We know the health system needs to change in order to provide patients the highest-quality care. As physicians, we need to do our part. That means acknowledging and adhering to proven best practices, and not relying primarily on anecdotal experience to guide our decision-making.

But merely conforming to standards is not enough. That might serve a majority of our patients, but not everyone. We must do better than “most.” We must strive for “all.”

Over the coming months, the Wisconsin Medical Society will further emphasize my presidential theme, quality of care, by conducting an awareness campaign to define what true quality of care really means. Plans include guest columns, interviews with news reporters, and discussions with editorial boards. We will explain our efforts to improve health care in Wisconsin, and demonstrate to the public that we are working as their champions to ensure that each and every patient receives high-quality treatment. I will take up the charge in southern Wisconsin and other physician members will be recruited to represent the Society in their local areas.

How do we define quality? One component is the dogged pursuit of what comprises health care excellence. Even if 2 doctors follow identical best practices, I may have found subtle ways to achieve consistently better outcomes for his or her patients. What’s going right? And, more importantly, how can we replicate that level of excellence? Through the Wisconsin Collaborative for Healthcare Quality and the Wisconsin Health Information Organization, we are beginning to carefully measure what we do, physician by physician, patient by patient, to help us identify what works best and most cost-effectively. It’s a crucial step—reducing inappropriate variation in care will ideally result in higher quality and greater efficiency.

These are groundbreaking advances, to be sure, but how do we provide the highest-quality care for patients, right now, today? While we follow the best that science has to offer us, we also stay attuned to each individual’s unique needs, when he or she walks through our doors. We listen closely to what each person has to say. We ask questions to elicit what might be left unsaid. We observe closely. We get to know our patients over time. This allows us to develop truly appropriate care for each patient. Occasionally, that will even mean providing treatment outside of best practices, due to individual variations in biology, medical history, health status, or other personal circumstances.

Through our awareness campaign, we will educate the public that providing the highest-quality care requires physicians to use their extensive training and experience to ensure each patient receives appropriate treatment. We know, for example, that best practices have not yet been established for many conditions. And when people have multiple illnesses, as is the case with many elderly patients, existing best-practice guidelines for separate diseases cannot take into account the complexities of treating such individuals. The physician’s clinical judgment must come into play.

If we, as physicians and as a society, are not striving to provide the best health care for all patients, then we are not providing high-quality health care. This is our view, and this is what we will be communicating to patients, policymakers, and other readers through our campaign. We will work on all levels, from our organization leadership to the local physician, as we reach out to media across Wisconsin. Through our efforts we will impart our message: We must strive for 100% success, not 90%, or 95%, or 97%. That means continually identifying what works, and continually learning, sharing and improving, but never forgetting that to provide truly appropriate care, it must be tailored to each individual’s unique needs.
The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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