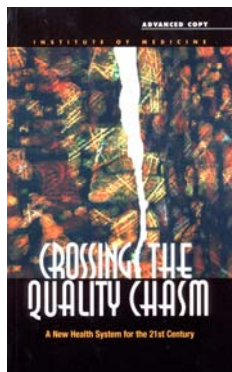


Disparities and Quality: Why Now and What Are We Doing About It?

Gregg S. Meyer, MD, MSc
Senior Vice-President for Quality and Safety,
MGH/MGPO
28 May 2008

Reality #1: Crossing the *Quality Chasm*



- “The Rest of the Iceberg”
- There are serious problems in quality
 - *Between the health care we have and the care we could have lies not just a gap but a chasm.*
- The problems come from poor systems...not bad people
 - *In its current form, habits, and environment, American health care is incapable of providing the public with the quality health care it expects and deserves.*
- We can fix it... but it will require changes

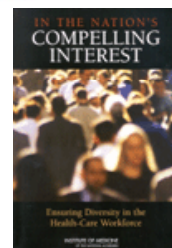
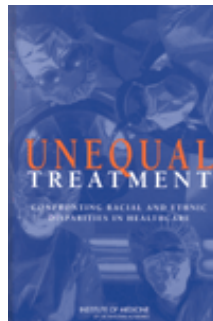
Clarifying National Aims for Improvement



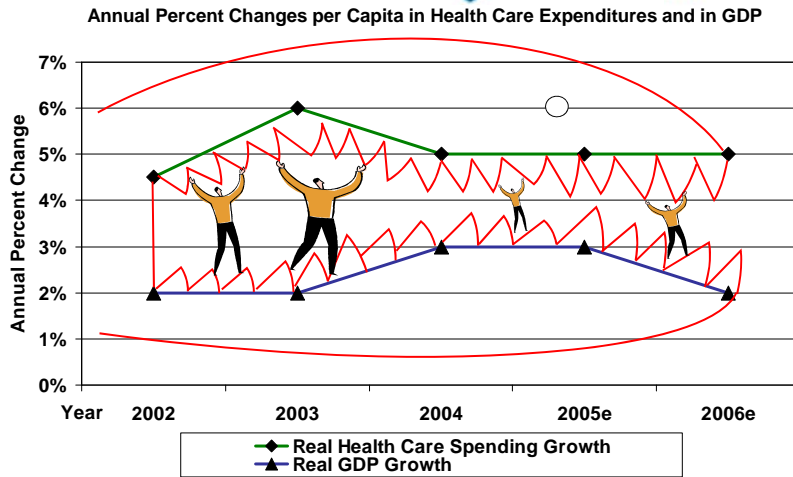
- Safety -- As safe in health care as in our homes
- Effectiveness -- Matching care to science; avoiding overuse of ineffective care and underuse of effective care
- Patient Centeredness -- Honoring the individual, and respecting choice
- Timeliness -- Less waiting for both patients and those who give care
- Efficiency -- Reducing waste
- Equity -- Closing racial and ethnic gaps in health status

The “no defect” approach to quality

Supporting Efforts



Reality #2: Cost Pressures – the 2½% Rule



Data from Borger et al, *Health Affairs Web Exclusive*, "Health Spending Projections Through 2015: Changes on the Horizon," 2/2006. Dental work by Dr. Milstein.

What type of evolutionary era are we in?

