

## HPAA 762: Quality of Care

Fall, 2007 (Wednesday, 5:00-7:30, McGavran-Greenberg Hall, Room 2301)

### **Contact Information:**

Instructor: Dr. Morris Weinberger

- *Office:* McGavran-Greenberg, 1101D
- *Office Hours:* Wednesday 3:30-4:30, Thursday 11:30-12:30, and by appointment
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### **Overview:**

The quality of health care in the United States has garnered significant attention among health care professionals and the public alike. This course will review: (1) the current state of the quality of health care in the United States; (2) approaches to assess quality of health care, and (3) strategies that have been implemented or proposed to improve the quality of health care.

### **Course Objectives:**

By the end of the course, students should be able to:

- Identify key issues related to the quality of health care in the United States
- Understand conceptual and operational definitions of quality of care from the perspectives of health care systems, providers and patients
- Assess strengths and weaknesses of strategies that have been implemented or proposed to improve the quality of health care in the United States
- Develop a project to design and evaluate a strategy to improve the quality of health care

### **Blackboard and Course Assignments:**

<b>Assignment Schedule</b>	
<b>Assignment (Described Below) and percent of grade</b>	<b>Due Date</b>
Brief description of paper topic: No credit	9/17
Background section of paper: 25%	10/22
Final Paper: 45%	12/5
Group Assignment 1: 10%	9/26
Group Assignment 2: 10%	11/7
Brief Exercises: 2 Exercises, 5% each	To be announced

- In terms of the assigned readings, many articles are recent and should be available electronically through the Health Sciences Library web site; those are shaded in yellow on the syllabus. The remaining articles can be found through EReserves (<http://152.2.37.110/eres/coursepage.aspx?cid=1296>). If you have any problems with Blackboard (including accessing the articles), please contact Nancy Beach ([nbeach@email.unc.edu](mailto:nbeach@email.unc.edu)).
- All written assignments must be submitted through the Course Assignment Tool on the course blackboard site. There will be separate folders for each assignment. Students are responsible for ensuring that assignments make it to the proper folder using this tool. Assignments that are submitted through other mechanisms **will not be accepted**, unless blackboard is down.
- Students are responsible for looking at the **announcements** on our Blackboard site regularly for updated information.
- Use a 12-point font with one-inch borders all around for **all** assignments.
- Late assignments **will not be accepted** unless permission is granted in advance or there is some extraordinary circumstance.

**Readings:** Students are expected complete *required* reading assignments **before** the class in which they are assigned; *recommended* readings are optional. Each class, several students will be assigned to write brief answers to discussion questions that will be circulated in advance of class (see brief exercises, below). I reserve the right to add or substitute readings, which generally would reflect recent publications.

**PHO Seminars/Webcasts:** The Program on Health Outcomes has a seminar series, which can be found at <http://www2.sph.unc.edu/pho>. While I encourage you to attend all seminars that are of interest to you, some will be discussed in class. I will assign selected seminars and/or webcasts, some of which may be used as the basis for brief assignments.

**Grades:** Grades will be based on the following:

- *Brief exercises (5% each).* By the Friday before each class, I will post a question in the announcement section that is intended to facilitate class discussion. The question will focus on readings and/or PHO seminars/webcasts. Twice during the semester, students will be expected to write and turn in a brief (2-3 double-spaced pages) answer to that question. I will post a schedule of assignments (without the specific discussion questions) in early September. **Your assignment should be submitted to Blackboard by 5:00 the day before the class for which the reading was assigned.**
- *Group projects (10% each):* There will be two group assignments during the semester. Each project will include the specific instructions, as well as assignments of students to groups. Groups will present once during the semester. Group Projects will be due on **September 26 and November 7.**
- *Term paper:* In this paper, you will: (1) identify a specific problem related to the quality of health care; (2) develop a strategy that might address this problem; and (3) formulate a plan through which you can evaluate the success of the strategy. The assignment has three deliverables, each of which will be described below:
  - Brief description of the topic (no credit) **Due Monday, September 17 at 5:00 PM.**
  - Background section (25%) **Due Monday, October 22 at 5:00 PM (Note: This is the Monday after Fall Break).**
  - Final paper (45%) **Due Wednesday, December 5 at 5:00 PM.**

