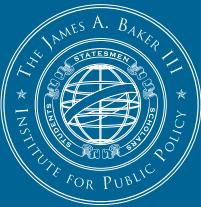


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The study, "Meta-Analysis: Audit and Feedback Features Impact Effectiveness on Care Quality," was presented June 2008 at the 25th Annual Research Meeting of AcademyHealth in Washington, D.C., and is under review for publication. The author is Sylvia J. Hysong, Ph.D. (Houston Center for Quality of Care and Utilization Studies). Copies of the article are available upon request from the author.



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HEALTH POLICY research

James A. Baker III Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

Want better quality health care from providers?

"Tell them how well they are doing and how they can improve," says Sylvia Hysong, assistant professor of medicine in the Section of Health Services Research at Baylor College of Medicine and research scientist at the Michael E. DeBakey VA Medical Center Health Services Research and Development Center of Excellence. "Giving providers frequent, written information about how well they deliver health care and how they can do better could considerably improve the quality of the care they deliver," she adds.

In her study, "Meta-Analysis: Audit and Feedback Features Impact Effectiveness on Care Quality," Hysong systematically reviewed more than 500 studies dating back to the early 1980s that examined various types of provider feedback interventions. She found 19 studies that specifically compared the quality of care delivered by providers when they received feedback about specific aspects of their care to the quality of care delivered by providers who received no such information. Hysong then studied several aspects of the feedback content given to the providers, such as whether it consisted of the provider's quality (versus a group or a hospital average), whether the provider's quality was compared to that of others, and whether the provider received suggestions for improvement. She also studied the format used to deliver the feedback, such as whether it was delivered verbally, in writing or graphically, as well as how frequently it was provided.

Hysong found that providers that received feedback on the quality of their care delivered better quality of care than those who did not. This was consistent regardless of what aspect of care was being studied (e.g., inappropriate prescribing, tobacco cessation counseling, appropri-

ate magnetic resonance imaging (MRI) use, etc.). However, how the feedback was delivered to providers also affected how much better the quality of care was. Feedback delivered (a) frequently, (b) in writing rather than verbally, and (c) with specific suggestions for improvement seemed to work best.

Many health care settings, such as the VA medical centers, already have electronic medical records and systems in place to measure specific aspects of care, and many more are well on their way to acquiring these tools. Improving the content and format of clinical quality information given to providers can be done without major investments in new technologies, yet could yield considerable improvements in quality of care. One of the top quality VA medical centers, for example, abstracts each one of its providers' charts and reports individualized, customizable information to these providers in the form of a computerized dashboard that can be accessed at any time. "These are simple, straightforward changes that can be implemented readily within the systems and procedures that already exist," says Hysong. "The key is to provide meaningful information that providers can act on in order to improve."

