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Preferring Action to Talk, Head of New National Quality Group Focuses Initial Efforts on Products To Prevent Medical Errors, Identify Safe Practices

An Interview with Kenneth W. Kizer, M.D., M.P.H., President and Chief Executive Officer, National Quality Forum



Kenneth W. Kizer

■ When the Forum for Health Care Quality Measurement and Reporting—popularly known as the “National Quality Forum (NQF)”—went into operation just over a year ago, Kenneth W. Kizer, M.D., M.P.H., was a natural to head the new organization. He brought experience in both the public and private sectors to the broad-based initiative, which has the goal of increasing the provision of high quality health care. Moreover, in a field of endeavor marked more by rhetoric than accomplishment, Kizer has a track record in bringing about substantive change. The private, non-profit, membership organization has initiatives under way to establish a national strategy for health care quality improvement and to standardize the way in which health care quality is measured and reported.

Prior to coming to NQF, Kizer spent five years as the under secretary for health in the U.S. Department of Veterans Affairs (VA). As the highest ranking physician and the chief executive officer of the largest integrated health care system in the nation, he became the chief architect and implementer of significant changes in the VA system, especially its shift in emphasis from inpatient to outpatient care.

Other public experience includes serving as the director of the California Department of Health Services and as the state’s top health official for over six years. He has also held senior academic

■ Asked to define “quality,” Dr. Kenneth W. Kizer responds that “people typically know quality when they see it, although it can be difficult to concretely define it.” He views it at several levels: “There’s technical quality, the factors that physicians and other health care providers think result in better clinical outcomes.

positions at the University of California, Davis; the University of Southern California; and the Uniformed Services University of the Health Sciences.

In the private sector, Kizer has served on the boards of two large managed care companies, as well as having been a successful practitioner and consultant. Currently, he also serves as a senior associate with the Institute for Healthcare Improvement in Boston, director of The California Wellness Foundation in Woodland Hills, and senior medical advisor and director of HealthCPR.com and Bank of Health in Washington, D.C.

Credited with being a change agent throughout his career, he maintains that he has tried “to minimize the rhetoric and focus on putting out products that speak for themselves.” He indicates: “That always has been my approach.” Two of the high-profile products that are currently in the NQF pipeline are a “Serious Reportable Events” initiative to stop medical errors and a “Best Practices” initiative to improve health care quality.

In this *Health Care Review*, Kizer discusses his view of the different aspects of health care quality, NQF’s “Serious Reportable Events” and “Best Practices” products, the health care marketplace as a barrier to quality performance and improvement, and other topics.

There’s service quality, the factors about which consumers have traditionally been most interested. There’s also access quality or the availability of care and the ease with which one can get it. And finally there’s a fourth part to quality that hasn’t gotten much attention; it’s functionality or the extent to which health care actually increases one’s ability to function.”

Indicating that different metrics or systems of measurement can be set up

“While quality is very tangible, in many ways it is also very elusive and ephemeral, which certainly creates challenges in getting the right measures and industry-wide reporting on them,” Kizer contends

for each area, he says: "Much of what NQF is about, at least for the foreseeable future, involves technical and service quality and bringing the two together." On the technical side, he points to "a long list of process and outcome measures that indicate whether the care that is provided is appropriate to the condition," such as use of beta blockers after a heart attack or management of cholesterol. On the service side, he mentions coordination of care and continuity of care "and having metrics to define them."

■ "There are certain events that simply should never happen in health care today," Kizer asserts. "We have a document called 'Serious Reportable Events' or, as it has often been dubbed, the list of 'Never Events,' currently out for review among the purchaser,

provider, research, and consumer groups that make up the NQF membership." The document contains a list of 27 adverse events that never should occur, although in saying "never" it is understood that this is more of a goal than a reality. The first phase of the "Serious Reportable Events" project is for NQF members to agree on the list of "never events" and their definitions. "We need to define them with sufficient clarity so that the list can be used across the country to get consistent and reliable data about these adverse events so that we can start to make apple-to-apple comparisons about their occur-

■ "While we know quite a bit about how to prevent errors and to promote safety," Kizer states, "there's a problem in that what we know is not being routinely applied. That's why NQF, in its "Safe Practices" project, is identifying what core practices should be in place in essentially all health care facilities, in order to minimize the occurrence of errors."

