



Vergleich von Qualitätssicherungssystemen in Europa: good practice-Beispiele für Qualitätssteuerung

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EUROPE FOR
PATIENTS



ASSURING THE QUALITY OF HEALTH CARE IN THE EUROPEAN UNION

A case for action

Helena Legido-Quigley
Martin McKee
Ellen Nolte
Irene A Glinos

Observatory Studies Series N° 12

HEALTH TECHNOLOGY ASSESSMENT AND HEALTH POLICY-MAKING IN EUROPE

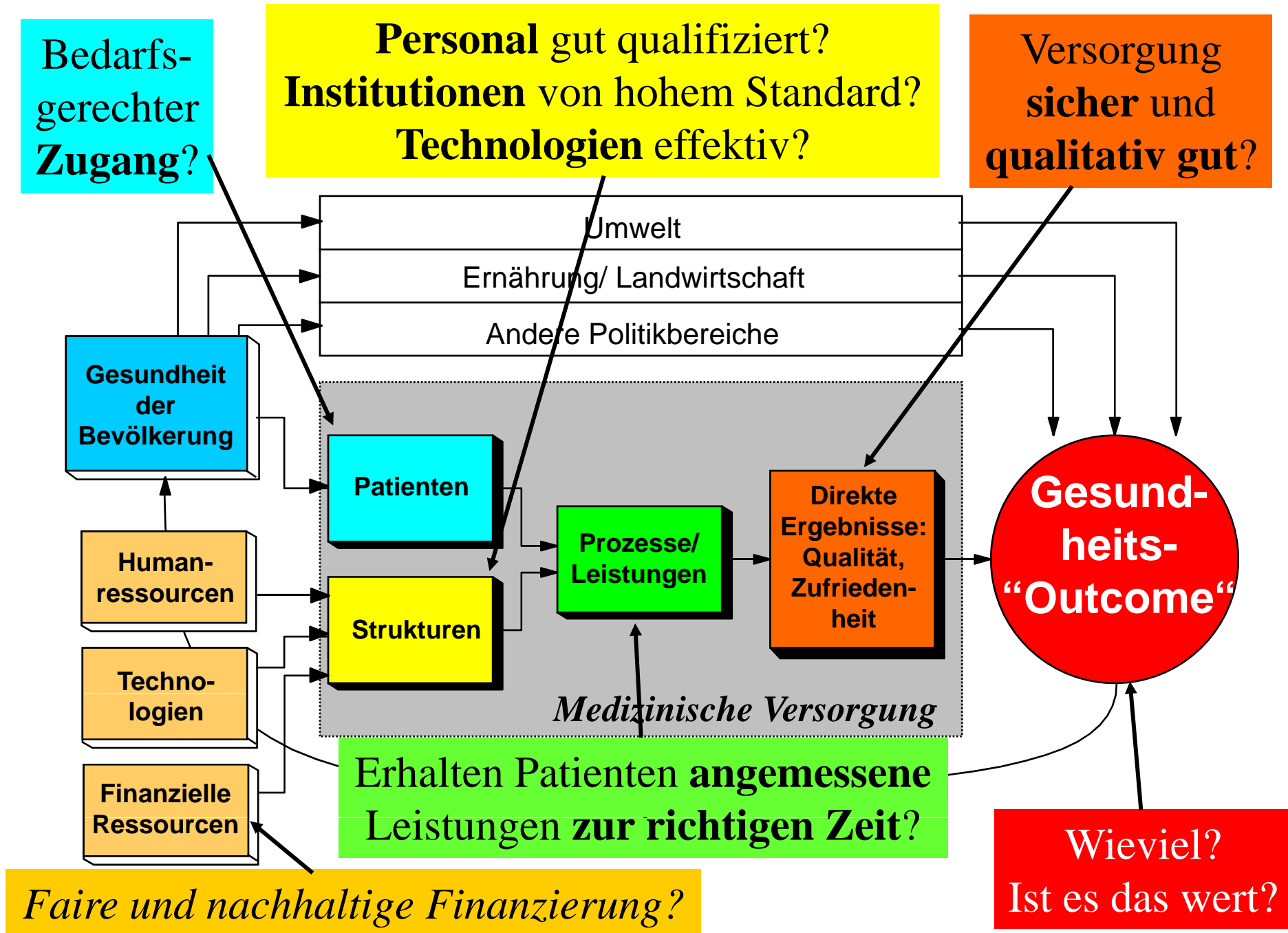
Current status, challenges and potential

