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6.2 Adherence to Evidence-Based Care Guidelines Definition; State of Measurement Science; 6.3 Overuse of Medical Services; Definition; State of Measurement Science; 6.4 Evaluation of Current State of Process Quality Measurement; 7. Outcomes Measures; 7.1 Medical Outcomes; Definition; State of Measurement Science; 7.2 Patient-Centeredness; Definition; State of Measurement Science; 7.3 Efficiency; Definition; State of Measurement Science; 7.4 Evaluation of Current State of Outcomes Measurement; 8. State of Practice in Employer Decisionmaking About Health Plans; 8.1 Information Sources Decision Tools Employer Coalitions; Benefits Consultants; Evaluation of Tools and Resources to Support Employer Decisionmaking; 8.2 Decision Criteria for Health Plan Selection; Cost Is the Primary Driver; Employers Aim to Ensure Network Adequacy; General Reputation of Plans Influences Purchasing Decisions; Quality of a Health Plan Is Rarely Factored Explicitly into Decisions; Quality-Enhancing Products and Services Are Considered Low Priority; 9. Conclusions; 9.1 Current State of Measurement Science; 9.2 Current State of Employer Decision Tools Regarding Quality of Care 9.3 Current State of Employer Decision Process for Quality of Care 9.4 Implications for Research Agenda; Appendix A: Description of Summary of Benefits and Coverage and Glossary of Terms; Appendix B: Description of Search Strategies and Tools; Appendix C: Descriptions of Quality Measurement and Reporting Organizations; Appendix D: Descriptions of Quality Measurement and Reporting Organizations; References

Sommario/riassunto

The Affordable Care Act places strong emphasis on quality of care as a means to improve outcomes for Americans and promote the financial sustainability of our health care system. This report attempts to help employers understand the structural differences between health plans and the performance dimensions along which plans can differ, as well as to educate employers about available tools that can be used to evaluate plan options.
