

# **Medical Education and The Quality of Health Care: The Invitations**

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# Assumptions about invitations

- The IOM Quality Chasm Reports invite us to *do better.*
- The ACGME/ABMS General Competencies for GME & CME learners invite us to *learn differently.*
- The AAMC MSOP #5 on Quality Education for Medical Students invite us to *“begin here.”*

# **IOM Quality Chasm Reports**

- **To Err Is Human: Building a Safer Health System.**
- **Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century.**
- **Priority Areas for National Action: Transforming Health Care Quality.**
- **Health Professions Education: A Bridge to Quality.**

# ACGME/ABMS General Competencies

- **Patient Care**
- **Medical Information**
- **Practice-based Learning and Improvement**
- **Professionalism**
- **Interpersonal Skills and Communication**
- **Systems-based Practice**

*[www.acgme.org/outcome](http://www.acgme.org/outcome) project*

# **ACGME/ABMS General Competencies Current Actions**

- **ACGME site reviews.**
- **Specialty-specific operational definitions.**
- **Board certification pilots.**
- **Cooperative evaluation methods development.**

# Recent AAMC Efforts

- AAMC requested definition of the content of UME learning about quality.
- Working committee established.
- Report printed in Contemporary Issues in Medicine: Quality of Care, August, 2001  
American Association of Medical Colleges

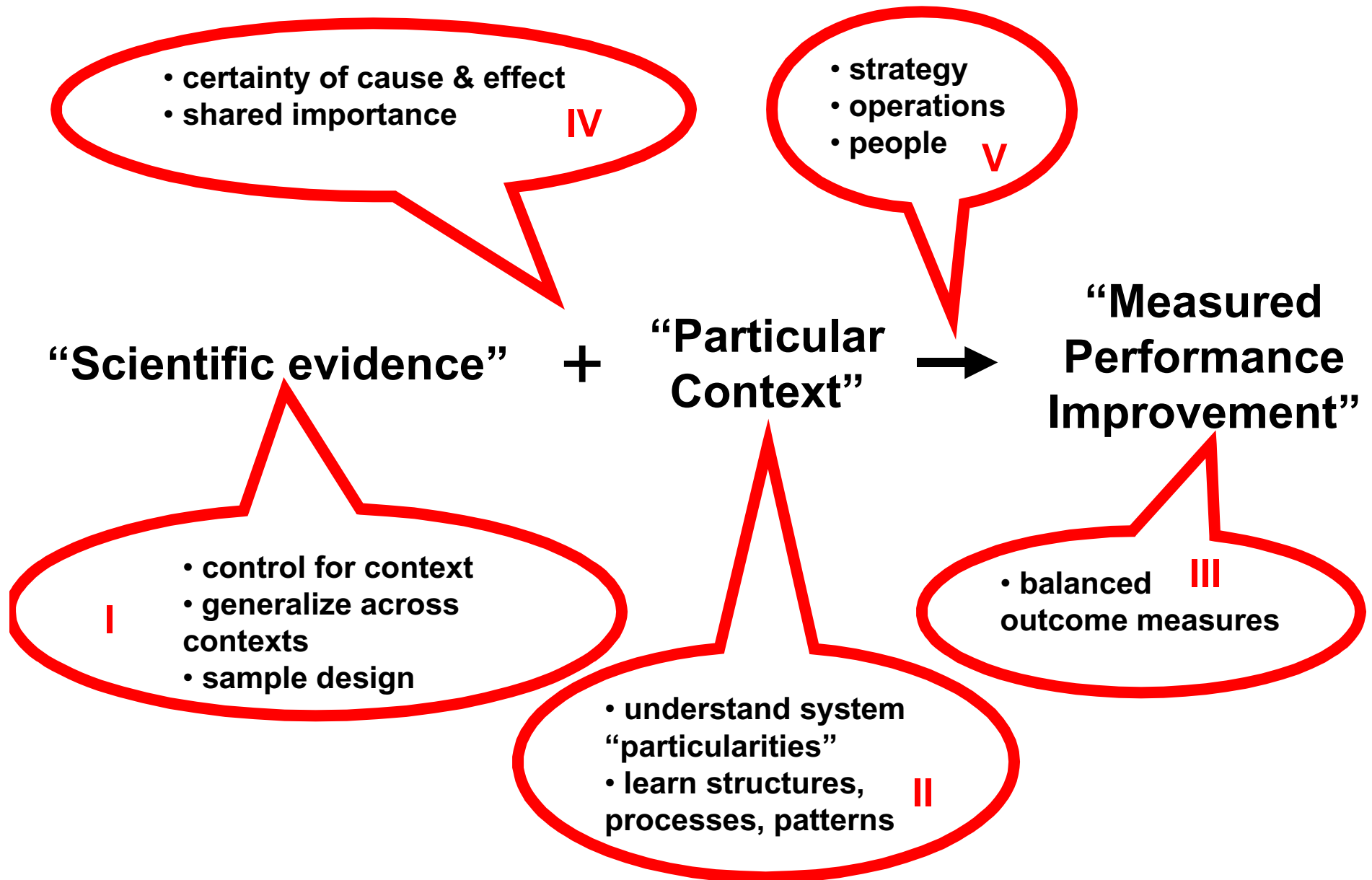
[www.aamc.org/meded/msop/msop5.pdf](http://www.aamc.org/meded/msop/msop5.pdf)

