



Transcript of podcast interview with Charles Kenney, author of *The Best Practice: How the New Quality Movement is Transforming Medicine*

How did you first become interested in the quality movement in healthcare?

I was working for some years as a consultant to Blue Cross Blue Shield of Massachusetts, and in the course of that work, it was clear to me that the center of the challenge in healthcare was at the intersection of cost and quality. It became clear to me that improved quality was the road to affordability, and so that really got me going.

One of the founders of the healthcare quality movement, whom you talk about in the book is Don Berwick, who is also a graduate of Harvard Medical School and the CEO of the Institute for Healthcare Improvement in Cambridge. Could you give us a little background on the experiences and revelations that turned him on to the problem of quality in healthcare?

Don Berwick is a singular figure, really, in the history of the quality and safety movement. He began his work back in the 1980's and was trying to apply industrial and corporate quality techniques taught by W. Edwards Deming to healthcare. He increasingly believed as he worked at that that there was tremendous opportunity within healthcare to improve efficiency and safety and quality. By the time the mid and late 90's came around, Dr. Berwick was really at the heart of an intellectual renaissance in the quality movement, and the result of that intellectual renaissance was the production of a series of studies and reports, mainly from the Institute of Medicine of the National Academies, but also from others, including presidential commissions, that gathered some of the great minds in American healthcare together to examine healthcare in the United States.

The results were really stunning, because the conceit up until then in the United States had been that without any question we have the finest healthcare anywhere in the world, and it is of a very high quality. The conclusions of these various reports and these commissions was quite different from that, and these reports laid the intellectual foundation that this movement is built on today. The conclusions were that we have a very serious quality deficiency, we have a very serious safety problem, and that the industry needs to make this a major priority if we're going to make any progress.

What were some of the key learnings from the quality practices in manufacturing that Berwick and others were able to apply to healthcare?

I think at the center of it was a very simple idea. The idea was that if you're going to improve quality, you need to focus on improving the system that produces a product or a thing, or an event. Prior

to that thinking, really the delivery of medicine was episodic, and continues to be episodic in many ways today. There was a moment during that period when Dr. Berwick was leading an experiment called the National Demonstration Project, where he paired together 20 major healthcare organizations with 20 industrial quality experts. The clinicians in particular, the docs, just were not able to grasp this notion of systems thinking, and Blanton Godfrey, who was a Ph.D. and was the head of quality at Bell Labs, said to one of the doctors, “What if your diagnosis is perfect, but at the same time, what if they draw the blood from the wrong patient, or what if the pharmacy puts the wrong medication in the bottle, or what if they take the patient to the wrong place? It’s a system, it’s not just about you the doc taking care of the patient.” The conclusion of that experiment was that in healthcare, in medicine, people really didn’t . . . have the way of thinking that enabled them to focus on system, and the process of the system as opposed to the individual. That was a very important discovery.

Why do you think there was so much resistance to taking this systems view and to adopting quality practices?

I think of it as an education problem and as a cultural issue. Doctors are trained that it’s really about them, and that when that patient comes in that room, and that door closes, that doctor has to bring all his or her immense education and brainpower and training and experience and knowledge to bear for that one patient. I think the cultural tradition of it all being on your shoulders as the physician is wonderful in one way because so many of our clinicians take it so very seriously, and they want to take care of us, and they want to do the best for us, but it’s a way of thinking that’s somewhat incompatible with a systems way of thinking.

It’s partly that education, but also the culture. Once you get out of medical school and you go into practice, the culture is that the doctor doesn’t report to anybody, that the doctor is an entity unto him or herself and that’s clearly not conducive to systems thinking, but I think that’s changing. I think more and more places are really getting the idea that if they want to make significant changes in terms of quality and safety, they’ve got to approach it from a systemic standpoint, and there are some wonderful examples of that.

One of the things you say in the book, you quote Kaiser CEO George Halvorson thinks “circumstances and events are aligning to propel the new quality movement to the tipping point.” Could you describe some of the circumstances, as either he or you see them? What is it that is causing that shift in viewpoint right now?

I think there’s a convergence of a number of different things right now. One is the recognition that we have a quality problem in the United States, and that we have a safety problem in the United States. The quality and safety movement has done a very good job at getting that message out there and no longer is there the automatic response that yes, we have the greatest healthcare in the world. The Commonwealth Fund has done a tremendous amount of work on comparative studies, and it shows the quality of care in our country is in many ways deficient when compared with other industrialized nations—that by the way are spending about half or less than we’re spending on healthcare, and getting better results. I think number one is the recognition that we have a quality and safety problem.

Number two is cost. In 1970, we were spending about seven percent of GDP on healthcare, and other countries were spending around that or a little bit less than. Now, almost 40 years later, these other countries, Sweden and the U.K. and Australia, Germany, etc., are spending anywhere from seven, eight, nine percent of GDP on healthcare. We’ve gone from seven to almost 17 percent, so we’re getting a very bad value for the dollar we’re spending. More and more people are recognizing those things.

