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Editorial

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Clinical Performance Measurement—A Hard Sell

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Publication of comparative performance data does not automatically produce improved clinical performance. The effectiveness of the marketplace to promote improved care, if only accurate quality measurement can be made available, is an article of faith among some students of health policy because market forces are an attractive alternative to increased government regulation. The reality is more complex.

For years, there was serious debate as to whether quality of care was measurable at all. Today, there is substantial consensus that quality can be measured in some important areas of health care. For the last decade, purchasers and business coalitions have pressed for collection and publication of data on outcomes and critical processes of care so the marketplace can promote quality. The health care community has been buffeted by demands for more data on practitioner, provider institution, and health plan performance and beset by the burdens of data collection and the difficulties of producing accurate, risk-adjusted information. While there is some disagreement about what aspects of care are considered *quality*, there is little disagreement that the effectiveness of care in bringing about desired outcomes is an important aspect of quality. In particular, survival rates for elective surgery, if properly adjusted for patient risk, have high face validity as a measure of hospital and surgeon performance.



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