

Book Reviews

The Quality Connection in Health Care

Lynne Cunningham

Jossey-Bass, San Francisco, 1991, 161 pp., \$29.95

IN AN OPENING STATEMENT ALMOST AS direct as "Call me Ishmael," Lynne Cunningham prefaces her book with, "Quality is perhaps the most used and abused word in the health care vernacular today. Quality is not just a current fad." She goes on to say, "The purpose of *The Quality Connection* is to connect patient-driven quality with risk management exposure." Initially Cunningham does not take the perspective that providers should improve quality for the betterment of *all* customers (e.g., patients, medical staff, employers, payers, employees). She looks at patient-driven quality as the factor that will decrease liability exposure and malpractice claims. She also explores most facets of quality improvement and their bearing on healthcare today.

The Quality Connection in Health Care is divided into three parts. The first part identifies and discusses clinical quality, patient-driven quality, and economic or cost-effective quality. Cunningham states, "The successful health care provider of the future will not only balance clinical and patient-driven quality, but will also take the financial aspects of quality into account as well." Most of the book, however, focuses on patient satisfaction. Cunningham devotes the remainder of the first part to various survey and assessment techniques—the rationale for each and her preference.

Cunningham spends a lot of time on anecdotal definitions of quality voiced by patients (e.g., caring, concern, equipment, and limited waiting time). The first section ends with a discussion of why "not changing to a quality driven organization may be unhealthy."

The book's second part begins with a discussion of the six categories critical to patient satisfaction: accessibility, respon-

siveness, realistic expectations, communication, professionalism, and continuity of care.

Cunningham analyzes each area, but again often anecdotally: For example, she discusses a study with nurse consultants about what drives patient dissatisfaction to the point of liability-malpractice exposure, but gives no data to support some of the conclusions.

She also raises the questions that one should ask when trying to identify areas for improvement (e.g., How accessible and responsive are physicians and nurses? What are the patients' expectations? Were patients' complaints addressed? Were the patients' and families' needs met?). For the novice this could provide a lot of insight; for the veteran, Cunningham does not address the question, What can I do to improve specific processes?

The third part is the real highlight of *The Quality Connection*. In this section Cunningham identifies the following five success factors in the patient-driven quality organization, which could be broadened to the customer-driven organization (satisfying *all* customers):

- Involvement in research, planning, and managerial accountability
- Observation of patient focus groups
- Ongoing assessment, tracking, and reporting of processes
- Use of quality as a positioning strategy
- Planning

Cunningham addresses each success factor in some detail. The last chapter, devoted to planning, addresses the role of patient and employee education in fostering realistic expectations. It also broaches the areas of cost-effectiveness, cultural diversity, responsiveness, and access. Cunningham challenges the multi-institutional healthcare system of tomorrow to become a quality-driven organization.

The Quality Connection may be too basic and anecdotal for the veteran healthcare or total-quality professional. For the newcomer, however, it provides insights on patients' concerns, as well as

patients' insights on our organizations and the healthcare system in general.

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RBRVS: Untangling the Web

Paul L. Grimaldi

Healthcare Financial Management Association, Westchester, IL, 1992, 74 pp.

PAUL GRIMALDI OBVIOUSLY HAS A SOUND grasp of the intricacies of the resource-based relative value scale (RBRVS). His monograph should be a valuable resource for those of us who have not been brought up to speed on the subject.

The opening chapter provides an overview of the factors that led Congress to introduce the new physician fee schedule, and it sketches some of its implications for physicians and hospitals. Chapter 2 summarizes how payment systems have developed for the various groups covered under Medicare Part B. Grimaldi outlines the transition from Medicare payments based on reasonable charges, to the 1989 introduction of a relative value scale for radiologists and a relative value guide for anesthesiologists, to the more recent scales introduced under the various Omnibus Budget Reconciliation Acts.

