



# FOCUSING ON HEALTH REFORM

## RAND Research on Quality

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High-quality health care is clinically appropriate and efficient care that promotes the overall health and wellness of individuals, families, and communities. RAND has been conducting research on measuring and assessing quality of health care for 40 years. RAND teams developed many of the basic tools and quality measures used in the U.S. and around the world to assess and improve quality of care, to provide a scientific basis for determining whether medical and surgical procedures are used appropriately, and to inform providers and policymakers about whether health care needs are being met. For example, RAND developed the Quality Assessment (QA) Tools, a comprehensive, clinically based system for assessing the quality of care provided to adults and children for a broad range of conditions and in 2005, RAND analysts produced the first national report card on quality of care in the United States.

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### **Project COMPARE: A Global Positioning System for Health Care Policy**

COMPARE (Comprehensive Assessment of Reform Efforts) is a first-of-its kind online resource that provides one-stop shopping for objective analysis of health policy issues. COMPARE provides facts and figures about the current state of the U.S. health care system, focusing on key dimensions of health system performance; a description of policy options for changing the health care system; an inventory and the status of prominent federal, state, and private health care reform proposals; and an interactive tool to provide analyses of the effects of different health care policy options on multiple dimensions of health system performance, including cost, coverage, and outcomes.

<http://www.randcompare.org>

### **Immigrants and Health Care Access, Quality, and Cost**

Derose KP, Bahney BW, Lurie N, Escarce JJ Medical Care Research and Review, [Epub Jan 29 2009]

Inadequate access and poor quality care for immigrants could have serious consequences for their health and that of the overall U.S. population.

### **A Systematic Review of Health Care Efficiency Measures**

Hussey PS, de Vries H, Romley J, Wang MC, Chen SS, Shekelle PG, McGlynn EA A Systematic Review of Health Care Efficiency Measures, HSR: Health Services Research, [Epub Jan 29 2009]

Efficiency measures have been subjected to few rigorous evaluations of reliability and validity, and methods of accounting for quality of care in efficiency measurement are not well developed at this time. Use of these measures without greater understanding of these issues is likely to engender resistance from providers and could lead to unintended consequences.

## **Pay for Performance in the Hospital Setting: What Is the State of the Evidence?**

Mehrotra A, Damberg CL, Sorbero MES, Teleki SS American Journal of Medical Quality, [Epub Dec 10 2008], Vol. 24, No. 1, Jan/Feb 2009, pp. 19-23

There is a need for more systematic evaluation of hospital P4P to understand its effect and whether the benefits of investing in P4P outweigh the associated costs.

## **Improving the Quality of Health Care for Older Adults** (2008)

This research brief summarizes the results of Assessing Care of Vulnerable Elderly (ACOVE)-2, which measured the quality of care delivered to a group of older adults, and describes a recent revision of the quality measures, known as ACOVE-3.

[http://www.rand.org/pubs/research\\_briefs/RB9320/](http://www.rand.org/pubs/research_briefs/RB9320/)

## **Validating the Link Between Good Physician Process of Care and Better Health-Related Quality of Life for Patients** (2008)

This fact sheet describes a study that confirms, for the first time, that better physician process of care leads to better health-related quality of life for patients receiving ambulatory care.

[http://www.rand.org/pubs/research\\_briefs/RB9367/](http://www.rand.org/pubs/research_briefs/RB9367/)

## **Falling Short: Continued Challenges in Meeting the Mental Health Needs of Children with Special Health Care Needs**

Chandra A, Lurie N. Health Services Research, Vol. 43, No. 3, Jun 2008, [Editorial], pp. 803-809

Nearly one in every five households has a child with a special health care need (CSHCN), and at least one quarter of these children also has a mental health problem. High levels of unmet need persist in the face of substantial resources that have been committed to improving care for these populations, including the integration of behavioral health into Medicaid managed care.

## **The National Health Plan Collaborative to Reduce Disparities and Improve Quality**

Lurie N, Fremont A, Somers SA, Coltin K, Gelzer A, Johnson R, Rawlins W, Ting G, Wong W, Zimmerman D. Joint Commission Journal on Quality and Patient Safety, Vol. 34, No. 5, May 2008, pp. 256-265

The National Health Plan Collaborative NHPC represents a model of shared learning and innovation through which health plans are tackling racial/ethnic disparities.

## **How Costly Is Hospital Quality? A Revealed-Preference Approach**

Romley JA, Goldman D. Cambridge, Mass.: National Bureau of Economic Research, Working Paper No. 13730, Jan 2008

More productive hospitals provide higher quality, demonstrating that the cost of quality improvement is substantially understated by methods that do not take into account productivity differences.