NQF is using a report provided by one of its federal backers, the Agency for Healthcare Review and Quality (AHRQ), as the basis for the "Safe Practices" initiative. Kizer describes the AHRQ report as "based

NQF's strength, Kizer contends, is that it brings health care purchasers, providers, researchers, and consumers to the table to address the various aspects of quality and to attempt to reach consensus on ways both to measure it and to define the conditions under which its various aspects can be reported and compared. "It's a unique and equitable relationship, one that hasn't existed in other venues in which health quality issues have been debated."

rence," Kizer explains. "So far, I think we have been able to get very good agreement on the list of 27 events, with the understanding that the list will almost certainly change over time. We have also been able to get agreement on a number of aspects of a potential reporting system, such as its having facility-based reporting, including all licensed health care facilities, and letting states determine the conditions under which information would be disclosed."

Clearly, the most controversial aspect of the "Serious Reportable Events" initiative is whether adverse events should be mandatorily reported. "To date, there has been pretty good agreement on the list of events and on certain operational issues of a reporting system; however, there are widely divergent views about mandatory reporting of these egregious adverse events." Kizer predicts that this issue "will be visited and revisited over the coming months."

on a review of the medical literature. However, we are also going outside of the medical literature, *per se*, to other bodies of knowledge, and will be producing a guidebook of safe practices that a health care provider, whether it be a hospital, nursing home, or clinic, should have in place to reduce the likelihood of errors." Kizer predicts that the guidebook will be published next spring.

Kizer adds: "We are working on another project for Medicare that focuses on the nature of the information that Medicare-participating hospitals would routinely report. We are building on the work of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the National Committee for Quality

"For potential nationwide use, the National Quality Forum's first product will be a list of health care events that never should occur," Kizer says

"A second soon-to-be-completed NQF product will be a guidebook of 'Safe Practices' that should be in place in essentially all health care facilities to minimize the likelihood of errors," Kizer explains

Assurance (NCQA), and the federal government, among others, on this project." The goal is that any hospital participating in Medicare would have to report standardized information on such things as surgical outcomes and the treatment of congestive heart failure, diabetes, pneumonia, and other common conditions.

Kizer indicates that NQF would like to have the first set of these measures completed by the end of the year in order to provide "a consensus package" to the Centers for Medicare and Medicaid early next year.

■ While Kizer contends that health care marketplace incentives can be more powerful than government regulation, he asserts that the United States has never put in place some of the essential components of a market-based system. "We talk about such a system," he points out, "but we don't

have such key fundamentals as standardized measures of quality. We don't have sufficient information in the public domain, so that purchasers, whether it's individuals or large employers like

■ Kizer's concern about this country's failure to establish the fundamentals of a market-based health care system carries over to payment policies. Acknowledging that the topic is politically sensitive, he nonetheless anticipates that "there will be reconsideration over the next two or three years as to how

payment can be used to drive quality improvement. I hope that we will start seeing changes in both public and private payment policies so that payment actually provides an incentive to do better."

The challenge, according to Kizer, is "how do you establish set-asides or other financial mechanisms that in the end will reward those who provide higher-quality health care?" At the present time, he believes, "It's hard to make a business case for health care quality improvement from a payment

Down the line, Kizer says that NQF's intent is for both Medicare and large private purchasers like General Motors (which has a representative on the NQF Board) to use the measures. That way, when payers are negotiating with health care providers, they would have comparative information on each provider. "NQF wants to standardize the information that is being reported so people can actually make real comparisons among services provided in different parts of the country by different providers."

General Motors or General Electric, can make truly informed buying choices."