The author closes chapter 2 with a review of the inflationary impact of rising physician fees. From 1980 to 1988, Grimaldi notes, Medicare physician expenditures increased from 3.2 percent to 4.4 percent of national healthcare expenditures, 21.7 percent to 26.7 percent of Medicare expenditures, and 18.9 percent to 23 percent of national physician expenditures.

Grimaldi points out that part of these increases resulted from the growth of the Medicare population, but he adds

that 40 percent of the increases reflect adjustments for economy-wide inflation.

In chapter 3 the author provides background on the development of the relative value scale. Created by researchers, the RBRVS is "based on the resources or inputs required to produce physician services." Specialty-specific physician panels were used to establish relative values in their area. The work required to render a service within each specialty was measured based on a uniform standard. Developers determined that the total resources needed to provide a physician service could be divided into three components: physician work, practice expense, and malpractice insurance.

Relative values have been established for about 7,000 codes. The "initial" val-

ues were published in the *Federal Register*, November 25, 1991, and are the basis for payments during 1992. It is anticipated that changes will be made on or after January 1, 1993, but these will have no impact on payments made during 1992. The secretary of Health and Human Services is required to review relative values at least every five years. However, fees are updated annually based partly on actual physician payments.

In chapter 4, Grimaldi shows how fees are actually calculated under RBRVS. His discussion includes an explanation of a conversion factor the RBRVS system uses to transform a relative value into a dollar amount. This includes a "behavioral offset" that factors in anticipated

increases in the volume and intensity of services physicians will offer to offset the expected decrease in their revenue. This "offset" has been controversial, and Grimaldi indicates many members of Congress support legislation that will lower or eliminate it.

Grimaldi finishes the monograph with a chapter on the implications of this payment method for physicians and hospital executives.

The monograph is easy to read and understand. Readers should be warned, however, that its extensive use of acronyms might occasionally be confusing.

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BOOK BRIEFS

Managing Health Services Organizations, 3d ed.

Jonathon S. Rakich, Beaufort B. Longest, Jr., and Kurt Darr, Health Professions Press, Baltimore, 1992, 688 pp., \$49

This book is written for students studying health services management and managers wishing to refresh their knowledge of applied management theory.

The work is divided into seven parts: "A Framework of Management in Health Services Organizations"; "The Health Services Environment"; "Structuring Health Services Organizations"; "Strategic Planning and Inter-organizational Linkages for Health Services Organizations"; "Problem Solving, Quality Improvement, and Control in Health Services Organizations"; "Managing People in Health Services Organizations"; and "Human Resources Management in Health Services Organizations."

Each of the book's 18 chapters includes cases studies and bibliogra-

phies. The authors make extensive use of graphs, figures, and charts throughout the work. They also provide comprehensive author and subject indexes.

National Catholic HIV/AIDS Ministry Directory

National Catholic AIDS Network, San Francisco, 1992, 129 pp., \$10

This directory lists individuals and agencies providing services for HIV-infected individuals and persons with AIDS. Entries for individuals include information on profession and religious affiliation, phone number and address, and types of clients the person serves. The entries also briefly describe services the individual provides. The section on organizations lists similar information and notes whether the agency accepts volunteers.

To obtain a copy of the directory, send \$10, plus \$4 postage and handling (\$2.50 for third class), to Rev. Rodney DeMartini, SM, Executive Director, National Catholic AIDS Network, PO

Box 422984, San Francisco, CA 94142
(415-565-3613; Fax 415-565-3619).

BOOKS RECEIVED

Birth, Suffering, and Death: Catholic Perspectives at the Edges of Life, Kevin Wm. Wildes, Frances Abel, and John C. Harvey, eds., Kluwer Academic Publishers, Dordrecht, The Netherlands, 1992

Image Guidance: A Tool for Spiritual Direction, Elizabeth-Anne Vanek, Paulist Press, Mahwah, NJ, 1992

Marketing for Churches and Ministries, Robert E. Stevens and David L. Loudon, Haworth Press, New York City, 1992

The Meaning of Life at the Edge of the Third Millennium, Leonard Swidler, Paulist Press, Mahwah, NJ, 1992