## ***Term Paper***

The overall goal of the term paper is to have you identify a specific problem related to the quality of health care that is of interest to you. Once you have identified that problem, you must develop a strategy that might address this problem and formulate a plan through which you can evaluate the success of the strategy. These skills are essential to most careers in health policy and/or health care administration. There are three components to this assignment:

**1. Brief description of the topic:** While you will not receive a grade on this assignment, it is designed to ensure that you are on the right track early in the semester. You should simply state the quality problem you wish to address, why you believe it is important, and how you propose to improve it. This assignment should be no longer than a page. It is due by **5:00 on Monday, September 17.**

**2. Background:** The background section should:

- Identify a problem related to the quality of care in any type of health care organization (e.g., emergency department, outpatient clinic, hospital, nursing home).
- State why the problem you have identified is important (e.g., cost, prevalence, morbidity).
- Review the peer-reviewed literature for strategies that have been evaluated to address this problem. In general, peer-reviewed literature has more credibility than publications that are not peer-reviewed (including internet sites) that contain unsupported opinions or facts that cannot be verified. If you use internet sources, the onus is on you to ensure the integrity of your sources. Helpful advice can be found at <http://www.hsl.unc.edu/lm/eval/nuts.htm>.
- Based on what has been tried, develop a strategy that you believe may be effective in solving the problem you have identified. You should justify why your strategy represents an important extension of current knowledge. You should be certain to describe with specificity the composition and target of your strategy. At this point, a brief description of the strategy is sufficient.

The ***background section***, due on **Monday, October 22 at 5:00 PM**, should be approximately 10 pages, excluding references. This assignment will allow me to determine whether you are on track and provide you with feedback at a relatively early stage of your assignment. Based upon my comments, you may proceed with your original idea, make modifications to your original topic, or select an alternative.

**3. Final paper:** In addition to the background section (which is likely to need revision based on my feedback), the final paper should describe the methods you will use to assess the effectiveness of your strategy. It should describe:

- ***Research design:*** You should select the design by which you will evaluate your strategy. You can use either an experimental or non-experimental design. Whichever design you select, justify your choice based upon scientific and/or pragmatic considerations.
- ***Setting and Subjects:*** Who will be the target of the intervention? Why did you choose this group (i.e., what is their significance)?

- **Proposed intervention/strategy:** What do you plan to do? This should be fairly detailed and include exactly what will be done, by whom, how long the intervention will last, etc.
- **Outcomes:** What specific *measures* will you use to evaluate your strategy? Your measure(s) should follow from the purpose of your intervention. Measure(s) should also be pragmatic (can be collected feasibly), valid, and something that you would expect to see change as a result of your strategy.
- **Procedures:** How will subjects be identified and recruited? How will you collect data? Again, the strategy should be feasible in the setting of your project.
- **Analytical Plans:** The section should be brief. The level of sophistication is expected to be greater for PhD students.

The final **term paper**, which includes the background and methods, should be approximately 20 double-spaced pages, excluding references. ***It is due by 5:00 PM on Wednesday, December 5.***

### General Advice

- **I encourage you in the strongest possible terms to begin this project early.** I cannot stress this enough.
- I recognize that students' experience regarding research methods is highly variable. I will use the first class to review some important issues evaluating programs or strategies. In addition, assigned readings and class discussions will also review important methodological issues. If you have additional questions, please ask Kristin or me as early as possible.
- In developing your paper, you should think about your answers to the following questions:
  - Is the quality problem I want to address important (and how do I know it's important)?
  - What has previously been done to address the problem I have identified?
  - What do I propose to do that is innovative?
  - How will I know whether it worked?
- Clarity is essential and, therefore, an important component of your grade. You are strongly encouraged to take advantage of the **Writing Center** (962-7710) to help with your paper. This is an excellent resource that is available to you at no cost.
- The course syllabus discusses plagiarism and the honor code. I reserve the right to submit papers to turnitin.com. If you have any questions about this procedure, please feel free to talk to me about it.

