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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*

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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

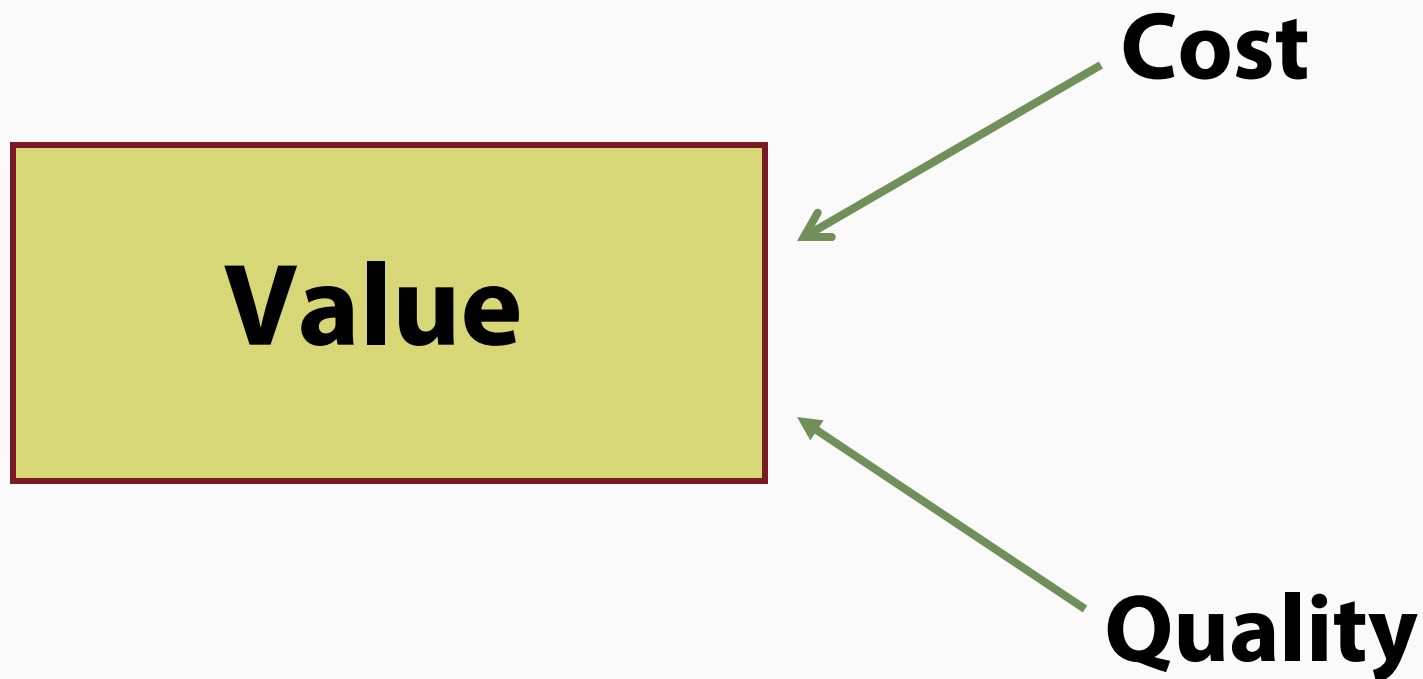
# *“Quality” Defined*

- 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*

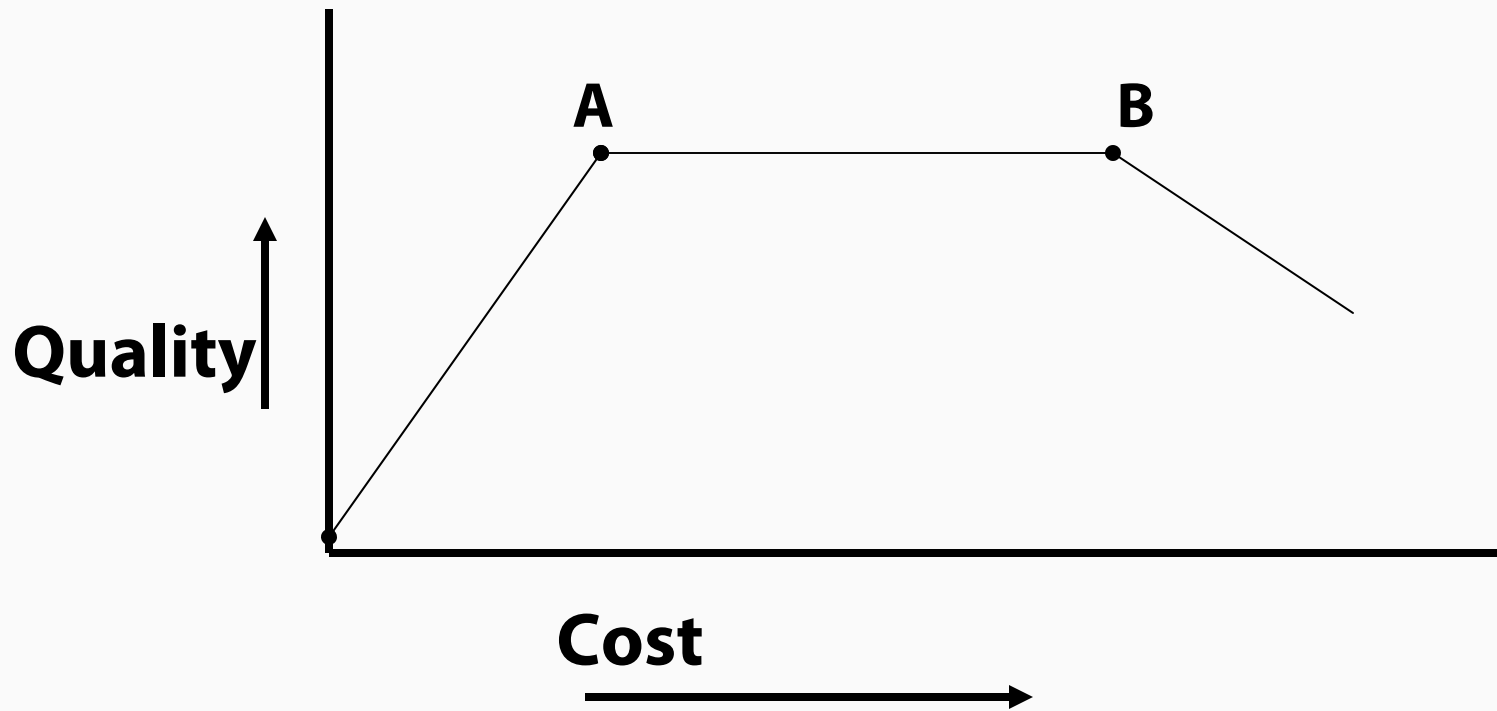
- Everything that's not money
  - Weiner, 1982

