Preventable Medical Errors: The Future is Calling Us
By Dr. John Haughom

Healthcare is on a transformational journey to improve care and reduce preventable medical error, and there is no way around it — transformational journeys are difficult. Those that believe it ought to be easy often end up being confused and frustrated. Those that embrace it, despite some painful realities, find opportunity. The friction of change, the challenges we encounter in life, the ebb and flow of the unexpected, work together to help us see the future and our role in it. Friction can wear us down or help us to see a powerful new reality.

Core Competencies for Quality Patient Care

This friction is manifesting itself in the dialogue and debate surrounding the American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) program. The program consists of six Core Competencies for Quality Patient Care. They fall in the following categories (descriptions of each competency are available at the link):

- Professionalism
- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Systems-based practice
Sprinkled throughout the descriptions of these competencies are a number of meaning-laden words that describe a new future including “appropriate,” “effective,” “evaluate,” “appraise,” “assimilate,” “evidence,” “improve,” “team,” “systems,” “optimal,” and “coordinating.” One could also argue some additional words are implied like “data-driven,” “evidence-based,” and “system-ness.”

These competencies have generated considerable friction, especially among physicians, some of who argue that the requirements place an additional burden in their increasingly burdensome work environment. Others have joined the program and are fulfilling its requirements. As of May 2014, 150,000 physicians were enrolled in the program, but tens of thousands have also signed protest petitions.

While the burden argument has some merit, it is also worthwhile to consider what this program suggests about the future of healthcare. Regulatory requirements often are a burden when they are layered on top of an antiquated system. That will change when healthcare migrates to a more integrated care environment that supports continuous learning and improvement allowing clinicians to be the best they can be while satisfying requirements as a part of routine work. This is something my recently released ebook, “Healthcare: A Better Way. The New Era of Opportunity,” argues is inevitable.

**Fulfilling Requirements as a Byproduct of Delivering Care**

It is noteworthy that the ABMS has announced that it has arranged for 32 major health systems, including the Mayo Clinic and M.D. Anderson Cancer Center, to use their own in-house quality improvement projects and programs to satisfy some MOC requirements for their physicians. Fifty-one additional health organizations are applying to do the same. These organizations allow physicians to satisfy the MOC requirements as a byproduct of delivering care.

This journey can be an exciting and energizing experience for clinicians involved in improvement because the reform debate suddenly shifts to what matters most to them and their patients — the value and outcomes of care patients receive. To date, the so-called Portfolio Program has produced 529 quality improvement projects...
The number of reported data-driven care improvement projects is growing geometrically. With the MOC program, physicians are required to demonstrate knowledge of systems and improvement as part of the certification process.

and more than 3,250 physicians have received MOC Part IV credit for their participation.

In creating these arrangements, the ABMS is tacitly implying that organizations with effective, data-driven quality improvement programs integrated into their care environments are the future of care. They are correct. Increasingly, more physicians will seek such an environment, if for no other reason than to improve their professional lives. The good news is they will encounter a better way to practice clinical care when they do.

The Shift to Data-driven Care

Care has simply become too complex not to go in a new direction. Medicine is going through a fundamental shift from a traditional craft-based practice to a more sophisticated profession-based practice. Perhaps more accurately, this could be described as a data-driven, multidisciplinary team-based method of practice. While it has always been true, medicine is becoming even more a team-based endeavor.

A profession-based practice consists of groups of clinical peers treating similar patients in a shared setting using carefully coordinated and standardized care delivery processes (i.e., evidence-based order sets, protocols) that individual clinicians can adapt based on specific patient characteristics or needs across the care pathways. It is noteworthy that this approach emulates the Lean concepts that include standardization, yet also allows for adapting to individual customer needs (so-called "mass customization").

This new environment implies that clinicians are operating in a highly supportive and rational care delivery and improvement system that allows them to optimally manage care processes while collecting data to support continuous improvement and learning. There is growing evidence that this profession-based approach is less complex and less expensive and that it produces better outcomes for patients and communities. Such a system can also be an empowering and satisfying work environment for clinicians.
The Signs Are There: Healthcare Is Changing

There are signs of this change everywhere. Most patients already have multiple physicians and dozens of other caregivers involved in their care. Integrated care delivery systems are being formed. Care delivery environments are increasingly supported by advanced information technology, including electronic health records (EHRs), decision support systems, and analytic systems. The number of reported data-driven care improvement projects is growing geometrically. With the MOC program, physicians are required to demonstrate knowledge of systems and improvement as part of the certification process.

These and other signs point to the fact that these trends are real, inevitable, and lasting. Clearly, the solo-based practice is dying. As the ABMS program suggests, the awareness and acceptance of this shift is already occurring at the national medical board level, but it is not happening as quickly at the individual physician level. It is time for all clinicians to consider a new, more effective and more empowering approach to clinical care delivery.

We need to simplify the environment in which we work and create a care environment that will allow us to be the best we can be in service to patients. We need an environment that helps us better manage complexity, not add to it.

Reducing Preventable Medical Errors Means a Commitment to Excellence

With every major transformation, including the one to provide better care and reduce preventable medical errors, people strive to escape an unpleasant existing reality. Some do so by denying and resisting; others search for a better way. The latter are the achievers. Change is difficult, yet these are people who willingly take on the difficult role of change agent. They strive to get the job done. They do not ask simply “How can I get by?” and remain mired in frustration. Rather, they ask, “How can I solve this?” With the vision inspired by this question, they set out in pursuit of solutions. This is not merely activity, but activity driven by a deep sense of purpose. They have a
commitment to excellence. They do the most they can to the best of their abilities to solve the challenges confronting them. Increasingly, they will succeed and those around them will recognize them as champions and leaders.

We need to listen to these pioneers. Along with them, we need to imagine a new reality. The future is calling us.

Resources

- How To Unlock the Analytic Value of Your EHR  http://www.healthcatalyst.com/late-binding_data_warehouse_aids_transition_to_value-based_care/
- The Difficulty of Change  http://www.healthcatalyst.com/dr.david-burton-difficulty-of-change

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About the Author

John Haughom, MD is an experienced healthcare executive with proven expertise in technology-enabled innovation, developing results-oriented strategic plans, leading multifaceted organization-wide change, and directing complex operations. He has a strong record of turning vision into effective strategies and successfully implementing initiatives resulting in value including higher quality, safer care at the lowest possible cost. His broad knowledge of healthcare and emerging healthcare technologies is coupled with his recognized leadership abilities, strong communication skills, and demonstrated ability to contribute to organizational goals such as improved clinical outcomes, lower costs, improved access to care, and increased profitability. After practicing for 15 years as an internist and gastroenterologist, Dr. Haughom assumed a senior executive role with responsibilities for system-wide automation, budgeting, customer support, database administration, healthcare delivery, information technology, quality control, research, safety, and strategic planning. Dr. Haughom became President and CEO of a firm focused on health care transformation through consulting, strategic planning, mentoring inexperienced physician leaders, involvement in regional and national reform movements, membership on boards of leading edge organizations committed to improving the value of healthcare, and partnership with other like-minded organizations with similar aspirations and goals. As Senior Vice President of Clinical Quality and Patient Safety for the premiere health care system in the Northwest spanning three states (Oregon, Washington and Alaska), Dr. Haughom developed and implemented a system-wide quality improvement strategy, comprehensive patient safety plan, and comprehensive system-wide information technology strategy.