Foreword

A Great Start and A Long Way to Go

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Could any of us have imagined how far the field of pediatric quality improvement would come in less than two decades? The number of individuals who were committing their careers to pediatric quality—either through research or management—could likely have fit within a telephone booth, and certainly within a minivan, in the early 1990s. In looking at the contents of this issue of the *Pediatric Clinics of North America*, it is clear how far our field has come—how much greater the breadth and number of individuals involved, how much deeper our understanding of the nature of our quality problem, how much improved our tools are to measure quality and our methods are for taking action to improve performance. We now can point to real beacons of success, actual programs that have made dramatic improvements in removing the excuse that "it cannot be done in health care." At this time of hope, renewal, and opportunity in the United States of America, it is worth reflecting on what has contributed to the successes that these articles describe and the growth in our field, as well as challenges ahead and what we need do to better achieve the goal of our movement—a world in which all children receive the health care they need.

In order to succeed and be sustained through long-term institutional and societal change, all successful movements must build political will, have a solid evidence base, and have a successful social strategy to move forward. The political will in our field comes from an increasing awareness of the gap between what children need and what our health care system provides. For the technicians among us, the evidence of the chasm between what science demonstrated to be effective practice, such as the use of appropriate medications for asthma, and what was the usual practice was sufficient to get this movement started. For others, the continued occurrence of the harm inflicted by the health care system was the motivation for change, particularly when safety science in other disciplines and industries had already proven the capability of complex systems to perform at much higher levels of reliability than did health care. The frustrations of parents and patients, including both those with chronic conditions such as autism and those who have experienced harm from care, with a system that learns too slowly and varies too much, is also driving change. For policy makers and the public, the poor outcomes for the United States health care system, relative to outcomes for children in other developed nations and coupled with the high cost and the limitations in access, have lit a fire for wide scale health system change. The emergence of new public health concerns, such as obesity, for which the delivery system is ill prepared, that threaten to swamp the health care system in the future is also motivating professionals, the public, and policymakers to focus on improving the performance of our health care system. And while children's health care concerns traditionally are marginalized in conversations about larger health system reform, the dedication of professionals such as those writing these articles, the power of the family voice, the critical role of visionary philanthropic foundations at critical points, the

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importance of children's health issues to the public, and even the prolonged political struggle over reauthorization of the Child Health Insurance Program has kept these issues on the table and moving forward.

The scientific basis on which to make improvements in care is amply documented throughout this issue and constitutes its major contribution. The articles highlight the key role of measurement—and the availability of more and more proven measures—in identifying gaps and variation in care, in tracking success, and in communicating to the public and each other how well (or how poorly) we are doing. They indicate the importance of a systematic approach to changing processes, approaches such as the model for improvement, lean and six sigma, as well as the value of reliability science in reducing harm. Several contributors elaborate on the value of standardization as one key mechanism for enhancing quality and safety, reflected in mechanisms such as order sets and guidelines. Others note how collaboration amongst many organizations working together—using measurement, benchmarking, and the systematic approaches to process change—often accelerates the change and improvement process. An underlying theme in several of the articles is the critical role of families in driving the change process as well as being the most important voice in the care process. The critical role of a well-prepared workforce is amplified in separate articles that detail the role of nursing and training resident physicians.

Despite these tremendous advances, we also know, or at least strongly suspect, that the overall performance of the health care system for children as a whole has not yet made dramatic strides forward. We cannot yet confidently assure a parent that, regardless of which practice they bring their child to, that their child will receive appropriate developmental surveillance and that the family will receive the most effective counseling on health behaviors to position their child for a healthy life; that if diagnosed with a condition, their child will consistently receive evidence-based treatments and do so in a way that is consistent with family preferences and cultural values. We cannot yet promise families that when their child is admitted to a hospital, he or she will not be exposed to unnecessary harm from medication errors or nosocomial infections, or that all of the important aspects of their care will be communicated across institutional boundaries (such as home, hospital, and school) either accurately or on a timely basis. This despite the vast good intentions of the child health community, the increased but still imperfect technical knowledge of how to provide safer, more effective care, and the good work of demonstration programs and collaborative ventures.

What will it take to get us from here to there? In my opinion, there are two critical steps that are needed. The first is greater specificity to the design of an ideal health care system for children and families, one that contributes to a larger system that better promotes and maintains health. I have articulated the need for a comprehensive child and family health home, a multidisciplinary, team-oriented health program that incorporates the current framing of the medical home and not only extends and reframes its disciplinary base and explicitly incorporates mental health services, but also links it to broader community health monitoring and programming and explicitly includes families and the broader community in setting priorities and driving improvement. Another team of thought leaders convened by Nemours[1] has published an even broader model that places strong emphasis on prevention and calls for integrated planning and financing of health, education, social support, and other child services and shared accountability across these systems. Demonstrations of these and other transformational approaches are needed to inform policymakers of the potential of such new designs to provide better care and better systems that will reap a return on investment through societal gains.

The other necessary step is a set of the social strategies to move this transformational agenda forward. Maintenance of certification, a professionally oriented strategy,

should broaden the motivation for pediatricians to engage in improvement and learn some of the core methods. Other strategies are needed to engage other disciplines, promote team-based approaches to care, and promote more transformational changes in health and health care systems. Payment reform is a necessary part of system reform. The current payment systems reward transactions between physicians and patients, rather than either relationships or outcomes; moreover, they value certain types of transactions (those with procedures or using high technology) far greater than transactions involving cognitive and social approaches. Providing incremental incentives for preferred practices within the current fee for service environment may well promote the targeted specific processes in either ambulatory or hospital settings; major system change, however, will require more dramatic restructuring of payment systems. Moving this forward will require a broader coalition involving not only physicians, but consumers and state and federal leaders.

This type of coalition has been fruitful in building a stronger emphasis on quality measurement and improvement into the Child Health Insurance Program Reauthorization Act noted above, now signed into law by President Barack Obama. Leaders in child health policy that represent not only provider groups (hospitals and pediatricians) but also consumers and quality experts took advantage of the need to renew this program by working with Congress to include federal support—for the first time—for the development and use of consistent pediatric quality measures by Medicaid and State Child Health Insurance Program (SCHIP) programs. These measures, linked to demonstration programs focused on care coordination and medical home and significant investment in pediatric health information technology, provide an important foundation in the strategy for more widespread improvement. Other near-term policy actions that could promote this would be the creation of national and state technical assistance centers for children's quality, creation of a national child health improvement corps modeled on the Centers for Disease Control's Epidemiology Intelligence Service to strengthen state capacity for supporting improvement, federal support for the creation of national disease registries for chronic conditions, and funding comparative effectiveness research for children's health care. But the key element is to build a broad coalition that can advocate for such system changes.

Our field has made tremendous advances over the past two decades. We have reduced harm and improved quality in numerous settings. While we continue to refine both measurement and quality improvement technical approaches, we must also define the system changes that will lead to dramatically better outcomes, identify the policies that will promote the adoption of this system, and build the coalitions and seize the opportunities to move these policies into practice.

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