In evaluating **all written assignments**, I will use the following criteria:

- 92-100: Exceptional graduate-level work:\* The paper: (a) is thorough with respect to all required elements of the assignment; (b) shows a clear understanding of the issues related to the identified problem and (c) is well-written (including grammar and spelling) and logically organized.
- 75-92: Acceptable graduate-level work:\* The paper is acceptable with regard to both content and presentation, but has one or more deficiencies that are not present at the exceptional level.
- 65-74: Marginally acceptable graduate-level work:\* The paper has a major deficiency with respect to fundamental concepts or presentation of the proposal.
- < 65: Paper does not meet an acceptable level for graduate-level work.\*

**\*NOTE:** The expectations for this assignment will be somewhat different for students enrolled in a *doctoral program* versus those in a *masters program*.

Final grades use similar criteria:

92-100 Honors  
75-91 Pass  
65-74 Low pass  
< 65 Fail

### ***Honor Code***

The honor code (<http://instrument.unc.edu>) is in effect in this class. In accordance with this code, you are expected to submit assignments that represent your own work. According to the honor code published on this web site, “Plagiarism in the form of deliberate or reckless representation of another’s words, thoughts, or ideas as one’s own without attribution in connection with submission of academic work, whether graded or otherwise.” Plagiarism directly violates the letter and spirit of the honor code. You must give credit to authors of ideas that are not your own by appropriate citation. Notably, plagiarism is not restricted to copying a direct quote without citing the source, but also includes borrowing ideas without giving credit. If you are unsure whether or not to reference a paper, err on the side of citing the source. I treat the honor code seriously. For violations of the honor code, I will follow the protocol described on the web site listed above.

### ***Course Evaluation***

The Department of Health Policy and Administration is participating in the Carolina Course Evaluation System (CES), the university's new online course evaluation tool, enabled at the end of each semester. Your responses will be anonymous, with feedback provided in the aggregate; open-ended comments will be shared with instructors, but not identified with individual students. Your participation in CES is a course requirement, as providing constructive feedback is a professional expectation. Such feedback is critical to improving the quality of our courses, as well as providing input to the assessment of your instructors.

### ***Academic Disruption Exercise***

HPAA is committed to developing and testing alternatives for continuing classes in the face of various disruptions. During this semester we may run such a test. If this course participates, you will be informed in advance about the nature of the exercise and actions to take. We appreciate your full cooperation in this very important endeavor.

<b>HPAA 762: Course Outline and Assignments</b>	
August 22	Overview to the Course/Evaluating Interventions
August 29	Introduction to Quality of Care
<u>Required</u>	
<ul style="list-style-type: none"> <li>• Donabedian A. The role of outcomes in quality assessment and assurance. <u>QRB</u>: 1992 (Nov), 356-360.</li> <li>• Chassin MR, Galvin RW, National Roundtable on Health Care Quality. The urgent need to improve health care quality. <u>JAMA</u>, 1998, 280: 1000-1005.</li> <li>• McGlynn EA. Six challenges in measuring the quality of health care. <u>Health Affairs</u>, 1997, 16: 7-21.</li> <li>• Emanuel EJ: What cannot be said on television about health care. <u>JAMA</u>, 2007, 297:2131-2133.</li> </ul>	
September 5	Patient Safety and Error
<u>Required</u>	
<ul style="list-style-type: none"> <li>• Gallagher TH, Waterman AD, Ebers AC, et al. Patients' and physicians' attitudes regarding the disclosure of medical errors. <u>JAMA</u>, 2003, 289:1001-1007.</li> <li>• Woolf SH. Patient safety is not enough: Targeting quality improvements to optimize the health of the population. <u>Ann Intern Med</u>, 2004, 140:33-36.</li> <li>• Leape LL, Berwick DM. Five years after <i>To Err is Human</i>. What have we learned? <u>JAMA</u>, 2005, 293:2384-2390.</li> <li>• Longo DR, Hewett JE, Ge B, Schubert S. The long road to patient safety: a status report on patient safety systems. <u>JAMA</u>, 2005, 294:2858-2865.</li> </ul>	
<u>Recommended</u>	
<ul style="list-style-type: none"> <li>• Institute of Medicine. <i>To Err is Human</i>. Executive Summary (pp. 1-16). Washington DC: National Academy Press, 2000.</li> <li>• Hofer TP, Kerr EA. What is an error? <u>Effective Clin Pract</u>, 2000, 6:261-269.</li> <li>• Blendon RJ, DesRoches CM, Brodie M, et al. Views of practicing physicians and the public on medical errors. <u>New Engl J Med</u>, 2002, 347:1933-1940.</li> </ul>	
September 12 <b>CLASS FROM 5-6 ONLY</b>	Defining Quality: Provider and System Perspectives—Part I
<u>Required</u>	
<ul style="list-style-type: none"> <li>• Cabana MD, et al. Why don't physicians follow clinical practice guidelines? A framework for improvement. <u>JAMA</u>, 1999, 282: 1458-1465.</li> <li>• Steinbrook R. Guidance for guidelines. <u>New Engl J Med</u>, 2007, 356:331-333.</li> <li>• Woolf SH, et al. Potential benefits, limitations and harms of clinical guidelines. <u>British Med J</u>, 1999, <b>18</b>: 527-530.</li> <li>• Walter LC, Davidowitz NP, Heineken PA, Covinsky KE. Pitfalls of converting practice guidelines into quality measures: Lessons learned from a VA performance measure. <u>JAMA</u>, 2004, 291:2466-2470.</li> </ul>	
<u>Recommended</u>	
<ul style="list-style-type: none"> <li>• Brook RH, McGlynn EA, Cleary PD. Measuring quality of care. <u>New Engl J Med</u>, 1996, 335:966-970.</li> </ul>	

