

RAND Health has developed and tested a comprehensive, clinically based system for assessing quality of care for children and adults. We call this the QA Tools system. Each QA Tools indicator is based on a focused review of the scientific literature and on ratings by a panel of experts in the field.

The QA Tools system includes 46 clinical areas and all four functions of medicine—screening, diagnosis, treatment, and follow-up. They also cover a variety of modes of providing care, including history, physical examination, laboratory study, medication, and other interventions and contacts.

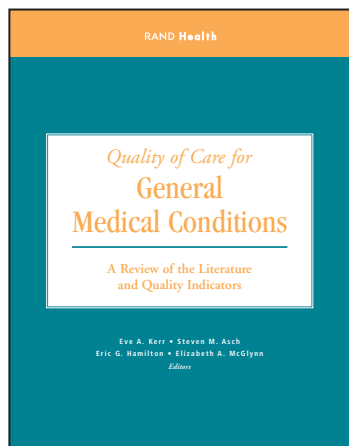
The QA Tools system addresses many limitations of current quality assessment systems:

- The indicators are clinically detailed and require data typically found in medical records rather than relying exclusively on data from administrative records.
- The literature reviews document the scientific basis for developing and choosing the indicators.
- The QA Tools system is designed to target populations vulnerable to underutilization.
- Because the system is comprehensive, it is difficult for health care organizations to focus on a few indicators to increase their quality scores.
- QA Tools can be effective for both internal and external quality reviews. For example, health care organizations can use the system to identify areas where quality improvement is needed.
- Because the QA Tools system produces summary scores, the results will be useful for purchasers and consumers who are making choices about health care coverage and providers.

The QA Tools system contrasts with leading indicators, the most common approach to quality measurement in use today. Leading indicators (e.g., mammography rate, surgical mortality rate) may work well for drawing general conclusions about quality when they correlate highly with other similar but unmeasured interventions. However, our preliminary work suggests that performance on publicly reported indicators of quality exceeds performance on similar but unreported aspects of care.

In contrast, QA Tools has been specifically designed to represent a broad spectrum of care. It applies a large number of measures to a population of interest, then aggregates the results to produce index scores on which conclusions about quality can be based. Such a system works well when there is evidence of variability within and between the diagnosis and management of different conditions, and when the question being asked is framed at a high level (for example, how well is the health system helping the population stay healthy, or how much of a problem does under-use present?).

QA Tools can be used to provide answers to the questions that policymakers are asking today. The QA Tools system offers a scientifically sound foundation on which to base an ongoing national quality monitoring system.



*Quality of Care for General Medical Conditions:  
A Review of the Literature and Quality Indicators.*

Eve A. Kerr, Steven M. Asch, Eric G. Hamilton, and Elizabeth A. McGlynn (eds.). MR-1280-AHRQ, 2000.

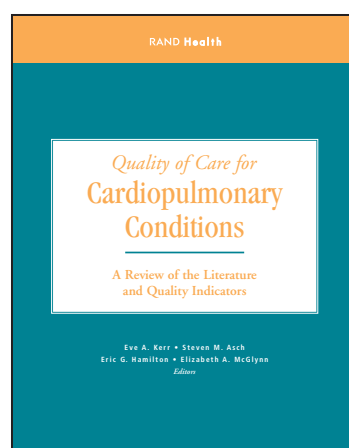
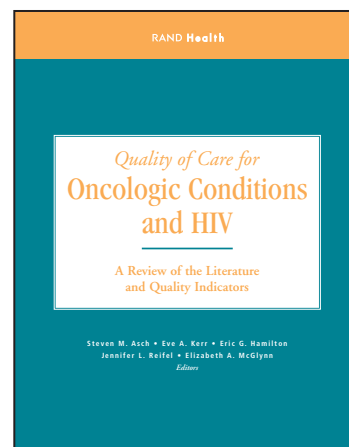
**Clinical conditions covered:** Acne, alcohol dependence, allergic rhinitis, benign prostatic hyperplasia, cataracts, cholelithiasis, dementia, depression, diabetes mellitus, hormone replacement therapy, headache, hip fracture, hysterectomy, inguinal hernia, acute low back pain, orthopedic conditions.

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*Quality of Care for Oncologic Conditions and HIV:  
A Review of the Literature and Quality Indicators.*

Steven M. Asch, Eve A. Kerr, Eric G. Hamilton, Jennifer L. Reifel, and Elizabeth A. McGlynn (eds.). MR-1281-AHRQ, 2000.

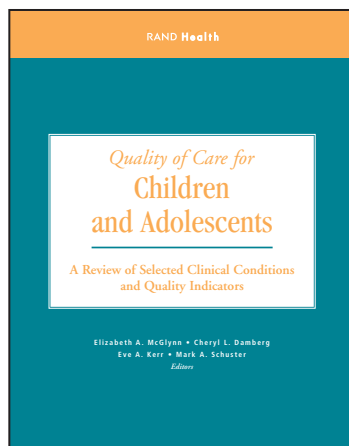
**Clinical conditions covered:** Breast cancer, cervical cancer, colorectal cancer, HIV, lung cancer, prostate cancer, skin cancer, cancer pain and palliation.



*Quality of Care for Cardiopulmonary Conditions:  
A Review of the Literature and Quality Indicators.*

Eve A. Kerr, Steven M. Asch, Eric G. Hamilton, and Elizabeth A. McGlynn (eds.). MR-1282-AHRQ, 2000.

**Clinical conditions covered:** Asthma, atrial fibrillation, cerebrovascular disease, chronic obstructive pulmonary disease, cigarette counseling, community-acquired pneumonia, coronary artery disease, heart failure, hyperlipidemia, hypertension, upper respiratory infections.

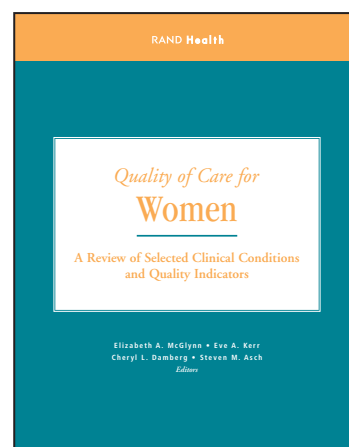


*Quality of Care for Children and Adolescents:  
A Review of Selected Clinical Conditions and Quality Indicators.*  
Elizabeth A. McGlynn, Cheryl L. Damberg, Eve A. Kerr,  
and Mark A. Schuster (eds.). MR-1283-HCFA, 2000.

**Clinical conditions covered:** Acne, preventive services, allergic rhinitis, asthma, attention deficit disorder, cesarean delivery, depression, developmental screening, diabetes mellitus, acute diarrheal disease, family planning/contraception, fever without source of infection in children under 3 years of age, headache, immunizations, otitis media, prenatal care, sickle cell screening, tuberculosis, upper respiratory infections, urinary tract infections, vaginitis and sexually transmitted diseases, well child care.

*Quality of Care for Women:  
A Review of Selected Clinical Conditions and Quality Indicators.*  
Elizabeth A. McGlynn, Eve A. Kerr, Cheryl L. Damberg,  
and Steven M. Asch (eds.). MR-1284-HCFA, 2000.

**Clinical conditions covered:** Acne, alcohol dependence, allergic rhinitis, asthma, breast mass, cesarean delivery, cigarette use counseling, depression, diabetes mellitus, family planning/contraception, headache, hypertension, acute low back pain, prenatal care, preterm labor—corticosteroids for fetal maturation, preventive care, upper respiratory infections, urinary tract infections, vaginitis and sexually transmitted diseases.



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