

Quality is the Key to Healthcare Value

America's healthcare value crisis is rooted in the failure to focus on managing quality. However, some providers have systematically improved quality with outstanding results.



At its core, America's healthcare value crisis is rooted in our system-wide failure to focus on managing quality. Health outcomes for specific conditions and procedures vary wildly across providers, health plans, and markets. A highly regarded 2008 PricewaterhouseCoopers study estimated that more than half of US healthcare spending provides no value.

Our health system optimizes revenues, no matter what

Our health system optimizes revenues, in part, through excessive care, meaning that many clinicians largely disregard quality, ignoring whether treatment pathways are right or founded in evidence. If you compare U.S. care patterns to those in other developed countries or to the top performing domestic programs, overtreatment is obvious.

Putting medical errors aside, vast quantities of care are intentionally unnecessary. This is a problem so pervasive that compared to other developed nations; we've come to consider our inflated procedural statistics as normal. Half or more of all orthopaedic surgeries are inappropriate.

We administer cancer patient's chemotherapy regimens that often lack proven efficacy. According to a linked article in JAMA Internal Medicine "Our results show that most cancer drug approvals [by the FDA] have not been shown to, or do not, improve clinically relevant endpoints. "Even after an abundance of evidence showing that coronary stents provide no significant benefit in stable heart patients, we implant thousands every day. And on and on and on.

We must follow the evidence

When care does follow the evidence, health outcomes and cost improvements can be dramatic. This is clear in the emerging crop of "high performance" healthcare organizations that consistently deliver better health outcomes and/or lower costs than conventional approaches.

Typically, these firms' founders are data- and evidence-driven, passionate and mission-driven, and they have high subject matter expertise in whatever niche they work. They have deconstructed some problem in that space and devised, then refined, solutions that are, in most cases, different than the conventional approach. They are typically so confident about their ability to perform that they're willing to guarantee their results, putting their fees at risk against the performance targets they claim they can achieve.

A striking example is Integrated Musculoskeletal Care (IMC), a Florida company that has generated breath-taking results. It is led by two senior clinicians who began as practitioners of Mechanical Diagnosis and Therapy (MDT), a credible medical discipline that is especially valued for the precision of its diagnostic approach. MDT has a reliable assessment model that allows clinicians to accurately isolate and identify the source of pain and, in most cases, classify or select the most appropriate care for musculoskeletal patients.

Academic studies have demonstrated MDT's efficacy, but like nearly all of modern medicine, little or no quality management infrastructure has been in place to reveal in real time whether each intervention benefited, harmed or had no material impact on the patient.

Building a better mousetrap

The IMC team set about building their own quality management system. They adopted validated indices capable of measuring patient's perceived pain, function, and disability as a gold standard metric to measure clinical effectiveness. Every time they intervened with a patient, they recorded and watched the numbers. In most cases, patients responded positively. When a pattern emerged that showed a less-than-desirable result, they rethought their model, course-corrected the treatment pathway and updated their protocols. And they did this over and over and over again.

Over time, with repeated adjustments, their clinical model organically evolved. It was no longer MDT, but a different fully fleshed out musculoskeletal disorder treatment methodology. The results, developed over several hundred thousand patient encounters, have been compelling.

Clinicians using IMC's approach can appropriately intervene in 90 percent of musculoskeletal disorder cases. Compared with conventional treatment, pain drops dramatically, function with daily activities improves, and the duration of suffering is reduced by half.

Surgeries are reduced by two-thirds, images by half and injections by two-thirds. Recurrent events – the likelihood that a patient will have recurring, intensifying problems every year or so – drop by 60 percent. Cost typically is reduced by half, a result so strong that the company will financially guarantee a 25 percent reduction in musculoskeletal spending on the patients they touch.

Now consider this. This performance occurs in an area that consumes about 20-25 percent of all group health spending, and 60 percent of occupational health. It's typically the most prevalent problem and the top spending category in any health system. IMC's approach is essentially a better mousetrap, consistently delivering better health outcomes in about half the time and half the cost.

The fact that IMC has found a better way is overwhelmingly impressive. But the fact that they've gotten there, in large measure, by developing an approach that lets them, in real time, watch their own results and course correct as appropriate, is an achievement of staggering proportions.

Why isn't everybody doing it?

IMC's success begs an even bigger question about this perfectly logical but exceedingly rare effort. Why aren't clinicians within every medical domain – cardiology, ophthalmology, gynaecology, endocrinology, urology, neurology – following the same path? Isn't there every reason to replicate their approach, clinical monitoring, and improvement, a combination of Deming and the scientific method? Shouldn't that accelerate clinical effectiveness? Shouldn't that make quality the most important vector in medicine? And isn't it likely that that would make care far more efficient as well?

The quality we all claim to seek in American health care is sitting in pockets right in front of us. We only have to plant it in every medical domain and watch health care's beautiful flower bloom.