September 19	Defining Quality: Provider and System Perspectives—Part II Defining Quality: The Patient’s Perspective—Part I
<u>Required</u>	
<ul style="list-style-type: none"> <li>• Cleary PD, Edgman-Levitan S. Health care quality: incorporating consumer perspectives. <u>JAMA</u>, 1997, 278: 1608-1612.</li> <li>• Cleary PD, McNeil BJ. Patient satisfaction as an indicator of quality care. <u>Inquiry</u>, 1988, 25: 25-36.</li> </ul>	
September 26	Defining Quality: The Patient’s Perspective—Part I
<u>Required</u>	
<ul style="list-style-type: none"> <li>• Guyatt GH, Feeny DH, Patrick DL. Measuring health-related quality of life. <u>Ann Intern Med</u>, 1993, 118: 622-628.</li> <li>• Leplege A, Hunt S. The problem of quality of life in medicine. <u>JAMA</u>, 1997, 278:47-50.</li> <li>• Wilson IB, Cleary PD. Linking clinical variables with health-related quality of life: a conceptual model of patient outcomes. <u>JAMA</u>, 1995, 273: 59-65.</li> <li>• Deyo RA, Patrick DL. Barriers to the use of health status measures in clinical investigation, patient care, and policy research. <u>Med Care</u>, 1989, 27 (Suppl): S254-S268.</li> </ul>	
<u>Recommended</u>	
<ul style="list-style-type: none"> <li>• McHorney CA. Health status assessment methods for adults: past accomplishments and future challenges. <u>Ann Review Publ Hlth</u>, 1999, 20: 309-335.</li> </ul>	
October 3	Report Cards
<u>Required</u>	
<ul style="list-style-type: none"> <li>• Schneider E, Epstein AM. Influence of cardiac surgery performance reports on referral practices and access to care. <u>New Engl J Med</u>, 1996, 335: 251-256.</li> <li>• Hannan EL, et al. Improving the outcomes of coronary artery bypass surgery in New York State. <u>JAMA</u>, 1994, 271: 761-766.</li> <li>• Werner RM, Asch DA. The unintended consequences of publicly reporting quality information. <u>JAMA</u>, 2005 293:1239-1244.</li> <li>• Hibbard JH, Jewett JJ. Will quality report cards help consumers? <u>Hlth Affairs</u>, 1997, 16: 218-228.</li> <li>• Lee TH, Meyer GS, Brennan TA. A middle ground on public accountability. <u>New Engl J Med</u>, 2004, 350:2409-2412.</li> <li>• Steinbrook R. Public report cards: Cardiac surgery and beyond. <u>New Engl J Med</u>, 2006, 355:1847-1849.</li> <li>• Jha AK. Measuring hospital quality: What physicians do? How patients fare? Or Both? <u>JAMA</u>, 2006, 296:95-97.</li> </ul>	
<u>Recommended</u>	
<ul style="list-style-type: none"> <li>• Iezzoni LI. The risks of risk adjustment. <u>JAMA</u>, 1997, 278: 1600-1607.</li> <li>• Krumholz et al. Evaluation of a consumer-oriented internet health care report card. <u>JAMA</u>, 2002, 287:1277-1287.</li> </ul>	

