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Quality of Care and Its Measurement in the HSRE Context

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This Lecture Will Address the Following:

- Definitions
- Paradigms and frameworks
- Policy context
- Applications within HSR&E
- Approaches to measurement
- Sources of benchmarks
- Data sources
- Practical issues (related to “individual exercise” case study)



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Section A

Definitions, Paradigms, and Frameworks

“Quality” Defined

- The degree to which health services for individuals and populations increase the likelihood of desired health outcomes
- And the degree to which health services are consistent with current professional knowledge

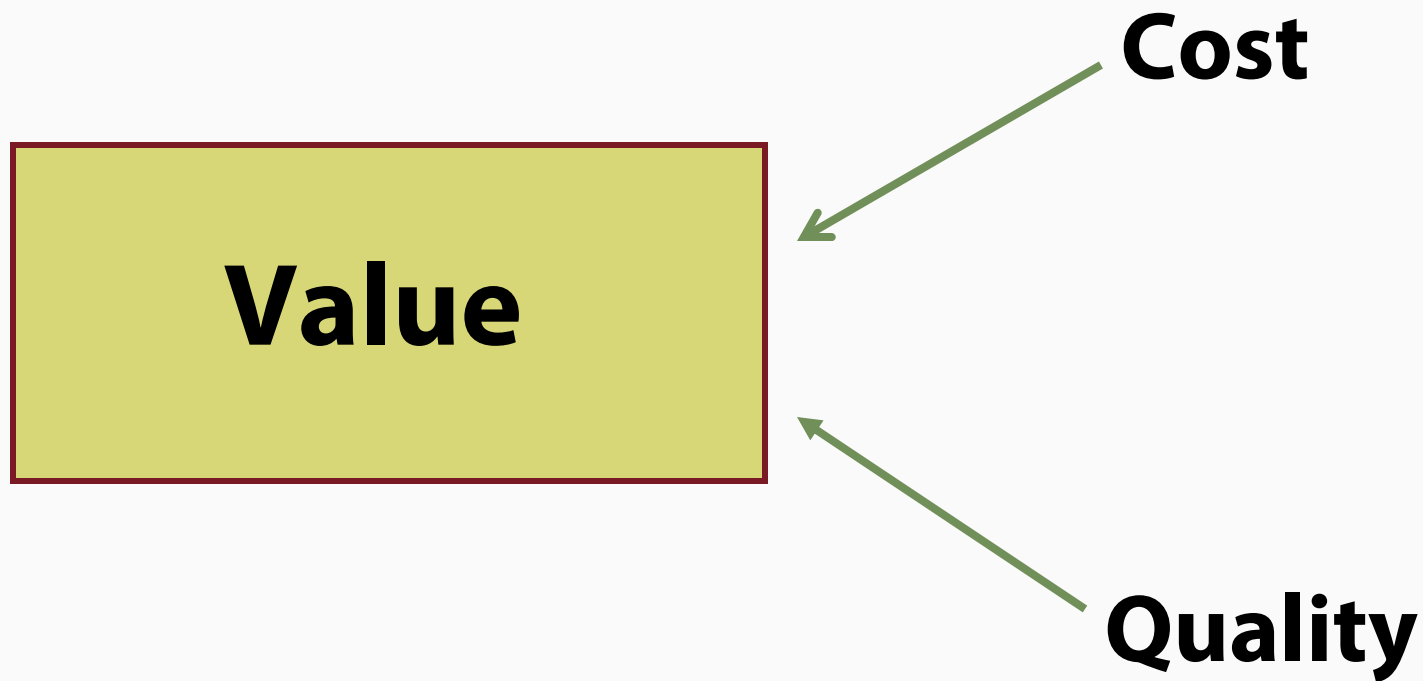
“Quality” Defined

- The quality “performance” of a provider or organization can be assessed by measuring ...
 - Their patients’ outcomes (end-results), or;
 - The degree to which they adhere to an accepted care process

