



*Strengthening Oklahoma's Safety Net,
One Community At A Time*

Board Bulletin

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Positioning CHCs as Providers of Choice

For community health centers (CHCs) to benefit from unparalleled Section 330 growth opportunities, governing boards must ensure that their organizations meet or exceed HRSA expectations as follows: 1) Be “clean as a hound’s tooth”; 2) Use solid growth strategies; and 3) Deliver high quality care. The final issue of this series deals with delivering high quality care to all residents of the community. CHCs have long embraced the mantra that health care should be a right, not a privilege. Regardless of socioeconomic status, race/ethnicity, gender or age, all should have access to high quality health care that results in desired patient outcomes. Many previously uninsured patients will soon have coverage – giving them health care options. CHCs must be providers of choice not only to achieve optimal health outcomes for those served but to also retain patients for sustainability.

Only High Quality Health Care Will Do

The Institute of Medicine (IOM) Committee on Quality of Health Care released *To Err is Human* in 1999, targeting patient safety issues and raising public awareness of medical errors. In 2001, the IOM Committee released *Crossing the Quality Chasm* which broadened the health care quality picture to include dimensions beyond safety. Both reports factor greatly in health care reform quality improvement efforts and include:

- *“Misuse, Overuse and Underuse”* – Terms were coined by the reports that are now recognized to describe quality defects: ‘misuse’ occurs when clinical care plans and procedures are not executed properly; ‘overuse’ refers to using health care resources and procedures without evidence-based proof that the patient would receive benefit; ‘underuse’ denotes failure to use proven health care practices and techniques.
- *Quality Domains* – The IOM committee established six “Aims for Improvement” that all stakeholders must embrace to enhance quality: 1) Safety – protect patients by minimizing ‘misuse’; 2) Effectiveness – evidence-based health care should be applied to avoid ‘overuse’ and ‘underuse’; 3) Patient-centeredness – patient choice, culture, social context and specific needs should be honored; 4) Timeliness – waiting times and delays for both patients and providers should be reduced; 5) Efficiency – ongoing effort should be made to reduce waste and total cost of care; and 6) Equity – reduce/eliminate health disparities.

Change Levels Needed to Achieve Optimum Quality

Donald Berwick, prime architect of the *Quality Chasm* report, developed a *User’s Manual for the IOM’s ‘Quality Chasm’ Report* that describes four change levels that must occur to achieve quality improvement:

- *Patient Experience* – Berwick writes, “True north in the model lies at Level A, the experience of the patients, their loved ones, and the communities in which they live.” What do patients experience at your CHC? Will they recommend your services to others? Do patients recognize your CHC as a ‘provider of choice’?
- *Microsystems of Care* – This level refers to the small units of work required to deliver care and that ultimately result in the patient experience. The IOM Committee suggested three redesign principles that should be applied to Microsystems – that care should be knowledge-based, patient-centered and systems-minded. Does your CHC patient registration unit interface with clinical and with billing microsystems in a way to deliver an overall excellent patient experience that yields optimal health care outcomes? Are you looking at best practices – proven models that work – from which to pattern your CHC microsystems?
- *Health Care Organizations* – This level involves a ‘corporate culture’ change in which organizations invest necessary resources to enhance systems, using technology to support clinical decision making and share information. Workforce investments that involve team-building and better coordination of care provision are also required. Performance measurement and outcomes tracking is key to improving patient care, particularly those with chronic illnesses. Is your CHC continually evaluating performance in the quest for excellence?
- *Health Care Environment* – Much is being done by policymakers to iron out policies that impact the provision of care. Is your CHC positioned to respond appropriately to policy changes (e.g., “meaningful use” of technology)? Is your CHC maximizing reimbursement and minimizing risks to safeguard resources that can be used for quality improvement? To review OKPCA’s entire *Board Bulletin* series, visit the ‘CHC Boards’ section of www.okpca.org.

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