

Population Health *Matters*

GUEST EDITORIAL

Converging on Quality and Safety

Certain recent events, both in Philadelphia and across the nation, have led me to believe that we are at the brink of an impending “convergence” in the quality and safety arena. This convergence is focused on two major national trends – the release of a critically important report entitled, *Teaching for Quality*¹ and the implementation of the Accreditation Council for Graduate Medical Education’s (ACGME) Next Accreditation System (NAS). Let me explain some of this jargon and review the components of this convergence.

In November 2013, Philadelphia was the host city for “Learn • Serve • Lead: Association of American Medical Colleges (AAMC) Annual Meeting.” Academics from around the country gathered in the city’s state of the art convention center to celebrate the accomplishments of the 141 academic medical centers and the nearly 500 members of the Council of Teaching Hospitals. The audience recognized that we are on the precipice of a new age; an age where these organizations will be pressed to make the transformational leap from measuring success not by the sheer volume of services delivered but instead tied to the clinical outcomes achieved (moving from volume to value).

Contemporaneously, the ACGME is poised to fully implement the Next Accreditation System (NAS) to oversee training for residents in seven specialties (ie, emergency medicine, internal medicine, neurologic surgery, orthopedic surgery, pediatrics, diagnostic radiology and urologic surgery). In July of 2014, the NAS will be implemented by all remaining specialties and ultimately cover more than 9,000 medical residency programs throughout the country.²

The AAMC report, “Teaching for Quality” represents the culmination of nearly four years of work by a national steering committee that I had the privilege of participating in. The report, authored principally by one of the committee members, Dr. Linda Headrick, is envisioned as “a national collaborative faculty development initiative to insure the proficiency of all clinical faculty members in quality improvement and patient safety.”¹ The avowed goal of the initiative is to “insure that every medical school and teaching hospital in the United States has access to a critical mass of faculty-ready, able and willing to engage in role model and lead education in quality improvement and patient safety and in the reduction of excess healthcare costs.” In my view, this public policy represents a critical watershed event in the history of post-World War II medical education in our country.

The principle objectives of Teaching for Quality are to create and foster a foundational core of clinical expertise in quality and safety. The goal is to ensure that there are 3 distinct levels of faculty: those deemed **proficient** should be able to practice and teach quality improvement in the context of their everyday work; those at the next level will be **expert educators**, skilled in developing and delivering formal education and in assessing physician development; and an elite few would become **Masters** or **Scholars**, producing publishable research to advance the field in addition to their teaching. In a nutshell, every clinical department will be obligated to support a faculty career trajectory in the basic tenets of quality improvement and patient safety. Through this initiative, we hope to be able to educate a new generation of interns and residents in a way that will equip them with the necessary skills to practice value-based and population-based medicine.

The aims of the NAS are to “enhance the ability of the peer review system to prepare physicians for practice in the 21st century, to accelerate the ACGME’s movement toward accreditation on the basis of educational outcomes and to reduce the burden associated with the current structure and process-based approach.”²

As these two major trends converge, what will be the response of educators, policymakers, and other persons responsible for producing the practitioner of the future? Fueled in part by the national conversation about health reform and the move from volume to value, the scholarly literature has been filled with new research and a new “call to arms” to implement quality and patient safety curricula across the spectrum for all trainees.

For example, an entire issue of the *Journal of the Medical Association (JAMA)*, November 13, 2013) was recently dedicated to critical issues in US Healthcare. Within this special *JAMA* issue, national experts called for top-down review of quality measures³ and others called for a change in the toxic politics of healthcare.⁴ Still others⁵ called for a moonshot-like approach to reduce healthcare costs. These leaders recognize that, while laudable, these goals can only be achieved with a new type of physician workforce.

I’m very happy to report that Jefferson Medical College (JMC) hopes to be at the forefront of this movement. In his recent *Dean’s Column*, Mark Tykocinski, JMC Dean, noted⁶ that “as a medical school we now have to take the ball and run with it. Our public trust is to make sure the next generation of physicians is facile with quality and safety concepts and tools. Increasingly, the regulators will mandate this. Training physicians in quality and safety is no longer

optional.” From my perspective, all I can say with regard to Dean Tykocinski’s heartfelt column is Amen!

At the School of Population Health working in tandem with Dean Tykocinski, we have established a cohort of JMC faculty members who will join with us online to study the tenets of quality and safety and obtain a graduate-level certificate from our school. As some of our readers undoubtedly know, the JSPH offers an online Master of Science degree program as well as a Certificate program in Healthcare Quality and Safety. Our programs equip physician leaders with the tools, methods, knowledge and strategies for improving healthcare quality and patient safety.

We believe our graduates are prepared to identify, interpret and implement policies, care guidelines and regulations relevant to healthcare quality and safety. They will be able to apply quantitative and qualitative analytic skills to design, conduct and evaluate quality and safety measurement performance and improvement activities. They will be positioned to produce original research evidence to support change in the

quality and safety measurement system. By training a cohort of faculty in the tenets of quality and safety and achieving a level of scholarship and research support, consistent with a leading medical school, we will then be in a position to tackle the NAS head-on.

To put this convergence into a broader context, it’s important to recognize the work of JMC and JSPH at the national level. Recently, medical educators have come to recognize that our current educational system is more a part of the problem than a part of the enduring solution. Educators “must also rethink their relationships with clinical environments so that the education of students and residents accelerates the transformation in healthcare delivery needed to fulfill our contract with society.”⁷ We are making an explicit connection between the implementation of quality and safety and the successful implementation of much needed healthcare reform.

In order to achieve this laudable goal, others have identified quality and safety pedagogic tracks within the learning environment. For example, at the University of Chicago – Pritzker School of Medicine,

there is a four year scholarly track in quality and safety for medical students already well underway.⁸ Still others have queried academic Departments of Medicine to further understand the role of quality improvement and patient safety scholarship in the appointment and promotion process.⁹ Quality and patient safety has now become a bona fide, well-recognized component of scholarship and an appropriate career trajectory for young investigators.

I believe that this convergence is going to serve us well and will be the stimulus necessary to make Thomas Jefferson University’s approach to this challenge a potential national model. The School of Population Health looks forward to working with other health profession schools across the country as they seek innovative ways to tackle the convergence of Teaching for Quality and the NAS. I look forward to hearing from you as to how your organization is tackling this important challenge. ■

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