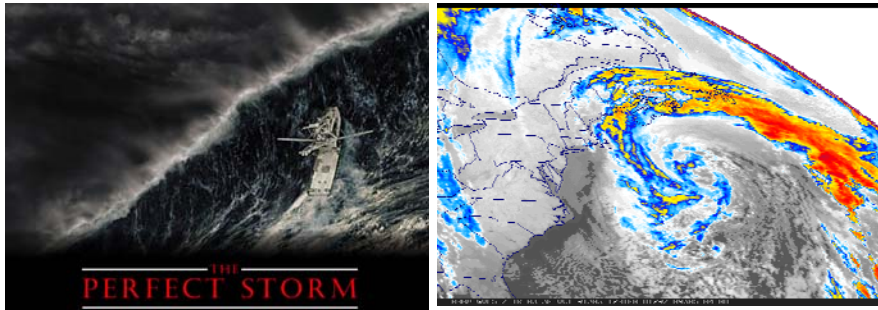


- Gradualism versus punctuated equilibrium
 - Environmental assessment as the key to what we will look like
 - Technical Revolution **and** Cultural Revolution

Synergy Among The Winds of Change



- Creation of the Perfect Storm
 - Focus on quality as the means for navigating through it
 - Leveraging the tempest to break logjams



The “5 Stages” of Getting Involved in Equity



- Denial
- Anger
- Bargaining
- Depression
- Acceptance

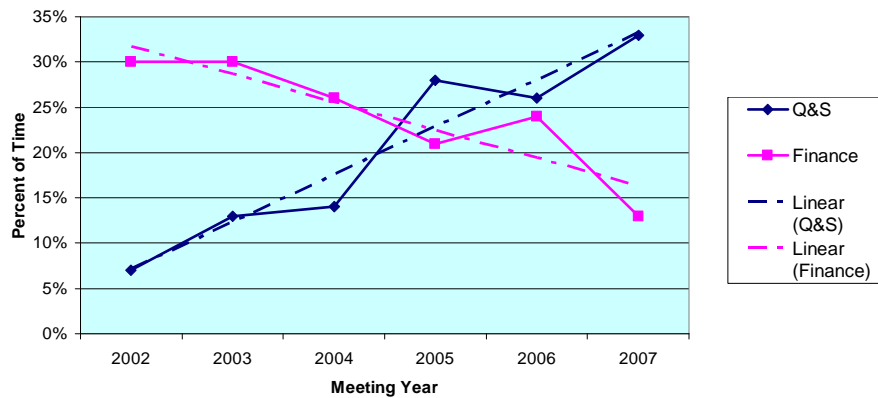
You need a plan to get through the stages

One Plan

- Talk About It
- Think Broadly
- Measure It (WELL)
 - then share
- Do Something About It
(repeat)

Is Talk Cheap? Mass General Board Focus on Quality & Safety Accelerates

MGPO BOT % time spent on Q&S v. Finance

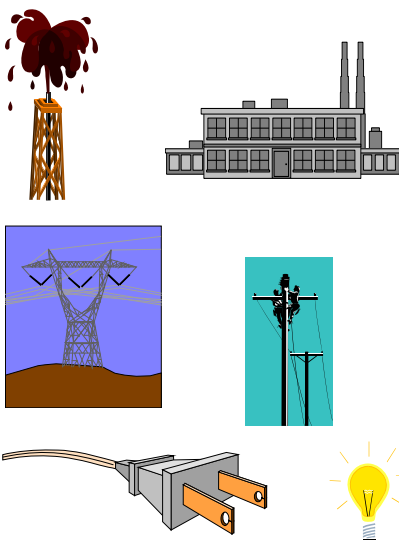


MGH Mission Statement 2007



Guided by the needs of our patients and their families,
we aim to deliver the very best health care in a safe, compassionate environment; we advance that care through innovative research and education; and, we improve the health and well-being of the diverse communities we serve.