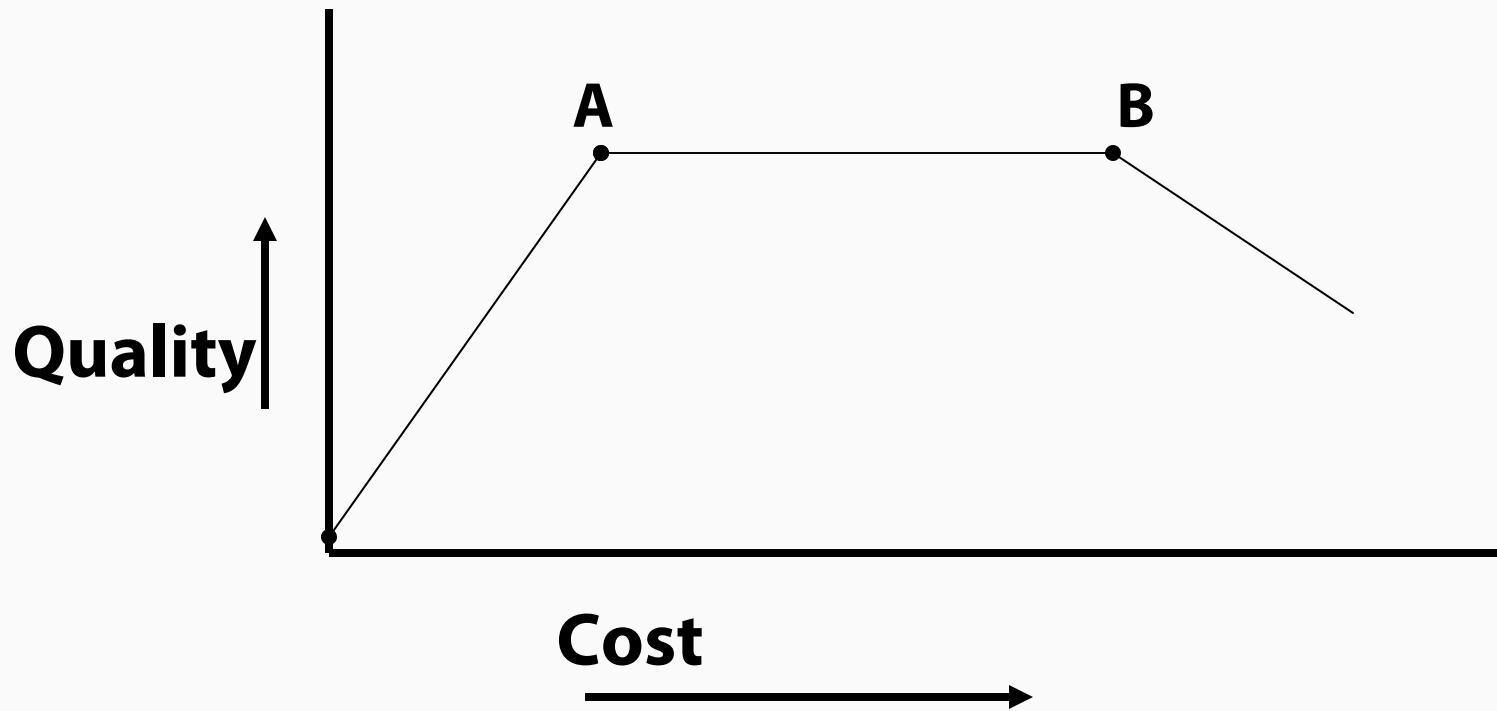
“Quality” Defined

- Everything that's not money
 - Weiner, 1982

The "Value" Equation



The Theoretical Cost/Quality "Plateau" Relationship



Two Recent Institute of Medicine Reports Have Been Influential:

- “To Err is Human”
- “Crossing the Quality Chasm”
 - Though as much political as scientific in nature, we can learn much from these IOM reports
 - See www.iom.edu

IOM's Framework for Quality Improvement:

- Quality problems may relate to the following:
 - Underuse
 - Overuse
 - Misuse
- The IOM effectively used the issue of “patient safety” to capture the public’s attention and the media’s attention

