Quality of Health Care

Part 1: Quality of Care — What Is It?

Of the many issues now confronting medical professionals, none seems more perplexing than the debate about the quality of care. Just a few years ago, physicians could be confident that they alone had a social mandate to judge and manage the quality of care. Now, that mandate is contested daily in industrial boardrooms, legislative-hearing rooms, and even medical-consultation rooms. The very language of current discussions about the quality of care leaves many physicians tongue-tied and uncomprehending: observed and expected mortality, outcomes and process measures, SF-36, case-mix and case-severity adjustments, profiles, HEDIS measures, control charts, continuous quality improvement, total quality management, critical paths, and appropriateness criteria. None of these terms showed up on blackboards when most physicians now in practice attended medical school. Few of the terms seem, at first glance, to be related to the day-to-day realities of providing care for individual patients.

Although it is understandable that so many physicians have reacted to the debate over the quality of care with anger, skepticism, or simply disinterest, such reactions are a luxury that physicians can no longer afford. The medical profession's legal and economic privileges are granted by the public in the expectation that physicians have technical knowledge about medicine and will use that knowledge in the best interest of patients.[1] If physicians cannot even understand, much less lead, the current debate about the quality of health care, their claim to technical mastery of their field — and thus, the special rights and responsibilities associated with their professional status — will be open to challenge by contending political and economic groups. Perhaps even more troubling, if physicians lack a full comprehension of the debate over the quality of care, the public may lose confidence in their ability to serve and protect their patients in the face of the convulsive changes now occurring in our health care system.

The premise of this introductory article — and the five that will follow on the topic of quality — is that physicians owe it to themselves and their patients to master the substantive issues that underlie current discussions about the quality of care. A further premise is that physicians' active engagement in research, teaching, and policy formulation concerning the quality of care will advance these activities and elevate the overall performance of our health care system. This latter view is consistent not only with age-old concepts of the medical profession's role in society but also with modern theory about quality, which holds that improving the quality of goods and services in any sector of the economy — including the health care sector — requires active participation and leadership by the people who do the day-to-day work of producing those goods and services.[2] By this standard, the involvement of physicians and other health care professionals in the measurement and management of quality is not simply desirable but also essential to the improvement of quality.

A SERIES ON THE QUALITY OF CARE

With this in mind, the *Journal* begins this week a short series on the quality of medical care. The purpose of the series is to review the major technical concepts and issues that are pertinent to current discussions about the quality of care, to place those discussions in a political and social context, and to provide some guidance on how changes in techniques for measuring and improving quality may affect doctors and patients over the next decade.

To introduce the series, this article reviews alternative definitions of quality of care and how these definitions have changed in recent years to accommodate the interests of the many groups that now play a part in our health care system.

The second article will discuss approaches to measuring the quality of care. Can quality really be measured? What are the limitations of current measurement techniques? Where is the field heading?

The purpose of measuring quality, of course, is to lay the groundwork for improving it. The third article in the series will review methods for managing and improving quality in modern health care settings. These methods range from classic clinical trials to novel approaches to process improvement that have been imported from industry.[3]

The fourth article will discuss the scientific, political, economic, and social issues that have converged in the current debate on the quality of care.

The fifth article addresses an issue that has become particularly troubling for both physicians and an increasing segment of the public: how paying for care on a capitated basis — and especially, putting physicians at risk for the financial consequences of their decisions — may affect the quality of care.

The last article in the series will look ahead in an effort to predict where the current debate about quality of care may take the health care system: how it may affect the role of physicians in the system, their relationships with patients and with other physicians, and their ability to provide the best possible care for their patients.

PERSPECTIVES ON THE QUALITY OF CARE

Experts have struggled for decades to formulate a concise, meaningful, and generally applicable definition of the quality of health care.[4] In 1980, Donabedian[5] defined care of high quality as "that kind of care which is expected to maximize an inclusive measure of patient welfare, after one has taken account of the balance of expected gains and losses that attend the process of care in all its parts." In 1984, the American Medical Association defined high-quality care as care "which consistently contributes to the improvement or maintenance of quality and/or duration of life."[6] The association identified specific attributes of care that should be examined in determining its quality, including an emphasis on health promotion and disease prevention, timeliness, the informed participation of patients, attention to the scientific basis of medicine, and the efficient use of resources. One of the most widely cited recent definitions, formulated by the Institute of Medicine in 1990,[7,8] holds that quality consists of the "degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

The complexity and variability of these and many other definitions of quality can be confusing even to experts, let alone physicians who are not versed in the technicalities of debates about quality. With characteristic wisdom, Donabedian,[9] a leading figure in the theory and management of quality of care, has suggested that "several formulations are both possible and legitimate, depending on where we are located in the system of care and on what the nature and extent of our responsibilities are." Different perspectives on and definitions of quality will logically call for different approaches to its measurement and management.

