



Pre-Diagnostic Care Seldom Reflected in Quality Measures



The quality measures endorsed by The National Quality Forum (NQF) are not always applicable to the management of patients prior to their diagnoses, according to a report in the February 3 issue of *JAMA*. The new study shows that the majority of NQF measures focus on the management of patients who already have established diagnoses, and that quality measures for patients presenting with symptoms may not consider the most common reasons patients seek care.

The study was conducted by Hemal K. Kanzaria, MD, MSHPM, and colleagues at the University of California, Los Angeles. The researchers looked at process measures recommended by the NQF which dealt patient care both before and after diagnosis. The NQF endorses consensus-based quality measures, as specified by the Affordable Care Act, and such measures are frequently adopted by the Centers for Medicare & Medicaid Services.

As of June 2014, 372 process quality measures were included on the NQF website. Of these, 272 (approximately two thirds) were directed at disease management, while only 46 (12 percent) targeted the evaluation and diagnosis of illness. Other measures related to the prevention, screening and follow-up of various diseases.

The majority (67 percent) of NQF-endorsed measures which pertained to either evaluation and diagnosis or disease management began with an established diagnosis, according to the study. Only 4.5 percent started with a sign or symptom. The measures which were based on signs and symptoms were mainly related to geriatric care (including falls, memory loss and urine leakage) or emergency care (such as chest pain).

However, the most common reasons why patients seek care (cough, earache, fever, headache, rash, shortness of breath, sore throat) were not reflected by the listed quality measures. Furthermore, the actions required by 19 percent (59 of 313) of measures involved laboratory tests or medical imaging. Medication prescribing dominated the other required actions.

Healthcare reform in the US relies upon ways to improve value, in part by controlling services. According to the researchers, quality measures which evaluate the methods of care provided to patients when they present with signs and symptoms, before they receive diagnoses, could prevent financial incentives from producing harm.

The authors wrote, "... we believe that using a comprehensive set of endorsed sign/symptom-based measures could help patients receive timely care as payment models are changed and may prevent financial incentives from resulting in underuse of necessary care. Efforts to develop valid sign/symptom-based quality measures will be challenging; however, as cost pressures increase, they may be necessary to maintain and improve the accuracy of patient diagnosis upon which all subsequent care depends."

Source: University of California, Los Angeles

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Published on : Thu, 5 Feb 2015