

***American Medical Association
National Advocacy Conference***

“Quality and Health Care Reform”

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Quality: Four Decades

- **1970s: “Can’t be defined”**
- **1980s: “Can’t be measured”**
- **1990s: “Can’t be reported”**
- **2000s: “I want our numbers!”**

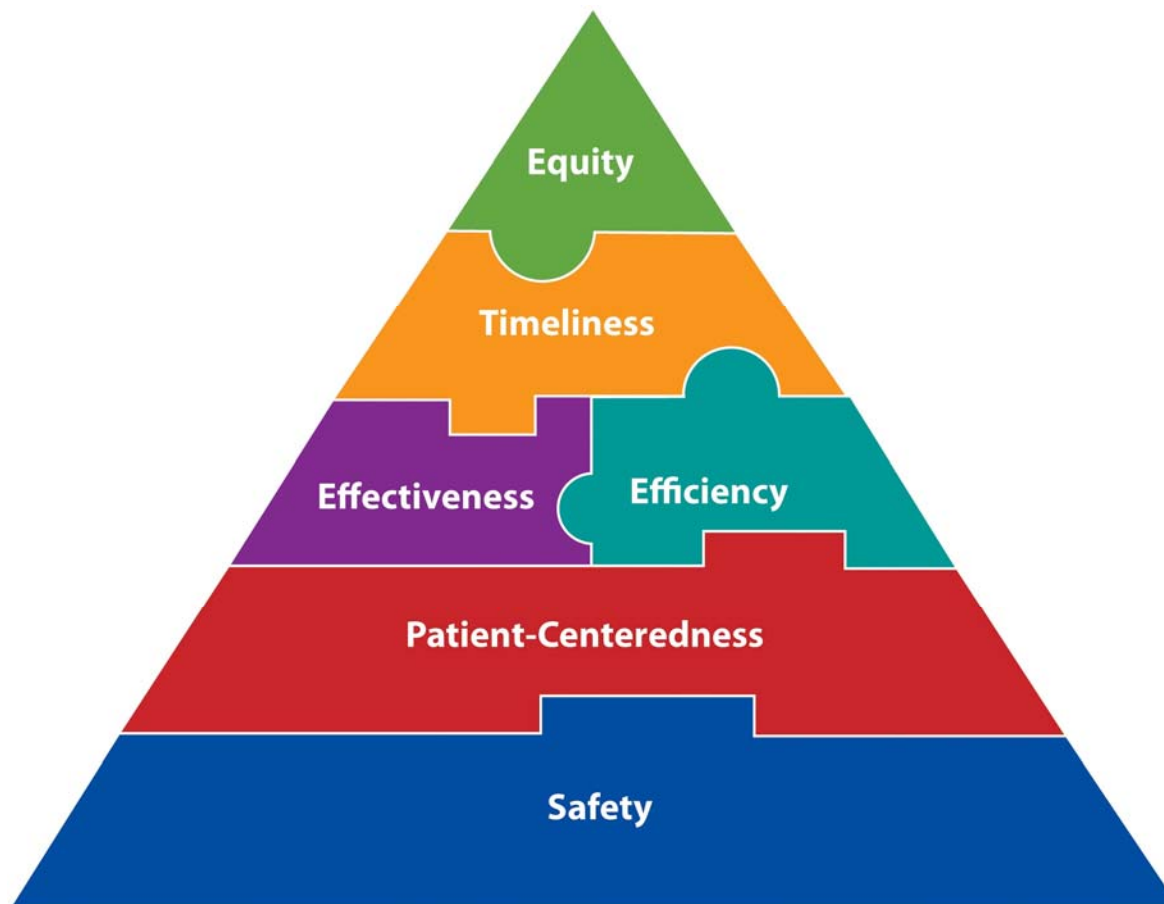
Health System Vision

- **More integrated**
 - End of “non-system”
- **More at-risk**
 - End of “production” model
- **More accountable**
 - End of “paternalism”

Health System Vision

- ✓ **More integrated**
 - “Accountable care organizations”, etc.
 - Physicians; acute and post-acute
- ✓ **More at-risk**
 - Fixed payments / outcomes rewarded
 - Bundles, episodes, capitation
- ✓ **More accountable**
 - Transparency / decision-making

Opportunities for Change





American Hospital
Association

AHA's "Health For Life"

National Framework for Change



Best Information

Good information is the gateway to good care.

Goals	How
<p>Increase patient safety</p> <p>Reduce duplicative testing, unnecessary costs and patient hassle</p> <p>Ensure open communication between patients and providers</p>	<p>Speed the creation of electronic health records and personal health records by selecting “interoperable” standards</p> <p>Create a unique, confidential health information number to accurately link patients to their health records</p>
<p>Speed the adoption of health information technology</p> <p>Ensure easy access for patients to their medical records and health information</p> <p>Enable better care coordination</p>	<p>Allow providers and community collaboratives to share information technology (IT)</p> <p>National investment in IT for doctors and hospitals most in financial need</p> <p>Require health care suppliers and insurers to enable the use of IT</p> <p>Require specific IT adoption by doctors and hospitals</p>

Efficient Affordable Care

America will not be satisfied unless and until the cost of health coverage and health care are affordable.

Goals	How
More informed decision making	Require sharing by all providers, payers and suppliers of clear information on quality and pricing
Better manage chronic disease	Explicitly fund chronic care management
Evaluate the efficacy and use of new technologies and medicines	Create “technology assessment centers” to analyze the comparative effectiveness, costs and benefits of new technologies and medicine
Spend resources on care, not paperwork and legal costs	Simplify the working of public and private insurance Create a better alternative to today’s liability system
Well-educated workforce in sufficient numbers and with needed mix of skills	Expand educational capacity, resource and early math and science learning to meet current and future health care workforce needs Design new roles for workers to meet future care needs



Highest Quality Care

Support doctors, nurses, hospitals, nursing homes and others in working together in teams and with patients and families to ensure the right care is given at the right time, in the right setting.

Goals	How
Increase development and greater use of evidence-based care	Create a national investment to research the best evidence in patient care and develop practice guidelines
Reward care outcomes	Redesign payment to reward quality providers who follow evidence-based guidelines and recommended “best practices”
Support doctors, hospitals and others in working together to coordinate care on behalf of patients	Redesign payment to give provider groups a single amount to manage the entire episode of a patient’s care and better coordinate care Modernize laws and regulations to allow doctors, hospitals and others to work together in teams or “networks”
Coordinate treatment of physical and behavioral health needs	Redesign coverage and payment to guarantee parity Integrate physical and mental health care delivery
Increase availability and use of compassionate end-of-life care	Expand options for end-of-life care at home and require everyone to complete an advance care plan

Quality Vision

- ✓ **A coordinated public / private**
“national quality enterprise”
 - **National quality priorities ... *that* ...**
 - **Inform measure development ... *that* ...**
 - **Spur consistent reporting ... *to* ...**
 - **Inform patients and clinicians ... *so that* ...**
 - **Quality improves system-wide ... *and* ...**
 - **An improved system emerges.**