

QUALITY IMPROVEMENT RESEARCH

Using routine comparative data to assess the quality of health care: understanding and avoiding common pitfalls

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Measuring the quality of health care has become a major concern for funders and providers of health services in recent decades. One of the ways in which quality of care is currently assessed is by taking routinely collected data and analysing them quantitatively. The use of routine data has many advantages but there are also some important pitfalls. Collating numerical data in this way means that comparisons can be made—whether over time, with benchmarks, or with other healthcare providers (at individual or institutional levels of aggregation). Inevitably, such comparisons reveal variations. The natural inclination is then to assume that such variations imply rankings: that the measures reflect quality and that variations in the measures reflect variations in quality. This paper identifies reasons why these assumptions need to be applied with care, and illustrates the pitfalls with examples from recent empirical work. It is intended to guide not only those who wish to interpret comparative quality data, but also those who wish to develop systems for such analyses themselves.

The pressures facing healthcare funders and providers are mounting. Not only is health care itself becoming more complex, with an increasing range of new treatment options and competing approaches to the delivery of care, but care must also be delivered in a context of cost constraints, increasing consumer demands, and a greater focus on accountability. Against this background there has been an explosion in official and unofficial schemes aiming to use routine data to compare performance between healthcare providers.¹⁻³ Such data can help highlight any problem areas in clinical performance, inform or drive quality improvement activities, prompt reflections on clinical practice, and identify important issues for further research. These data thus have a wide range of potential uses and are of interest to a wide range of stakeholders—researchers, practitioners, managers, purchasers, policy makers, patients, and carers.

The logic underlying an analysis of routine comparative data is that it is possible to make attributions of causality between the services provided and the observed quality measures—that is, that high *measured* performance reflects good *actual* performance—and, conversely, that

low measured performance reflects poor actual performance. For example, if one hospital has markedly better survival rates 30 days after myocardial infarction than another, then one conclusion from the data might be that the higher survival rates result from higher quality care at the first hospital. But how well founded is this conclusion? What are the difficulties that arise in developing schemes that can draw robust conclusions from routinely collected comparative data? This paper will consider a range of potential pitfalls. Using examples from recent studies of quality variations we explore the strengths and weaknesses of using routine comparative data to draw conclusions about quality of health care.

USING ROUTINE DATA IN HEALTH CARE

The use of routine data for quality assessment purposes is attractive to researchers, health professionals, managers, and policy makers. Box 1 summarises the reasons: the data are readily available, they are a potentially rich source of information about large numbers of patients, and using existing data is less demanding (and has fewer ethical constraints) than planning, funding and executing long term experimental studies.

What routine data have in common is that they are often collected for other purposes and are observational rather than experimental. Examples of routine data collected in the NHS, to take just one healthcare system, include perioperative deaths, hospital bed occupancy rates, use of contraceptive services in general practice, cervical screening, and vaccination rates (see, for example, the latest government collated data at <http://www.doh.gov.uk/performance/2002/index.html>). In the US, routine data collection includes state specific initiatives—for example, the California Hospital Outcomes Project reports public data on a range of indicators including 30 day mortality after myocardial infarction⁴—and national programmes—for example, the national register for myocardial infarction supported by Genesys.⁵ In addition, the Joint Commission on Accreditation of Healthcare Organisations (JCAHO) requires hospitals to submit clinical performance data on six measures,⁶ and extensive measures are collected to help compare health plans.⁷ Indicators derived from routine data may cover processes of care (for example, treatments given, length of hospital stay), “true” outcomes (for example, mortality rates) or “proxy” outcomes (for example, physiological measures such as blood pressure or weight gain). In quality assessment terms, process measures—which assess, for example, what was done and when (how quickly or how often)—may be most illuminating

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Health Services Research Avoiding Common Pitfalls

Yi-Tong Ma



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