

Quality Is Everybody's Problem

By Elizabeth A. McGlynn, PhD, RAND Health

I work at the RAND Corporation, a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world.

At RAND Health, where I am the associate director, we study problems related to the costs of health care, access to the health system and the quality of medical care.

For nearly 20 years, I've been investigating how well the U.S. health care system delivers services that are consistent with professional standards and good science. I've found that most people assume they are already getting top-quality medical care – but unfortunately, this is often not the case. People are dying needlessly as a result.

A major RAND study I led found that American adults on average get only about half of the health care services they need to prevent, diagnose and treat common medical problems that are the main causes of death and disability. The study found that the average adult needed about 16 health services – specific types of tests or treatments – over two years, but usually received only eight of those services.

If you don't get the care you need, you may die or become disabled earlier than you otherwise would. For example, my study found that people with high blood pressure often did not get adequate treatment—and that as many as 68,000 deaths could be avoided each year if the right treatment was delivered.

Other researchers have found that in hospitals - a place where most people expect to get the best treatment - as many as 98,000 patients die each year from medical errors.

My research has confirmed that there are three main problems with the quality of the U.S. health care system - underuse, overuse, and misuse or error. Let me define these terms:

Underuse – people aren't getting care they need.

Overuse – people are getting care that won't help them and might hurt them.

Misuse or error – a mistake is made in the way care is given, like getting the wrong dose of a medicine or having surgery on the wrong leg.

All areas of the United States experience these types of problems in all types of insurance plans, and all of us could potentially experience these problems in our own medical care.

The RAND study found that although people living in the Seattle got the best care among 12 metropolitan areas we studied, they received just 59 percent of the care they needed. In the lowest scoring community—Orange County, California—people received about 51 percent of the care they needed.

My research also showed that the chance you will get the care you need depends on the health problem you have. For example, people with heart disease got 68 percent of the care they needed. But people with diabetes got just 45 percent. People who had a hip fracture received just 23 percent.

In previous studies, we found that about one-third of common surgeries and tests to diagnose medical problems may be unnecessary.

That means these surgeries and tests are not likely to improve a patient's health, and are not likely to be useful in deciding whether or not a patient has a particular disease.

Surprisingly, studies have found the amount of money that is spent on health care does not guarantee that the right things will be done more often. In fact, some researchers have found that higher levels of spending may actually increase the risk of having a quality problem.

Can anything be done to improve the quality of health care we receive? Yes. But, if we don't acknowledge there is a problem, we won't insist that steps be taken to solve it.

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