content summary/one pager • Algorithm or protocol • Selected study summaries • Evidence synthesis • Project documentation (e.g., process of development, participants, most recent update) • Special tools for clinical staff and patients, (e.g., formulary information, risk calculators, pharmacy alerts, messaging scripts) • Patient and clinical staff information, decision and action aids
Process Step	Apply: Implement
<p>Implement your change</p> 	<p>Disseminate information, decision and action aids using combinations of all appropriate methods and media:</p> <p>Decision support materials for:</p> <ul style="list-style-type: none"> • Leaders • Clinicians • Other health care professionals <p>Leadership buy-in and support</p> <p>Information dissemination and training</p> <p>Educational activities which benefit clinicians and patients</p> <p>Academic detailing</p> <p>Systems and administrative changes</p> <p>Examples:</p> <ul style="list-style-type: none"> • Decision rules, decision-aids embedded into the electronic medical record • Periodic reminders • CME credit for self-study • Messages in newsletters • Registries • Nursing roles (phone and in-person management) • Patient-centered strategies <p>Examples of including information/decision-aids in various vehicles:</p> <ul style="list-style-type: none"> • Patient education materials • Pharmacy hand-outs • Newsletters

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Creating Decision Support and Implementing Change

Now that you know what you want to do, how do you successfully implement and keep it going?

Process Step	Apply: Measure and report
<p>Measure your change and report on it</p>	<p>Decide if you want to measure health outcomes, performance or process. Often process measures are the best and most valid methods for measuring the success of implementation of a clinical improvement and are more likely to be seen by target audiences as under their control, whereas health outcomes may result from patient factors such as compliance or the interventions of others. Using your change impact assessment, consider what is changing and which changes are easy to measure. This can help you determine the effectiveness of the implementation.</p>
Process Step	Apply: Measure and report
<p>"A"s Again</p> 	<p>"A"s Again — Cycle back through the 4 "A"s to update and improve</p> <p>Update and improve</p> <p>Check the medical literature every two years minimum or as required by regulatory/external agencies/quality assurance accreditors and when significant new studies are published.</p>

Sheri Strite is principal and managing partner at Delfini Group, LLC in San Diego. She can be reached at ssrite@earthlink.net or 619-683-3819.

Michael E. Stuart, MD, is clinical assistant professor of family medicine at the School of Medicine at University of Washington in Seattle, Wash. He is also president of Delfini Group, LLC. He can be reached at mstuart@delfini.org or 206-522-4279.