This special issue is devoted to the examination of both the conceptual and the ambulatory care research related to the 6 aims of the Institute of Medicine Crossing the Quality Chasm: Health Care in the 21st Century (IOM Report). An important part of the IOM Report was the development of a roadmap called the Six Aims. These Six Aims were patient-centered care, patient safety, timeliness or responsive care, efficient care, effective care, and equitable care. In this special issue, we will look at initiatives targeting these Six Aims through different administrative, clinical service areas as well as a focus on patient-centered care.

The first article by Greene and Filerman is titled “Reinventing CME: The Role of the Care Pilot in the Medical Group Practice.” This article presents a systems-based practice model for redesigning and increasing the organizational capacity of small medical groups. Group practices, large or small, function in complex environments. The basic contention of the article is that CME should be developed along parallel lines to go well beyond the traditional focus on clinical services improvement, to the reinvention of CME content focused on educating clinical care pilots to navigate group practices toward the Six Aims of the IOM Report. Such a set of activities would position group practices as learning organizations capable of providing more efficient and effective healthcare.

In the second article, Gamm and colleagues look at connecting policy and system change leadership with a goal of sustainable organizational change. In “Organizational Technologies for Transforming Care: Measures and Strategies for Pursuit of IOM Quality Aims,” these authors point out that organizational analysis has been understudied when compared to the analysis of direct clinical services provided for the patient. Their approach is to study 4 types of organizational technologies to guide and assess progress on the Six Aims called for in the IOM Report.

Dr Donaldson’s article, “Use of Patient-Reported Outcomes in Clinical Oncology Practice: A Nonvisit Approach to Patient Care Based on the IOM Report,” provides a new role for the patient in the care process. Dr Donaldson examines both the continuity of care and the concept of patient-centered outcomes by describing how medical practices might create continuous healing relationships using methods that are independent of patient visits to monitor and address problems that may occur during cancer care. If done correctly, a new kind of patient report would result which would reduce the burden for patients, clinicians, and administrative staff.

Dr Neale Chumbler and colleagues at the University of Florida (“Healthcare Utilization Among Veterans Undergoing Chemotherapy: The Impact of a Cancer Care Coordination/Home-Telehealth Program”) look at the coordination of the care process of veterans. The study compared the use of VA inpatient with space outpatient services of cancer patients enrolled in the telehealth program. They studied both preventable service utilization and cancer-related service utilization.

Dr John Croghan and colleagues at Northwestern (“Comprehensive Approach to Automated Assistive Telemanagement for Seniors in Their Home or Residence—Pilot Program Results”) conducted a pilot study to examine how remote senior monitoring of important vitals information and virtual nurse visits conducted remotely via videophone would affect seniors’ adherence to care plan, and enable them to remain in their homes longer. The focus was on coordination and share quality through the improvement of data made available to the physician by way of alert management and monthly reports.

In the article titled “Innovative Approach to the Aims for Improvement: Emergency Department Patient Throughput in an Impacted Urban Setting,” Rubino and colleagues provide a case analysis, and a systems approach, using the 6 aims of the IOM
report to study the barriers to the improvement of emergency-department throughput activities. The Los Angeles County emergency service system has been characterized as meltdown situation with 10% of the emergency departments closing meeting the remaining 72 public and private hospitals struggling to address an increase of 27% in emergency department patient demand.

Dr Terry Wahls examines diagnostic errors as systems problems resulting in the missed results and associated treatment delay. In “Diagnostic Errors and Abnormal Diagnostic Tests Lost to Follow-Up: A Source of Needless Waste and Delay to Treatment,” Dr Wahls suggests that diagnostic error receives much less attention from either the public or private sector because it is less dramatic than other medical errors. She also points out that missed results negatively affect 5 out of the Six Aims of the IOM Report. She suggests that mixed results occur at a very high incidence, and she discusses factors that contribute to mixed results.

In the article titled “How Often Are Physicians and Chiropractors Provided With Patient Information When Accepting Referrals?” Greene and colleagues provide a brief report examining the bidirectional exchange of patient information between MDs/DOs and DCs (doctors of chiropractic).

The article, “Facilitators and Barriers to Improving Interprofessional Referral Relationships Between Primary Care Physicians and Chiropractors,” by Allareddy and colleagues, consists of 2 rounds of focus group interviews of a convenience sample of MDs and DCs. These groups of DCs and MDs were interviewed in separate groups. The focus was on the bidirectional transfer of patient information and considered, attitudinal, the means of communication as well as other professional aspects of the referral relationships.

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