

**AFTER SEEING  
FIRSTHAND HOW  
ORGANIZATIONAL  
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THE ISSUE  
THROUGH  
RESEARCH.**



# Hector P. Rodriguez: A Systematic Approach to Improving Care

The United States spends a higher percentage of its gross domestic product and more per capita on health care than any other nation, but across a host of measures the quality of care we receive in return for that investment is less than optimal. Moreover, says Dr. Hector P. Rodriguez, assistant professor in the Department of Health Services at the UCLA School of Public Health, little evidence is available to inform leaders of health care organizations and public health systems about the impact of various approaches to improving quality performance.

Rodriguez, who joined the school's faculty last year, is doing his part to change that. Applying his expertise in organizational behavior, he studies organizational influences on the quality of medical care and effectiveness of public health systems. "Many aspects of health organizations can affect performance, whether it's policies, the composition of the care teams, communication among care team members or relationships with community partners," Rodriguez says. "My work is aimed at better understanding how these organizational factors influence quality so that organizational leaders can effectively design and implement evidence-based strategies to improve system performance."

A recent study published in the *Journal of General Internal Medicine* illustrates the potential impact of organizational structures and policies – and the importance of measuring their impact. Rodriguez and colleagues studied the effects of a statewide pay-for-performance program initiated in 2004. In accordance with the program, which was launched with the goal of improving health care quality in California, the 25 medical groups participating in the study awarded financial incentives to physicians aimed at improving the quality of care. Rodriguez's group found that certain financial incentives, in combination with public reporting of medical group performance ratings, had a significantly positive impact. But those focusing on productivity

negatively affected how patients experienced their care. (For more on the study, see page 24.)

“We want to offer incentives to improve patient care, but it’s important to offer the right incentives and to encourage the right kind of care,” Rodriguez says. “There appear to be unintended consequences – poorer experiences reported by patients – to focusing too much on productivity and efficiency in physician incentive formulas. Because the evidence base in this field is so small, managers in these groups have struggled to determine the right thing to do. I’m hopeful that studies such as this one will help to guide them toward the best decisions from the standpoint of quality.”

Patients’ evaluations of the care they received are an important measure of quality that is too often neglected, Rodriguez says. “In a fragmented system of care, when we focus only on making sure patients get certain types of procedures and fail to pay attention to how they are experiencing the services, we diminish their active role in the care they receive,” he explains.

Among the other questions Rodriguez has addressed: the impact of multidisciplinary ambulatory care teams on the quality of care, and the quality trade-offs of these teams vs. offering the continuity of a single physician. Rodriguez developed a conceptual model of health care team performance, published in the journal *Medical Care Research and Review*, that will be used to guide future research on understanding how team structure and processes affect performance in ambulatory care settings.

In January, Rodriguez and investigators from the Veterans Affairs Center for the Study of Healthcare Provider Behavior received a \$10 million grant in which Rodriguez will evaluate the effectiveness of the primary care team approach being implemented in the VA system. Among other things, Rodriguez and colleagues will develop ways to measure how well the teams function in areas such as communication, role clarity, and decision-making, and will determine whether these teamwork dimensions predict the success or failure of quality improvement interventions. “This research has great potential for equipping practice leaders with important information for enhancing team functioning and facilitating improvements in patient-centered care,” Rodriguez says.

Rodriguez’s career path was guided in part by his early professional experiences. After earning his M.P.H. in Health Policy and Administration from UC Berkeley, he spent six years as a health care management consultant before going back to school to earn his Ph.D. in Health Policy with a medical soci-

ology concentration from Harvard University.

“In my work as a consultant, I saw potential for breakthrough quality improvements that wasn’t being realized because of the organizational context,” Rodriguez says. “I decided to pursue my doctorate so that I could have a broader impact.”

He also had a personal interest, having seen firsthand the experiences of his family members – particularly Rodriguez’s father, who has diabetes and Parkinson’s disease – with a fragmented health care system. That experience is consistent with emerging evidence that racial and ethnic minorities tend to receive care from clinics that have fewer resources and are less likely to have adopted innovative care management strategies than clinics that serve more affluent, predominantly white populations. Rodriguez, whose own past work has examined physician practice contributions to racial and ethnic disparities in patients’ experiences, believes research on how to provide quality care in resource-constrained settings is more vital than ever at a time when health care reform promises a larger role for “safety-net” providers.

Rodriguez is also strongly committed to his role as a teacher. While at Harvard he was twice recognized for teaching excellence. At the UCLA School of Public Health he has played a key role in efforts to bring interactive teaching methods into the classroom (see the cover story on page 4). Rodriguez recently integrated a student response system – known as “clicker” technology – that enables him to pose a question during class discussions and obtain online feedback from his students, projected onto a screen. “Organizational theory can be difficult to understand,” says Rodriguez. “The clicker technology has proved very useful both for gauging students’ understanding of the material and for encouraging discussions.” Rodriguez is also spearheading the Department of Health Services’ implementation of a Web-based system for tracking student self-assessments over time. The effort is integral to the department’s efforts to move toward a competency-based curriculum.

“There are many opportunities for scholars of organization and management to work in the private sector,” Rodriguez says. “One of the reasons I chose academia is that I really enjoy seeing the lights go on in students’ heads and helping them become excited about what they’re learning. It’s rewarding to see that, and to know that I can indirectly affect the workforce through that education.”

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—Dr. Hector P. Rodriguez