# Content of MSOP #5

- 1. Know how to use evidence to define what “good” care is.**
- 2. Know how to measure the differences (if any) between local care and best.**
- 3. Know what actions are necessary to close gaps.**

[www.aamc.org/meded/msop/msop5.pdf](http://www.aamc.org/meded/msop/msop5.pdf)

# The Work: Science-based Improvement





**Science of Disease Biology**

**Science of Clinical Practice**

# The “twin sisters” of science

- **Disease Biology**

“The science of disease biology is the hypothesis-driven observation, identification, description, experimental investigation and theoretical explanation of the phenomena associated with disease, with the goal of preventing, treating or eliminating it.”

- **Clinical Practice**

“The science of clinical practice is the observation, identification, description, experimental investigation and theoretical explanation of the phenomena associated with the relief of the human burden of illness in daily clinical care for patients.”

# The “twin sisters” of science

- **Disease biology**
  - Anatomy
  - Physiology
  - Biochemistry
  - Genomics
  - Molecular biology
  - Pathology
  - Experimental design
  - Immunology
  - Laboratory management
  - Etc., etc.
- **Clinical practice**
  - Systems thinking
  - Informatics
  - Narrative research
  - Small groups
  - Psychology
  - Safety sciences
  - Epidemiology
  - Decision-making
  - Operations research
  - Etc., etc.

# Origins of the Medical School Collaborative

- **Drs. Powell, Herrod, Cassell and Headrick raised the possibility of forming a collaborative with the IHI in 2002.**
- **Working group convened by the IHI.**
- **COD forum.**
- **Action plan formulated.**
- **Initial members identified.**
- **Action plan ratified.**

# **Aim of the collaborative**

**Create 10 exemplar schools in 3 years and 60 schools in 6 years.**

# Exemplar medical schools

- A.** Offer learning in support of the three MSOP objectives.
- B.** Develop their faculty's knowledge, skill, and experience necessary to lead learning in support of these objectives.
- C.** Share their insights regularly and openly with other schools interested in similar programs.
- D.** Demonstrate leadership support from the dean's office.

# Current members of the collaborative

- U. Minnesota
- U. Tennessee-Memphis
- U. Missouri
- Mayo
- Dartmouth
- U. Michigan
- U. New Mexico
- U. Connecticut
- Vanderbilt U.
- Penn. State U.
- Oregon HS U.
- Organizational partners
  - AAMC
  - ACGME
  - ABMS/ABP/ABIM

# Opportunity

- **Vertically integrated focus for professional formation/development.**
- **Interest in cooperating to take cost, time out of the development.**
- **Shared interest in “figuring it out.”**

# Challenges

- For many, the unexamined life has been worth living.
- Clinical performance information has been easier to talk about than to get...and people think they already know.
- The front line clinical microsystems are broken everywhere, including academic medical centers.
- To be explicitly concerned about the learning for quality invites deafening feedback about inconsistencies.

