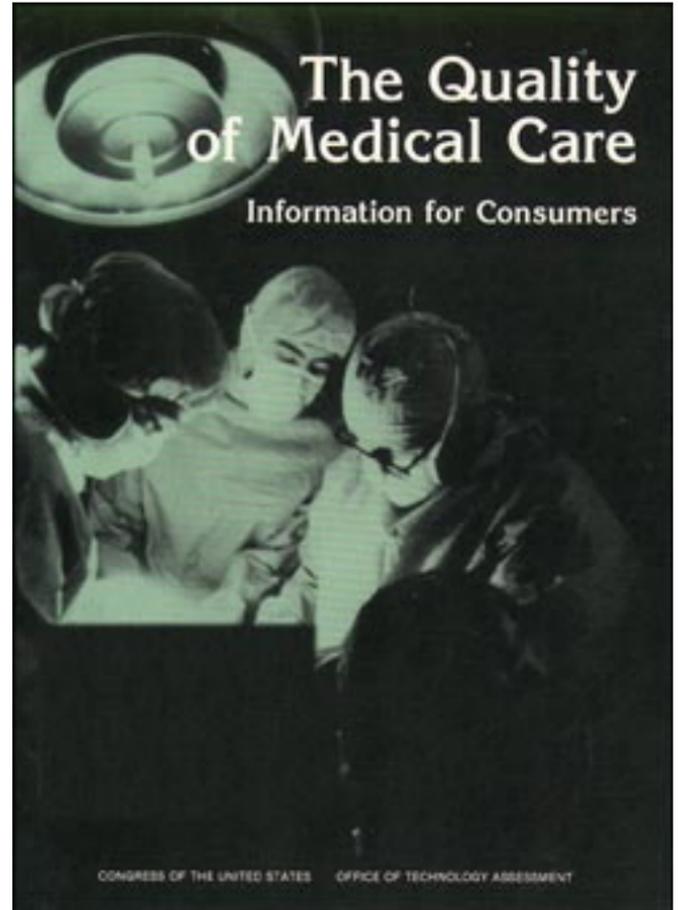


*The Quality of Medical Care: Information  
for Consumers*

June 1988

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## Foreword

For quite some time, people within the medical profession have been concerned about assessing the quality of medical care so that providers could improve it. Florence Nightingale in the field hospitals of the Crimean War and Ernest A. Codman in Boston's surgical wards during the early 20th century were part of this tradition. Although experts from other fields, such as statistics, contributed techniques to evaluate the quality of medical care, until lately assessments of quality remained largely within the purview of the medical profession.

In recent years, a number of forces have combined to promote consumers' role in evaluating medical providers. Efforts to advance consumers' interests are occurring throughout society, and changes within medical care are part of that societal trend. More specific to medical care are changes in policies designed to inject greater price competition into medical care. According to competitive theory, consumers who are sensitive to both price and quality will bring these considerations to bear as they select health insurance and medical providers. Changes in how physicians and hospitals are paid have made individual consumers, health insurers, employers, and medical providers more sensitive to the cost implications of their decisions. At the same time, these policy changes have elevated the importance of having consumers be informed about the quality of medical providers. Purchasers of medical care (individual consumers, employers, health insurers) need to know about any differences in quality so that they can weigh quality along with cost in making decisions. Furthermore, payment changes have raised the concern that physicians and hospitals facing restricted budgets and low payment rates will skimp on the services that they provide to the detriment of their patients' health.

Congressional interest in public information on the quality of medical care predated the new policies, but these payment changes, especially within the Medicare program, have heightened that interest. It was in that context that the House Committee on Energy and Commerce and its Subcommittee on Health and the Environment requested the Office of Technology Assessment (OTA) to assess whether valid information could be developed and disseminated to the public to assist their choices of physicians and hospitals. The Senate Committee on Finance asked that OTA address several issues related to the availability and confidentiality of data that could be used to assess the quality of medical care. The Senate Select Committee on Aging; the Subcommittee on Consumer of the Senate Committee on Commerce, Science, and Transportation; and the House Committee on Science, Space, and Technology also endorsed the study.

In preparing this report, OTA staff drew on the expertise of members of the advisory panel, chaired by Dr. Frederick Mosteller, and experts in consumer advocacy, medical practice, health insurance, rural health, and quality assessment. Drafts of the report were reviewed by the advisory panel and by numerous individuals and organizations with expertise and interest in the area. We are grateful for their assistance. Key OTA staff for this analysis were Jane E. Sisk, Denise Dougherty, Pony M. Ehrenhaft, Mark McClellan, Beth A. Mitchner, Gloria Ruby, and Kerry Britten Kemp.



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NOTE: OTA gratefully acknowledges the members of this advisory panel for their valuable assistance and thoughtful advice. The panel does not, however, necessarily approve, disapprove, or endorse this report. OTA assumes full responsibility for the report and the accuracy of its contents.

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