October 10	Improving the Quality of Care: Physician-Level Strategies
<u>Required</u>	
<ul style="list-style-type: none"> <li>• Soumerai SB, et al. Effect of local medical opinion leaders on quality of care for acute myocardial infarction. <u>JAMA</u>, 1998, 279: 1358-1363.</li> <li>• Soumerai SB, Avorn J. Principles of educational outreach (academic detailing) to improve clinical decision making. <u>JAMA</u>, 1990, 263: 549-556.</li> <li>• Yarnall KSH, et al. Primary care: Is there enough time for prevention. <u>Am J Publ Hlth</u>, 2003, 93:635-641.</li> <li>• Baron RJ, et al. Electronic health records: Just around the corner or over the cliff? <u>Ann Intern Med</u>, 2005, 143:222-226.</li> </ul>	
<u>Recommended</u>	
<ul style="list-style-type: none"> <li>• Hunt DL, et al. Effects of computer-based clinical decision support systems on physician performance and patient outcomes: a systematic review. <u>JAMA</u>, 1998, 280: 1339-1346.</li> <li>• Greco PJ, Eisenberg JM. Changing physicians' practices. <u>New Engl J Med</u>, 1993, <b>329</b>: 1271-1274.</li> </ul>	
October 17	Fall Break
October 24	Improving the Quality of Care: System-Level Strategies—Part I
<u>Required</u>	
<ul style="list-style-type: none"> <li>• Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness. <u>JAMA</u>, 2002, 288:1775-1779.</li> <li>• Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness: The Chronic Care Model, Part 2. <u>JAMA</u>, 2002, 288:1909-1914.</li> <li>• Reuben DB. Organizational interventions to improve health outcomes of older persons. <u>Med Care</u>, 2002, 40:416-428.</li> </ul>	
October 31	Improving the Quality of Care: System-Level Strategies—Part II
<u>Required</u>	
<ul style="list-style-type: none"> <li>• Philbin EF, et al. The results of a randomized trial of quality improvement in the care of patients with heart failure. <u>Amer J Med</u>, 2001, 109: 443-449.</li> <li>• Sirovich BE, Gottlieb DJ, Welch G, Fisher ES. Regional variation in health care intensity and physician perceptions of the quality of care. <u>Ann Intern Med</u>, 2006, 144:641-649.</li> <li>• Krein SL, et al. Department of Veterans Affairs' Quality Enhancement Research Initiative for diabetes mellitus. <u>Med Care</u>, 2000, 38(Suppl):I38-I48.</li> <li>• Jha AK, Perlin JB, Kizer KW, Dudley RA. Effect of the transformation of the Veterans Affairs health care system on the quality of care. <u>New Engl J Med</u>, 2003, 348:2218-2227.</li> </ul>	
<u>Recommended</u>	
<ul style="list-style-type: none"> <li>• Solberg LI, et al. Failure of a continuous quality improvement intervention to increase the delivery of preventive services: A randomized trial. <u>Effective Clin Pract</u>, 2000, 3: 105-115.</li> <li>• Kritchevsky SB, Simmons BP. Continuous quality improvement: concepts and applications for physician care. <u>JAMA</u>, 1991, 266: 1817-1823.</li> <li>• Landon BE, Wilson IB, McInnew K, et al. Effects of a quality improvement collaborative on the outcome of care of patients with HIV infection: The EQHIV study. <u>Ann Intern Med</u>, 2004, 140:887-896.</li> </ul>	

