Measuring Health Care Quality: An Introduction

What is quality health care, and why is measuring health care quality important?

We need to improve the quality of our nation’s health care, and the first step in that process is measuring the quality of care that is currently provided.

What does “quality health care” mean?

Quality health care is “the right care for the right person at the right time, the first time.”¹ The Institute of Medicine has identified six aspects of high-quality care. Health care should be safe, timely, effective, efficient, equitable, and patient-centered.²

Why is measuring health care quality so important?

Americans pay more for health care per person than residents of any other country. However, there is little evidence to suggest that this higher spending has produced better care.

Too often, the quality of care that is provided in the United States is substandard: Patients receive the proper diagnosis and care only about 55 percent of the time;³ and wide variations in health care quality, access, and outcomes persist.⁴ Research consistently shows that there is chronic underuse, overuse, and misuse of health care services. These failures can lead to serious harm—or even death.

Furthermore, the way health care is delivered in this country is often fragmented, overly complex, and uncoordinated, all of which can have a negative impact on patient health.

How do we measure health care quality?

Quality measurement in health care uses data to evaluate the performance of health care providers against recognized quality standards. We can measure quality in many different ways, and these measures evaluate care across the full range of health care settings (including doctors’ offices, imaging facilities, and hospitals).
How can quality measurement improve health care?

Quality measurement is a critical tool that can be used to improve care in several ways:

1. preventing the overuse, underuse, and misuse of health care services and ensuring patient safety
2. identifying what works in health care—and what doesn’t— to drive improvement
3. holding health insurance plans and health care providers accountable for providing high-quality care
4. measuring and addressing disparities in how care is delivered and in health outcomes
5. helping consumers make informed choices about their care

We discuss each of these improvements below.

1. Preventing the overuse, underuse, and misuse of health care and ensuring patient safety

Every year, the health of millions of Americans is endangered because they do not receive necessary care (underuse), they receive care that is unnecessary (overuse), or they receive the wrong care for their needs (misuse). The underuse or misuse of medical care can lead to preventable complications, illness, or even death: An estimated 98,000 people die each year due to the underuse and/or misuse of health care services (also known as medical errors). Overuse of tests or procedures that are not medically required can also endanger patients’ health, and it increases health care costs, resulting in wasteful spending.

Implementing appropriate quality measures is essential to getting every patient the right care at the right time and never more care than is needed. And strong quality measurement is a critical tool for ensuring patient safety while improving patient health.

2. Identifying what works in health care—and what doesn’t—to drive improvement

If we don’t measure the quality of the health care that is delivered to patients, we won’t know what kinds of improvements are needed or where they are needed. Measuring health care quality is critical to assessing the performance of the health care system and evaluating patients’ experience of care. But measuring quality is also necessary to identify where the health care system falls short.

The Affordable Care Act has introduced several policies that are changing how health care providers are paid and how health care is delivered, and the health care system is changing significantly as a result. The use of quality measurement is essential to ensuring that these changes actually improve the quality of care, or at the very least, maintain it.
3. Holding health insurance plans and health care providers accountable for providing high-quality care

Measuring health care quality makes it possible to hold health insurance plans and health care providers accountable for the quality of the care and services they provide. This accountability can take many forms. For example:

» A health plan might need to demonstrate a certain level of performance or risk losing its accreditation.

» Hospitals could be required to publicly report their performance on select quality measures, and if they perform poorly, they may lose business as a result.

» Providers may face financial penalties or have payment bonuses withheld if they cannot meet certain quality benchmarks.

These forms of accountability can help ensure that the changes made to our health care system improve patients’ health and their experience of health care.

4. Measuring and addressing disparities in how care is delivered and in health outcomes

Racial and ethnic minorities and low-income Americans routinely face more barriers to care and receive poorer-quality care. Measuring the quality of care that is delivered to diverse groups will give policymakers the information they need to develop targeted improvements in health care for those who need them the most. It will also allow policymakers to hold providers accountable for providing quality care to all populations.

Tailoring quality measurement to the particular care needs of different demographic groups is one potential strategy to addressing disparities in the quality of care and to ensuring that all patients get the care they need when they need it. In this regard, quality measurement can help speed the pace at which providers integrate new research findings into practice.

**Access and Quality: Two Sides of the Same Coin**

The Affordable Care Act has expanded health insurance to millions of previously uninsured Americans. However, having an insurance card does not guarantee that consumers will have access to the care they need when they need it, nor does it guarantee that their care will be high-quality. Quality measurement is essential to ensuring that having health insurance also means having access to a health care system that consistently delivers high-quality care and that is responsive to consumers’ needs, values, and preferences.

**Key Term**

**Accreditation**: Recognition granted to an institution (such as a health care provider or health plan) by a professional association or non-governmental agency demonstrating that the institution meets pre-established standards.
5. Helping consumers make informed choices about their care

Consumers face a bewildering array of decisions about health care, ranging from which health plan to select to which provider to see within a primary care practice. Quality measures can give consumers important information they need to make health care decisions.

In the past, information about critical quality issues either did not exist or was not made available to consumers, which meant that they did not have access to all the information they needed to make informed decisions. Although quality measurement has become more commonplace, information on quality is still too often not made public or is not available in a format that is easy for consumers to understand.

Reporting of quality data in ways that are easy for consumers to understand is essential to ensuring that patients are active and engaged participants in their care. Recent changes to the way data on quality are reported, including new provisions in the Affordable Care Act, will accelerate consumers’ access to information on quality and help them identify their best health care options.

Endnotes


Patient-centered care is care that is responsive to consumers’ needs, values, and preferences.


6 Agency for Healthcare Research and Quality, op. cit.
A selected list of relevant publications to date:

- Principles for Consumer-Friendly Value-Based Insurance Design (December 2013)
- Key Differences between Wellness Reward/ Penalty Programs and Value-Based Insurance Design (October 2013)
- Shared Decision Making: Engaging Patients to Improve Care (May 2013)

For a more current list, visit: www.familiesusa.org/publications

© Families USA 2014