

Care of patients prior to making a diagnosis rarely assessed by quality measures

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An examination of process measures endorsed by the National Quality Forum finds that these measures focus predominantly on management of patients with established diagnoses, and that quality measures for patient presenting symptoms often do not reflect the most common reasons patients seek care, according to a study in the February 3 issue of *JAMA*.

Health care reform efforts, such as accountable care organizations, focus on improving value partly through controlling use of services, including [diagnostic tests](#). Publicly reported quality measures that evaluate care provided prior to arriving at a diagnosis could prevent financial incentives from producing harm. The National Quality Forum (NQF) currently serves as the consensus-based quality-measure-endorsement entity called for in the Affordable Care Act. Endorsed measures are often adopted by the Centers for Medicare & Medicaid Services in payment and public reporting programs, according to background information in the article.

Hemal K. Kanzaria, M.D., M.S.H.P.M., of the University of California, Los Angeles, and colleagues examined NQF-endorsed process measures that evaluate the prediagnostic (prior to making a diagnosis) care of patients presenting with signs or symptoms. There were 372 process quality measures listed on the NQF website as of June 4, 2014; from these, 385 codings were determined, by categorizing the process quality measures by a system developed by the Institute of Medicine.

Approximately two-thirds ($n = 267$) targeted disease management and 12 percent ($n = 46$) targeted evaluation/diagnosis. The remaining were

evenly distributed among prevention, screening, and follow-up.

Of 313 measures pertaining to evaluation/diagnosis or management, 211 (67 percent) began with an established diagnosis, whereas 14 (4.5 percent) started with a sign/symptom. The sign/symptom-based measures focused on geriatric care (e.g., memory loss, falls, urine leakage) or emergency department care (e.g., chest pain). In contrast, many common reasons for which patients seek care, including fever, cough, headache, shortness of breath, earache, rash, and throat symptoms, were not reflected by the quality measures. The performance of a lab test or medical imaging study was the action required by 59 of 313 (19 percent) endorsed quality measures; many others required actions related to medication prescribing.

"... 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," the authors write.

More information: *JAMA*, [DOI: 10.1001/jama.2014.17550](https://doi.org/10.1001/jama.2014.17550);

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