Health Care Quality Assessment

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And collaborating partners
Learning Objectives

1. Describe the concept of health care quality
2. Outline why health care quality has become a major political and economic concern across different types of health care systems
3. Discuss major types of quality assessment methods at both policy and institutional levels of analysis
4. Look at why and how payment methods are increasingly being linked to quality monitoring systems
5. Describe the need to continually improve health care quality assessment methods and use outcome data to improve health care systems
Definition of Health Care Quality

- Quality can be defined as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

As you might suspect, health care quality is a very difficult concept to define. This is the definition that was originally used during the landmark reports of the Institute of Medicine starting with Lohr (1990). It is still widely used in studies of health care quality because it places an appropriate emphasis on both individual and population levels of analysis, links health care services (and their constituent processes) with desired health outcomes and focuses upon the gap between current versus desired practices.
Major Conceptual Aspects of Quality Included in the Definition

• Quality can refer to services evaluated at the individual or population level of analysis
• Major focus is on improvement of health care outcomes
• Goal is to ensure that the most appropriate and evidence-based types of health care interventions and technologies are employed in the treatment of patients via comparison to current best-practices.
Whose Perspective Should Be Addressed In Quality Assessment?

- **Practitioners**: Technical knowledge, interpersonal skills, amenities of care
- **Patient**: Above considerations plus any felt gap between personal experience versus expectations
- **Community**: Access to care, technical performance, monetary costs
Donabedian (1980) was one of the first authors who focused attention on the importance of examining health care quality from different perspectives. Given the nature of their education and training, when they consider the issue of health care quality, health care professionals are more attuned to factors such as signs of measurable clinical improvement and perhaps attention to what has often been called the art of medicine. Patients on the other hand, since they likely have considerably less medical knowledge, are more attuned to whether the behavior of health care professionals is congruent with their expectations (major component of patient satisfaction) and whether their symptoms and everyday role capacity have improved. Last but not least, there are also quality related issues that are quite important at the community level especially whether persons and need can actually use available services (access) and out-of-pocket monetary costs.
Essential Elements of High Quality Health Care

• Provision of **appropriate services** in a **technically competent** manner
• Effective **communication**
• Shared decision making
• Cultural sensitivity

**Notes:** These elements were originally described in the landmark IOM Report that was cited earlier (Lohr, 1990). They are similar to those presented by other influential investigators authors such as Blumenthal (1996.) As you can see, they address a range of quality attributes from different points of view that are all nonetheless essential to successful health care encounters. They include timely provision of appropriate and technically competent services, effective communication between clinicians and their patients and families, encouraging patient participation in the care process and being sensitive to cultural differences among their patients. Enthoven and Vorhaus (1997) have argued that increased attention to quality assessment and improvement in health care is especially important in increasingly competitive health care markets.
Growing Tensions and Need To Improve Health Care Quality

- High costs of health care services
- Regulatory pressures
- Excessive variation in practice
- Growing power of the purchaser
- Malpractice incidents
- Declining morale among health care workers
Quality of Care in High-, Middle- and Low Income Countries

• Major quality concerns (such as patient safety and effectiveness of care) are basically the same across different types of countries

• Research findings indicate there are differences in the quality of health services across all health systems. However, quality related problems are much more prevalent among low-income countries.
What Are the Major Factors that Cause Quality Problems in Low-Income Countries?

• Lack of sufficient management (clinical and administrative)
• Inadequate staff supply and training
• Weak performance monitoring systems
• Non-empowered patients and families
How Can Quality Thinking and Assessment Improve the Provision of Health Services in Low-Income Countries?

• Quality assessment helps us to understand the measurable outcomes of health services.
• Knowledge of empirical outcomes allows us to compare the effects of changes in treatment.
• Once we can assess the relative appropriateness and effectiveness of health services, we can provide optimal care to patients and maximize our use of scarce resources.
Major Types of Quality of Care Indicators

- **Structure** refers to characteristics of the setting(s) in which health care occurs.
- **Structural attributes** include material resources (facilities, equipment), human resources (number of personnel and their qualifications) and organizational structure (medical staff organization, level of reimbursement).

These categories of health care quality indicators were originally developed by Avedis Donabedian, M.D (1980, 2003.) He spent many years devising and disseminating this scheme. He is widely recognized as one of the most important figures in health care quality research. It is important to keep in mind that he proposed that these variables are not really direct measures of quality. Instead, they only help us to infer whether quality is good or not. Second, he consistently contended that there was a causal relationship. More specifically: Structure → Process → Outcomes.
Major Types of Quality of Care Indicators – Cont.

• **Process** refers to what is actually done during the care process.

• **Process attributes** include patient activities in seeking out care and complying with the treatment regimen as well as practitioner diagnostic and treatment activities.
Major Types of Quality of Care Indicators – Cont.

• **Outcome** is the final component. It addresses the effects of care on the health status of individual patients and populations.

• **Outcome attributes** include changes in a patient’s health status *(traditional perspective:)* mortality, physiological measures, definable clinical events versus *(expanded view:)* includes patient perceptions and preferences.
Expanded Description of Health Care Outcomes

- **Health Perceptions:** Major focus is usually upon symptom inventories whereby a patient records or reports symptoms experienced [general or disease-specific (such as benign prostatic hyperplasia, BPH)]

- **Functional Measures:** Are used to assess the net impact of health care services or specific diseases on overall health. Typically include measures of physical, mental and social functioning (such as SF-36).

