

Table 7.1. Advantages and disadvantages of process and outcome measures of quality

Process		Outcome	
Advantages	Disadvantages	Advantages	Disadvantages
Practitioners have no great difficulty specifying technical criteria for standards of care.	Great weakness in the scientific basis for much of accepted practice and use of prevalent norms as the basis for judging quality may encourage dogmatism and perpetuate error.	When the scientific basis for accepted practice is in doubt, emphasis on outcome tends to discourage dogmatism and helps maintain a more open and flexible approach to management.	Even expert practitioners are unable to specify the outcomes of optimal care, as to their magnitude, timing, and duration.
Even not fully validated standards and criteria can serve as interim measures of acceptable practice.	Because practitioners prefer to err on the side of doing more than is necessary, there is a tendency toward overly elaborate and costly care; this is reflected in the norms.	An open and flexible approach may help in the development of less costly but no less effective strategies of care.	When indicators of health status are obtained, it is difficult to know how much of the observed effect can be attributed to medical care.
Information about technical aspects of care is documented in the medical record and usually is accessible as well as timely—it can be used for prevention and intervention.	Although technical aspects are overemphasized, the management of the interpersonal process tends to be ignored, partly because the usual sources of data give little information about the physician–patient relationship.	Outcomes reflect all of the contributions of all of the practitioners to the care of the patient and thus provide an inclusive, integrative measure of the quality of care.	Choosing outcomes that have marginal relevance to the objectives of prior care is an ever-present pitfall; even when relevant outcomes are selected, information about many outcomes often is not available in time to make it useful for certain types of monitoring.
Use of this information permits specific attribution of responsibility so that credit or blame can be more easily ascertained and specific corrective action can be taken.		Also reflected in the outcome is the patient's contribution to the care that may have been influenced by the relationship between patient and practitioners; a more direct assessment of the patient–physician relationship can be obtained by including aspects of patient satisfaction among measures of care.	Waiting for a pattern of adverse outcomes can be questioned on ethical grounds.
			Examining outcomes without examining means of attaining them may result in a lack of attention to the presence of redundant or overly costly care.

Adapted from Donabedian, Avedis. *Explorations in Quality Assessment and Monitoring. Vol. 1, The Definition of Quality and Approaches to its Assessment*, 119–122. Chicago: Health Administration Press, 1980.

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