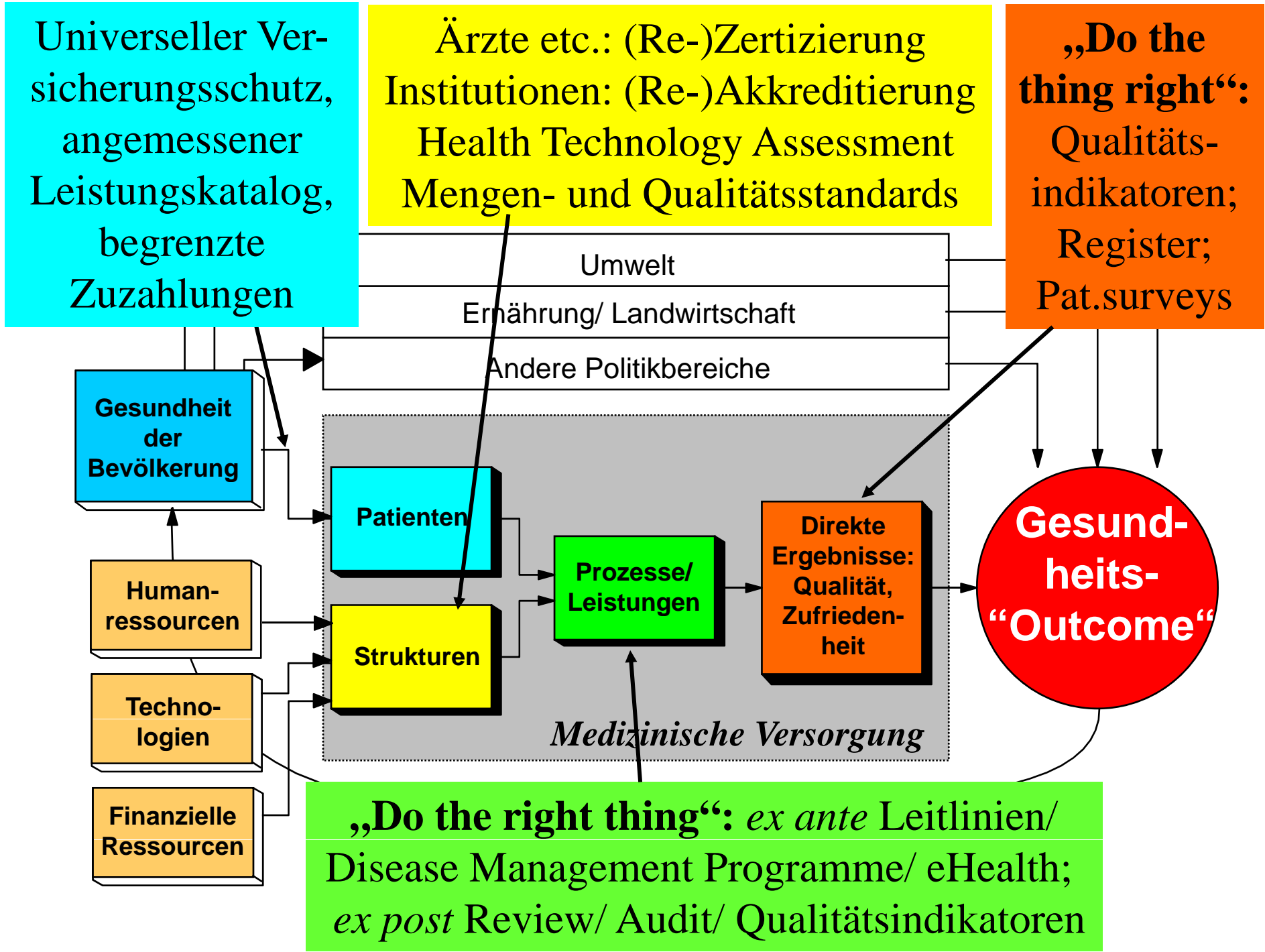
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Finn Børlum Kristensen
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