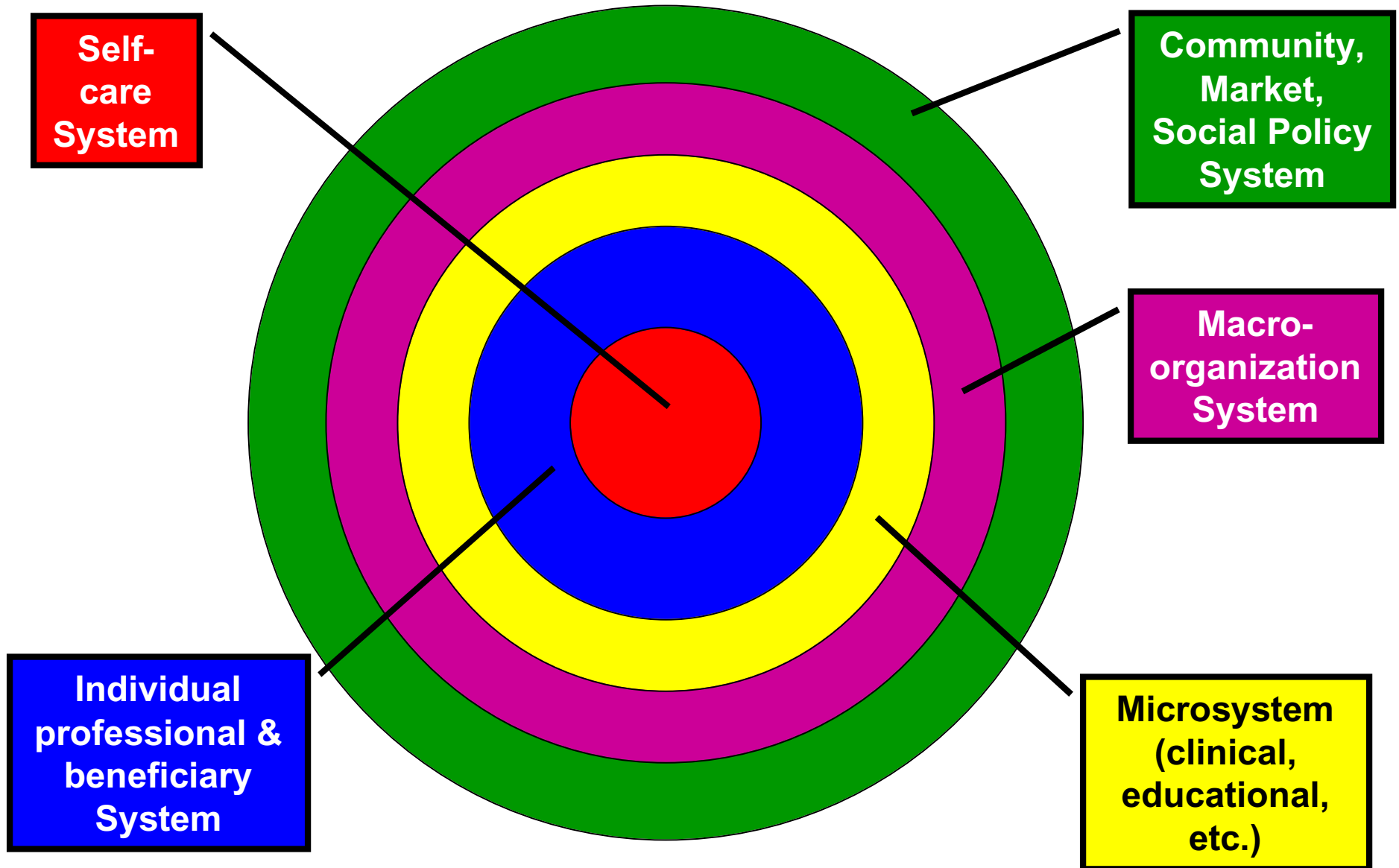
# How does the collaborative work?

- **Common aim**
- **Regular conference calls**
- **IHI extranet**
- **Face to face meetings 2x per year**
- **Other TBD, faculty workshops**