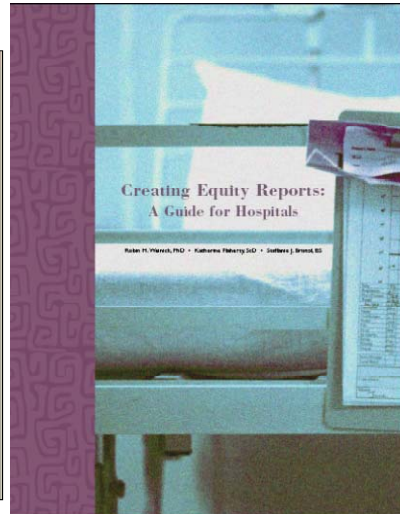
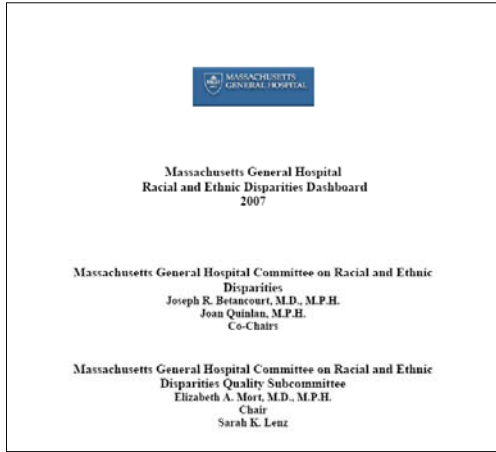
Think Broadly: “VOLTAGE DROPS” IN QUALITY (*writ large*)



- Access to coverage
- insurance enrollment
- access to covered services and providers
- access to a consistent source of primary care
- access to referral services
- quality of care

- **lowering “resistance” at any of these “drops” will improve quality**

Measure It (WELL)

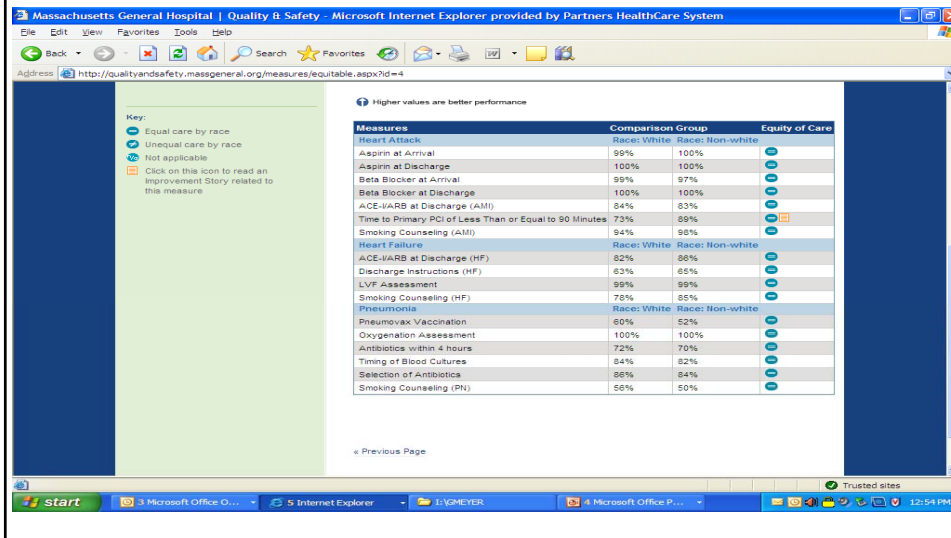


Then Share



www.massgeneral.org

Then Share



Do Something About It: Iron Laws of Improvement

- **B Teams with A Systems always beat A Teams with B Systems**
 - It's the systems stupid...
 - Converting A individuals to A teams is essential to beating well developed B teams
 - Our goal is getting our A teams A systems to support their work**GOAL Make doing the right thing easy (or easier)**
- **It's not the seed, it's the soil**
 - Culture trumps all
 - Innovation must be balanced with Spread
 - The political is much more challenging than the technical**GOAL Take advantage of opportunities to impact the culture (from wherever they come) and focus on your workforce**
- **Data + Anecdote = Action (with some modest help from incentives)**
 - You need both**GOAL Make the investment and tell the story (right)**

Don't Just Document...



- Do Something
 - ? The end of the beginning
 - Example of patient safety

Where Are We On The Healthcare Equity Journey?



- Optimism as a force multiplier

