

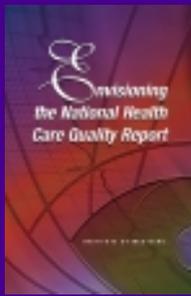
***E*nvisioning  
the National Health  
Care Quality Report**

INSTITUTE OF MEDICINE

**Committee on the  
National Health Care  
Quality Report**

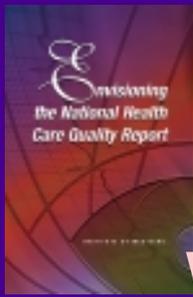
**IOM- Board on Health Care Services**

*March 22, 2001*



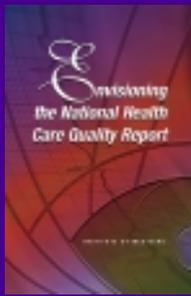
# Background

- **President's Advisory Commission (1998)**  
Recommends improvement in measurement of quality of care.
- **Healthcare Research and Quality Act of 1999 (PL.106-129)**  
ANNUAL REPORT. "Beginning in FY2003,..., shall submit to Congress an annual report on national trends in the quality of health care... "
- **Agency for Healthcare Research and Quality (AHRQ)**  
Commissioned IOM study to define a vision for the Quality Report.
- **IOM- Crossing the Quality Chasm Report (2001)**  
Recommends continued support for quality monitoring and tracking. Need Quality Report to evaluate achievement of aims.



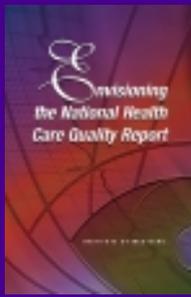
# Why a National Health Care Quality Report?

- To serve as a barometer of quality & systematically assess progress in meeting specific aims or national goals.
- To inform Congress, the Administration and other policy makers. To identify actionable areas to improve health care quality and monitor the effects of policies.
- To raise public awareness about the state and progress of quality of health care delivery in the country.



# Areas Addressed by Recommendations

- **Framework and Categories:**  
Recommendation 1
- **Measure Criteria & Guidelines:**  
Recommendations 2 to 6
- **Data Sources, Data Collection & Analyses:**  
Recommendations 7 to 9
- **Audience-Centered Reporting Criteria:**  
Recommendation 10



# Framework and Categories: Recommendation 1

*The conceptual framework should address two dimensions*

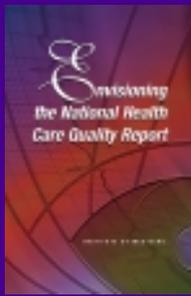
- *Components of Health Care Quality*
  - *Safety*
  - *Effectiveness*
  - *Patient Centeredness*
  - *Timeliness*
- *Consumer Perspectives on Health Care Needs*
  - *Staying Healthy*
  - *Getting Better*
  - *Living with Illness or Disability*
  - *Coping with the End of Life*

*The conceptual framework should also analyze **Equity** as an issue that cuts across both dimensions.*



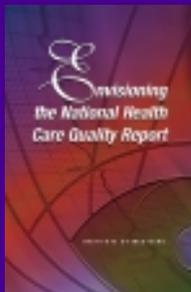
# Components of Health Care Quality

- **Safety** refers to “avoiding injuries to patients from care that is intended to help them” (Institute of Medicine, 2001).
- **Effectiveness** refers to “providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit (avoiding overuse and underuse)” (Institute of Medicine, 2001).
- **Patient centeredness** refers to health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they require to make decisions and participate in their own care.
- **Timeliness** refers to obtaining needed care and minimizing unnecessary delays in getting that care.



# Consumer Perspectives on Health Care Needs

- **Staying healthy** refers to getting help to avoid illness and remain well.
- **Getting better** refers to getting help to recover from an illness or injury.
- **Living with illness or disability** refers to getting help with managing an ongoing, chronic condition or dealing with a disability that affects function.
- **Coping with the end of life** refers to getting help to deal with a terminal illness.



