

Profile: Don Berwick, whose Institute for Health Care Improvement is trying to improve the quality of health care in the US

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BOB EDWARDS, host: The quality of health care in America varies drastically from hospital to hospital. Costs are out of control, and it often takes weeks for someone with a health problem to get to see a doctor. A recent NPR/Kaiser/Kennedy School poll indicates more than four in 10 Americans said they had at least one problem with access to care, with paying medical bills or with the quality of medical care over the past year. NPR's Chris Arnold reports on a physician who's trying to fix some of these problems.

CHRIS ARNOLD reporting:

If anyone could get access to good health care, you'd figure it would be **Donald Berwick**. In addition to being a physician, he's a professor of health care policy at Harvard Medical School. He's testified before Congress on health care quality issues, and he's the president of the non-profit Institute for Health Care Improvement. But when his elderly father became terminally ill back in 1994, none of that made much difference.

Dr. **DONALD BERWICK** (Physician): My father was a doctor for 50 years, and he had Parkinson's disease. And I remember him being admitted to a hospital with pneumonia and then being transferred out to a nursing home. And I was there, I was doing my best, I tried my hardest to make the right things happen.

ARNOLD: But still things went wrong. Problems with paperwork delayed treatment. One night, Dr. Berwick says, he came to visit and found his father nearly comatose from being overloaded with sedatives, and his father developed pressure sores from lying in bed.

Dr. BERWICK: Pressure sores are horrible, and they're rampant in the United States. People get them all the time in hospitals if they have serious illnesses. When I watched my father, knowing that he devoted his life to being an effective physician, trying to help a whole community, and then my own father was suffering from something that is nearly totally preventable, I almost went wild.

ARNOLD: Fueled in part by such personal experiences, Berwick today has built his Institute for Health Care Improvement into a considerable force for change.

Dr. BERWICK: Well, this is the headquarters of the institute here in Boston with about 55 people, arranging interactions and projects with what we call our faculty, 400 or 500 people from all different kinds of disciplines: doctors, nurses, managers, pharmacists, sometimes patients and laypeople.

ARNOLD: Berwick's institute is working on reforms with thousands of doctors' offices and hospitals around the country and the world. There are more efforts than can be named here, but they include everything from reducing surgical infections to eliminating medication errors, cutting costs and just giving patients better access to doctors.

This all got started in the early 1980s when an HMO where Berwick was a pediatrician asked him to head up an improvement effort. It was a time when US automakers and technology firms were studying quality improvement to compete better against Japan and other countries. And it struck

Berwick that doctors and hospitals should be doing the same thing, but were not. So he started calling up the best-run corporations and organizations he could think of.

Dr. BERWICK: I cold-called the National Aeronautics and Space Administration, and I reached on that call a man named Guy Cohen, the head of quality, safety and reliability for NASA. And I said, 'I'm from health care, and I'd like to understand, how do you do what you do? How did you get to the moon?' And he said, 'When can I come and see you?' I said, 'How's tomorrow?' And he talked for four hours. He walked me through the quality systems at NASA, and I remember being absolutely stunned by how systematic and serious and committed and relentless and uncompromising with respect to excellence that system was.

ARNOLD: Again and again, at Toyota, IBM, Bell Labs, Berwick got through to quality control people. Many of them had their own bad health care experiences and they wanted to help. For the past two decades, Berwick has been implementing what he's learned. Instead of scrawling out prescriptions by hand, Berwick's institute helps get doctors to enter them on a computer so they're printed legibly and the software can raise a flag about doses or drugs that seem dangerous or unusual for the patient. Or take the way doctors' visits are handled. At many practices, patients have to wait weeks or months for an appointment, during which time their condition might get worse. Berwick says the schedule often gets clogged up by patients coming in for unnecessary follow-up visits to get lab results or information they could easily get via the phone or e-mail, and he's demonstrating that it doesn't have to be that way.

Mr. JIM MASTRIMATIO(ph): His breathing was tightening up, right? That's what...

BRANDON MASTRIMATIO(ph): Yeah. Yeah.

Mr. MASTRIMATIO: He was trying to breathe and everything felt tight.

Unidentified Doctor: Let's just talk about this shortness of breath situation as long as we're all here.

ARNOLD: A doctor at Somerville Hospital in Boston is seeing 15-year-old Brandon Mastrimatio, who's developing asthma. The hospital's been working with Dr. Berwick's institute to achieve so-called open-access scheduling. In part by using work flow techniques developed by automakers, doctors worked the patient backlog down from three weeks to just three days. And they now keep 50 to 70 percent of their schedules open every day to be filled as patients call who want immediate care. And it seems to be working, says Brandon's father, Jim Mastrimatio, who's a local general contractor.

Mr. MASTRIMATIO: We called at 12; they gave us an appointment for 1:20. She told me to come in by 12:30 so we could get all set up. They took him right away. No trouble at the front desk about anything or anything. They just came right--they just sat him down, and he went right to the doctor.

ARNOLD: Which is great for a working parent, Mastrimatio says, and it's not what usually happens at other hospitals.

Mr. MASTRIMATIO: We wait in emergency wards a lot longer than that. In New Hampshire, he got hit with a fast ball. He plays in a big league and he got hit in the ankle, couldn't walk. They put us in the emergency ward, we were there all day.

ARNOLD: Other reforms under way at this hospital include linking the doctor's office to nearby pharmacies to make sure prescriptions get filled. Doctors here give out their e-mail so patients

can let them know how they're doing. Also, Dr. Berwick is pushing physicians to let patients care for themselves at home. It's a concept that he acknowledges can make the hospital lawyers nervous, and he says if a patient wants to see a doctor, they always should be able to. But there are many instances where he says patients with chronic illness would be healthier and happier if they could treat themselves. In the case of asthma, he says they can learn to measure their own breathing and adjust their medication accordingly.

Dr. BERWICK: If half the people with asthma would rather stay home and treat themselves and not have to fight their way into an emergency room or a doctor's office every time they wheeze, well, all the time they can then give back to the system by doing that for themselves, which is better for them, we can now use for the patients who do want to come in.

ARNOLD: Berwick and his 50-person staff have their work cut out for them taking on the trillion-dollar health care system. But they are making some headway. Health care quality experts say Berwick's initiatives around the country are resulting in cost savings, better management of chronic conditions, such as diabetes and heart disease, and a drop in medical errors. A recent collaboration with the largest system of hospitals and providers in Iowa resulted in a 65-percent decrease in patient complications caused by errors in medication. Chris Arnold, NPR News, Boston.

EDWARDS: The time is 29 minutes past the hour.