November 7	Improving the Quality of Care: Patient-Level Strategies
<p><u>Required</u></p> <ul style="list-style-type: none"> <li>• VonKorff M, et al. Collaborative management of chronic illness. <u>Ann Intern Med</u>, 1997, 127:1097-1102.</li> <li>• Lorig K, Mazonson PD, Holman HR. Evidence suggesting that health education for self-management in patients with chronic arthritis has sustained health benefits while reducing health care costs. <u>Arth Rheum</u>, 1993, 36: 439-446.</li> </ul> <p><u>Recommended</u></p> <ul style="list-style-type: none"> <li>• Barry MJ, et al. Patient reactions to a program designed to facilitate patient participation in treatment decisions for benign prostatic hyperplasia. <u>Med Care</u>, 1995, 33: 771-782.</li> </ul>	
November 14	Patient Factors Influencing the Quality of Care
<p><u>Required</u></p> <ul style="list-style-type: none"> <li>• Kressin NR, Petersen LA. Racial differences in the use of invasive cardiovascular procedures: review of the literature and prescription for future research. <u>Ann Intern Med</u>, 2001, 135:352-356.</li> <li>• Siegel S, Moy E, Burstin H. Assessing the nation's progress toward elimination of disparities in health care: The National Healthcare Disparities Report. <u>J Gen Intern Med</u>, 2004, 19:195-200.</li> <li>• Steinbrook R. Disparities in health care—From politics to policy. <u>New Engl J Med</u>, 2004, 350:1486-1488.</li> <li>• Bloche MG. Health care disparities—Science, politics, and race. <u>New Engl J Med</u>, 2004, 350:1568-1570.</li> <li>• Asch SM, Kerr EA, Keeseey J, Adams JL, Setodji CM, Malik S, McGlynn EA. Who is at greatest risk for receiving poor quality health care? <u>New Engl J Med</u>, 2006, 354:1147-1156.</li> <li>• Bach PB, Pham HH, Schrag D, Tate RC, Hargraves JG. Primary care physicians who treat blacks and whites. <u>New Engl J Med</u>, 2004, 351:575-584.</li> </ul> <p><u>Recommended</u></p> <ul style="list-style-type: none"> <li>• Institute of Medicine. <i>Unequal Treatment</i>. Executive Summary (pp. 1-27). Washington DC: National Academy Press, 2003.</li> </ul>	
November 28	Where Do We Go From Here (Part I)?
<ul style="list-style-type: none"> <li>• McGlynn EA, Asch SM, Adams J, et al. The quality of health care delivered to adults in the United States. <u>New Engl J Med</u>, 2003, 348:2635-2645.</li> <li>• Rosenthal MB, Frank RG, Li Z, Epstein AM. Early experience with pay-for-performance: from concept to practice. <u>JAMA</u>, 2005, 294:1788-1793.</li> <li>• Rowe JW. Pay for performance and accountability: Related themes in improving health care. <u>Ann Intern Med</u>, 2006, 145:695-699.</li> <li>• Rosenthal MR, Dudley RA. Pay for performance: Will the latest payment trend improve care? <u>JAMA</u>, 2007, 297:740-744.</li> </ul> <p><u>Recommended:</u></p> <ul style="list-style-type: none"> <li>• Epstein AM, Lee TH, Hamel MB. Paying physicians for high-quality care. <u>New Engl J Med</u>, 2004, 350:406-410.</li> </ul>	
December 5	Where Do We Go From Here (Part II)?

### Required

- Lenfant C. Clinical research to clinical practice—Lost in translation? *New Engl J Med*, 2003, 349:868-874.
- Frist WH. Health care in the 21<sup>st</sup> Century. *New Engl J Med*, 2005, 352:267-272.
- Anderson G. Medicare and chronic conditions. *New Engl J Med*, 2005, 353:305-309.
- Bush RW. Reducing waste in US health care systems. *JAMA*, 2007, 297:871-874.
- Cruess SR, Cruess RL. Paranoia over privacy. *Ann Intern Med*, 2006, 145: 228-230.
- Neuman P, Strollo MK, Guterman S, et al. Medicare Prescription Drug Benefit progress report: Findings from a 2006 national survey of seniors. *Health Affairs*, 2007, 26 no. 5, w630-w643.
- Tseng CW, Mangione CM, Brook RH, et al. Identifying widely covered drugs and drug coverage variation among Medicare part D formularies. *JAMA*, 2007, 297:2596-2602.

### Recommended

- Institute of Medicine. *Crossing the Quality Chasm*. Executive Summary (pp. 1-22). Washington DC: National Academy Press, 2001.
- Institute of Medicine. *Envisioning the National Health Care Quality Report*. Executive Summary (pp. 1-18). National Academy Press, Washington DC, 2001.