## **Consumer-Directed Health Care: Early Evidence Shows Lower Costs, Mixed Effects on Quality of Care** (2007)

This research brief summarizes research on the effect of enrollment in consumer-directed health care (involving plans with high deductibles — \$1,000 or more annually) on the use, cost, and quality of medical care.

[http://www.rand.org/pubs/research\\_briefs/RB9234/](http://www.rand.org/pubs/research_briefs/RB9234/)

## **The Cumulative Effects of Quality Improvement for Depression on Outcome Disparities over 9 Years: Results from a Randomized, Controlled Group-Level Trial**

Wells KB, Sherbourne CD, Miranda J, Tang L, Benjamin B, Duan N. *Medical Care*, Vol. 45, No. 11, Nov 2007, pp. 1052-1059

QI programs incorporating support for evidence-based psychotherapy offer an approach to substantially reduce cumulative outcome disparities for depressed primary care patients.

## **The Quality of Ambulatory Care Delivered to Children in the United States**

Mangione-Smith R, DeCristofaro AH, Setodji CM, Keesey J, Klein DJ, Adams JL, Schuster MA, McGlynn EA. *The New England Journal of Medicine*, Vol. 357, No. 15, Oct 2007, pp. 1515-1523

Deficits in the quality of care provided to children appear to be similar in magnitude to those previously reported for adults. Strategies to reduce these apparent deficits are needed.

## **The Influence of Staffing Characteristics on Quality of Care in Nursing Homes**

Castle NG, Engberg J. *HSR: Health Services Research* [Epub Feb 26, 2007], Vol. 42, No. 5, Oct 2007, pp. 1822-1847

Our results indicate that staffing characteristics such as turnover, staffing levels, worker stability, and agency staff should be addressed simultaneously to improve the quality of nursing homes.

## **Cost-Effectiveness of Quality Improvement Programs for Patients with Subthreshold Depression or Depressive Disorder**

Wells KB, Schoenbaum M, Duan N, Miranda J, Tang L, Sherbourne C. *Psychiatric Services*, Vol. 58, No. 10, Oct 2007, pp. 1269-1278

Disease management programs that support clinical care decisions over time for patients with depression or depressive disorder can yield cost-effectiveness ratios comparable to those of widely adopted medical therapies.

## **Quality by Any Other Name? A Comparison of Three Profiling Systems for Assessing Health Care Quality**

Kerr EA, Hofer TP, Hayward RA, Adams JL, Hogan MM, McGlynn EA, Asch SM. HSR: Health Services Research, [Epub April 27, 2007], Vol. 42, No. 5, Oct 2007, pp. 2070-2087

We found moderate to high agreement in quality scores across the three profiling systems for most clinical areas, indicating that all three were measuring a similar construct called "quality." Adjusting for measurement error substantially enhanced our ability to identify this underlying construct.

## **Relationship Between Number of Medical Conditions and Quality of Care**

Higashi T, Wenger NS, Adams JL, Fung C, Roland M, McGlynn EA, Reeves D, Asch SM, Kerr EA, Shekelle PG. New England Journal of Medicine, Vol. 356, No. 24, Jun 2007, pp. 2496-2504

The quality of care, measured according to whether patients were offered recommended services, improves as the number of a patient's chronic conditions increases.

## **Does Ambulatory Process of Care Predict Health-Related Quality of Life Outcomes for Patients with Chronic Disease?**

Kahn KL, Tisnado DM, Adams JL, Liu H, Chen W, Hu FA, Mangione CM, Hays RD, Damberg CL. Health Services Research, Vol. 42, No. 1 (Part 1), Feb 2007, p. 63

There is a significant relationship between better ambulatory process of care and better health-related quality of life. This finding underscores the importance of efforts to improve the process of care.

## **Triple Jeopardy for Vulnerable Children: Greater Health Needs, Less Access, Poorer Primary Care** (2006)

This research brief summarizes an analysis of data from a nationwide survey to determine why children eligible to be in the State Children's Health Insurance Program (SCHIP) are not enrolled.

[http://www.rand.org/pubs/research\\_briefs/RB9215/](http://www.rand.org/pubs/research_briefs/RB9215/)

## **Quality Primary Care Requires More Than Insurance** (2006)

All three components of access — financial access, potential access, and realized access — are vital to receiving high-quality primary care. However, absence of potential access (e.g., the child had no regular provider) had a greater negative effect on primary care quality than did absence of insurance. Lack of a regular provider had a negative effect similar to the negative effect of not receiving care at all when it was needed.

