

Working Together to End Racial and Ethnic Disparities: One Physician at a Time

2. Quality of care

How can health care quality be conceptualized?

The Institute of Medicine defines quality as: “The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” Quality health care means doing the right thing, at the right time, in the right way, for the right person—and having the best possible results. Quality varies for many reasons. Fortunately, there are scientific ways to measure health care quality that can be used to guide improvement efforts.

Quality health care is:

- **Effective**—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit
- **Safe**—avoiding injuries to patients from the care that is intended to help them
- **Timely**—reducing patient waiting time for acute and referral care
- **Patient-centered**—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Efficient**—avoiding waste, including waste of equipment, supplies, ideas and energy
- **Equitable**—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status

What is the connection between quality and health disparities?

Current efforts by many groups target quality improvement as a key strategy for eliminating racial and ethnic disparities in health care. This strategy is also promoted by the federal Agency for Healthcare Research and Quality (AHRQ) through its two annual reports—the *National Healthcare Quality Report* and the *National Healthcare Disparities Report*. As stated in the introduction, the reports “...are designed to provide policymakers with a snapshot of the current status of disparities and quality in American health care and an assessment of how disparities and quality are changing over time.”

A summary of data from the AHRQ report indicates the following:

- People from diverse racial and ethnic cultures are less likely to receive the same quality of care as those from dominant cultures
- Quality-of-care disparities span a broad range of services and health care settings, including emergency rooms, clinics, and inpatient and specialty care
- Minority patients are more likely to experience long wait times to see their health care provider and are more likely to leave the emergency department without being seen
- The 2004 AHRQ quality report concluded that: quality is improving in many areas, but change takes time; the gap between the best possible care and actual care remains large; and further improvement in health care is possible

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