ABORTION CARE AND THE SIX ATTRIBUTES OF QUALITY HEALTH CARE

Health care quality is a multidimensional concept. In the report *The Safety and Quality of Abortion Care in the United States,* the committee assessed the quality of abortion care with respect to the six attributes of health care quality: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. These attributes come from the 2001 Institute of Medicine report *Crossing the Quality Chasm: A New Health System for the 21st Century.* The table below details the committee's conclusions regarding each attribute with respect to abortion care.

Quality Attribute	Definition	Committee's Conclusions
Safety	Avoiding injuries to patients from the care that is intended to help them.	Legal abortions—whether by medication, aspiration, D&E, or induction—are safe. Serious complications are rare and occur far less frequently than during childbirth. Safety is enhanced when the abortion is performed as early in pregnancy as possible.
Effectiveness	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse respectively).	Legal abortions—whether by medication, aspiration, D&E, or induction—are effective. The likelihood that women will receive the type of abortion services that best meets their needs varies considerably depending on where they live. In many parts of the country, abortion-specific regulations on site and nature of care, provider type, provider training, and public funding diminish this dimension of quality care. The regulations may limit the number of available providers, misinform women of the risks of the procedures they are considering, overrule women's and clinician's medical decision making, or require medically unnecessary services and delays in care. These include policies that: • require office-based settings to meet the structural standards of higher intensity clinical facilities (e.g., ambulatory surgery centers or hospitals) even for the least invasive abortion methods (medication and aspiration); • prohibit the abortion method that is most effective for a particular clinical circumstance (e.g., D&E); • delay care unnecessarily from a clinical standpoint (e.g., mandatory waiting periods); • prohibit qualified clinicians (family medicine physicians, clinical nurse midwives, nurse practitioners, and physician assistants) from performing abortions; • require the informed consent process to include inaccurate information on abortion's long-term physical and mental health effects; • require individual clinicians to have hospital privileges; • bar publicly funded clinics from providing abortion care to low-income women; or • mandate clinically unnecessary services (e.g., pre-abortion ultrasound, in-person counseling visit).

Quality Attribute	Definition	Committee's Conclusions
Patient-Centeredness	Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.	Patients' personal circumstances and individual preferences (including preferred abortion method), needs, and values may be disregarded depending on where they live (as noted above). The high state-to-state variability regarding the specifics of abortion care may be difficult for patients to understand and navigate. Patients' ability to be adequately informed in order to make sound medical decisions is impeded when state regulations require: • inaccurate or misleading statements about abortion's potential harms; and when • women's preferences for whether they want individualized counseling not to be taken into consideration.
Timeliness	Reducing waits and sometimes harmful delays for both those who receive and those who give care.	The timeliness of an abortion depends on a variety of local factors such as the availability of care, affordability, distance from the provider, and state requirements for an in-person counseling appointment and waiting periods (18 to 72 hours) between counseling and the abortion. • There is some evidence that the logistical challenges of arranging and getting to a second appointment can result in delaying the abortion procedure beyond the mandatory waiting period. • Delays put the patient at greater risk of an adverse event.
Efficiency	Avoiding waste, including waste of equipment, supplies, ideas, and energy.	An extensive body of clinical research has led to important refinements and improvements in the procedures, techniques, and methods for performing abortions. The extent to which abortion care is delivered efficiently depends, in part, on the alignment of state regulations with current evidence on best practices. Regulations that require medically unnecessary equipment, services, and/or additional patient visits increase cost and, thus, decrease efficiency.
Equity	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.	State-level abortion regulations are likely to affect women differently based on their geographic location and socioeconomic status. Barriers (lack of insurance coverage, waiting periods, limits on qualified providers, and requirements for multiple appointments) are more burdensome for women who reside far from providers and/or have limited resources. • Women who undergo abortions are disproportionately of lower income compared to other women of similar age: 49 percent have family incomes under the federal poverty line (FPL) and 26 percent, 100 to 200 percent of FPL. 61 percent are women of color. • 17 percent of women travel more than 50 miles to obtain an abortion.