



Forum: Healing the health-care system: ever onward

As the Pittsburgh Regional Healthcare Initiative enters a new phase, Peter L. Perreiah and Karen W. Feinstein chart the challenges ahead

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The Pittsburgh Regional Healthcare Initiative has recently undergone a shift in leadership. Although he remains on PRHI's board, co-founder Paul O'Neill has announced the creation of a separate, for-profit health-care improvement venture. Some people in the community have expressed concern, wondering what will happen to PRHI.

They needn't worry. PRHI never was about one person, but about engaging leaders across the entire region in working together to fix a chaotic and broken health-care system. The initiative belongs to the community -- never more so than now.

Seven years ago, with fanfare and high hopes, PRHI was born. Audaciously ambitious, its founders hoped to eradicate medical errors, reduce the high cost of health care and improve patient outcomes -- and do it right away. Pittsburgh became the only region in the country where providers and purchasers all agreed to work together to eliminate hospital-acquired infection and medication error and to achieve the world's best patient outcomes in certain clinical areas.

How could early initiators not be enthusiastic? Once a path for reform was evident and supported regionally, what could possibly impede progress? In certain areas, progress has been reassuring. Where administrators support their in-house quality champions, where the patient is the center of the endeavor, where problems are openly acknowledged and solved, islands of excellence have emerged.

In a few clinical areas (cardiac surgery and diabetes care, for instance), clinical teams from the region's competing institutions are sharing data and raising the bar on patient outcomes. Pittsburgh as a region has achieved nationally lauded reductions in two types of hospital-acquired infections. Whole care units have been redesigned, achieving better results for patients, reduced frustration for workers and savings in time and money.

But the picture isn't altogether rosy. Progress has been excruciatingly slow. The health system is uniquely cumbersome, with silos of independent actors with separate work practices, reward systems, allegiances and priorities. While the patient *should* be the primary customer whose needs dictate appropriate action, other demands and cultural barriers routinely interfere. It usually takes more than a decade for best practices to find

Peter L. Perreiah is managing director of the Pittsburgh Regional Healthcare Initiative. Karen W. Feinstein, co-founder of PRHI, is president of the Jewish Healthcare Foundation and chair of the PRHI board.

their way to the hospital floor or the doctor's office and even then many patients never realize them.

Nor do all the critical actors share the same passion for reform. Pockets of commitment exist alongside barriers to change. What PRHI hoped would be a fast train often just inched along. Paul O'Neill isn't one to tolerate indifference to an objective that is so irrefutably worthy: best-practice medicine delivered safely to every patient, every time, without waste, inefficiency and error. He's chosen to concentrate his efforts in select institutions where the passion is patently obvious, where the timetable is immediate, where the CEO is willing to invest significantly in the model of change in which he believes. PRHI and other quality champions will observe with enthusiasm.



While Paul O'Neill is no longer at the helm, the Pittsburgh Regional Healthcare Initiative carries on.

But ironically, many local health-care leaders are equally frustrated with the pace of change, particularly as they awaken to the potential for dramatic improvement. To date, there is no one proven methodology for transforming whole institutions: the pockets-of-excellence phenomenon plagues the nation. Only a few hardened traditionalists continue to defend our present error rate or pace of change.

Introduced to new work design methods such as Lean, Six Sigma or Toyota Production System principles, more CEOs here and nationally have a vision now of how safe, efficient and cost-effective units would benefit the hospital, the patient and the payer. Fueled by their own impatience, many health professionals are now asking for help in transforming their practices and improving patient care. Gaining in speed and momentum at last, this train won't easily be stopped.

The time has never been better for PRHI to recommit to its regional vision. The goal remains for Pittsburgh to become the best place in America in which to receive health care. Seven years ago we named it. Now we're poised to claim it.

PRHI has strengthened its staff to meet the increasing requests for help from hospital units, clinics, skilled nursing facilities and community health centers who want to redesign work and reach for excellence. We're building our research and data analysis capability to help health professionals collaborate to improve critical care and chronic disease management. We are developing new educational partnerships aimed at incorporating safety science into curricula for aspiring practitioners. We will soon unveil a new program to support champions of safety and quality who want to test new models of care in their specialties.

More than ever before, PRHI is the gathering place for discoverers and scientists, those who wish to collaborate to push the frontiers of good practice, those who believe that we can realize a health system that is affordable, reliable, and as close to "perfect care" as possible. If enough institutions and individuals want to take advantage of a strong regional learning and support network, PRHI -- as a regional collaborative -- might yet realize its potential.

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