Despite an increased focus on improving the quality of care in the U.S., our nation’s healthcare system often remains fractured with misaligned payment systems, a lack of information and transparency, and gaps in care delivery. The healthcare marketplace traditionally has rewarded our providers for the volume of care they deliver and even though utilization of healthcare is high, there are significant differences between the healthcare that should be received and the healthcare actually received. Those gaps result in increased costs, and in some cases, harm to patients.  

Provisions in the Affordable Care Act (ACA) are facilitating a shift from volume of services provided to the value of services provided by linking provider and physician payment to outcomes, implementing payment models that require providers to carry greater risk for patient care, encouraging care transitions and coordination across care settings, and testing new payment and delivery models as a means to lower overall healthcare costs and improve patient safety and quality of care. As these changes take place, a patient-centered approach to improving healthcare quality is critically important to transform our health system.

Defining Quality
In a series of consensus reports, the Institute of Medicine (IOM) has helped define the healthcare quality gaps and establish a common definition of quality. The IOM defines healthcare quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

Working from this common understanding of quality, experts have developed hundreds of quality measures in use today and continue to develop and refine new ones.

Enhancing Quality
Healthcare reforms aimed at enhancing quality are closely linked with improving the way healthcare delivery is structured and paid for in the U.S. The ACA, for example, included:

- establishing a National Quality Strategy,
- setting quality benchmarks and allowing additional payments for providers achieving them,
- allowing penalties for providers with indications of lower quality, and
- increasing transparency on the quality of care provided by specific hospitals, physicians, and other providers as well as health plans to help them make better informed decisions about the care they deliver.

The National Quality Strategy released in 2011 focuses on better care, better health, and lower costs with six priorities for improving quality:

- Making care safer by reducing harm caused in the delivery of care
- Ensuring that each person and family are engaged as partners in their care
- Promoting effective communication and coordination of care
Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
Working with communities to promote wide use of best practices to enable healthy living
Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

The trends of linking quality of care to reimbursement and using quality information to inform patient choices will continue to grow as they are critically important to assuring that healthcare reforms preserve and enhance the quality of health care.

Measuring Quality
The three basic types of quality measures capture different things:
- **Structure** - Does a provider have the tools to provide quality care?
- **Process** - Did a provider follow care recommendations?
- **Outcomes** - Did health outcomes improve?

For example, measures for a doctor treating patients for asthma may include: using electronic medical records (structure), putting an asthma control plan in place (process), and helping patients achieve specific asthma management goals (outcomes).

Public Policy Implications
- Evidence-based cost and quality measures will help the healthcare system evolve from one rewarded for the volume of services to one promoting the value of services.
- Because medical advances occur rapidly, quality measures need to be updated regularly to reflect the latest medical knowledge. Continuous reassessment is required to avoid penalizing early adopters of care improvement and to facilitate medical innovations.

Public Policy Opportunities
- Encourage adoption of evidence-based measures endorsed through a transparent multi-stakeholder process (e.g., National Quality Forum)
- Encourage the adoption of outcomes based measures that improve patient health
- Encourage regular updates to reflect the latest medical knowledge, clinical guidelines, and innovation
- Encourage the development and adoption of measures from prevention through diagnosis, treatment, hospitalization, and maintenance of chronic disease

In a landmark report, “Crossing the Quality Chasm: A New Health System for the 21st Century,” the Institute of Medicine documented the significant gaps in the quality of care in the United States and proposed ways to address them. Specifically, the consensus report recommends that the U.S. health care system be aligned to deliver care meeting six aims critical to quality improvements. Care should be:

1. **Safe** – avoiding injuries to patients from the care that is intended to help them.
2. **Effective** – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.
3. **Patient-centered** – providing care that is respectful of and responsive to individual patient preferences, needs, and values.
4. **Timely** – reducing waits and sometimes harmful delays for both those who receive and those who deliver care.
5. **Efficient** – avoiding waste, including waste of equipment, supplies, ideas, and energy.
6. **Equitable** – providing care that does not vary in quality because of personal characteristics.