# LETTERS

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## U.K. Quality Incentives

Peter Smith and Nick York (May/June 04) articulate well the experiences and unknowns that shaped the National Health Service's (NHS's) new quality incentives for general practitioners. As U.S. purchasers and consumers, we envy the NHS's ability, in one fell swoop, to create a compelling nationwide business case to clinicians for broad performance improvement. The United States and other industrialized countries invest so little in health services research, relative to their spending on biomedical research and health care itself. Thus, when evidence of widespread quality failure becomes undeniable, we must craft policy responses based on very thin empirical findings, the experience of similar industries, and common sense. Should our U.S. approach to physician performance incentives continue on its current course of mild incrementalism focused on a few easy-to-measure indicators? Or should we follow the NHS's bold bet of 18 percent of provider compensation across a wide menu of measures?

We believe that the NHS is on the better path, which many U.S. purchasers and national consumer organizations are now dedicated to pursuing. Modifications to fit differences between our two systems will be needed. The U.S. pluralistic purchasing approach will require a more gradual buildup of incentives to constitute a double-digit share of most providers' incomes. Given our health care industry's much greater share of gross domestic product (GDP), we will likely prioritize measures of physician cost efficiency in treating a condition over an episode of acute illness or a year of chronic illness.

Fortunately, purchasing programs that are sensitive to differences to provider performance are taking root in the U.S. public and private sectors. These programs, mainly comprising incentive pools and tiered network insurance plans, are operated by insurers, employer coalitions, large employers, union-employer trusts, Medicaid agencies, and the Centers for Medicare and Medicaid Services (CMS). We will succeed in rapidly bridging the quality chasm only if our leaders rapidly converge on comprehensive performance measures and an irresistible business case to clinicians and hospitals to undergo the rigors of a long-overdue, fundamental reengineering of clinical processes. Helen Darling, Suzanne Delbanco, John Rother, Gerry Shea, Andrew Webber, and other leaders of national consumer and purchaser organizations join us in dedication to this vision.

ARNOLD MILSTEIN
MERCER HUMAN RESOURCE CONSULTING;
PACIFIC BUSINESS GROUP ON HEALTH
SAN FRANCISCO, CALIFORNIA

DEBRA NESS
NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES
WASHINGTON, D.C.

## International Nurses

In their May/June 04 papers, Linda Aiken and colleagues and Barbara Brush and colleagues make clear that the world is starving for nurses. They weave together a rich, nonjudgmental discussion of economic, ethical, and social issues and offer insights into the regulatory climate and the practices of recruitment agencies and the organizations that import nurses.

Of the policy options discussed by Aiken and colleagues that should be implemented



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