[http://www.rand.org/pubs/research\\_briefs/RB9170/](http://www.rand.org/pubs/research_briefs/RB9170/)

## **Three Steps for Improving the Quality of Mental Health Care in the United States** (2006)

An analysis by a team of researchers from RAND and UCLA makes a case for ways to accelerate progress in improving the quality of mental health care.

[http://www.rand.org/pubs/research\\_briefs/RB9190/](http://www.rand.org/pubs/research_briefs/RB9190/)

## **The First National Report Card on Quality of Health Care in America** (2006)

Overall, U.S. adults receive about half of recommended care. Quality of care was similar in all of the metropolitan areas studied. Quality varied across conditions, and across communities for the same condition. No community had consistently the best or worst quality. All sociodemographic groups were at risk for poor care.

[http://www.rand.org/pubs/research\\_briefs/RB9053-2/](http://www.rand.org/pubs/research_briefs/RB9053-2/)

## **Measuring the Quality of Cancer Care: The National Initiative for Cancer Care Quality (NICCQ)** (2006)

This research brief describes the development and testing of a prototypical cancer-care quality monitoring system, the National Initiative for Cancer Care Quality (NICCQ), for breast cancer and colorectal cancer.

[http://www.rand.org/pubs/research\\_briefs/RB9219/](http://www.rand.org/pubs/research_briefs/RB9219/)

## **Effects of Medicare's Prospective Payment System on the Quality of Hospital Care** (2006)

Medicare's prospective payment system (PPS) did not lead to significant declines in the quality of hospital care. Mortality rates declined for all patient groups examined, and other outcome measures also showed improvement. However, more Medicare patients were discharged from hospitals in unstable condition after PPS was implemented.

[http://www.rand.org/pubs/research\\_briefs/RB4519-1/](http://www.rand.org/pubs/research_briefs/RB4519-1/)

## **Redesigning Health Systems for Quality: Lessons from Emerging Practices**

Wang MC, Hyun JK, Harrison MI, Shortell SM, Fraser I. Joint Commission Journal on Quality and Patient Safety, Vol. 32, No.11, Nov 2006, pp. 599-611

Successful system redesign requires coordinating and managing a complex set of changes across multiple levels rather than isolated projects.

## **Will Financial Incentives Stimulate Quality Improvement? Reactions from Frontline Physicians**

Teleki SS, Damberg CL, Pham C, Berry SH. American Journal of Medical Quality, Vol. 21, No. 6, Nov/Dec 2006, pp. 367-374

Physicians believe that they play a significant role and have a moderate to high degree of control over quality of care and that it is important to self-monitor. Physicians expressed the need for accurate and timely data, peer comparisons, and more patient time, staff support, and consultations with colleagues to successfully monitor and deliver quality care. Many support increased pay for delivering high-quality care but question measurement accuracy, bonus payment financing, and health plan involvement.

## **Consumer-Directed Health Care: Early Evidence About Effects on Cost and Quality**

Buntin MB, Damberg C, Haviland A, Kapur K, Lurie N, McDevitt R, Marquis MS. Health Affairs, Oct 2006 (Web Exclusive), pp. w516-w530

There is evidence of modest favorable health selection and early reports that consumer-directed plans are associated with both lower costs and lower cost increases. Other early effects of CDHC on quality are mixed, with evidence of both appropriate and inappropriate changes in care use. Greater information about prices, quality, and treatment choices will be critical if CDHC is to achieve its goals.

## **The Quality of Pharmacologic Care for Adults in the United States**

Shrank WH, Asch SM, Adams J, Setodji C, Kerr EA, Keesey J, Malik S, McGlynn EA. Medical Care, Vol. 44, No. 10, Oct 2006, pp. 936-945

Significant deficits in the quality of pharmacologic care were seen for adults in the United States, with large shortfalls associated with underuse of appropriate medications. Strategies to measure and improve pharmacologic care quality ought to be considered, especially as we initiate a prescription drug benefit for seniors.

## **Accuracy of Hospital Report Cards Based on Administrative Data**

Glance LG, Dick AW, Osler TM, Mukamel DB. Health Services Research, Vol. 41, No. 4, Aug 2006, pp. 1413-1437

This study supports the hypothesis that the use of routine administrative data without date stamp information to construct hospital quality report cards may result in the misidentification of hospital quality outliers.

## **Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care**

Chang JT, Hays RD, Shekelle PG, MacLean CH, Solomon DH, Reuben DB, Roth CP, Kamberg CJ, Adams J, Young RT, Wenger NS. Annals of Internal Medicine, Vol. 144, No. 9, May 2006, pp. 665-672

Vulnerable elders' global ratings of care should not be used as a marker of technical quality of care. Assessments of quality of care should include both patient evaluations and independent assessments of technical quality.

