

Risk Management: Quality and Performance Improvement Introduction

by Capella Healthcare



WHAT'S COVERED

In this lesson, you will be introduced to quality and performance management. Specifically, this lesson will cover:

1. Course Introduction

1. Course Introduction

Over the past decade, numerous people have written about problems with healthcare in the United States. The need to improve quality and decrease costs is central. The Organization for Economic Co-operation and Development (OECD) data shows that U.S. healthcare spending per capita is higher than anywhere else, despite the fact that this country lags behind other nations in areas such as life expectancy and health insurance coverage. Not only do we need to slow the rate of growth in healthcare spending, we also need to find ways to spend more efficiently.

The U.S. Has The Most Expensive Healthcare System

Per capita health expenditure in selected countries in 2018



@Statista_com

Source: OECD

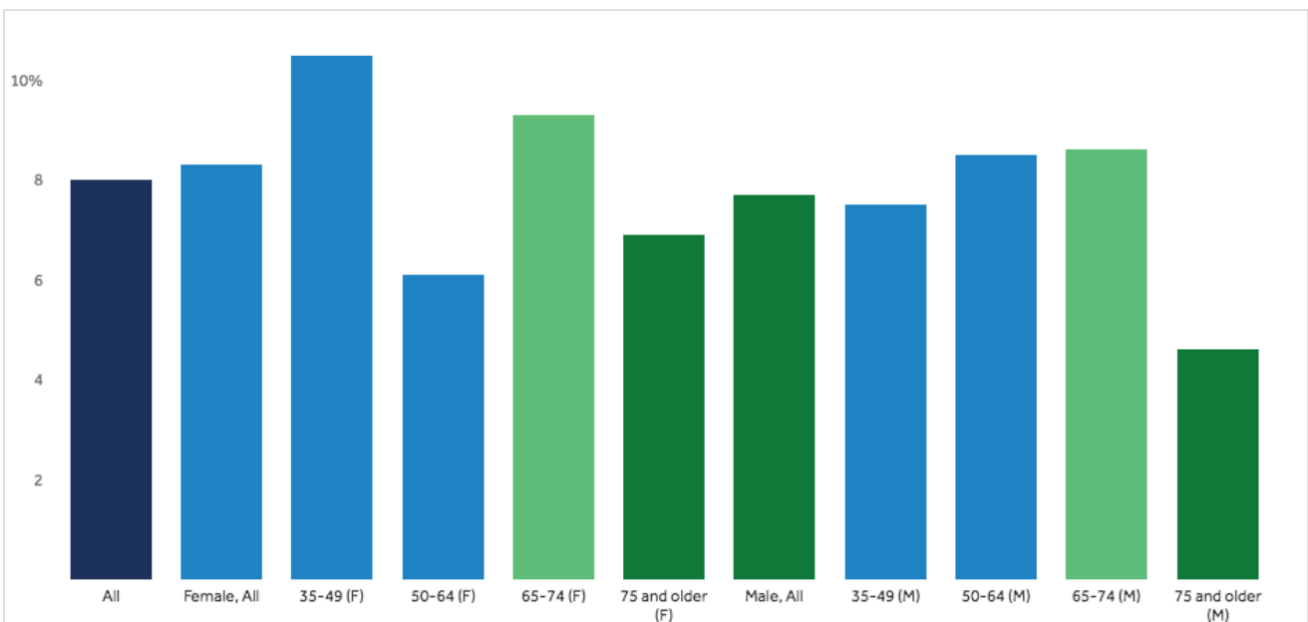
Forbes statista

The U.S. Has The Most Expensive Healthcare System

Source: The Organization for Economic Co-operation and Development (OECD)

Studies suggest the rate of waste in healthcare is between 30 and 50 percent. The sources of waste need to be eliminated. Leading healthcare delivery organizations have demonstrated that clinician-driven performance improvement can improve outcomes, reduce harm, increase patient satisfaction, reduce waste, and realize significant savings. These types of value-based performance improvement efforts can eliminate waste in order to assure healthcare expenditures are used more efficiently.

Although the United States spends more money on healthcare than other countries, evidence suggests Americans often do not get the care they need. Preventative care is underutilized, leading to increased spending on complex, advanced diseases. Patients with chronic disease often do not receive proven and effective treatments such as drug therapies or self-management services to help them manage their conditions. A RAND study in 2003 demonstrated that patients with chronic diseases received recommended treatments only 54.9 percent of the time.



Percentage of adults ages 35+ receiving all recommended high-priority, appropriate clinical preventative services, 2015

Note: Differences are not statistically significant: males v. females ($p=0.72$); by age among males ($p=0.60$); by age among females (0.13).

*Source: Borsky, Amanda, Chunliu Zhan, Therese Miller, Quyen Ngo-Metzher, Arlene S. Bierman, and David Meyers. "Few Americans Receive All High-Priority Clinical Preventive Services." *Health Affairs* 37, no. 6 (2018): 925-28.*

While many patients do not receive medically necessary care, others receive care that may be unnecessary, even potentially harmful. Research has demonstrated tremendous variation in length of hospital stays, specialist visits, procedures, testing, and costs—within communities and across the United States. These issues can lead to gaps in the quality and effectiveness of care, particularly for lower-income Americans, as well as members of diverse ethnic and other demographic groups.

★ BIG IDEA

Reforming our healthcare delivery system to improve the quality and value of healthcare is vital to addressing escalating costs and delivering safe, reliable, and effective care. The following sections will focus on quality, data-driven performance, improvement methods for high reliability, and the learning system.

Authored by Cindy Ebner, MSN, RN, CPHRM, FASHRM

Support

If you are struggling with a concept or terminology in the course, you may contact RiskManagementSupport@capella.edu for assistance.

If you are having technical issues, please contact learningcoach@sophia.org.