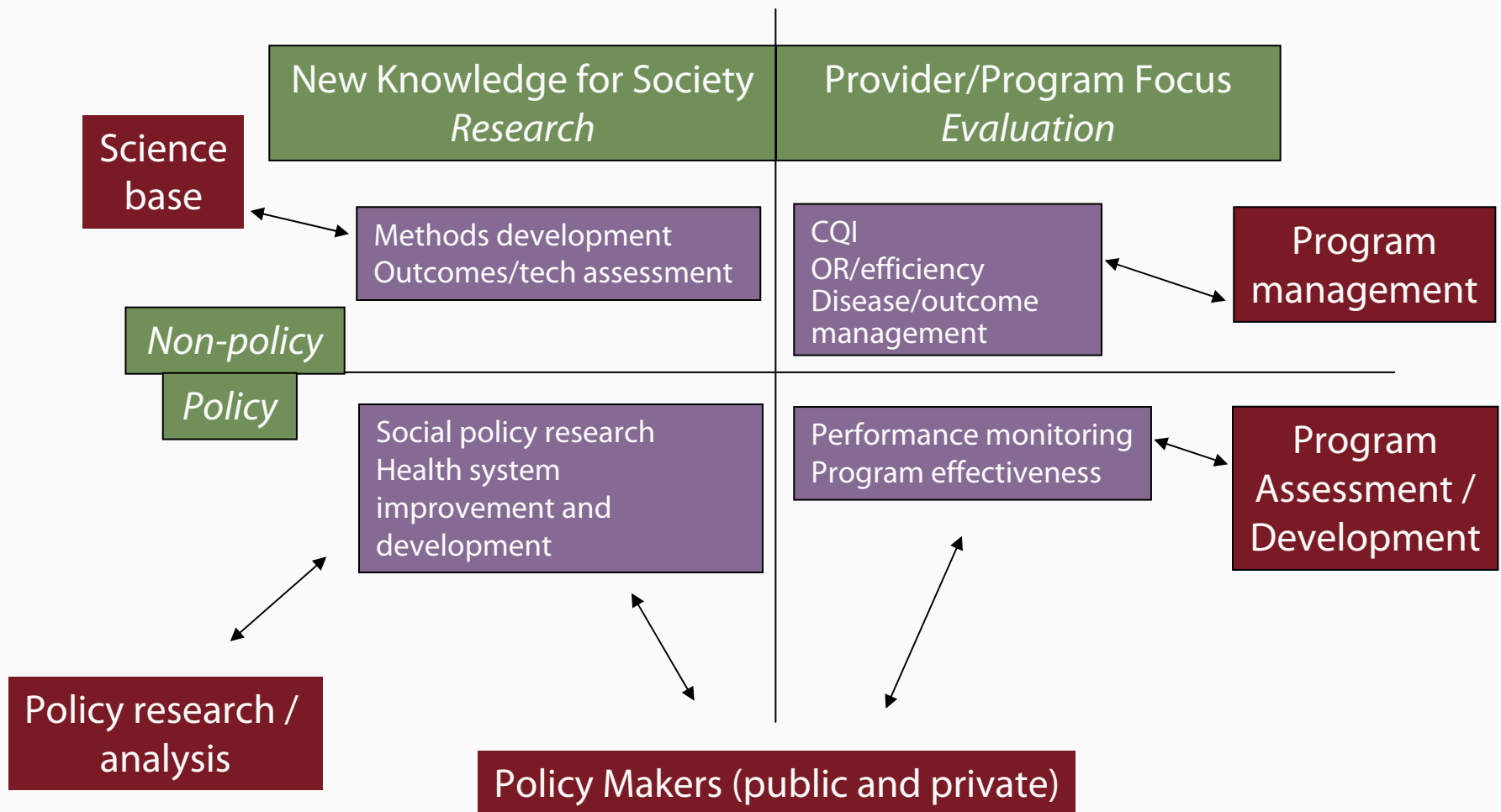
IOM's Suggestions for Future

- It is not acceptable to have a wide “quality chasm” between actual and best possible performance
- Quality and safety must be designed into a system and must not be the responsibility of just individual providers

