



# What Do We Say When We Talk about Health Care Quality?

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What's in a name? The way we talk about health care quality is important, because words can create images and send powerful messages. For example: as Don Berwick once pointed out, "discharge" is an unfortunate and inappropriate way to talk about a patient who is leaving the hospital after surgery. Words like this cause us to think about patient care as an impersonal transaction, and they fail to account for individual experience or circumstances.

What language do we hear nowadays regarding the measurement of quality in health care? At the National Quality Forum's recent annual meeting, I heard that hospitals are drowning in a "tsunami" of measures. Everyone is apparently confused by the "cacophony" of measures. And I must have heard the word "burden" dozens of times, often by physicians and hospitals that feel that measuring what they do is too much work.

There is some merit in these claims. It's a fact that the health care system is being asked to capture and report more information than it has in the past. Many people are confused by the different measures and how they're used. And it's true that capturing data is often inefficient, and the existing performance measures are sometimes not meaningful to clinicians or patients. If this were the full picture of what's going on, our major tasks should be to reduce the number of performance measures, simplify the measures we report, and stop collecting much of the data regarding health care quality.

But that would be a mistake, driven by a one-sided view of the issue.

From the perspective of patients and purchasers – those who receive and pay for health care – there isn't a "tsunami"; there's a *desert*. We simply do not have good measures for most of what matters to patients. I had knee surgery to repair a torn ACL. From the surgeon's perspective, the surgery was a success – ACL repaired, no infections. But I wanted to know something more: would I be able to play basketball in 6 months? This kind of "patient outcomes" data is rarely collected or published. When my mother spent the last 6 weeks of her

life in an ICU, did anyone measure the degree of coordination (or lack thereof) between the specialists? This is what patients want to know when they talk about quality health care, and from their perspective the landscape is dry and barren.

Likewise, patients don't feel bombarded by a "cacophony" of measures; when they listen, they mostly hear *silence*. When a young mother-to-be asks me who the best ob-gyn in Oakland/Berkeley is, I can't tell her, because no one is measuring the quality of individual physicians. When she asks me which hospital is safest for delivering a baby, I can't tell her, because we simply don't have reliable data. When she listens for the answer to her questions, the silence is deafening.

Finally, if we're going to talk about "burden", we should broaden the application of the term. For every provider that feels the burden of data collection, there is a patient that feels the agonizing burden of choosing a surgeon without knowing whether they are skilled or not. And there is an employer that feels the burden of offering health plans to her workers without knowing whether they have filtered out the low performing doctors and hospitals from the provider panels. There is plenty of "burden" in the health care world, and it's not just about capturing data.

There are real problems in our health care system. Although we've made progress in recent years, especially in improving certain aspects of patient safety, we still have a long way to go before we can be confident that everyone will get high quality care when they need it. We need better performance measures to guide quality improvement initiatives and help patients make informed choices. The use of emotionally-laden terms doesn't help us achieve the essential task of getting better measures or better health care. As alternatives, I suggest the following.

Instead of talking about a "tsunami" or a "desert", let's have a dialogue about creating a *parsimonious set of core measures* that are meaningful and useful to providers, patients, health plans and purchasers. Instead of talking about a "cacophony" or the "silence" of measures, let's seek ways to develop a *consistent and simplified* set of measures. And instead of complaining about the "burden" of performance measurement, let's seek ways to improve the *efficiency* of data capture and reporting, while making sure that we get *meaningful and useful* measures into the hands of patients and purchasers. Using language that is more descriptive and less emotionally-laden will help us to engage in collaborative problem-solving so we can get the real improvements in quality that all of us want.