“How You Doin’?”

David B. Nash, MD, MBA

Like it or not, part of our national lexicon includes the phrase “How you doin’,” often attributed to denizens of our beloved city of the founding fathers, namely, Philadelphia. I thought about how we’re doin’ when I had an opportunity to review the annual report of the Agency for Healthcare Research and Quality (AHRQ) on the state of health care quality in our nation.

For the past four years, the agency has published this important document, known as the National Healthcare Quality Report (NHQR), on behalf of the U.S. Department of Health and Human Services (DHHS) and in collaboration with a DHHS-wide interagency working group. This report is worthy of our collective attention to the progress being made in the struggle to improve health care quality and safety, and it has direct implications for every P&T committee member.

The 2006 report comprises more than 200 measures. This large measure-set is then boiled down to 40 or more core measures. These core measures are balanced, according to the AHRQ, in the four dimensions of quality, and they provide an easily understandable explanation of the key results derived from the data. In my view, the NHQR is one of the most comprehensive, single-source documents to give us a snapshot in time on health care quality.

So, “how are we doin’?”

The answer is decidedly mixed. Even though two-thirds of the core quality measures that can be tracked over time show some improvement, the pace of this improvement remains at a paltry 3.1% per year, on average, across all the measures.

For example, quality measures for hospitals are improving at an average rate of 7.8% per year, whereas measures for the treatment of acute illness are improving at a rate of only 4.3% per year. If we break these figures down, the care of patients with a heart attack is improving at a rate of 15% per year; for pneumonia, at 11.7% per year; for heart failure, at 8.4% per year; and for postoperative safety, at 7.3% per year.

Admittedly, it might be difficult for some readers to grasp how national care for heart attacks can improve at a 15% annual clip or how care for pneumonia can improve at the rate of 11.7% per year. Of course, these are national averages pegged against key indicators of quality that are readily available to most institutions, and they have been widely discussed in the literature. Thus, given a certain denominator number of patients, we are making slow progress in ensuring that the right drug is delivered to the right person at the right time for the right diagnosis. This also means that we are getting better at understanding the scope and depth of the measures, betting on the system, and ensuring that our reports reflect whichever basic process improvements we are able to make.

Regrettably, other measures show an even slower rate of improvement. For example, improvement in the quality of acute care, which was noted earlier, was far less than those for the quality of ambulatory care, at 3.1%. Except for vaccinations in children, adolescents, and the elderly, a field that has demonstrated high rates of improvement overall, the improvement rate for other preventive measures—such as screenings, advice, and prenatal care—still remains low, at 1.7%.

In addition, chronic care for ambulatory conditions such as diabetes, end-stage renal disease, and pediatric asthma improved more than three times faster than chronic care for patients in nursing homes and home health care. In a nutshell, we have a long way to go, especially in ambulatory care and chronic care.

I am very ambivalent about the take-home lessons from the NHQR. On the one hand, I fret about the slow pace of change in the right direction and our apparent inability to make significant headway, especially in ambulatory care. However, this report and others indicate that sustained focus, public reporting, and active and persistent interventions may make a significant difference in health care quality, especially in patient safety and hospital measures.

Maybe there is a silver lining to this story. Perhaps programs such as the Institute for Healthcare Improvement (IHI) 100,000 Lives Campaign, the work of the Joint Commission on Accreditation of Healthcare Organizations, and the National Quality Forum are having a measurable impact. On my less optimistic days, I worry that the nation is suffering from measurement fatigue without a real demonstration in improvement in outcomes.

How should P&T members across the spectrum interpret the NHQR?

I believe that the report is a rallying point for continued work. It is a tour de force of scholarship and number crunching while it is simultaneously a warning sign that we must not decrease our vigilance in any way. I hope that your P&T committee will download copies of the NHQR and provide one for each committee member. I also hope you will review the report’s principal findings and recommit yourselves to the laudable goals as set forth in the executive summary.

So “how you doin’?”

I think “we’re doin’ ” pretty well, but we have a long way to go.

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.

REFERENCES