Transition Guide

The Healthcare Quality Book: Vision, Strategy, and Tools,

Fourth Edition

David B. Nash, Maulik S. Joshi, Elizabeth R. Ransom, Scott B. Ransom

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The Healthcare Quality Book: Vision, Strategy, and Tools provides the framework, strategies, and practical tactics that all healthcare leaders need as they learn, implement, and manage quality improvement efforts. With chapters by a group of leading contributors with significant expertise and breadth of experience, the book offers a detailed exploration of the components of quality, while incorporating techniques to continuously improve and transform healthcare organizations.

Changes in the Fourth Edition

Throughout the world, and especially in the United States, the delivery of healthcare is changing dramatically. Since the last edition of this book was published, the passage of the Affordable Care Act and subsequent changes in legislation, along with payment reform and advances in healthcare technology, have resulted in a vastly altered landscape for patients, providers, and payers. However, that dramatic change will lead to significant advances in patient safety and quality of life only when organizations and healthcare leaders effectively implement quality improvement solutions to our complex problems. This fourth edition includes new information on the latest tools, measures and applications, along with emerging trends, and is designed to be an instructional guide and a conversation starter among students of healthcare quality—that is, current and future healthcare professionals.

Topic-related new material in each chapter includes:

Chapter	Chapter Title	New Material
1	Overview of Healthcare Quality	This updated overview includes information on The National Academies of Science, Engineering, and Medicine's 2015 report on Improving Diagnosis in Health Care, the AHRQ's 2016 report on National Healthcare Quality and Disparities Report, and the growing focus on the quality movement.
2	History and the Quality Landscape	This updated chapter discusses quality measures that focus on medical malpractice, such as incident reporting, which is now routine; the era of the consumer (e.g., patient satisfaction as an important metric); and the use of increasingly precise information to generate "report cards" and other measures of quality.

3	Variation in Medical Practice and Implications for Quality	This updated chapter discusses the differences between random and assignable variation in quality, and includes new (2016) data from CMS's "Hospital Compare" database to illustrate variation in 30-day risk-standardized heart failure mortality in Texas as one example of how under-performing hospitals can improve.
4	Data Collection	This updated chapter reviews categories of data, discusses common industry myths and efforts to develop quality measurement programs, and provides a framework for obtaining useful data. New (2018) information from a consensus document presented to NQF, on the topic of measuring evaluation criteria, is one example that is provided.
5	Statistical Tools for Quality Improvement	This comprehensive chapter, by the author of *Data Sanity*, includes extensive resources and references in numerous categories (e.g., on analysis of means, common cause strategies, control charts, etc.).
6	Physician Profiling and Provider Registries	This updated chapter provides examples of how quality metrics involving physician profiles and provider registries have been incorporated into programs and provisions of the ACA; as well as information regarding the CMS Quality Payment Program and its two tracks: the Merit-Based Incentive Payment Systems (MIPS) and Advanced Alternative Payment Models (APMs). The authors discuss the measurement and implementation process, collecting the data, data interpretation, the dissemination of findings, keys to success in measuring quality, and challenges in the constantly changing healthcare landscape.
7	Health Information Technology in Healthcare Quality and Safety: Prevention, Identification, and Action	This new chapter includes a review of the literature regarding health IT use in healthcare quality and safety. It provides case studies on improving care delivery through healthcare IT, specifically on health IT for prevention (e.g., through the use of a hard-stop alert); for identification of problem areas (e.g., excessive length of stay in hospital), and for taking action (e.g., improving sepsis mortality).
8	Simulation in Healthcare Quality and Safety	This is a completely new chapter, covering medical simulation terminology, evolution and history; the integration of simulation into educational programming; and applying educational frameworks to patient safety simulations.