Health care professionals naturally tend to define quality in terms of the attributes and results of care provided by practitioners and received by patients. As other authors in this series will note, these definitions of quality emphasize the technical excellence with which care is provided and the characteristics of interactions between provider and patient.[4,9]

The technical quality of care is thought to have two dimensions: the appropriateness of the services provided and the skill with which appropriate care is performed.[4] High technical quality consists of "doing the right thing right." To do the right thing requires that physicians make the right decisions about care for each patient (high-quality decision making), and to do it right requires skill, judgment, and timeliness of execution (high-quality performance).[10] The quality of the interaction between physician and patient depends on several elements in their relationship: the quality of their communication, the physician's ability to maintain the patient's trust, and the physician's ability to treat the patient with "concern, empathy, honesty, tact and sensitivity."[9]

Although the perspective of health care professionals is widely acknowledged to be important and useful, other perspectives on quality have been emphasized in recent years. Perhaps the most important change has been a growing recognition and insistence that care must be responsive to the preferences and values of the consumers of health care services, especially individual patients,[11] and that their opinions about care are important indicators of its quality. Thus, the Institute of Medicine's definition of quality includes the extent to which health care results in "desired health outcomes," and other recent definitions refer to care that meets the "expectations" of patients and other customers of health care services.[12]

An interest in the views of patients is not fundamentally inconsistent with physicians' views of quality. In their concern with the quality of personal interactions, health care professionals have always acknowledged that satisfying patients at some level is essential to providing care of high quality. At the same time, however, health care professionals have often discounted the importance of patients' perspectives in the belief that patients have very limited knowledge of what constitutes technical quality and because of the difficulty of measuring patients' views accurately and reliably.

Both political and scientific developments have fostered the growing emphasis on the importance and legitimacy of patients' perspectives on the quality of care. Using psychometric techniques, researchers have developed better measures of patients' evaluations of the results of care, thus allowing patients' views to be assessed with greater scientific accuracy.[13,14] In addition, the view that consumers should have the information and other resources necessary to make judgments about the value of goods and services pervades all other sectors of our society and was bound to influence health care eventually. One manifestation of this view is the concept of "patient-centered care."[15]

Another perspective on the quality of care that has recently become more influential is that of health care plans and organizations.[16] These include private managed-care organizations and insurance programs, as well as public agencies that purchase care for beneficiaries such as the elderly and the poor.[17] The emphasis on aspects of quality that are important to health care plans and organizations reflects not only the size and power of these entities but also the recognition that medical care has become such a complex and technically sophisticated enterprise that providing the best possible care often requires the involvement of many parties, including health care organizations.[16,18]

As compared with physicians, health care plans and organizations tend to place greater emphasis on the health of enrolled populations and on attributes of care that reflect the functioning of organizational systems.[19] From this perspective, definitions of the quality of care must take into account the extent to which care meets the needs of a plan's enrollees as a group and must allow for the possibility that when resources are scarce, quality may be improved by limiting the amount of care some persons receive so that all members of the group receive certain essential services. Among the attributes of care that are influenced by organizational systems is accessibility, which may be measured by how long patients have to wait for an appointment or whether specialists' services are available within a given health care organization.

A third perspective on quality that has received increased attention in recent years is that of organized purchasers of health care services: employers, unions, and consumer cooperatives. Like health care plans, organized purchasers tend to be concerned about population-based measures of quality and organizational performance. This commonality of interest has resulted in cooperative efforts, through the National Committee for Quality Assurance and other groups,[20,21] to develop standard measures of quality that can be used by purchasers to compare the performance of health care plans and the providers on which they rely.[20] To a considerable extent, the approaches that purchasers are using to measure and improve quality continue to evolve.[22] Particularly uncertain is whether the interests of purchasers will fundamentally conflict with the interests of patients — the ultimate customers they are supposed to represent.

The current attention to the perspectives of patients, health care organizations and plans, and purchasers in defining the quality of care may lead some health care professionals to conclude that society is no longer sufficiently concerned with what they regard as the essence of medical care: what goes on in the day-to-day interactions between individual doctors and their patients. This conclusion is almost certainly mistaken and may be dangerous as well, if it encourages physicians to become cynical and disengaged. If the media are any indication, the public remains vitally interested in the work of health care professionals[23] and expects them to remain committed to improving the quality of their work.

Physicians are also appropriately worried that in their zeal to document and improve the technical quality of care, health care plans and purchasers may use approaches that are conceptually flawed or based on inaccurate data. An example is the Health Care Financing Administration's program for measuring and publishing hospital mortality rates among Medicare patients. After many years of publishing such statistics, the agency came to the conclusion that without a better method to adjust for the severity of illness, the data were too inaccurate to be useful, and the program was abandoned.

Because of the perceived neglect of physicians' perspectives, the importance of their role in the health care system, and the importance of their participation in the debate about the quality of care, this series addresses quality from the perspective of health care professionals. At the same time, the series is based on the recognition that the goal of current discussions about the quality of care should be the development of approaches to its definition, measurement, and management that integrate the perspectives of the many groups that play a part in the health care system.

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