

(Note: the following is an Op-Ed piece written by the Chief Executive Officer of a Milwaukee-area firm for the identified newspaper)

**Quality Control May Cure What Ails Health Care
Six Sigma Approach to Curbing Medical Defects Should be Prescribed**

Business Issues

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A prophet for zero defects in health care hit town last week.

Finally, along comes Martin Merry, who has an organizing concept for tackling what the citizens in Wisconsin see as the No. 1 issue in the state: rising health care costs.

Merry, a medical doctor and professor at the University of New Hampshire, has been pushing Six Sigma quality concepts as a way of fundamentally reforming the health care delivery system for a couple of decades, mostly on deaf ears. Now, he sees it as a revolution, as some of his concepts start to take root with the providers, payers and even patients.

Six Sigma, a discipline used in world-class manufacturing for the last 20 years, derives from a measurement of the number of defects that any given process produces. Six Sigma is nirvana, where there are only 3.4 defects per million. Many manufacturing processes have achieved this admirable level of quality, and so have airline flights.

Unfortunately, in Merry's portrayal of the health system – he calls it “a non-system” – the defect levels are from two to four sigma, meaning that when you go in for a treatment, you will be facing between 6,210 and 308,000 bad outcomes (defects) per million.

Not too incidentally, four sigma is about the same quality range that applies to the handling of airline baggage, 6,000 lost bags per million handled. Not too comforting when it's surgery we're talking about.

“Zero defects in health care has to be the goal,” Merry told health care experts from across the nation. “I really believe we can do it.”

The meeting was called by the American Society for Quality, based in Milwaukee and one of our state's finest assets. No organization is better suited to help tackle a complicated non-system such as health care.

It is now commonly accepted that medical defects not only cause a lot of human grief and suffering but also account for about 30% of the inflating costs in medicine. To put that in dollar terms, the cost of poor quality in healthcare across the country has a price tag of about \$390 billion in a \$1.3 trillion industry.

Broken down, that comes to \$1,700 to \$2,000 per covered employee in the country. Those are huge numbers any way you cut them. So if you really want to get at health care costs, you simply have to go to the quality issues.

John Reiling, CEO of Synergy-Health in West Bend, said, “I believe 100 percent that, without a focus on quality, we have no chance of solving the cost problem.”

Now, put that in the context of the recent political campaigns, in which people running for office talked incessantly about rising health care costs but gave precious few ideas of what to do

about them. They talked about buying pools, tiered plans, drug costs and cost shifting, but rarely the fundamentals of driving costs down.

Those political leaders, and the rest of us struggling to contain the dizzying rise in health costs, should listen to Merry as he describes the path from the current “pre-industrial revolution craft mode” to a Six Sigma model.

Some of his fellow revolutionaries are starting to make dents in the system. Froedtert Memorial Lutheran Hospital in Wauwatosa has adopted a Six Sigma quality program to drive out defects, and the ThedaCare Health System based in the Fox River Valley has been aggressively pursuing these disciplines for 17 years.

In fact, Merry visited ThedaCare as a consultant way back in 1992. He now feels “validated” by the tremendous progress made at ThedaCare at brining down defects and, therefore, bringing down costs.

The sad part of the story is that there aren’t many ThedaCares pursuing what Merry calls “the second curve”.

He has great respect for what has transpired in American medicine under “first curve” practices and traditions. They are based on regulatory oversight of health systems and the tremendous learning that has taken place on the scientific side of medical delivery. As a result, the United States enjoys some of the finest health care in the world.

But the problem remains that it’s episodic, non-systematic, costly and sometimes lethal. He uses terms such as “a true mess”, “fundamentally flawed,” “a real monster.”

The prescription for the failing system is “wholesale importation of management science” into the health care field, where it can be teamed up with the marvelous medical advances from the first curve.

If it can be done in anesthesiology, which already operate at Six Sigma, why not in other parts of medicine? In short, a system in which it’s easy to do things right and hard to do things wrong, one in which human error is largely eliminated.

For Merry, it’s personal as well as professional. He almost lost a daughter-in-law and grandson to a medical error.

For Wisconsin, it’s a crying need. Few would disagree that it’s time for a major initiative. Why not Six Sigma?

We have all the players to make it happen: ASQ, two medical colleges blessed with recent infusion of funds for the Cobalt Corp. public offering and the expertise to handle the medicine side, employers and patients begging for answers to the cost quagmire, GE Medical Systems, which is the world’s leading medical informatics company, and providers who profess to be serious about systematic quality.

The national pilot for tackling medical defects and escalating cost should be right here. All that’s needed is leadership.