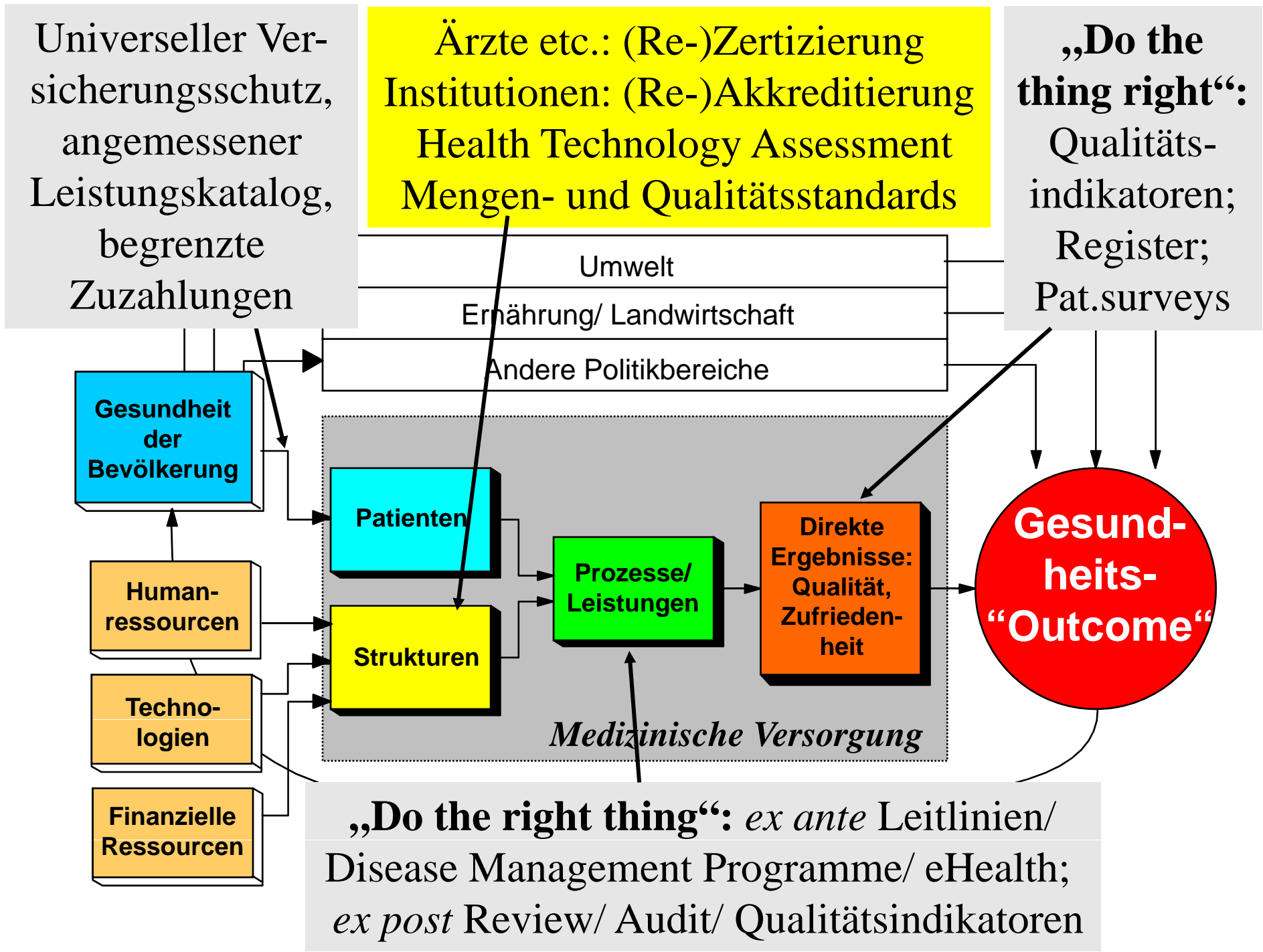
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<http://www.euro.who.int/observatory>