9	The Patient Experience	This chapter is an update of "Measuring and Improving Patient Experiences of Care" from the previous edition, with new authors Deirdre Mylod and Thomas H. Lee. The authors discuss the importance of evaluative measures, along with skepticism about their measures and importance. They stress the need to create an environment in which clinicians feel that patient experience data are being used to improve care, rather than to judge clinicians, and the importance of recognizing the limitations of our ability to analyze data, because it will never be perfect. There have, however, been improvements in patient experience measurement and reporting, notably in the areas of measuring what matters to patients, advances in data quantity and collection methods, and advances in data analysis.
10	Safety Science and High Reliability Organizing	This is an update to "Creating a Culture of Safety and High Reliability" with a new author, Craig Clapper. He explains how reliability organizing provides a common framework for meeting competing commitments; how leader tools and universal skills can be used to create a culture of safety and high reliability; and the importance of just culture in a culture of safety and high reliability. The challenges of sustaining such a culture are also discussed.
11	Education for Healthcare Quality and Safety	This is a new chapter. The author discusses the history of clinical quality and safety (Q&S) education in medical curricula, and the barriers that have slowed progress toward the development and implementation of a comprehensive clinical quality and safety curricular roadmap. He illustrates how lessons from industries such as aviation and military defense have been applied to education for healthcare Q&S. They compare and contrast the Telluride roundtables, the World Health Organization's curriculum guide, and the work of the Lucian Leape Institute with regard to health science and graduate resident training in Q&S, along with the benefits and limitations of game-based learning.
12	Creating Alignment: Quality Measures and Leadership	This chapter is an update to "Leadership for Quality" from the previous edition, with a new author, Michael Pugh. The author provides an overview of quality measures and metrics and commonly used quality-measurement sets. He discusses the important dimensions of performance, and which indicators are important for hospitals, physician practices, long-term care facilities and other entities to track. He also discusses good indicators of patient centeredness, as recommended by the Institute of Medicine, and the pitfalls of overmeasurement. Finally, he covers why creating alignment is an important leadership function and illustrates some methods of creating alignment.

13	Governance for Quality	This new chapter, written by the managing editor of The Governance Institute, discusses the role of the board of governance, with benchmarks first identified in 2012. She identifies the two fiduciary duties under which the board's responsibility for quality lies; explains why the board has ultimate responsibility for quality in a hospital or health system; describes a framework for board activities to ensure Q&S; and outlines the differences between the board's responsibility and that of management and physicians.
14	Ambulatory Quality and Safety	In this new chapter, the authors discuss the historical development of ambulatory quality improvement (QI); the expansion of QI through "pay for performance;" changes resulting from passage of the Affordable Care Act; the role of accountable care organizations; and MACRA and the shift from measuring process to measuring outcomes. They review the evolution of the patient safety movement, along with challenges to the delivery of safe care in the ambulatory setting, and future challenges and keys to success.
15	The Role of the National Committee for Quality Assurance	This is a completely new chapter on the role of NCQA. The authors discuss the development of the organization and its role in defining and measuring quality; its health plan accreditation function; its patient-centered medical home (PCMH) recognition program and expansion of the PCMH concept to specialties and additional sites of care. With the launch of the 2017 PCMH program, NCQA signaled a major shift in the way its recognition programs will operate in the future.
16	Value-Based Insurance Design	This new chapter on VBID covers key concepts in the shift from volume to value in order to improve outcomes and slow the growth of healthcare spending; and the concept of clinical nuance as an approach to encourage consumers to use more high-value services and providers (while discouraging the use of low-value ones) and to make health plans more efficient. The authors discuss the Medicare Advantage VBID Model Test; recent changes to high-deductible health plans; and removing regulatory barriers to expand HSA-HDHP options and increase uptake in the employer market.
17	Value-Based Purchasing: The Increasing Importance of Quality Considerations in Funding the Healthcare System	New author Neil Goldfarb, of the Greater Philadelphia Business Coalition on Health, provides all new information on selectively contracting with health plans and providers; pursuing payment reform in the aftermath of the ACA, engaging consumers in seeking higher value care; and supporting population health through wellness, disease prevention, and disease management. It provides examples of employer-focused VBP programs and discusses the drive toward a value-based marketplace.

18	Medication Use Quality	Written by members of the Pharmacy Quality Alliance, this chapter focuses on the cost of prescription drugs as a significant factor in rising healthcare costs. Many of the metrics for which health plans are now held accountable are related to medication use, cost, and safety. The authors review the efforts among health plans to focus on the "drive to five" (five-star ratings) in order to achieve quality bonus payments; metrics incorporated into the Medicare Part D 2017 star ratings system; and the emerging trend of pharmacist engagement in a value-based healthcare system. In addition, they review enhanced Medication Therapy Management, risk-sharing agreements, comparative effectiveness research, and patient-centered outcomes research.
19	Population Health Safety and Quality	In this final chapter, the author provides an overview of where we stand today in terms of our understanding of how Q&S fit into the concept of population health. He discusses why this concept is relatively new to healthcare's lexicon of terms; describes the importance of health equity and socioeconomic determinants of health in developing a comprehensive definition; and explores how traditional medical providers and public health agencies can work together to bring about population health Q&S in the current complex healthcare ecosystem.