Healthcare Systems: Crossing the Chasm Cheat Sheet

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Introduction - Crossing the Quality Chasm

Model that encourages focusing on the chronic conditions that account for the largest percentage of health care expenses, and urges greater investment in and rewards for IT infrastructure to support evidence-based care.

Specifically, the report cites an important body of work supporting the need for improved health care systems. Essential components of the model include clinical information systems that provide decision support for practitioners and prepared, proactive teams that offer self-management support to informed patients.

Model for Effective Chronic Illness Care, developed at Health Partners in Minnesota and at Group Health Cooperative of Puget Sound (Bodenheimer, Wagner and Grumbach, 2002).

10 Simple Rules for 21st Century Healthcare

1. Care based on continuous healing relationships. Patients should receive care whenever needed and in many forms, not just face-to-face visits.

2. Customization based on patient needs and values. The care should meet the most common needs, but be able respond to individual patient choices and preferences.

3. The patient as the source of control. Patients should be given the necessary information and opportunity to exercise control over health care decisions that affect them.

4. Shared knowledge and the free flow of information. Patients should have unfettered access to their own medical information and to clinical knowledge.

5. Evidence-based decision making. Patients should receive care based on the best available scientific knowledge.

6. Safety as a system property. Patients should be safe from injury caused by the care system.

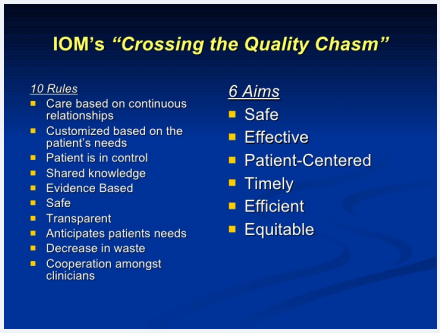
7. The need for transparency. The care system should make information available to patients and their families, allowing them to make informed decisions when selecting a health plan, hospital, or clinical practice, or choosing among alternative treatments. This include information describing the system's performance on safety, evidence-based practice and patient satisfaction.

8. Anticipation of needs. The health system should anticipate patient needs, rather than simply reacting to events.

9. Continuous decrease in waste. The health system should not waste resources or patient time.

10. Cooperation among clinicians. Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care.

Crossing the Chasm



6 Aims of the Crossing

IOM outlined six specific aims that must fulfill to deliver quality care:

1. Safe: Care should be as safe for patients in health care facilities as in their homes;

2. Effective: The science and evidence behind health care should be applied and serve as the standard in the delivery of care;

3. Efficient: Care and service should be cost effective, and waste should be removed from the system;

4. Timely: Patients should experience no waits or delays in receiving care and service;

5. Patient centered: The system of care should revolve around the patient, respect patient preferences, and put the patient in control;

6. Equitable: Unequal treatment should be a fact of the past; disparities in care should be eradicated.

IOM Defined Sets of Measurement for Aims

1. Safety: Overall mortality rates or the percentage of patients receiving safe care;

2. Effectiveness: How well evidenced-based practices are followed, such as the percentage of time diabetic patients receive all recommended care at each visit;

3. Efficiency: Analysis of the costs of care by patient, provider, organization, and community;

4. Timeliness: Waits and delays in receiving care, service, or results;

5. Patient centered: Patient and family satisfaction;

6. Equitable: Differences in quality measures by race, gender, income, and other population-based demographic and socioeconomic factors.

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