

Guiding Quality Principles For The Single Payer Proposal

(Reprinted from “A Better Quality Alternative: Single Payer National Health System Reform” Schiff et al, *JAMA* 9/14/94.)

1. There is a profound and inseparable relationship between access and quality: universal insurance coverage is a prerequisite for quality care.
2. The best guarantor of universal high-quality care is a unified system that does not treat patients differently based on employment, financial status, or source of payment.
3. Continuity of primary care is needed to overcome fragmentation and overspecialization among health care practitioners and institutions.
4. A standardized confidential electronic medical record and resulting database are key to supporting clinical practice and creating the information infrastructure needed to improve care overall.
5. Health care delivery must be guided by the precepts of CQI (continuous quality improvement).
6. New forums for enhanced public accountability are needed to improve clinical quality, to address and prevent malpractice, and to engage practitioners in partnerships with their peers and patients to guide and evaluate care.
7. Financial neutrality of medical decision making is essential to reconcile distorting influences of physician payment mechanisms with ubiquitous uncertainties in medicine.
8. Emphasis should shift from micromanagement of providers’ practices to macroallocation decisions. Public control over expenditures can improve quality by promoting regionalization, coordination, and prevention.
9. Quality means prevention. Prevention means looking beyond medical treatment of sick individuals to community- based public health efforts to prevent disease, improve functioning and well-being, and reduce health disparities.
10. Affordability is a quality issue. Effective cost control is needed to ensure availability of quality health care both to individuals and the nation.