# The Framework as a Matrix

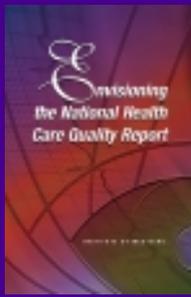
<b>Consumer Perspectives on Health Care Needs</b>	<b>Components of Health Care Quality</b>			
	Safety	Effectiveness	Patient Centeredness	Timeliness
Staying healthy				
Getting better				
Living with illness or disability				
Coping with the end of life				



# Measure Criteria & Guidelines: Recommendation 2

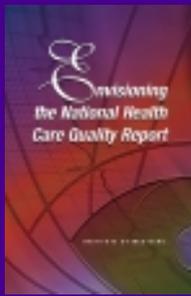
*AHRQ should apply criteria to assess the desirable attributes of potential quality measures and measure sets for inclusion in the Quality Report.*

- *General Criteria for Individual Measures*
  - *Importance*
  - *Scientific Soundness*
  - *Feasibility*
- *Criteria for Measure Sets*
  - *Balance*
  - *Comprehensiveness*
  - *Robustness*



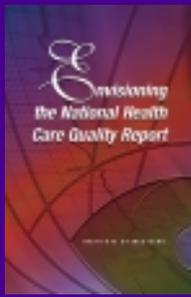
## Measure Criteria & Guidelines: Recommendation 3

*The Agency for Healthcare Research and Quality should have an ongoing independent committee or advisory body to help assess and guide improvements over time in the National Health Care Quality Report.*



## Measure Criteria & Guidelines: Recommendation 4

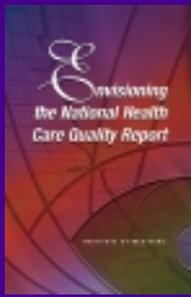
*The Agency for Healthcare Research and Quality should set the long-term goal of using a comprehensive approach to the assessment and measurement of quality of care as a basis for the National Health Care Quality Data Set.*



# Measure Criteria & Guidelines: Recommendation 5

*When possible and appropriate, and to enhance robustness, facilitate detection of trends, and simplify presentation of the measures in the National Health Care Quality Report, AHRQ should consider combining related individual measures into summary measures of specific aspects of quality.*

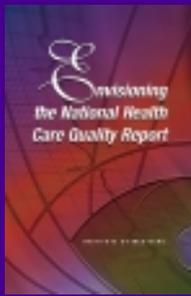
*AHRQ should also make available to the public information on the individual measures included in any summary measure, as well as the procedures used to construct them.*



# Measure Criteria and Guidelines: Recommendation 6

*Data Set should reflect a balance of outcome-validated process measures and condition- or procedure-specific outcome measures.*

*Given the weak links between most structures and outcomes of care and interests of consumers and providers in practice-related aspects as well as outcome measures, structural measures should be avoided.*



# Data Sources, Collection & Analysis: Recommendation 7

*AHRQ should assess potential data sources for the National Health Care Quality Data Set according to the following*

## *Criteria for Individual Data Sources*

- Credibility and Validity of the Data*
- National Scope and Potential to Provide State-level Detail*
- Availability and Consistency of the Data Over Time and Across Sources*
- Timeliness of the Data*
- Ability to Support Population Subgroup and Condition-specific Analyses*
- Public Accessibility of the Data*

## *Criterion for Ensemble of Data Sources*

- Comprehensive*



# Data Sources, Collection & Analysis: Recommendation 8

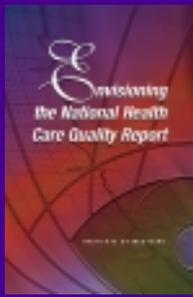
*To obtain the data for the Quality Report, AHRQ needs to*

*In the short term:*

- *Draw on a MOSAIC of public and private data sources for the National Health Care Quality Data Set*
- *Complement existent data sources by new ones to address all aspects proposed*

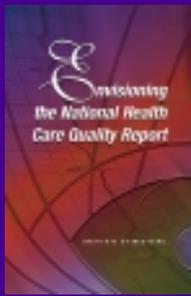
*In the medium and long term:*

- *Encourage development of a comprehensive health information infrastructure (including standardized, electronic clinical data systems) to support the vision of the data set for the Quality Report*



# Data Sources, Collection & Analysis: Recommendation 9

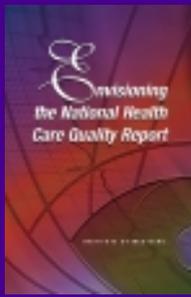
*The data for the National Health Care Quality Report should be nationally representative and, in the long term, reportable at the state level.*



# Designing the Report: Recommendation 10

*The National Health Care Quality Report should be*

- *Produced in several versions tailored to key audiences*
  - *policy makers*
  - *consumers*
  - *purchasers*
  - *providers*
  - *researchers*
- *Feature limited number of key findings and minimum number of measures needed to support these findings*



# Challenges

- Populating the framework matrix with sufficient measures by selecting from existing ones and defining new ones where needed
- Establishing a comprehensive quality data set accessible to the public and to researchers
- Keeping the report focus narrow (3-5 key findings) despite complexity, visibility and importance of the subject
- Defining useful summary measures where appropriate