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PROFESSION

Organized medicine should take leadership role in quality, study says

Focus groups in 13 states approve of the AMA's work on developing clinical quality measures.

By KEVIN B. O'REILLY, amednews staff. Posted Aug. 5, 2010.

Physician organizations such as the American Medical Association and state medical societies should take the lead in defining health care quality and helping physicians implement improvement initiatives, according to an AMA report issued in July.

The report, "Advancing Ambulatory Quality Improvement: Results of Focus Groups With Medical Societies," was based on analysis of discussions of nearly 100 physicians and medical society executives in 13 states participating in the Robert Wood Johnson Foundation's Aligning Forces for Quality initiative.

Among the top concerns of physicians was ensuring that quality is defined and measured in a way that addresses patient care and not the financial concerns of payers.

"What will be very helpful for the state medical societies and the AMA to do would be to first define what we mean by ambulatory quality," said one of the focus group members, all of whom were promised anonymity as a condition of participation. "I don't think we have a really good definition of ambulatory quality. So what can organized medicine do? They can help us figure out what quality is and how to measure it."

Participants also said the AMA should continue to focus on using clinical data instead of claims information to measure quality while incorporating standardized performance measures in future payment reforms.

"Findings from this report will help guide our significant investment in quality improvement efforts as we focus on helping physicians in all practice settings," said AMA Board of Trustees Chair Ardis Dee Hoven, MD, a Lexington, Ky., internal medicine and infectious disease specialist. "The AMA-convened Physician Consortium for Performance Improvement has already developed 270 evidence-based quality measures for a range of health care conditions, and more are in the works. We are integrating measures into electronic health records to make it easy for physicians to incorporate them into their practice. We are gratified that the AMA's leadership role as a convener and educator is recognized by this report."

The report also details the state medical societies' levels of quality-related staffing and involvement in local initiatives. The focus groups, which involved medical societies in California, Maine, Missouri and 10 other states, were conducted during the second half of 2009. The report is available at the AMA website (www.ama-assn.org/go/ambulatory-quality).

Also in July, the AMA released a report offering practical tips for physicians on how to take part in patient safety organizations, as authorized under the Patient Safety and Quality Improvement Act of 2005. That report is available on the AMA website (www.ama-assn.org/ama1/pub/upload/mm/370/patient-safety-organizations.pdf).

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