In Kizer's view, "facilitating a health care marketplace that has the essential ingredients of a market is part of what NQF is all about." He says that is the reason NQF was set up as a private non-profit body, rather than as a public agency. "U.S. culture places a high value on individual autonomy and it has a long tradition of skepticism of authority. That's why it makes sense to put something that's as sensitive as measuring the quality of health care in the private sector."

perspective. There are lots of examples of how a provider is penalized, as opposed to being rewarded, for doing a superior job. For example, a physician may be financially penalized for delivering higher quality care that keeps a patient out of the hospital or that provides needed services in a less expensive setting. The current payment systems simply fail to incentivize higher quality."

Another aspect is the fractionalization of payment. "The way the dollars flow now, those who make an investment in providing higher quality, whether it's putting in quality-supportive infrastructure or developing systems to reduce errors or enhance care, may end up not seeing their return on investment," Kizer contends. "They actually may lose revenue by preventing or reducing mistakes, due to the way payment is fractionated." He concludes: "We have to better align payment and outcomes if we are going to achieve higher quality."

"Although we talk about having a market-based health care system in the U.S., we don't really have some of the key elements of a health care market," Kizer indicates

"Current payment policies are increasingly being recognized as barriers to improving quality," Kizer notes

"Although health care, in the aggregate, is the largest enterprise in the nation, the United States has no national agenda, no national goals, and no national strategy on how to optimize the use of limited health care dollars," Kizer asserts

Reflecting on the current debate over the number of Americans who die as a result of medical errors, Kizer dismisses counting "as a good example of not seeing the forest for the trees"

■ Ultimately, Kizer views NQF as a national coordinating body for health care quality. "I find it astounding that health care employs about 10 percent of the nation's workforce, consumes 15 percent of the Gross National Product, and costs

■ When Kizer considers the controversy that has been raging in health care circles over the number of patient deaths due to medical errors, he states that "the whole debate about numbers misses the point." Referring to an article in the July 25, 2001 issue of the *Journal of the American Medical Association*, which says that a 1999 Institute of Medicine report, *To Err Is Human: Building a Safer Health System*, overestimated the number of annual patient deaths, he

states: "Let's say the number of deaths is only 4,000, instead of 44,000. Does that mean that the lower number is acceptable? If just 4,000 people a year die from medical mistakes, is that okay? If one of those 4,000 deaths is your son or daughter or your mother or father, it's not terribly comforting."

Kizer is in a good position to comment on the *JAMA* article because it reports on a study of only 111 deaths out of some 4,200 deaths that occurred at one VA hospital. "In addition to the study's patients being older and sicker than the average hospital patient, the VA is actually ahead of the curve on patient safety efforts, so what you see there may not actually be reflective of the health care industry overall. VA patient safety programs tend to be better than those of the industry overall."

For Kizer, rather than focusing on numbers, the NQF should work with

more than \$1.2 trillion a year, and yet it lacks a national agenda, goals, and strategy."

He thinks that "the need for a coherent and coordinated approach to achieving higher quality in health care is becoming more and more apparent." NQF is in a good position to provide leadership in fulfilling the need because it "has all the stakeholders at the table to bring it together."

both public and private entities to identify priority conditions and strategies to improve health care quality. He is optimistic about the health care industry's capacity to provide higher quality care. "While it's unproven," he insists, "it is a reasonable assumption that when it comes to health care, whether we are talking about purchasers or providers, people fundamentally want the right things done since we are all health care consumers. We are all users of the system at one time or another."

The "rub" comes from the need to agree on what is quality and how it is going to be measured. "Once agreement is reached, providers will have standards to meet and report on and purchasers will be empowered to buy accordingly," Kizer continues. NQF is working toward "gaining and promoting agreement."

Kizer adds, "I am pretty confident that we can get agreement on a large number of things. It would be delusional to expect universal agreement, but our charge is to get a majority, with due process for minority opinions to be heard and considered in the final decisions that are made." He recognizes that NQF's biggest challenge is "to hone in and focus on those areas where we can get agreement, especially early on, and to establish a track record and a pattern of folks working together toward the common goal of consistent and predictable high quality health care."

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