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Quality of Care: A Long Way to Tipperary or a Long Way Down

To the Editor:

Bangalore et al[1] concluded that the quality of care for secondary prevention of stroke at discharge was "lower after transient ischemic attack (TIA) than after ischemic stroke." This deserves comments.

First, the conclusion should have stressed the poor and unacceptable levels of the quality of measures, even worse after TIA: 1) only 50% of patients are free of defects for quality of care measures; 2) only 24% of patients with ischemic stroke benefit from a rehabilitation program, and almost none after a TIA.[1]

Second, among the limitations, they should have underlined that adherence to process is a poor surrogate endpoint. Although adherence to process is a prerequisite for better care, it is far from providing reassurance for outcome, even more in the acute hospital-based setting at discharge.[2] Why have some relied, for so long, on the absolute minimum? On January 1, 2012, the Joint Commission's Tobacco Cessation Performance Measure-Set took effect.[3] In brief, evidence-based cessation counseling and medication must be delivered during hospital stay and after discharge; tobacco use status of the patient being determined about 30 days after discharge and documented in the record. This is no more than common sense; sadly, this is not a mandatory requirement, only an option. In this study, smoking cessation counseling was an indicator of quality.[1] Relying on such an indicator may suggest only a poor understating of quality assessment and no true concern for smoking cessation.

"Big Pharma" has been shamed for its medicine compliance programs.[4] Why was there so much room for Big Pharma on this issue? Achieving healthy lifestyle behavior, as compliance with chronic pharmacological treatments adapted to targets, requires a comprehensive combined outpatient community program. This is not new.[5]

Quality of care needs both humility and ambition.

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References

1. Bangalore S, Schwamm L, Smith EE, et al. Secondary prevention after ischemic stroke or transient ischemic attack. *Am J Med*. 2014;127:728-738.
2. Fonarow GC, Abraham WT, Albert NM. Association between performance measures and clinical outcomes for patients hospitalized with heart failure. *JAMA*. 2007;297:61-70.
3. Fiore MC, Goplerud E, Schroeder SA. The Joint Commission's new tobacco-cessation measures—will hospitals do the right thing? *N Engl J Med*. 2012;366:1172-1174.
4. Editorial. Big Pharma's medication compliance programmes. *Prescrire Int*. 2007;16:32. Available at: http://english.prescrire.org/en/80/156/46228/0/PositionDetails.aspx. Accessed September 4, 2014.
5. Waylonis GW, Pickett RE. Establishment of a community stroke rehabilitation program. *Ohio State Med J*. 1971;67:591-595.