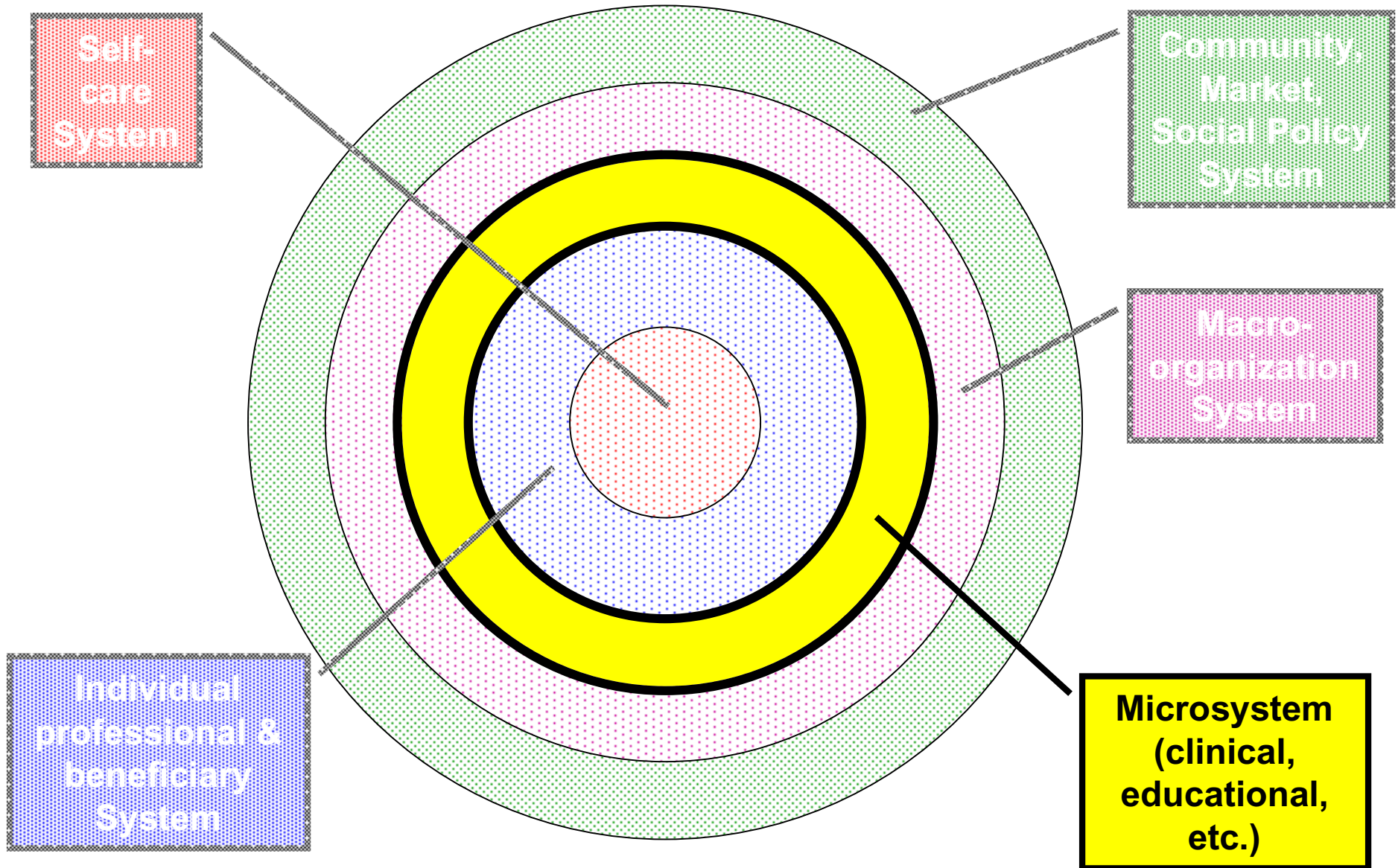
# Initial Theme Groups

- **Exemplary learning sites**
- **Org. commitment to quality**
- **Assessment/evaluation**
- **Vertical integration**
- **Faculty development**
- **Interprofessional learning**
- **Student-initiated learning**

# *Crafting an exemplary learning site...*



# *Crafting an exemplary learning site...*



# Why do we choose to focus at the level of the microsystem?

- 1. Science of disease biology and clinical practice come together in the structures, processes and patterns of daily work.**
- 2. Health policy “in-use” vs. “espoused.”**
- 3. Client and professional satisfaction.**
- 4. Daily “formative” setting for working professionals.**
- 5. Within the power of most professionals to act, change.**

# **Beginning to develop the *Academic Clinical Microsystem* of the future**

- **Explicit aims of exemplary patient care and professional development.**
- **Infrastructure to support both.**
- **Information as a full partner.**
- **Clear expectations of each member with specified roles.**
- **Work on cooperation, waste, flow & integration of “sciences.”**

# Summary

- **The invitations are in front of us.**
- **Several schools have begun working together.**
- **Cooperation across the AAMC, ABMS, ACGME, Multiple schools.**