Correspondence

Paramedical Quality Control

To the Editor: I read with interest the article "Paramedical Quality Control . . . A Vendor View" by Dr. Ronald Forbes Buchan, which appeared in the Journal of Insurance Medicine, on pages 18-19, in the January-March 1982 issue, volume 13, No. 1.

There are several points which I would like to make:

1) On page 19 in the text, Dr. Buchan states: "Looking at Company X a consistent and significantly higher average of elevated blood pressures will be noted."

However, there is no statistical analysis applied, on which to base this statement.

2) The definition of what constitutes "elevated blood pressure" is omitted in the paper. There may be disagreement as to what constitutes "elevated blood pressure."

3) The table on page 19 provides only the percentage of elevated blood pressure readings, but not the number of "normal" readings and the number of elevated readings. Therefore, the reader cannot test the validity of the differences by application of statistical analysis.

Therefore, the conclusion that "Company X, (which has no agency forces as such, nor do its representatives receive commissions for sales), reports higher blood pressure readings than examiners used by the other agents described in the report, cannot be made based on those premises.

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Dr. Buchan's Response to Dr. Leers:

To the Editor: Thank you for your interest in my vendor's view of Paramedical Quality Control.

In regard to the definition of "elevated blood pressure", in the interests of brevity and inasmuch as we are addressing an audience of insurance Medical Directors, it was not mentioned specifically that reference is to the industry standard of pressures in excess of 140/90. You are quite right, of course, that no matter to whom we are talking we should define our terms. Touche! Consequently I would have been less parochial had it been delineated that we were considering the industry standard commonly used as the basis of underwriting purposes, and not discussing a phiosophical clinical question.

Your additional two points query my drawing unwarranted conclusions from inadequate and improperly interpreted or defined numbers. Anent those concerns, herewith the basis of our methodlogy, and your further comments would be welcome if you are so disposed.

In any given month we use at random, and as received, the first 2000 cases received, recording company ID, sex, D.O.B., B.P., height, weight, Examiner, Agency and agent codes. These, as you will recognize, constitute the significant parameters of the paramedical approach for both underwriting and administrative purposes. Summaries of these accumulated figures are further divided into age and sex groups/ 0-39, 40-49, 50-59, 60 and above. By age, height and weight variances are enumerated along with standard deviations.

Thus, briefly, do we collect and measure our submissions, in a manner which we believe gives us a reliable "handle" on our product as presented to our customers, at the same time identifying examiners and agencies involved. We do, therefore, know what our defintion of "normal blood pressure" is, we do know the number of normal readings (as well as elevated), and believe that appropriate statistical analysis, principle and method, are applicable, and in fact are carried out.

Admittedly, all the above information is not set forth in the space-constrained and brief presentation of the "Vendor's View" published in the ***ALIMDA JOURNAL***. The entire exercise, however, is in effect, a follow-on to presentations previously published and/or presented at ALIMDA or regional meetings.

I trust, in some degrees at least, I have been responsive to your scholarly comments, and would reiterate that we are discussing a useful administrative control measure rather than a double-blind clinical investigation. We believe
our print-outs provide an essentially simple, inexpensive and reliable set of directional signs serving both consumer and vendor in the critical area of quality control.

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