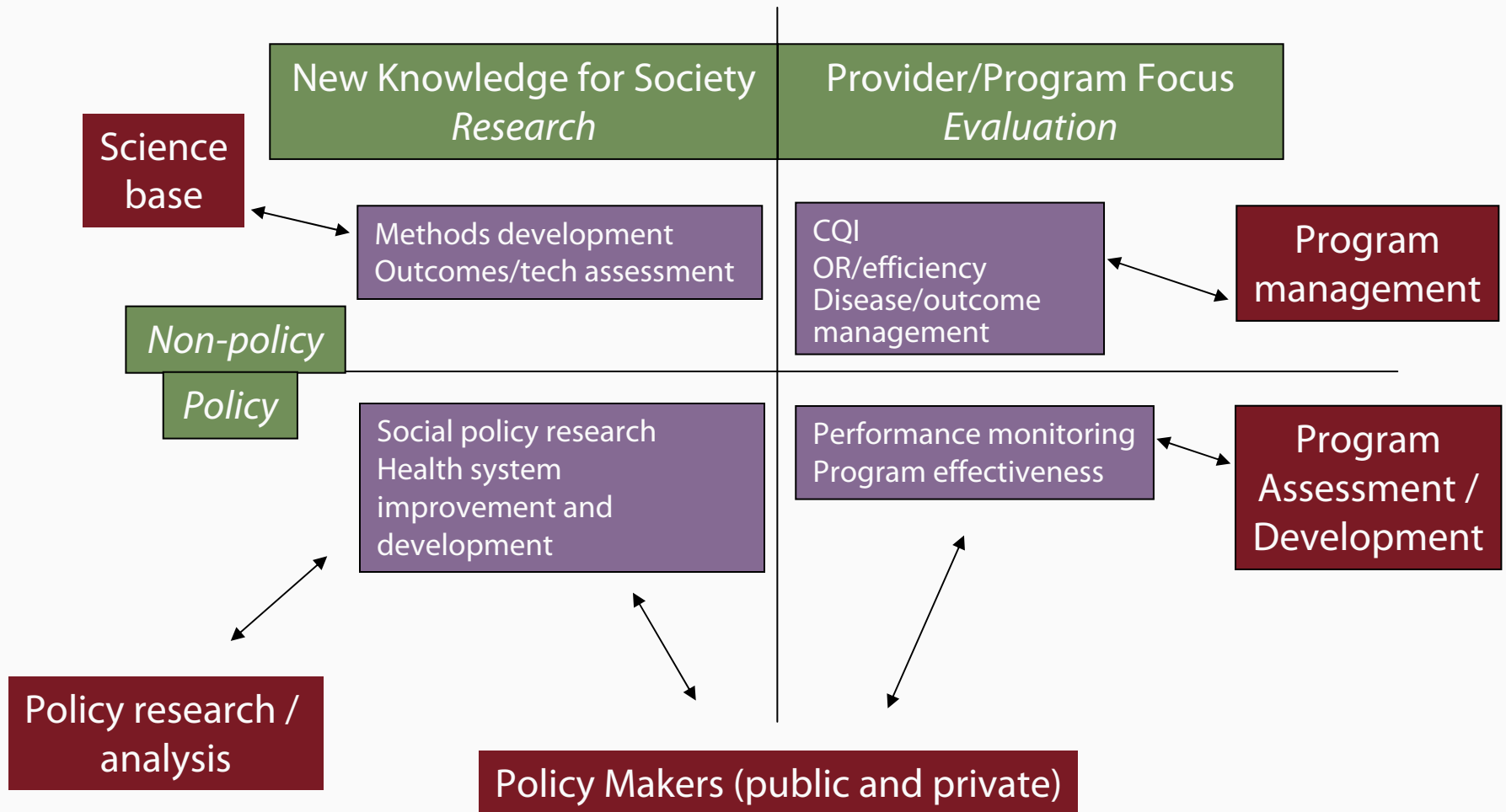
Is It HSRE or Care Management?

- Quality of care is central to several domains:
 - Basic research and development
 - Research to set policy agenda
 - Program management/improvement
 - Program impact evaluation

A Schema for Categorizing Health Services Research, Evaluation, and Related Activities