Health professionals

- Successive EU legislation has established minimum standards for training programmes
 - Based almost entirely on length of training
 - No attention to acquisition of competencies
- No legislation on continuing professional development
- No recognition of concept of revalidation

Effectiveness of Continuing Medical Education, Structured Abstract. February 2007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/tp/cmesttp.htm>

Results: Of the 68,000 citations identified by literature searching, 136 articles and 9 systematic reviews ultimately met our eligibility criteria. The overall quality of the literature was low and consequently firm conclusions were not possible. Despite this, the literature overall supported the concept that CME was effective, at least to some degree, in achieving and maintaining the objectives studied, including knowledge (22 of 28 studies), attitudes (22 of 26), skills (12 of 15), practice behavior (61 of 105), and clinical practice outcomes (14 of 33).

Common themes included that:

- Live media was more effective than print.
- Multimedia was more effective than single media interventions.
- Multiple exposures were more effective than a single exposure.

The number of articles that addressed internal and/or external characteristics of CME activities was too small and the studies too heterogeneous to determine if any of these are crucial for CME success. Evidence was limited on the reliability and validity of the tools that have been used to assess CME effectiveness.

Formal approaches to ensuring maintenance of professional standards

- The Netherlands
 - Dutch physicians must participate in continuing medical education and undergo a peer review every 5 years
 - Comprehensive assessment of practice, adherence to guidelines, and patient input
- Germany
 - Only physicians contracted with Social Health Insurance
 - Requirement to accumulate 250 CME points every 5 years
 - For hospital doctors, 70% must be speciality specific
 - Additional scheme for those reading mammograms
 - Reimbursement can be reduced for non-compliers

