Insights

What Quality Improvement Means to Healthcare and Public Health

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The table below illustrates similarities and differences in how healthcare providers and those in public health fields think about quality. In healthcare, quality is determined by six key aims provided in the Institute of Medicine Report Crossing the Quality Chasm: A New Health System for the 21st Century (2001). Meanwhile, aims that characterize public health quality are set forth in a consensus report by the Department of Health and Human Services, Office of Public Health and Science: Consensus Statement on Quality in the Public Health System (2008).

Healthcare	Public Health
• Patient-centered	• Population-centered
• Timely	• Proactive

Healthcare	Public Health
• Equitable	• Equitable
• Safe	• Health-promoting
• Efficient	• Efficient
• Effective	• Effective
	• Transparent
	• Risk-Reducing
	• Vigilant

The differences speak to the underlying ways both fields think about health as a whole. Where healthcare is focused on giving the individual patient medical care when necessary, public health emphasizes prevention and keeping populations healthy to reduce the need for later interventions.

But the similarities help define some of the intersections between these two, and there is a movement to align them more closely. Both acknowledge the need for equity, efficiency and efficacy. Moreover, healthcare has a burgeoning focus on preventive interventions and the social determinants of health. While those aren't yet widespread approaches, they indicate a desire for healthcare to evolve how it addresses patient issues.

How These Definitions Affect QI

With separate criteria for the meaning of quality, healthcare and public health use QI in specific ways to fit their needs. Healthcare tends to focus on changes to how patients are treated, such as implementing best practices for reducing wait times in the emergency room for patients with sickle cell disease in a pain crisis. These types of initiatives have been accelerated in recent years due to governmental incentives, public reporting of clinical data and patient satisfaction.

On the public health side, QI tends to be applied to complex systems. This leads to longer-term initiatives and outcomes like reducing infant mortality or improving early childhood systems. It also means addressing obstacles, including the social determinants of health and societal influences on people's ability to be healthy.

NICHQ is no stranger to using QI methodology across both healthcare and public health. We've found that although the underlying strategies in both health spheres are different, their ultimate goal is the same: Make and test small changes that drive towards improving a larger problem that affects people's health and well-being.

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