I think what George Halvorson is talking about when he says we’re nudging toward the tipping point is the convergence as well of other very powerful trends in healthcare. The most powerful is

measurement. We are measuring now in healthcare as never before, and that trend will accelerate tremendously in the years to come.

With measurement comes transparency. What measurement and transparency produce is a clarity for consumers and purchasers of care about where the real quality is, so you don't have to rely on reputation anymore. Healthcare's often been about reputation, and so you won't have to rely on reputation. You can measure increasingly with very high quality measures that are being developed. Actually Dana Safran at Blue Cross Blue Shield of Massachusetts is one of the leaders in the country for developing really solid, reliable measures that people agree are particularly useful. When you measure and you know where the quality is, and you know where the quality is for maybe less cost, that begins to get us toward the tipping point that George is talking about. It does feel as though we're getting there.

Who has to lead the charge towards this measurement and transparency?

The main reason I think that measurement is such an immensely powerful and unstoppable trend in healthcare today is because the people who are behind the push for measurement are the people for the most part who are paying for the care. They have said enough is enough. The increase is a staggering rate, and we need to get control of this. That includes the government, that includes major corporations, it includes major health plans, it includes individuals, all of the individuals who have the money and are paying for care.

When you have a convergence where the people with the money are saying we feel we're getting a bad deal here, a bad value here, as Michael Porter describes it, then I think you have a trend that really has some muscle to it and some durability and some sustainability. I do think that that trend will only get stronger because people who are paying for the care are demanding some relief, with good reason.

Could you describe a little bit about your work with Blue Cross Blue Shield of Massachusetts and some of the recommendations you've made and improvements you've seen there in terms of quality practices?

It's really a joy to work with my friends and colleagues at Blue Cross, because the company is determined to play an appropriate and important partnership collaborative role in helping to improve the quality and the safety of care in Massachusetts. It's really, I think, a unique effort by a health plan in the country as far as I can see, taking on that role and making a very strong commitment to that role.

Just in one example, the company is doing a terrific job of partnering with Mass. Hospital Association, with the AMA [American Medical Association] to create an informational program for trustees of Massachusetts hospitals. There are 1700 trustees of Massachusetts hospitals, and board members play an increasingly powerful and important role in the quality and safety movement. Blue Cross is finding appropriate, collaborative ways to work with trustees and provide really good information. In one of those programs in fact, a number of the people who are in my book have come to Massachusetts to make presentations and speak to and answer questions from Massachusetts trustees. It's been a real thrill to see some of the major players in the book come and share their experience and knowledge with the trustees here. I think Blue Cross is playing a really pivotal, collaborative role in pushing for improvement in the quality and safety and ultimately affordability of care in the state.

That's great. Let's widen our view a little bit. Do you think the mandate for insurance for Massachusetts as a whole will help drive quality, and what more, if anything, should the state be doing to promote quality in healthcare?

I think it will. It's really important that we in Massachusetts recognize that we've really done something really significant here, and 97 percent of the people in our state are now covered with health insurance. That's an historic achievement. The Blue Cross Blue Shield of Massachusetts Foundation

really played a central role in that, and deserves tremendous credit for being a convener and a guide throughout that process. That's a really proud thing for us as a state.

It's really hard, it's been hard, it's going to continue to be difficult, but yes, I do think that when you've got almost 100 percent of the people insured, that's going to help drive quality because it's just more consumers in there being more aware of quality and safety deficiencies, and more insistent on standard work and best practices. I do think it's just more of a force that's going to nudge us in the direction of improved quality.

How do you think lessons from the healthcare quality movement can be applied as the Obama administration looks to reform the overall healthcare system in our country?

I think the lessons are being played out right now. One of the things in the stimulus package is a significant amount of funding for electronic medical records. The universal belief within the healthcare quality movement is that if we could get everybody on electronic medical records, we could significantly improve the quality of care.

Why is that? The reason for that is, for example, let's take a physician practice with 30,000 patients. If the records are paper, how on earth do you know how many diabetic patients you have? How can you go and find the diabetic patients and find who's had their A1C [glycosylated hemoglobin] test, and find the diabetic patients who've had all of the tests they're supposed to have that maintain their health?

When you have electronic medical records, you can identify all of your diabetic patients in seconds. With a stroke of the key you can identify the diabetic patients who need to come in to have certain tests or procedures that keep them healthy, keep them out of the emergency department, keep them out of being admitted to the hospital, in other words, that improve the quality of their care, improve the quality of their life, improve the length of their life, and reduce the cost of care. Electronic medical records are a really pivotal part of the quality movement going forward, so I think the Obama administration is really right on in that.