(Structural) quality of facilities

Accreditation

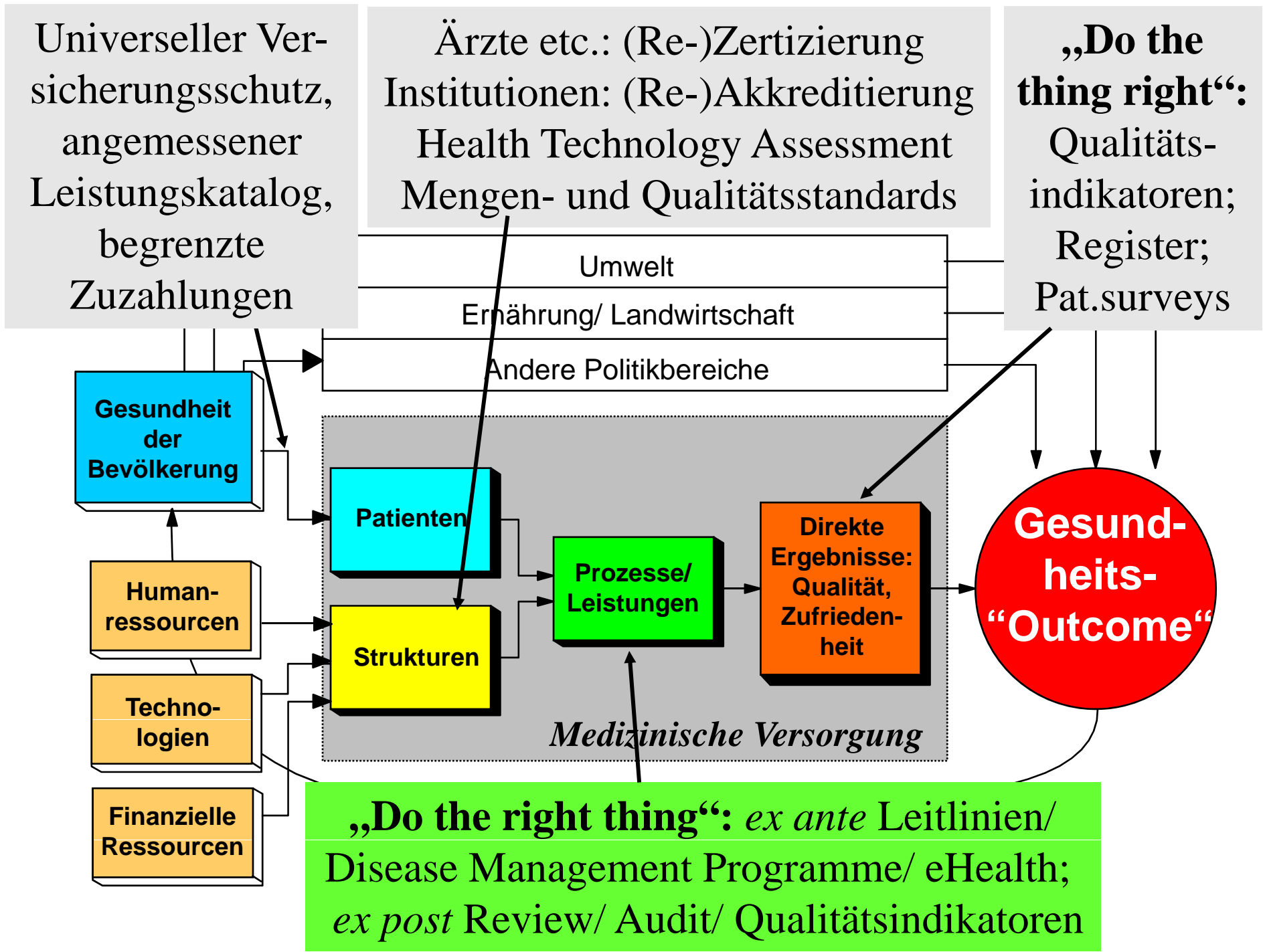
- In several MSs some hospitals have been stimulated to seek accreditation in order to procure better contracts with the insurance funds.
- Some MSs have examined forms of accreditation within the framework of wider health care reforms (DK, PL and BE).
- Others have established programmes that are either voluntary or compulsory: E.g. in France accreditation (“certification”) is mandatory; in the first round ca. 30% of hospitals showed large deviation from standards.

Health Technology Assessment

- the structured analysis of a health technology, a set of related technologies, or a technology-related issue performed with **the purpose of providing input to a policy decision**
- includes systematic review of research evidence on the **efficacy, safety, effectiveness and efficiency** of the health technology and consideration of the **implications for the delivery of health care and for society** as a whole

European Network for Health Technology Assessment





Clinical guidelines

- Almost all countries have some systems for developing or adapting clinical guidelines
- Range from initiatives within individual facilities to national programmes that employ teams of analysts conducting systematic reviews
- Council of Europe has recommendations for producing guidelines.
- Several European specialist associations have well established systems of guideline development.
- European research project AGREE and the Guidelines International Network have contributed substantially to creating a consensus at European level

