Introductory Essay:
The Quality of Care

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Avedis Donabedian, MD, MPH (1988), assessed health care quality in his credible article, "The Quality of Care: How Can it be Assessed?" Donabedian offered convincing strategies to evaluate quality including denoting what quality is on various levels of consideration, indicating sampling techniques, identifying measurement methods and utilizing factual information. Donabedian successfully approached the subject from the "middle course" (p. 1743). Donabedian realistically asserted the "capacity to assess quality either too little or too much" should be avoided (p. 1743). To further support Donabedian's quest to appraise quality E. McGlynn (1997) stated, "The complexity of the concept [quality] and its evaluation" (p. 8). Donabedian demonstrated his knowledge of the subject by realizing the limits and multiple dimensions of quality assessment, including objective and subjective principles.

Donabedian (1988) began his article by addressing the technical and interpersonal elements in the performance of health care providers. An article by Schuster, McGlynn and Brook (1998) emphasized, "Good quality means providing patients with appropriate services in a technically competent manner, with good communication, shared decision making and cultural sensitivity" (p. 518). According to Donabedian, care can be evaluated as quality if "at the time it [care] was given, conformed to the practice that should have been expected to achieve the best results" (p. 1744). Donabedian's prior statement described the technical aspect of health care provision as objective and measurable. Donabedian's description of the interpersonal relationship between provider and patient is subjective and individualized as "criteria and standards that permit precise measurement of the attributes of the interpersonal process are not well developed" (p. 1744). Donabedian successfully asserted, "The interpersonal process is the vehicle by which technical care is implemented and on which its success depends" (p. 1744). Donabedian correctly linked the technical aspect of care with the interpersonal aspect of care; the two elements are to be considered in conjunction with one another to successfully judge quality.

Donabedian (1988) then discussed the patient's role and the care received by the entire community in the assessment of quality. Donabedian properly portrayed the shared responsibility of care between patient and provider. The shared responsibility is linked to the interpersonal relationship between patient and provider; Donabedian stated, "The management of the interpersonal process by the practitioner influences the implementation of care by and for the patient" (p. 1744). Donabedian's assumption rightly addresses the responsibility of the patient in the multiple considerations of health care quality. Quality is multifaceted and cannot be determined exclusively on the provider's performance. Care received by the community depends on "the social distribution of levels of quality in the community" (p. 1744). This idea is based on access to care and quality of care thereafter. The quality of care in a community is based on many environmental factors in which providers have no direct control; however, these aspects should be understand by and be of concern to the provider (Donabedian, p. 1744).

According to E. McGlynn (1997), "Patients tend to evaluate care in terms of its responsiveness to their individual needs" (p. 9). The preceding statement, based on subjective opinions, supports Donabedian's (1988) argument that patient preferences are "a source of difficulty in implementing assessment" (p. 1745). Donabedian's assertion points out the difficulties in

evaluating patient preferences. These evaluations result in approximations that "must then be subject to individual adjustment" (Donabedian, 1988, p. 1745). To further support this view, "Meeting and/or exceeding customer expectations...is the most difficult to measure" (Reeves & Bednar, 1994, p. 433). No two patients are alike; each individual has his or her own expectations of the health care system, just as two customers at a restaurant have different expectations of that eatery.

Donabedian (1988) moved forward to describe two specifications in the consideration of monetary cost. The first specification is the "maximalist" standard and is based on disregarding costs and expecting the highest quality of care (Donabedian, p. 1745). This view assumes there is no limit to the quality of health care, as long as costs are overlooked. The second specification is the "optimalist" standard and is based on the recognition of costs as essential and the exclusion of elements that produce less improvement than invested (Donabedian, p. 1745). Schuster, et al. (1998) adopted the "optimalist" specification and agreed that the solution to improving quality of care is "not simply a matter of spending more money on health care" (p. 556). Donabedian is aware of the different views when considering monetary cost in quality assessment. In a "perfect world," high quality care would be provided with little or no cost. In reality, cost containment is an important dimension of the cost, access and quality relationship.

Donabedian (1988) described approaches to quality assessment including structure, process and outcome. Donabedian correctly assumed "good structure increases the likelihood of good process, and good process increases the likelihood of good outcome" (p. 1745). The knowledge of relationships between the three categories of structure, process and outcome is of utmost importance to accurately assess quality. Donabedian stated, "A multitude of factors influence outcome, it is not possible to know for certain...the extent to which an observed outcome is attributable to an antecedent process of care" (p. 1746). In support of Donabedian's argument E. McGlynn (1997) asserted, "The rush to embrace outcomes as the sole metric for assessing quality often ignores whether there is empirical evidence that the interventions medical care has to offer affect the outcomes that are measured" (p. 11). When assessing quality it is important not to reach false conclusions, as all dynamics must be taken into consideration.

Donabedian (1988) discussed sampling and measurement in quality assessment. E. McGlynn (1997) stated, "Explicit criteria…standardize the assessment of quality by using rules that are known to those being assessed and that can be updated over time" (p. 13). According to Donabedian, "If one wishes to obtain a true view of care as it is actually provided, it is necessary to draw a proportionally representative sample of cases" (p. 1746). The criteria for assessing quality should be a result of "a sound, validated fund of knowledge" (Donabedian, p. 1747) Donabedian preferred the use of implicit and explicit criteria in combination. Explicit criteria can be used to separate cases that have received high quality care. The cases are evaluated in greater detail using implicit criteria. Donabedian wrote, "The greatest difficulty arises when one attempts to represent as a single quantity various aspects of functional capacity over a life span" (p. 1747). A holistic approach is necessary to accurately assess quality. No single outcome in health care can be represented as the result of a single aspect of the provision of care; again, a complete understanding between structure, process and outcomes is necessary.

There is not a direct line between points “A” and “B” in health care; there are many routes, processes and contacts between any two points. It is important to understand the whole picture of quality assessment, as Donabedian effectively illustrated. Donabedian tackled the concept of quality assessment from multiple angles, including objective and subjective ideals; Donabedian rarely assumed a single viewpoint and discussed the subject with an open mind. Quality assessment “has to go on against the background of the most profound analysis of the responsibilities of the health care professions to the individual and to society” (Donabedian, 1988, p. 1748). Health care professionals must realize the intricacies of health care and the complex nature of the service when providing care and accessing quality.

References

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