LEVERAGING DEVELOPMENTS IN QUALITY MEASUREMENT

Shivani Ranchod

We want a
high-performance
system,
and we know
measurement is an
essential part of
achieving that.

So why do we do so little quality measurement?

So why do we do so little quality measurement?

We presume high quality and low variability

We have trouble deciding what to measure

Quality doesn't lend itself to measurement

The data considerations are tricky

Quality measurement is technically challenging

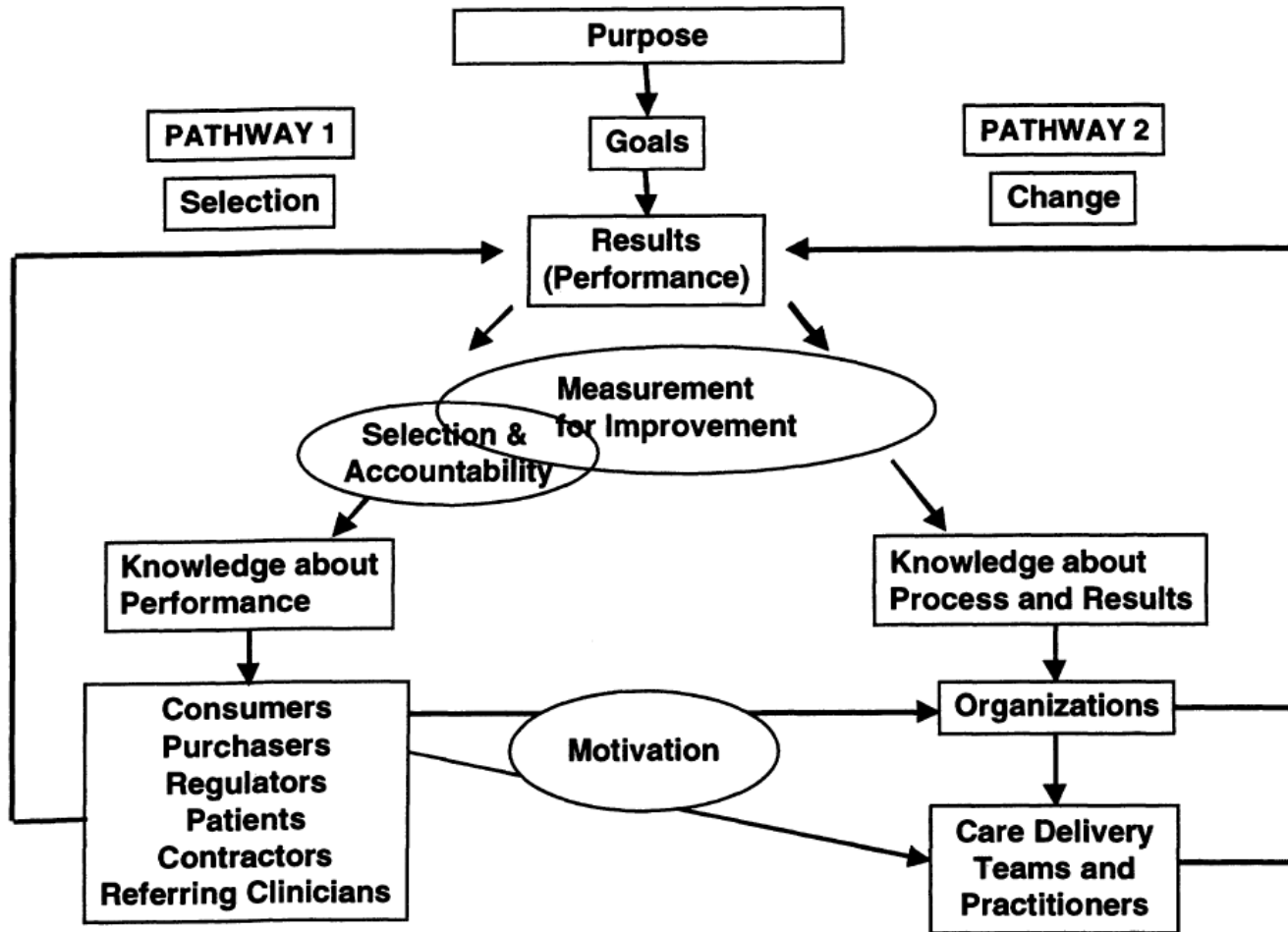We don't know how to use quality measures to effect change

A WHOLE NEW WORLD

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FIG. 1. Two pathways to quality improvement.

(Berwick, James and Coye, 2003)

The Late Mover Advantage

PROMS and ICHOMS

The Danish: multi-stakeholder entities

The Dutch: reducing the number of measures

OpenNotes: full patient access to doctor notes

Data: interoperability, security, provider workflow

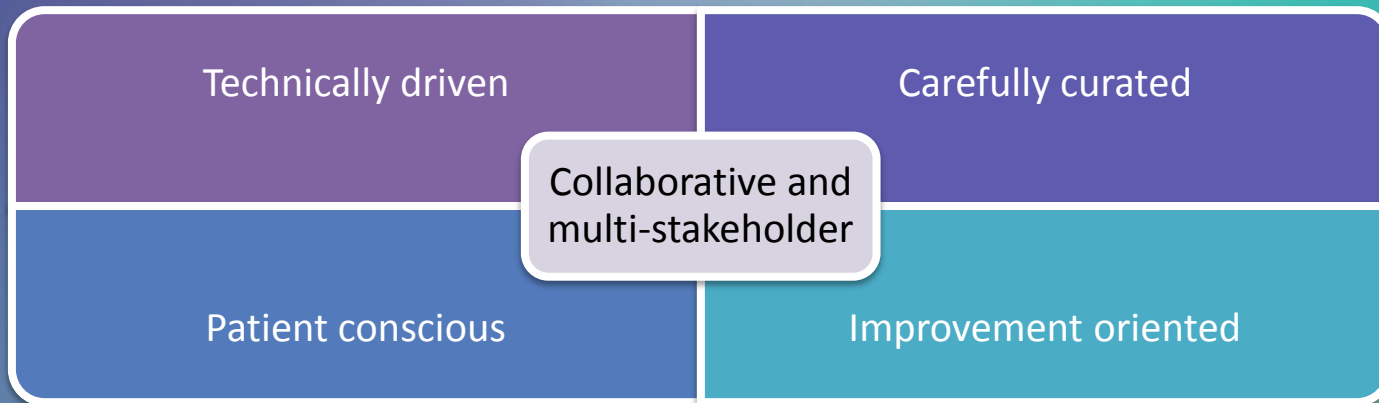**Limited evidence of patients using quality data to make choices**

Berwick: Era 3

- Reduce mandatory measurement
- Stop complex individual incentives
- Shift business strategy from revenue to quality
- Give up professional prerogative when it hurts the whole
- Use improvement science
- Ensure complete transparency
- Protect civility
- Hear the voices of the people served
- Reject greed

The Late Mover Advantage

Technically driven	Carefully curated
Patient conscious	Improvement oriented

Collaborative and multi-stakeholder

"Measurement is necessary
but not sufficient for quality improvement"

(Berwick, James and Coye, 2003)

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PLEASE NOTE

▶ **This presentation is incomplete without the accompanying narrative**

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