The Merging of the Work of Two Pioneers: Dr Weed & Dr Berwick

Attaining Comprehensive Health Care Improvement is Imperative

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instrument for processing of information in the solution of patients’ problems.” [Lawrence Weed, MD, personal communication, 2008]. The recognition of the fact that the mind is not capable of managing complex data consistently is not unique to Dr Weed. A recent Harvard Business Review article discussed just this in an analysis of flawed decisions executives made on the basis of two characteristics of “brain hard wiring”—relying on “pattern recognition” and “emotional tagging.”

To address this need, Dr Weed has led a team in developing “knowledge couplers,” computerized tools to assist decision making that link patient history and findings to the complexities of possible diagnostic and management possibilities. “These powerful tools embedded in a well-defined system of care can lead to a better science of medical practice.” [Lawrence Weed, MD, personal communication, 2008]. Using computerized tools such as these enables practitioners to make decisions on the basis of quality data input rather than on recall.

In summary, Dr Weed is leading a movement that addresses how practitioners process and apply information thereby challenging how medical students are taught, how practitioners are licensed and how they make decisions.

**Donald M Berwick, MD**

Dr Berwick is the President, CEO, and visionary leader of the Institute for Healthcare Improvement (IHI)—a quality improvement movement that has had a significant impact on care systems in the US and throughout the world. The recent 2008 IHI meeting in Nashville, TN was a celebration of the 20 years of the National Forum gatherings of “health care leaders and learners who are passionate about improving care.” growing from a small room of participants in 1989 to 6000 at this year’s meeting. IHI’s 2009 Progress Report summarizes well the overall impact of this quality improvement movement:

“We have traveled far since the day, 20 years ago, when 287 people gathered for what was to become IHI’s first annual National Forum on Quality Improvement in Health Care. Those groundbreakers could not have imagined where the path they charted would lead, nor how many health professionals and quality leaders would join them on the journey. But now, with the benefit of 20/20 hindsight, we can see how much has changed. Theirs were among the first steps on a path that would change the face of health care quality and improve the lives of hundreds of thousands of patients and providers. What started as a fringe philosophy for a few has now moved to the mainstream. Quality is on health care’s center stage at last.”

In Nashville, Dr Berwick stated that he believes there are about 100 core work-flow processes that cover 95% of all patient care. The goal of IHI’s quality improvement movement has been to instill health care leaders with an awareness of the need to understand the processes involved in patient care and then to improve each process by applying quality improvement principles and tools.

In Summary, Dr Berwick is leading a movement that addresses the broken work-flow processes in health care systems to improve the care to the patient.

**Imperative: Merge These Two Movements!**

Yes, these two movements are going the same direction—both with the goal of improving the care each patient receives. Although the swathes that they are cutting are broad, they are two very distinct paths. I do not believe that significant transformation in the health care system will be realized unless and until health care professionals intentionally incorporate both improvement approaches in their quality improvement change map.

Specifically, dramatic quality improvement will only result if:

1. The culture of medical education is changed to diminish the role of memorization and increase the understanding and use of information technology
2. All practitioners have access to these tools to assist in the diagnosis and the management of patients
3. The care flow processes of health care are well understood and improved.

Although these two pioneers are cutting separate paths on their journeys, it is my opinion that in the future their paths must intersect if, in fact, they are to comprehensively change the health care system. It will take a “Weedian” revolution of practitioner training and decision making PLUS dramatic “Berkwickian” refinement of the care processes for every patient to receive state-of-the-art care.

Even if the multitude of care-flow processes were improved by the approach that Dr Berwick and
his followers advocate, true improvement in health care will not be realized if the initial input (practitioner decision making) into these processes is flawed. For example, if new operating room guidelines that are proven to lessen preventable injury and death are implemented but the patient didn’t need the surgery in the first place, it would be difficult to say from a patient-centered viewpoint that we have achieved quality improvement.

Conversely, if medical education and practitioner decision making was overhauled to integrate an entirely new approach as advocated by Dr Weed, but the patient then enters into a flawed care process, then again—the vision of improved health care will not be attained.

Closing

After sitting in the living room of one pioneer, and then the same week sitting among thousands listening to another pioneer, it was clear to me that both movements must be successful if in fact significant health care improvement is to be attained. When considering the movements of these two amazing men, it is not a question of which one—we need both!

In future articles, we will highlight some of the work presented at the 2008 IHI meeting in Nashville as well as articles from frontline physicians using Dr Weed’s approach to decision making. We want to hear from you. Let the dialogue begin!

References


* Interview with Lawrence Weed, MD, Underhill, VT. December 4, 2008.

Achievements Never Imagined

Significant performance improvement will only be accomplished by tracking dramatic, system-level changes. The courageous among us will get there first, achieving performance levels never imagined by previous generations.

— 2004 Progress Report, Donald M Berwick, MD, MPP, b 1947, President and CEO Institute for Healthcare Improvement

Radical Change

The time has come to abandon the wrong premises and inadequate tools that underlie the current systems of medical education and care. If we are willing to adopt radical change, we may find that productivity can improve by an order of magnitude.

— Lawrence L Weed, MD, President and Founder of PKC Foundation, developer of Problem-Knowledge Couplers