

Crossing the Quality Chasm – A New Health System for the 21st Century: Lessons for Singapore's Health Care Systems

By Dr Lim Shun Ping

Editor's Note

"Crossing the Quality Chasm - A New Health System for the 21st Century" can be purchased online from <http://www.nap.edu/catalog/10027.html>

For readers who would like to read Prof Chee's review of the first report "To Err is Human: Building a Safer Health System", it can be found in the SMA News August 2000 issue or viewed online at http://www.sma.org.sg/sma_news/3208/book.pdf

Is it true that American health care today harms too frequently and routinely fails to deliver its potential benefits? The Committee on Quality of Health Care in America of the prestigious Institute of Medicine categorically asserts this view. Moreover, the Committee alleges that between the health care Americans have and the care they could have, lies not just a gap, but a chasm.

This 337-page book is the second in a series of books from the Institute of Medicine's Quality of Health Care in America Project. The first report, *To Err is Human: Building a Safer Health System*, was released in 1999 and focused on the important issue of patient safety. It stunned and alarmed the American health care establishment, the American public and health care professionals around the world, when it revealed that as many as 98,000 deaths a year in American hospitals could be attributed to errors. This first volume was reviewed by Prof Chee Yam Cheng in the Book Review section of this Newsletter in August 2000. *Crossing the Quality Chasm – A New Health System for the 21st Century*, released this year, is the second and final report. It is broader in scope, providing a strategic design for fundamental reform of health care in the United States. The aim is to correct the quality shortcomings of the present health care system, and to create a system for Americans that is safe, effective, patient-centered, timely, efficient and equitable. Even though both reports are strictly rooted in the American context, they are essential reading for all involved in health care worldwide, for the many universal truths that cut across national, economic and cultural boundaries.

Crossing the Quality Chasm sets out the documentation and reasons for the claim by the Committee, that the care delivered in America is not, essentially the care that Americans should receive, and makes recommendations and charts a course to achieve the 21st Century health care system with the quality Americans need, want and deserve. The members of the Committee are prominent leaders from a broad spectrum of non-governmental organisations, academic institutions, health care providers, purchasers of health care services, consumer organisations and other stakeholders.

The Committee calls for a sweeping redesign of the American health care system, putting forward overarching principles for specific directions for policy makers, health care leaders, clinicians, regulators and others in the health care field. It directs specific recommendations to be carried out by specific American governmental and non-governmental organisations.

It is clear that the radical changes sought in such a large and complex system as American health care will require a sustained effort of epic proportions by thousands of individuals and scores of public and private organisations. A set of performance standards for the 21st Century American health care system is enunciated as well as a set of ten new rules to guide patient-clinician relationships. In order to provide impetus to improve quality, an organising framework to better align payment and accountability incentives is suggested. A clarion call to make better use of information technology (including the Internet) to enhance safety, effectiveness, patient-centeredness, timeliness, efficiency and equity is made. An appendix on the Science of Complex Adaptive Systems gives the reader an introduction into how the gargantuan health care system can be coaxed into change for the better.

Can Singapore learn from the perspectives and recommendations of

the distinguished authors of this report? Are the real and perceived flaws of the American health care system also our flaws, and are the proposed remedies applicable in the context of a small but efficiently administered nation-state with much more circumscribed economic and manpower resources? Clearly, some of the perceived quality issues and recommended corrective measures are universal. But there are many significant differences, and it is necessary for Singapore to closely examine the aims, assumptions, methodology, evidence, philosophy and attitudes underpinning this report, and relate them to the Singapore health care environment and construct.

One of the major difficulties in relating and applying these reports to the Singapore context is the difference in scale and organisation between America's health care systems and Singapore's. Secondly, no systemic large-scale studies on quality issues and medical errors exist in Singapore, and one has to make do with soft data such as the impressions of seasoned clinicians and administrators to gauge the extent of the local problem. The elements that define quality in the eyes of the patients, both local and foreign, their relatives, the general public, clinicians, administrators and the government are not necessarily congruent, and there is a pressing need to define the acceptable bounds of quality for all stakeholders.

Despite the differences, this book is a must-read for all medical professionals, administrators and decision-makers in Singapore. This short book review cannot but attempt to whet the appetites of well-meaning health care professionals to review this book for themselves, discard what is deemed irrelevant to the Singapore context, thoughtfully distil the residual and enhance the considerable wisdom that remains in the pursuit of raising the local quality of care on a personal, organisational and national level. ■



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