

Individual Exercise 5

Measuring Quality of Care

The State of Maryland has a fiscal surplus and intends on investing in two new health programs:

1. A new surgical center (at a University of Maryland-affiliated hospital in Western Maryland) to perform coronary artery by-pass grafts (CABGs)
2. A special statewide insurance program for "gray-area" pregnant women (not poor enough for Medicaid, but not able to afford health insurance on their own in need of prenatal care.)

As part of the enabling legislation, it was mandated that evaluators at the Department of Health and Mental Hygiene (DHMH) shall assess:

1. Whether the quality of care delivered by the programs meets or exceeds the national standards for care
2. Whether the populations targeted by the programs are receiving better quality of care because of the program.

You are an evaluator from the DHMH's regulation and quality bureau. You must develop an evaluation plan emphasizing quality of care (QoC) in response to this legislation.

1. What is the intent of each of the two mandates above?
 - a. To save money
 - b. To assure reasonable levels of program quality
 - c. To select the best providers
 - d. To assess the benefit of the program for patients
 - e. A and C
 - f. B and D
 - g. B and C
 - h. A and B

2. In general terms, what are the implications of the two mandates for the design of the evaluation and the selection of quality measures for assessing the two programs?
 - a. A pre-post measure of provider quality will be needed
 - b. A post-test only measure of provider quality will be needed
 - c. A pre-post measure of presenting patients is most appropriate
 - d. A post-test only measure of the target population is most appropriate
 - e. A pre-post measure of the target population is most appropriate
 - f. B and E
 - g. A and E
 - h. C and D
 - i. B and C

In the next two questions, given the two major goals, list some of the key measures you would suggest to assess quality of care for each program. Where appropriate, you should include measures that are structure, process, and outcome oriented.

3. For program 1, the CABG program, which are the most appropriate measures, given the legislature's charge?
 - a. Patient satisfaction with nursing staff
 - b. Cardio-thoracic society standards for surgical centers

- c. Mortality and infection rates
 - d. Quality of life improvements for those with heart disease living in the region
 - e. A and B
 - f. B, C, and D
 - g. A, B, and C
 - h. C and D
 - i. A and C
4. For program 2, the gray-area prenatal insurance care program, which measures are most appropriate?
- a. The percent of women in the target group getting prenatal care in the 1st trimester
 - b. Women under care getting age- and risk-factor appropriate screening tests
 - c. The cesarean section rate in the State
 - d. Neo-natal intensive care rates for babies of near poor women in the State
 - e. A, B, and C
 - f. B, C, and D
 - g. A, B, and D
 - h. A, C, and D
5. Match up the data sources that could be used with the various indicators.

Indicators

- Surgical suite standards
- Mortality and infection rates
- QOL of people with heart disease in the region
- Percent of pregnant women getting prenatal care in 1st trimester
- C-section rate
- Neonatal intensive care rates for near poor newborns
- Patient satisfaction

Data Sources

- A. On-site inspections of facility
- B. Medical chart audit
- C. State vital records
- D. Administrative/insurance claims
- E. Patient surveys
- F. Population surveys

ANSWERS

1. **F:** Although saving money and selecting good providers are always of importance to legislators, program quality (b) and assessment of the effects of the program on patients (d) are more concordant with the mandates given in the exercise.
2. **F:** The mission statement focuses on 1) quality of care levels achieved by the program (after the program starts) but not change, so design b is appropriate, and 2) change for the target population in the care they receive, which requires assessing the status before and again after the program starts (design e).
3. **F:** Although patient satisfaction with nursing care is important, it is not concordant with the mission statement.
4. **G:** All measures are acceptable except the c-section rate, which is not targeted specifically to the gray area population.
5. Surgical suite standards = a, b
 Mortality and infection rates = b, c
 Quality of life for people with heart disease in the region = e, f
 Percent of pregnant women getting prenatal care in first trimester = b, c, d, and e
 C-section rate = b, c, and d
 Neonatal intensive care rates for near poor newborns = b, d
 Patient satisfaction = e