ON THE LEARNING CURVE

Quality Improvement

Quality improvement is a concept that has gained increased attention in medicine over the years.

Although providers always have been focused on improving the quality of care for their patients, in recent years the emphasis on actually measuring changes and improving overall systems has increased. In fact, documenting quality improvement efforts is now a part of the American Board of Pediatrics' Maintenance of Certification process. Additionally, the Pediatric Residency Review Committee requires that residents learn about quality improvement and participate in a project during their residency.

LEE SAVIO BEERS, M.D.

So, what is quality improvement? It is a term that most of us have probably heard many times, yet may not have ever stopped to think about. The Institute of Medicine defines quality as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

The next question is how to define and measure an improvement of quality. The National Initiative for Children's Healthcare Quality (NICHQ) specifies the aims of quality improvement in child health. Their goal is to create a health care system that enables "children to achieve their greatest potential while causing no needless harm, families to better provide for and support their child's health and well-being, communities to effectively promote the health of children and families, and society to achieve these results with equality and no waste."

Additionally, we should be able to measure and document how we improve and what our final outcomes are.

Sounds easy, right? The reality is that quality improvement is hard work, and there is still a lot that we need to learn.

One of the more commonly used tools, the "Model for Improvement," is designed to provide continuous assessment and feedback in order to make frequent smaller changes, ultimately effecting a larger change in the system studied.

There are two main components of the Model for Improvement: First, the system to be studied – including how change can be implemented and evaluated – is defined. Second, the change is tested through a continuous feedback cycle.

The first component focuses on the following three questions:

- "What are we trying to accomplish?"
- "How will we know that a change is an improvement?"
- "What changes can we make that will result in improvements?"

The second component utilizes the "Plan, Do, Study, Act" (PDSA) cycle as a framework for implementing and evaluating changes. The PDSA cycle is intended to occur over relatively short periods of time, feeding back to the three questions of the first component and repeating as needed. This may sound overwhelming, but if you implement this model with small changes, you can begin to see how it works and become more comfortable with it.

Thanks to increasing interest in quality improvement, there are many resources available. I've already mentioned the Institute of Medicine (www.iom.edu) and NICHQ (www.nichq.org). Others include the Institute for Healthcare Improvement (www.ihi.org) and the American Academy of Pediatrics (www.aap.org/qualityimprovement). Wherever you learn it, understanding quality improvement and how it can be integrated into your work will be of the utmost importance to your future practice. ■

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Depressed Medical Students More Likely to Worry About Stigmatization

BY ROBERT FINN

FROM JAMA

A survey of more than 700 medical students found that 14% were moderately or severely depressed. Those depressed students were significantly more likely than students who were not depressed to express concern about stigmas associated with depression, according to the survey.

VITALS

Major Finding: Among medical students who completed a survey, 14% were moderately or severely depressed. Third- and fourth-year students with moderate to severe depression were more likely to report suicidal ideation than were first- and second-year students (7.9% vs. 1.4%).

Data Source: Cross-sectional, Internet-based survey of all 769 students enrolled in the medical school at the University of Michigan in September-November 2009.

Disclosures: The study was funded by the department of family medicine at the University of Michigan. The authors reported no financial disclosures.

For example, 53% of the students with moderate to severe depression agreed with the statement, "Telling a counselor I am depressed would be risky," compared with 17% of students with no or minimal depression.

The results come from a survey of all 769 students enrolled at the medical school of the University of Michigan, Ann Arbor, in September-November 2009. Of the students surveyed, 505 (66%) responded, reported Dr. Thomas L. Schwenk and his colleagues at the university (JAMA 2010;304:1181-90).

First- and second-year students were no more likely than third- or fourth-year students to report moderate to severe depression (13% vs. 15%). But significantly more women than men scored in the moderate to severe range (18% vs. 9%). Third- and fourth-year students with moderate to severe depression were more likely to report suicidal ideation than were first- and second-year students (7.9% vs. 1.4%).

Significant differences were found between students with moderate to severe depression and those with no or minimal depression on several other stigma-related statements. For example, 62% of the students with moderate to severe depression, compared with 34% of those with no or minimal depression, agreed with the statement, "If I were depressed and asked for help, I would be admitting that my coping skills are inadequate."

Depressed students also expressed significantly more concern about being less competitive in their residency applications.

On the other hand, 86% of students with moderate to severe depression disagreed with the statement, "Medical students with depression are dangerous to their patients," compared with 74% of students with no or minimal depression who disagreed with that statement. The difference was statistically significant.

"These results suggest that new approaches may be needed to reduce the stigma of depression and to enhance its prevention, detection, and treatment," the investigators wrote.

"The effective care of mental illness, the maintenance of mental health and effective emotional function, and the care of professional colleagues with mental illness could be taught as part of the ethical and professional responsibilities of the outstanding physician and become a critical component of the teaching, role modeling, and professional guidance that medical students receive as part of their curriculum and professionalism." ■

Law Ensures Right to Fight Coverage Denials

BY MARY ELLEN SCHNEIDER

New federal regulations mandated by the Affordable Care Act will give patients new rights to appeal claims denials made by their health plans.

The rules, announced in July, will allow consumers in new health plans to appeal decisions both through their insurer's internal process and to an outside, independent entity. While most health plans already provide for an internal appeals process, not all offer an external review of plan decisions, according to the U.S. Department of Health and Human Services.

HHS officials estimate that in 2011 there will be about 31 million people in new employer plans and another 10 million people in new individual market plans who will be able to take advantage of these new appeals opportunities. By 2013, that number is expected to grow to 88 million people. The rules do not apply to grandfathered health plans.

Under the new rules, health plans that began on or after Sept. 23, 2010 must have an internal appeals process that allows consumers to appeal whenever the plan denies a claim for a covered service or rescinds coverage. The internal appeals process must also offer consumers detailed information about the grounds for their denial and information on how to file an appeal.

The new rules aim to make internal appeals more objective by ensuring that the person considering the appeal does not have a conflict of interest. For example, the health plan is not allowed to offer financial incentives to employees based on the number of claims that are denied. Health plans will also have to provide an expedited appeals process, which would allow urgent cases to be reviewed within 24 hours.

The new federal appeals regulations also standardize rules for external appeals. Currently, 44 states require health plans to have some type of external appeal but those processes vary greatly, according to HHS. Under the federal rules, health plans must provide clear information about external appeals and expedited access to the process. The decisions made through external appeals are binding under the new federal rules. ■