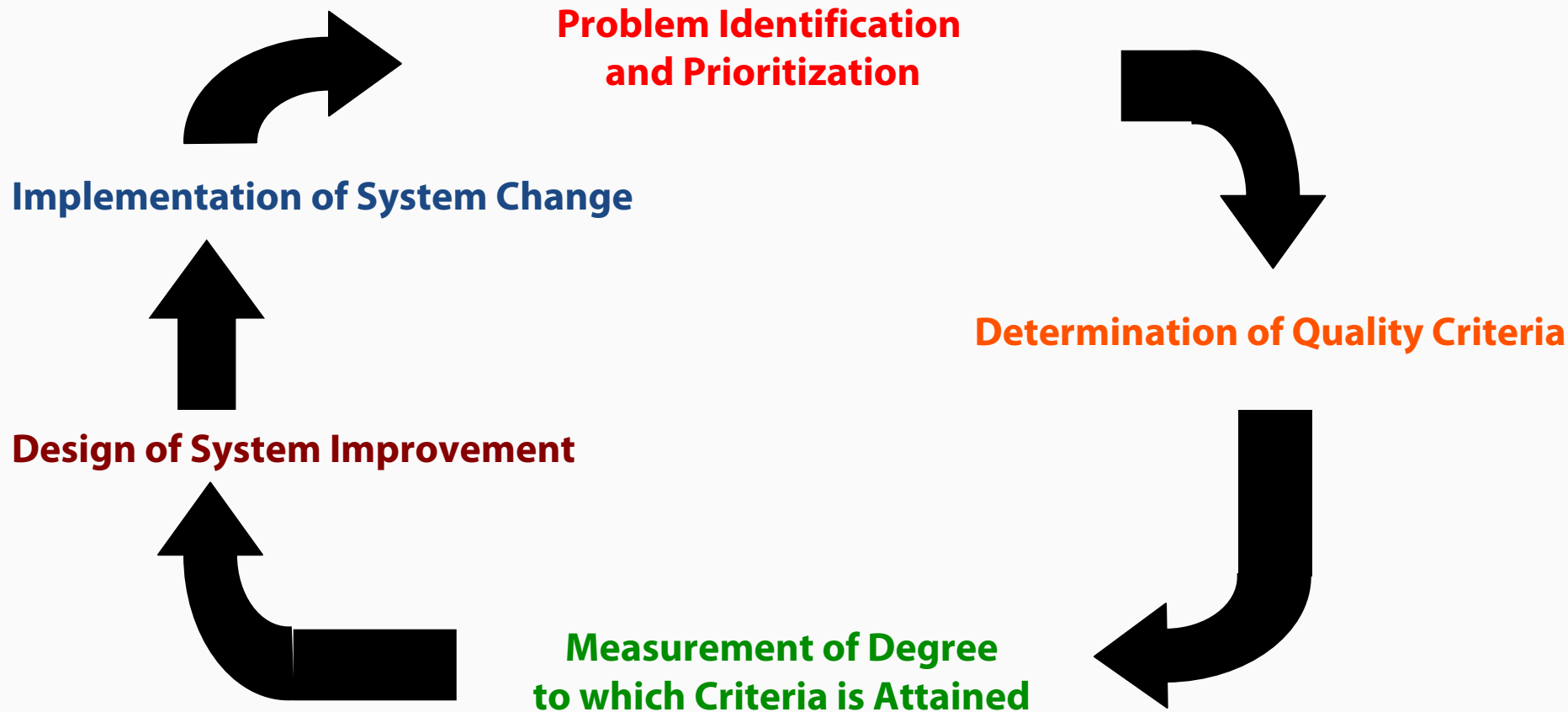
A Schema for Categorizing Health Services Research, Evaluation, and Related Activities



Some Specific QOC Applications Include ...

- Clinical quality improvement / TQM
- Performance monitoring
- Evidence-based outcomes research
- Health system improvement

The "Continuous Quality Improvement" (CQI) Cycle





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Section B

Measurement

Approaches to Measuring Quality

1. Structure of care
 - Facilities
 - Provider qualifications and credentialing
 - Availability / resource adequacy

Approaches to Measuring Quality

2. Process of care

- Provider adherence to practice standards
- Appropriateness of care

Process Measures

- Adequacy of patient/population utilization
- Ease of access to care/case finding rates

Approaches to Measuring Quality

3. Outcomes of care
 - Patient function/health status/quality of life
 - Adverse/sentinel events
 - Mortality/longevity

Outcome Measures

- Prevention/avoiding disease/morbidity
- Patient satisfaction/patient-centeredness

Data Sources for Quality

Data Source	Type of Measure		
	Structure	Process	Outcome
Site Visit	X		
Administrative Files	X	X	X
Claims/Encounter		X	X

Data Sources for Quality

Data Source	Type of Measure		
	Structure	Process	Outcome
Site Visit	X		
Administrative Files	X	X	X
Claims/Encounter		X	X

Data Sources for Quality

Data Source	Type of Measure		
	Structure	Process	Outcome
Medical Record (paper or electronic)	X		
Patient Interview	X	X	X
Population Survey		X	X

Remember Your “Denominators”: Populations of Interest for QOC Research

- Insured beneficiary/enrollee group
- Persons living in a geographic area
- A selected vulnerable population group
- Provider organization/institution
- An individual provider

Basis for QOC Standard/Reference

Process or structure of care:

- Normative—based on peer judgment and literature
- Empirical—based on observations of actual practices
- See <http://www.qualitymeasures.ahrq.gov/>
(<http://www.ahrq.gov/qual/>)

Outcomes of care:

- Accepted standards with face validity (e.g., infant mortality, disability)
- Constructed standards (e.g., functional health status, satisfaction)

QOC Case Study (See Individual Exercise)

1. CABG in Western MD
2. Prenatal care “gray-area” women
 - Meeting national standards of care
 - Improved quality for target population
- A. Intent and implications for design
- B. Measures
- C. Sources of data