Deep vein thrombosis - primary care

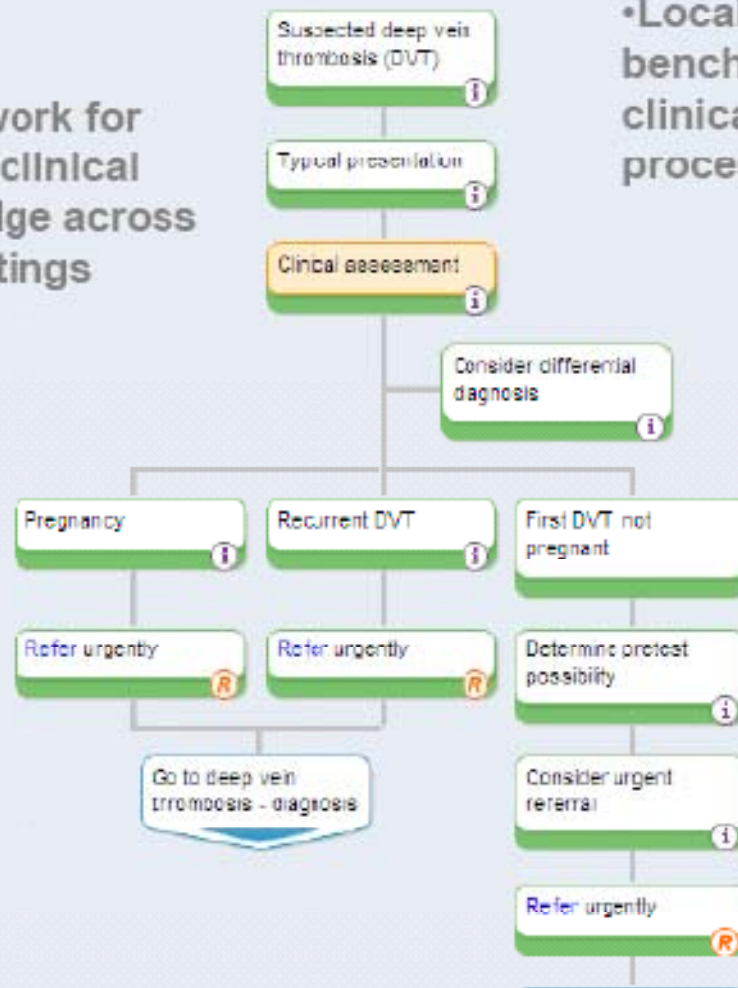
Print page | Feedback (5) | Rateral Letters | Return Home

Medicine / Haematology and haemostasis / Deep vein thrombosis

Search: (e.g. asthma or "chest pain") Search

Key

•Framework for sharing clinical knowledge across care settings



•Localisable benchmark for clinical processes

•Evidence based care pathways available in any setting

Clinical assessment

Quick info | Notes | Add local info

Assess leg symptoms:

- assess whether any of the following risk factors are present:
 - recent surgery
 - immobility (including long aeroplane flights)
 - history of DVT
 - strong [family history of thrombosis](#)
 - cancer or recent treatment for cancer
 - [cardiac failure](#) or circulatory problems
 - pregnancy or recent childbirth
 - use of the combined contraceptive pill
 - [hormone replacement therapy](#)
- examination including measurement of calf girth, oedema

Reference:

Search National Library for Health

Netherlands: Visitatie scheme

- Originated in the late 1980s as a system of peer review owned and led by doctors, designed to assess the quality of care provided by groups of hospital based medical specialists.
- Organised with specialist groupings and involves visits by a group of peers every 3-5 years.
- Findings documented in confidential reports that contain recommendations for improvement.
- Responsibility for implementing the recommendations lies with the specialists, who are visited, but some specialist societies offer support from management consultants.

Quality indicators (examples)

- **Germany**

- National benchmarking system was established in 2001, with explicit criteria relating to around 30 diagnoses and procedures.
- Data cover up to 20% of inpatient cases treated in Germany and are published in annual quality reports.

- **Denmark**

- National Indicator Project measures the quality of care provided by hospitals for patients with six common conditions (lung cancer, schizophrenia, heart failure, hip fracture, stroke, and acute surgery for gastrointestinal bleeding).

