



BNA's

Health Care Daily

REPORT

Volume 10 Number 114
Wednesday, June 15, 2005
ISSN 1091-4021

News

Quality of Care Citing Data, Quality Group Disputes JAMA Article on Effectiveness of QIOs

The American Health Quality Association June 13 strongly disputed the findings of an article scheduled to be published June 15 in *The Journal of the American Medical Association* that says hospitals participating in the quality improvement organization (QIO) program are not more likely to show improvement on quality indicators than nonparticipating hospitals.

Researchers for the Johns Hopkins Bloomberg School of Public Health in Baltimore reviewed data from four QIOs charged with improving the quality of care in Maryland, Nevada, New York, Utah, Washington, and Washington, D.C., for the article titled, "Do Quality Improvement Organizations Improve the Quality of Hospital Care for Medicare Beneficiaries?"

The researchers analyzed the medical records of more than 43,000 Medicare beneficiaries from four QIOs representing five states and the District of Columbia, measuring improvements in five clinical areas, including atrial fibrillation, acute myocardial infarction, heart failure, pneumonia, and stroke.

The researchers used 15 quality indicators targeted by the QIOs, finding no statistically significant difference in change from baseline to follow-up between participating and nonparticipating hospitals on 14 of 15 quality indicators.

"The findings from this study do not support the hypothesis that the QIO program improves the quality of care for Medicare beneficiaries in the inpatient setting," the researchers wrote. "Additional efforts to assess and improve the QIOs' effectiveness may be needed."

AHQA Faults Study

Jonathan Sugarman, president, and David Schulke, executive vice president of the American Health Quality Association, which represents QIOs, ardently disagreed with the article's characterizations, however, during a June 13 teleconference. Schulke argued that the methodology used by the researchers assessing the impact of QIO hospital work would be a reasonable approach if taken today, but was not feasible during the study period of 1999 through 2001.

"The many improvements that have been made by CMS [the Center for Medicare & Medicaid Services] and the QIOs since 2002 mean that no one should take this study as an accurate reflection of current value of the QIO program," Schulke said. "Preliminary data from the current cycle of QIO work which was recently presented by CMS to the Institute of Medicine shows that QIOs are having a significant impact on hospital improvement."

Sugarman added that the Johns Hopkins researchers' attempts to evaluate the effectiveness of QIOs under contract to Medicare to improve hospital care actually found that hospitals participating with the QIO of Washington state improved more than nonparticipating hospitals on 11 of 13 indicators of hospital quality.

"If we had more confidence in the study's methodology, we would be very pleased with this result as there is only about a 1 percent chance that that result would occur by chance alone," Sugarman said. "Unfortunately, due to what we perceive to be problems with the study method, some that are acknowledged by the authors and some

not, we can no more use the study to support the conclusion of effectiveness of QIO activities in Washington than we can use it to conclude that there is a lack of effectiveness in the other states that the authors studied."


Sugarman argued that the researchers only examined results covering 17 months of the 36-month study period, but labeled hospitals as participating even when a hospital may have begun participating after the 17-month period.

"We think that this is a critical weakness of the study," Sugarman said. "That's roughly equivalent to judging the baker's skills by tasting a pie removed from the oven half way through the baking time."

Previously Published Data

The article's lead researcher, Claire Snyder, with the Johns Hopkins Bloomberg School of Public Health, told BNA June 14 that AHQA is correct in that some data used in the study was collected before and after the involvement of QIOs. But she noted that the purpose of the study was to re-examine data previously published in [JAMA](#) indicating that quality improvement in hospitals increased over time.

What she found was that it equally increased at both hospitals actively involved with QIOs and hospitals that were not actively involved with QIOs.

"We found that quality is improving regardless of any involvement by the QIOs, raising important questions about their effectiveness," Snyder said. 

By Thom Wilder

Contact customer relations at: customercare@bna.com or 1-800-372-1033
ISSN 1091-4021

[Copyright](#) © 2005, The Bureau of National Affairs, Inc.
[Copyright FAQs](#) | [Internet Privacy Policy](#) | [BNA Accessibility Statement](#) | [License](#)

Reproduction or redistribution, in whole or in part, and in any form,
without express written permission, is prohibited except as permitted by the BNA Copyright Policy,
<http://www.bna.com/corp/index.html#V>

