

In the Know

A spotlight on **managing for quality and safety** resources

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Who is at Greatest Risk for Receiving Poor-Quality Health Care? and The Quality of Health Care Delivered to Adults in the United States

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These articles report on the U.S. Community Quality Index Study, which assessed the overall quality of healthcare provided to Americans, as well as quality variations based on factors such as socio-demographic group and medical condition.

Researchers interviewed more than 13,000 adults across the U.S. about their healthcare experiences and reviewed the medical records of about half of them. Using this information, they constructed aggregate scores to evaluate performance on 439 quality indicators for 30 acute and chronic health conditions. The quality indicators were developed based on a review of national guidelines and medical literature on the selected conditions and chosen by multi-specialty expert panels.

Overall, participants in the study received just more than half (54.9 percent) of the care that was recommended for their condition. This level of performance was similar across type of care (preventive, acute, chronic) and particular medical function (screening, diagnosis, treatment, and follow-up).

Substantial quality variations were found in eight mechanisms of care delivery, including lab testing, medication, surgery, and counselling. Those whose care required an encounter or other intervention (such as the annual visit recommended for those with hypertension) received 73.4 percent of recommended care – the highest score – while care involving counselling and education had the lowest score at 18.3 percent.

There was also significant variation in the quality of care across health conditions. Patients with the most common type of cataracts received 78.7 percent of recommended care. On the other

Key messages

- Overall, Americans receive just more than half (54.9 percent) of the care that is recommended for their health condition.
- Substantial quality of care variations exist across various health conditions, as well as in the mechanisms of care delivery (such as lab testing, medication, surgery, and counselling).
- Much less significant variations exist based on socio-demographic status, such as gender, race/ethnicity, age, insurance status, income, and educational levels.
- The socio-demographic differences, even when they are statistically significant, are small in relation to the considerable gap between the observed and desirable quality of healthcare.

end of the scale, those with alcohol dependence received 10.5 percent of recommended care.

Results of socio-demographic analysis revealed much less significant quality variations. Age had the greatest impact, with participants below the age of 31 years receiving 57.5 percent of recommended care and those 65 years and older receiving 52.1 percent. Gender had the second biggest impact, with women receiving 56.6 percent of recommended care versus 52.3 percent for men. Household income and race/ethnic group were tied for third, each with a gap of 3.5 percentage points between the lowest and highest scores. Those with the highest household income (more than \$50,000) received 56.6 percent of recommended care, while those with the lowest (less than \$15,000) received 53.1 percent. Based on these results, the researchers argued that having insurance increases the ease of access to the healthcare system, but it is not sufficient to ensure appropriate use of services or content of care. In an apparent contradiction of previous studies on disparities in healthcare between blacks and whites, blacks received 57.6 percent of recommended care while whites received 54.1 percent. The researchers noted that previous studies focused on more expensive and invasive procedures rather than the routine care examined in this study. Health insurance status had the second-lowest effect on quality of care, while education levels had the least impact.

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To illustrate their findings, the researchers constructed profiles of two hypothetical patients. A 50-year-old white female college graduate with private health insurance and a household income greater than \$50,000 would receive 56.7 percent of recommended care. In contrast, a 50-year-old uninsured black man with less than a high school education and an income below \$15,000 would receive 51.4 percent of recommended care.

Although the difference between the two hypothetical patients is significant, its significance pales in comparison to the fact that both receive only about half the care recommended for their conditions.

Asch, SM et al. 2006. "Who is at Greatest Risk for Receiving Poor-quality Health Care?" *New England Journal of Medicine*; 354(11): 1147-56.

McGlynn, EA et al. 2003. "The Quality of Health Care Delivered to Adults in the United States." *New England Journal of Medicine*; 348(26): 2635-45.

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