

POLICY FORUM

Spotlight on Quality

Introduction

David Mechanic, a medical sociologist at the University of Wisconsin, taught that a health care system could be measured by 4 A's and a Q: accessibility, affordability, acceptability, accountability, and quality. The attention paid to each of these measures has never been equal. Access to care has long been the popular belle of the ball, while quality was just the tag-along stepsister, hanging out with the other unpopular wannabe, accountability.

Even a few of the big A's get little respect these days, but the Affordable Care Act is expected to be a game changer. By drawing our attention to all 4 A's and the Q, the Affordable Care Act will challenge us to think about health care in new ways and to make changes that improve multiple dimensions of care.

This issue of the NCMJ puts the spotlight on quality, which thrusts us into an alphabet soup of acronyms and new terms. This issue speaks about PDSA cycles, Lean, RIEs, QIOs, and more. For the uninitiated, I am referring to plan-do-study-act rapid cycle quality improvement projects; Lean (or smart) processes that increase value while lowering cost; rapid improvement events; and quality improvement organizations, which are learning forums that can transform health care outcomes for individuals, families, communities, and providers.

This alphabet soup might be laughable, but the stakes are serious. The Institute of Medicine of the National Academies ominously titled its millennial studies of quality *To Err is Human* and *Crossing the Quality Chasm*, reminding us of our failures and of how far we need to come. The increasing focus on quality has led to the development of processes that drive us to ask simple questions, find thoughtful solutions, and achieve meaningful outcomes. For example, asthma care can be improved so that patients have fewer days with symptoms, miss fewer days of school, and need fewer emergency room visits or hospitalizations. Nosocomial infections can be prevented with improved techniques of catheter care. And customer service can be enhanced with shorter waits when scheduling appointments, shorter waits in waiting rooms, quicker consultations, and improved satisfaction for both patients and providers.

The issue brief by Warren Newton and Don Bradley invites us into the history of quality improvement and the delivery of quality health care in North Carolina, while also explaining the evolving science and art behind the acronyms of the quality movement. It is a great story, and one that can only get better.

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