# 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](http://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

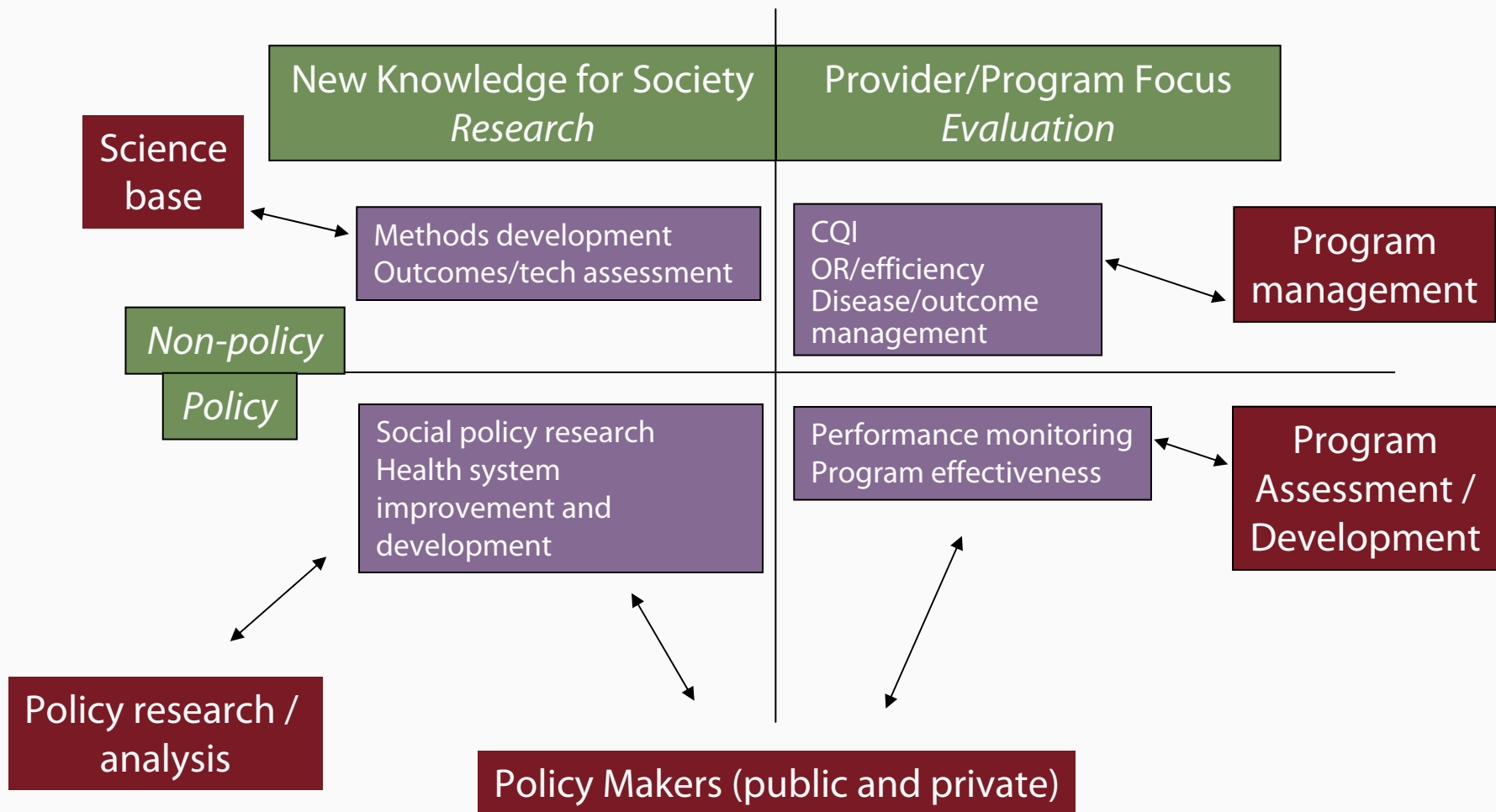
## *IOM's Suggestions for Future*

- 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

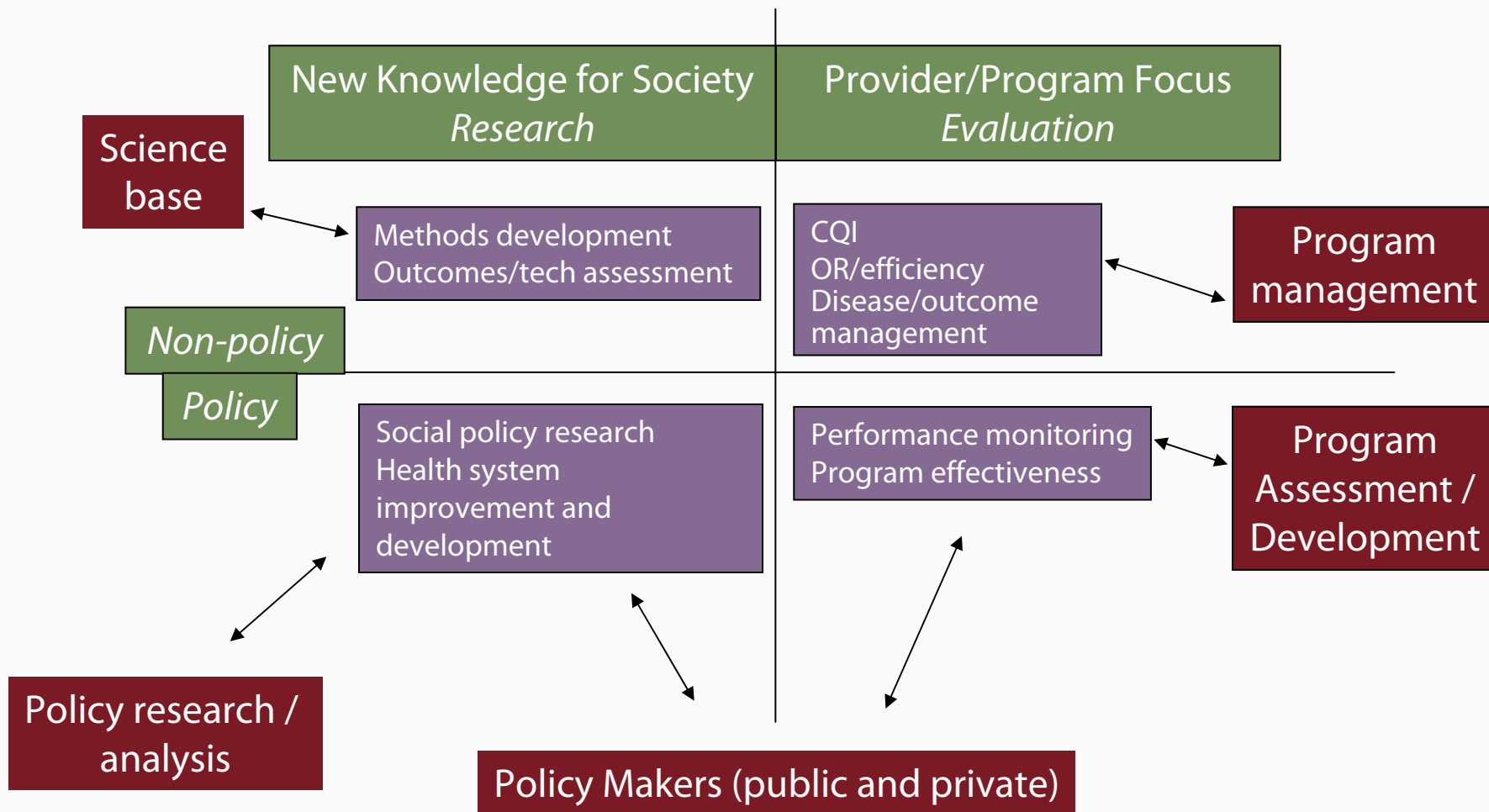
