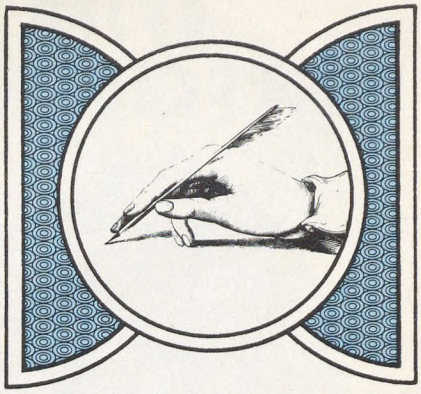
Letters to the Editor



The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Assessment of Quality of Care

To the Editor:

I would like to carry on the discussion started with Dr. Froom regarding quality of care. I feel the concept is important and needs a more thorough analysis. All of us are subject to review of care, in hospital, under PSRO programs. The State of Virginia's Health Data Advisory Council has been trying to develop methods for assessing quality of care, particularly in the area of ambulatory practice, and for defining "health indicators" which would tell us something about quality of care between the five health regions of Virginia as well as within these regions. The mandates of the Health Planning and Resources Development Act in assessing the contribution of the various components of the health and medical care system make such analyses, particularly of ambulatory care, imperative.

Criteria for such indicators of quality of care have been well defined in the National Academy of Science publications on evaluating health services.[1,2] They state that:

1. An indicator should have a significant functional impact.
2. An indicator should be relatively well-defined and easy to diagnose in both field and practice settings.
3. Prevalence rates should be high enough to permit the collection of adequate data from a limited population sample.
4. The natural history of the conditions should vary with the utilization and effectiveness of medical care.
5. The techniques of medical management of the condition should be well-defined for at least one of the following processes: prevention, diagnosis, treatment, or rehabilitation.
6. The effects of non-medical factors on the indicator should be understood (ie, the epidemiology).

If one looks at the problems described by Dr. Froom in his article,[3] it is apparent that none of them meet most of the tests for indicators of "quality of care" as defined by the National Academy of Sciences.

As for Dr. Froom's point about the lack of knowledge of natural history and epidemiology, I point out the National Health Examination Surveys

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