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Defining Quality in Medical Practice

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LETTER TO THE EDITOR:

Defining Quality in Medical Practice

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I find your recent article regarding consent for mammogram use intriguing.[1] It engages the real crux of our dilemma with core quality indicators forced upon medical providers by insurance companies. Just this week, at an Accountable Care Organization (ACO) meeting, this particular quality indicator of mammography screening had many of the medical staff members at odds. A well-known breast surgeon proclaimed that screening mammography was a topic of great controversy. I assumed he would cite studies such as the *Nordic Cochrane Centre* leaflet of 2012 "Screening for Breast Cancer with Mammography"[2] or more recently, The *New England Journal of Medicine* article in October, 2015 "Trends in Metastatic Breast and Prostate Cancer – Lessons in Cancer Dynamic"[3] that clearly call into question the need to screen breast cancer yearly. To my surprise, the surgeon proclaimed he would continue to screen women beginning at age 40 yearly regardless of the quality standard imposed by insurance providers.

This type of confusion among medical providers only adds to the absurdity of the idea that current physician incentives will enhance quality care for our patients. It is only perceived quality and not real quality of care. We need physicians who are willing to participate in creating the standard of care and hold insurance companies accountable for real evidence-based quality markers. Only then will patients receive adequate care, and we as educators in medicine be able to adequately teach the next generation of physicians.

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