# *Is It HSRE or Care Management?*

- 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



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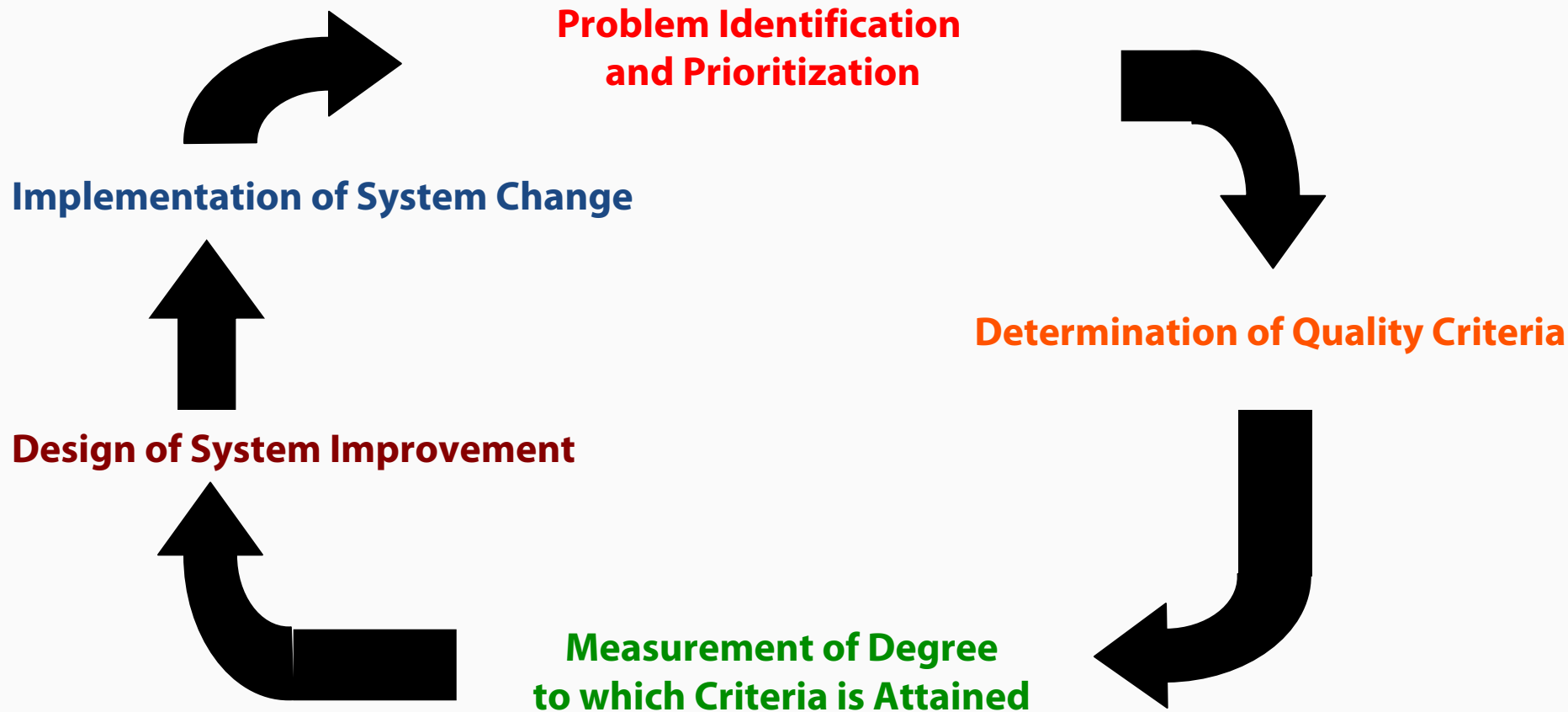


## *Some Specific QOC Applications Include ...*

- 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*

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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

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



# Data Sources for Quality

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# Data Sources for Quality

<b>Data Source</b>	<b>Type of Measure</b>		
	<b>Structure</b>	<b>Process</b>	<b>Outcome</b>
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