

Did quality of outpatient care change from 2002 to 2013?

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Local, regional and national efforts have aimed to improve deficits in the quality of health care and the patient experience. So did the quality of outpatient care for adults in the United States change from 2002 to 2013?

David M. Levine, M.D., M.A., of Brigham and Women's Hospital and Harvard Medical School, Boston, and coauthors examined trends over time using quality measures constructed from the Medical Expenditure Panel Survey (MEPS) in a new article published online by *JAMA Internal Medicine*.

They measured 46 indicators of the quality of outpatient care of adults over the last decade in the areas of recommended care, inappropriate care and patient experience. There were nine clinical quality composites (five "underuse" composites such as recommended medical treatment and four "overuse" composites such as avoidance of inappropriate imaging) based on 39 quality measures; an overall patient experience rating; and two patient experience composites (physician communication and access) based on six measures.

The authors provided context for the U.S. adult population from 2002 to 2013, noting that it had become slightly older (average age increased from 45 to 47), less white, more Hispanic, more likely to have graduated from college and less likely to smoke cigarettes. In 2002, 8 percent of Americans had three or more chronic diseases but that grew to 18 percent in 2013.

The authors report:

- Four clinical quality composites improved: recommended medical treatment (from 36 percent to 42 percent), recommended counseling (from 43 percent to 50 percent), recommended cancer screening (from 73 percent to 75 percent) and avoidance inappropriate cancer screening (from 47 percent to 51 percent).
- Two clinical quality composites worsened: avoidance of inappropriate medical treatments (from 92 percent to 89 percent) and avoidance of inappropriate antibiotic use (from 50 percent to 44 percent).
- Three clinical quality measures were unchanged: recommended diagnostic and preventive testing (76 percent), recommended diabetes care (68 percent) and in appropriate imaging avoidance (90 percent).
- The proportion of people highly rating their care experience improved from 72 percent to 77 percent for overall care; from 55 percent to 63 percent for physician communication; and from 48 percent to 58 percent for access to care.

Limitations of the study include that the [quality measures](#) do not address all outpatient care.

"Despite more than a decade of efforts to improve the quality of health care in the United States, the quality of outpatient care delivered to adults has not consistently improved. There have been improvements in [patient experience](#). Current deficits in care continue to pose serious hazards to the health of the American public in the form of missed care opportunities as well as waste and potential harm from overuse. Ongoing national efforts to measure and improve the quality of [outpatient care](#) should continue, with a renewed focus on identifying and disseminating successful improvement strategies," the study concludes.

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