## **Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care**

Chaudhry B, Wang J, Wu S, Maglione M, Mojica W, Roth E, Morton SC, Shekelle PG. Annals of Internal Medicine, Vol. 144, No. 10, May 2006, pp. E12-E22, W1-W18

Four benchmark institutions have demonstrated the efficacy of health information technologies in improving quality and efficiency. Whether and how other institutions can achieve similar benefits, and at what costs, remains unclear.

## **Preventive Care for Children in the United States: Quality and Barriers**

Chung PJ, Lee TC, Morrison JL, Schuster MA. Annual Review of Public Health [Epub Sept 8, 2005], Vol. 27, Apr 2006, pp. 491-515

The quality of childhood preventive care is mixed, with large disparities among populations. Recent research has identified barriers that might be overcome through practice and policy interventions.

## **Improving Quality of Care and Promoting Health Care System Change: The Role of Community-Based Coalitions**

Lara M, Cabana MD, Houle CR, Krieger JW, Lachance LL, Meurer JR, Rosenthal MP, Vega I. Health Promotion Practice, Vol. 7, No. 2 (Suppl), Apr 2006, pp. 87S-95S

The coalitions' collective experience suggests that coalitions provide three key forces for quality improvement and change that may be lacking in the current fragmented U.S. health care system--motivation to change the status quo, integration across systems, and accountability for results. The collaborative and empowering processes that a coalition model encourages and the direct advocacy opportunity provided to the consumer appear to bring these forces into play.

## **Who Is at Greatest Risk for Receiving Poor-Quality Health Care?**

Asch SM, Kerr EA, Keesey J, Adams JL, Setodji CM, Malik S, McGlynn EA. New England Journal of Medicine, Vol. 354, No. 11, Mar 2006, pp. 1147-1156

The differences among sociodemographic subgroups in the observed quality of health care are small in comparison with the gap for each subgroup between observed and desirable quality of health care. Quality-improvement programs that focus solely on reducing disparities among sociodemographic subgroups may miss larger opportunities to improve care.

## **Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States?**

Malin JL, Schneider EC, Epstein AM, Adams J, Emanuel EJ, Kahn KL. Journal of Clinical Oncology [Epub Jan 9, 2006], Vol. 24, No. 4, Feb 2006, pp. 626-634

Initial management of patients with breast and colorectal cancer in the United States seemed consistent with evidence-based practice; however, substantial variation in adherence to some quality measures point to significant opportunities for improvement.

## **Quality of Care Is Associated with Survival in Vulnerable Older Patients**

Higashi T, Shekelle PG, Adams JL, Kamberg CJ, Roth CP, Solomon DH, Reuben DB, Chiang L, MacLean CH, Chang JT, Young RT, Saliba DM, Wenger NS. Annals of Internal Medicine, Vol. 143, No. 4, Aug 2005, pp. 274-281, w70-w79

Better performance on process quality measures is strongly associated with better survival among community-dwelling vulnerable older adults.

<http://www.rand.org/pubs/reprints/RP1282/>

## **Paying for Performance: Implementing a Statewide Project in California**

Damberg CL, Raube K, Williams T, Shortell SM. Quality Management in Health Care, Vol. 14, No. 2, Apr/Jun 2005, pp. 66-79

This article describes the implementation of the IHA P4P program and explores the difficult decisions and collaborative structures that were created to make statewide P4P a reality in California.

## **Disparities and Quality Improvement: Federal Policy Levers**

Lurie N, Jung M, Lavizzo-Mourey R. Health Affairs, Vol. 24, No. 2, Mar/Apr 2005, pp. 354-364

Using a quality improvement framework to address racial and ethnic disparities in health care highlights multiple opportunities for federal and state governments to exert policy leverage, particularly through their roles as purchasers and regulators. Under such a framework, federal and state governments can expand their roles in collecting race/ethnicity data; define universal and meaningful race/ethnicity categories; more broadly disseminate standards for cultural competence; and demand the reduction of disparities through leveraging their status as collectively the largest U.S. health care payer.

## **U.S. Health Care: Facts About Cost, Access, and Quality**

Goldman DP, McGlynn EA. Santa Monica, Calif.: RAND Corporation, CP-484-1, 2005

The United States spends approximately 15 percent of its gross domestic product on health care, making health care the largest single sector of the U.S. economy. Despite these levels of expenditure, Americans are not healthier and do not live longer than citizens in many other nations. American adults receive just half of recommended health care services. And quality does not vary much by socioeconomic factors.

[http://www.rand.org/pubs/corporate\\_pubs/CP484.1/](http://www.rand.org/pubs/corporate_pubs/CP484.1/)

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