During the last several decades, the field of outcomes research in health care has steadily grown. Outcomes research focuses upon the end results of health services and as such it typically incorporates patient, experiences, preferences and values (Clancy and Eisenberg, 1998.) Although the outcome measures per se are certainly not new, one major shift has been the recent widespread interest in encouraging health care payer and provider organizations to be much more attentive to variation in their health care outcomes. This trend is exemplified by the fairly recent publication of entire texts devoted to assisting health care organizations to develop and use health care quality data to improve their key processes and outcomes (Dlugacz, 2006; Lloyd, 2004.)
Expanded Description of Health Care Outcomes

• **Preference-Based Measures:** Help to assess the meaning of health states to an individual’s daily life. Thus, individuals are asked to rate the personal value of different health states (e.g., the BPH Impact Index measures the perceived impact of prostatic symptoms.)

• **Patient Satisfaction:** Allows the patient to personally evaluate both technical and interpersonal aspects of their care.
Levels of Quality Analysis & Improvement

• **National**: Health Policy Formulation & Infrastructure
• **National/Regional**: Performance Monitoring/Macromanagement
• **Institutional**: Organizational Operations & Outcomes
• **Individual**: Health Services Provision, Professional & Patient Accountability
Notes on Levels of Quality Analysis & Improvement

As Leatherman (1998) has noted, in order to have a truly comprehensive approach to quality assessment and improvement, there are four levels of analysis that need to be considered. First at the macro-level, it is the responsibility of government at the national level to ensure that qualities are implemented to formulate supportive policies, develop criteria for performance, apply quality indicators and reward improvement efforts. Next, regional entities such as state governments in the US need to ensure performance monitoring and help to implement national policy. Third, health care organizations and their representatives such as hospital associations can help to measure quality at the organizational level. Last but not least, quality needs to be continually monitored at the “micro-system” level where patient care services are provided to individual patients.
Examples of Quality Indicators in American Acute Health Care

• Site - Main component of a 10-hospital system, approximately 600 staffed beds
• System faces increased payer and consumer focus on “Report Cards”

This set of slides describes major types of outcome and process measures of quality that are typically used by American acute care hospitals. The examples used are drawn from a battery of indicators that are used by the flagship hospital of a 10 hospital voluntary hospital system. This system is under considerable pressure from many stakeholders (e.g., health care consumers, Board of Directors, payers, regulatory bodies, etc) to be more accountable and “transparent” in its operations. Often, as noted, the hospital’s performance is directly compared to the “best-practices” of other organizations in its local market or even beyond (also called “benchmarking.”) This allows the Board of Directors and senior health care leaders to have a more accurate understanding of the organization’s relative efficiency and effectiveness across operational and clinical domains.
Typical **Outcome** Measures Benchmarked vs **Best Practices**

- Patient Satisfaction - Nursing, Medicine, Ancillary, Admit/Discharge, Food Services, Physical Setting
- Risk-Adjusted Mortality Rates by Diagnostic Group
- Adverse Complications (Post-Surgical Infection Rates by Type of Surgery)
- Cost-Accounting of Resources Utilized by Diagnostic Group (Efficiency)
Quality Indicators - Typical Outcome Measures - Cont.

- Improved Health Related Quality of Life (HRQL) and Functional Health Status (Chronic Disease)
- Alleviation of Symptoms (Pain)
- Readmission Rate by Diagnostic Group
Typical Process Measures Benchmarked vs Best Practices

- Clinician’s Adherence to Standard Treatment Protocols & Clinical Pathways
- Continuity of Care Provided to Patients
- Service Delays or Excess Waiting Time
- Delays in Dispensing Prescribed Meds
- Charting Accuracy & Timeliness
- Lab Test Turnaround Time
Future of Quality Measurement in Health Care Organizations

• Continued Demands for Greater Accountability
• Development of Improved Quality Assessment Methods and Measures
• Integration of Clinical, Financial and Operational Data
• Population-Based Health Improvement
Notes on Increased Interest in Health Care Quality Measurement

Although we have made a great deal of progress in understanding health care quality, interest will likely accelerate in the years to come. This will be supported by greater demands of health care providers for greater accountability in the delivery of health services, advances in quality assessment methods and comparative data bases, comprehensive and integrated information systems and greater focus on improving the health of entire populations. As Berwick (1989) emphasized, the health care delivery systems needs to include a strong emphasis upon continually improving three specific types of quality indicators: the efficacy of care (knowing what works), appropriateness of care (doing what works) and the execution of care (doing well what works).
How Can We Improve Health Care Quality?

- **National Level**: National Priority Setting, Regulation (External Evaluation/Accreditation, Public Performance Reporting)
- **Performance Monitoring/Macromanagement**: Targets & Standards, Contracting, Performance Indicators
Notes on Approaches to Health Care Quality Improvement

Leatherman (1998, 2006) has proposed that there are a variety of approaches to health care quality improvement. First, are macro-level health policy interventions and comparative national analyses of health care quality. Second, payers may establish targets for provider organizations to meet or hopefully exceed and utilize incentives to improve performance. Third, at the organizational level, there are many types of process improvement approaches oriented toward continual quality improvement as well as traditional quality assurance programs. Last but not least, are interventions directly aimed at the health care micro-system (e.g., health care providers and their patients.)

The key point is to try and ensure that the different types of interventions all basically have the same goal, namely improving the quality of health care services.
How Can We Improve Health Care Quality-Cont. ?

• **Institutional:** Traditional Quality Assurance, Quality Management Systems, Performance Incentives

• **Health Services Provision:** Patient Focused Interventions, Pay-For-Performance, Micro-System/Provider Incentives
Module Summary

• Health care quality assessment is now a globally important topic
• Growing consensus that health care quality can be adequately defined and accurately measured
• Emerging technologies (e.g., electronic medical records, or EMR) will assist improved measurement of health care quality
• Widespread movement underway to directly link provider health care quality performance to payment for health care services
Credits

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