

CHAPTER 8

QUALITY MEASURES AND IMPROVEMENT

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Through the movement from fee-for-service to managed care (see **Chapter 6**), payers began to pay for performance rather than for quantity. This included paying for improving health outcomes while containing costs. The movement to accountable care has created a similar initiative called value-based care. New value-based structures mean that healthcare entities must commit to delivery on many quality measures, which determine reimbursement. Therefore, there is a new financial incentive to focus on quality to control costs.

The Institute of Medicine (IOM) defines quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”¹ The 2001 Quality Chasm Report by IOM provided 6 dimensions of quality: Effective, safe, timely, patient-centered, equitable and efficient.²

The first three dimensions, effective, safe, and timely, are the traditional items associated with quality healthcare interventions. Effective refers to basing decisions on evidence and scientific knowledge which is discussed in **Chapter 10**. Safe refers to avoiding injury from care that is intended to help patients. Timely focuses on improving access and communication between healthcare providers to reduce delays in treatment.

The other three dimensions, patient-centered, equitable, and efficient, are specific targets of health care reform. Patient centered care refers to services that are respectful and responsive to individual patient preferences, needs and values and allowing those to guide treatment decisions. Equitable care does not vary in quality because of personal characteristics including ethnicity and socioeconomic status. Equitable and patient centered care personalizes care to the patient not to the preference of the provider. Efficient care avoids waste to limit the additional cost and intrusion to patients but also to the system as a whole. Limiting unnecessary use protects funds and availability for other patients who need to access care. The challenge is to use evidence to determine what is necessary and unnecessary.

QUALITY IMPROVEMENT

Quality improvement (QI) is a formal method of analyzing and correcting errors. Quality

improvement is its own career path where individuals understand the different tools available and how to apply them to their setting. Terminology associated with measuring quality includes quality assurance, quality control and quality assessments. Quality assurance is planning and ensuring compliance with set standards and requirements. It may be thought of as the “office” component to quality reviewing reports, writing policies and procedures and reviews of processes. Quality control is the specific process for measuring products or services against the specific standard. This may include sample testing to look for defects, customer service audits, etc. It may also be thought of as a data collection aspect of quality to identify the current state of quality. Quality assessments are usually the specific standard or increment that is being evaluated. These specific measures may be a stand alone clinical outcome or a tool that collects multiple measures. Organizations that implement quality improvement initiatives may use the term Total Quality Management (TQM) which incorporate all of these items.³⁻⁵

Agreement on a need to improve quality is easier than actually assessing quality and making improvement, this is especially challenging since patients, providers, administrators and payers may view quality differently.^{6,7} Several organizations referred to as quality improvement organizations (QIOs) utilize health quality experts, clinicians, and consumers to work together to establish quality measures and set standards.⁷ Some QIOs work directly with the Centers for Medicare and Medicaid Services (CMS). There is also a federal agency that promotes evidence-based quality, the Agency for Healthcare Research and Quality (AHRQ). These organizations develop quality measures, patient perspectives, and detailed outcomes measures. The Pharmacy Quality Alliance develops and recommends specific pharmacy based performance measures. These may be used to impact reimbursement in value based payment models.

As mentioned above, quality tools and process exist to collect quality information within an organization and local, state and federal organizations exist to set standards and specific measures of quality. The results of this effort may be reported and utilized in one of three ways: accreditation purposes, report cards, and consumer ratings.⁷

Accreditation refers to acknowledgement by an authoritative group providing a certification of competency or credibility to an individual, institution or other healthcare entity. The accreditation, used by payers, consumers, or employers, confirms certain standards. For example, the Joint Commission is the standard accrediting body for hospitals, long-term care facilities, and other medical practices.^{5,7}

Report cards provide details on the results of specific quality measures often referred to as

key indicators. The National Committee for Quality Assurance (NCQA) provides report cards for physicians and health care insurance plans. One example of data provided by NCQA is the Health Care Effectiveness Data and Information Set (HEDIS). This data set is used by a majority of health insurance plans to measure performance. Other examples of organizations that report on quality initiatives include the Pharmacy Quality Alliance (PQA) and Medicare Health Outcomes Survey (HOS).^{5,7}

Many organizations now provide patients an opportunity to provide direct feedback via online or phone based surveys. The data may be published or used internally for quality improvement. A cycle of surveys followed by improvements and resurveys is often referred to as continuous quality improvement (CQI) or total quality management (TQM). CQI or TQM may utilize critical pathway processes to develop specific procedures to improve care and improve efficiency in a specific location. They define key steps that are necessary quality checks. For example, a patient is admitted to the hospital for a severe skin infection. A critical pathway may include ordering from a list of specific antibiotics, timing of cultures, timing of wound care, etc.⁷

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