McGlynn et al., “The Quality of Health Care Delivered to Adults in the United States”

Daniel Prinz

November 8, 2015


Abstract

• we have little systematic information about the extent to which standard processes are delivered
• telephoned random sample of adults in 12 metropolitan areas and asked them about healthcare experiences
• also pulled 2 years of medical records for them
• evaluated performance on 439 indicators of quality for 30 acute and chronic conditions and preventive care
• 55% of recommended care was given with large variation across conditions
• deficit in adherence to recommended processes is a serious problem

Introduction

• the degree to which healthcare in the United States is consistent with basic quality standards is largely unknown
• most previous studies have focused on a single condition, a limited set of indicators and specific segments of the population
• this article uses results from the Community Quality Index (CQI) study, a collateral study of the Community Tracking Study (CTS)
• CTS contains self-reported information on insurance coverage, utilization patterns, and health status
• CTS lacks detailed information about quality of healthcare
• this article assesses the extent to which the recommended processes of medical care are delivered

Methods
• participants recruited in 12 metropolitan areas
• selection using random-digit-dial telephone surveys
• indicators of quality derived from RAND’s Quality Assessment Tools system
• conditions that represent the leading causes of illness, death, and utilization of healthcare in each age group + preventive care related to these causes
• for each condition, reviewed guidelines and the medical literature and proposed indicators of quality for screening, diagnosis, treatment, and follow-up
• developed indicators to assess potential overuse and underuse of key processes
• rely on process measures because physicians have the most control over them
• use expert panels to select quality measures that are valid
• use 439 indicators for 30 conditions and preventive care
• complement medical records with health history interviews
• charts abstracted in a relatively reliable way using a special software
• checked whether patients received indicated care
• aggregate score: \( \frac{\text{number of times recommended care was delivered}}{\text{number of times patients were eligible}} \)
• can use variables from CTS to estimate correlates of survey nonresponse and adjust estimates accordingly

Results
• participants received 55% of recommended care
• similar results for preventive care, acute care, and care for chronic conditions
• similar across screening, diagnosis, treatment, and follow-up care

• large variation across modes of care:
  - 73% adherence for care requiring an encounter or another intervention
  - 18% adherence for processes involving counseling or education

• greater problems with underuse (46%) than with overuse (11%)

• large variation across conditions:
  - 79% receive recommended care for senile cataracts
  - 11% receive recommended care for alcohol dependence

Discussion

• participants received about half of the recommended processes involved in care

• important implications for the health of the American public

• preventable deaths are not prevented

• there might be nonresponse bias but direction is not clear

• potential criticism: problem is with the documentation not with the quality

• substantial gap between guidelines and care should warrant attention

• we should make information on performance available at all levels