- **United Kingdom**

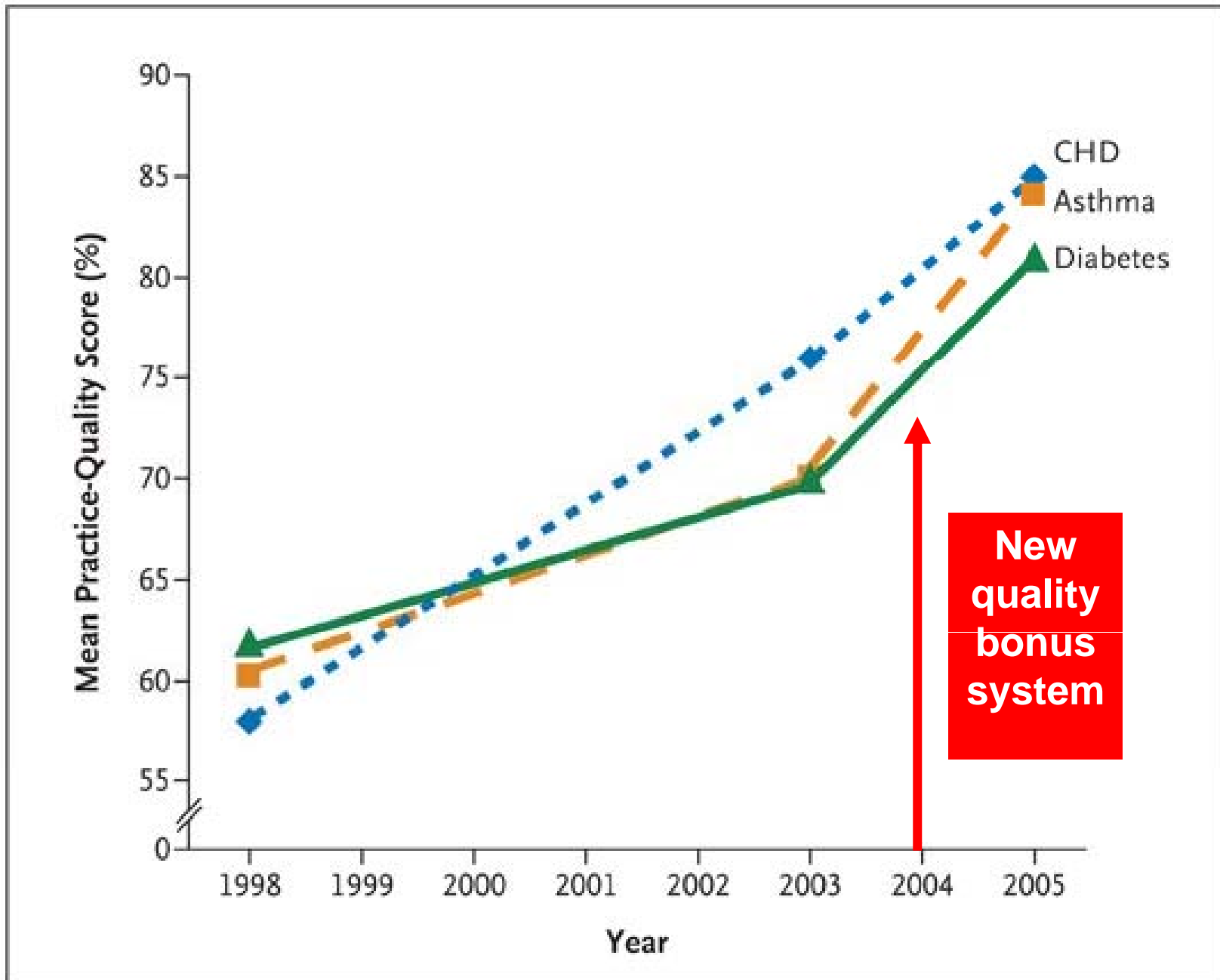
- Performance of general practitioners is assessed with the quality and outcomes framework.
- Most measures focus on clinical aspects, although organisational and patient focused elements are also present.

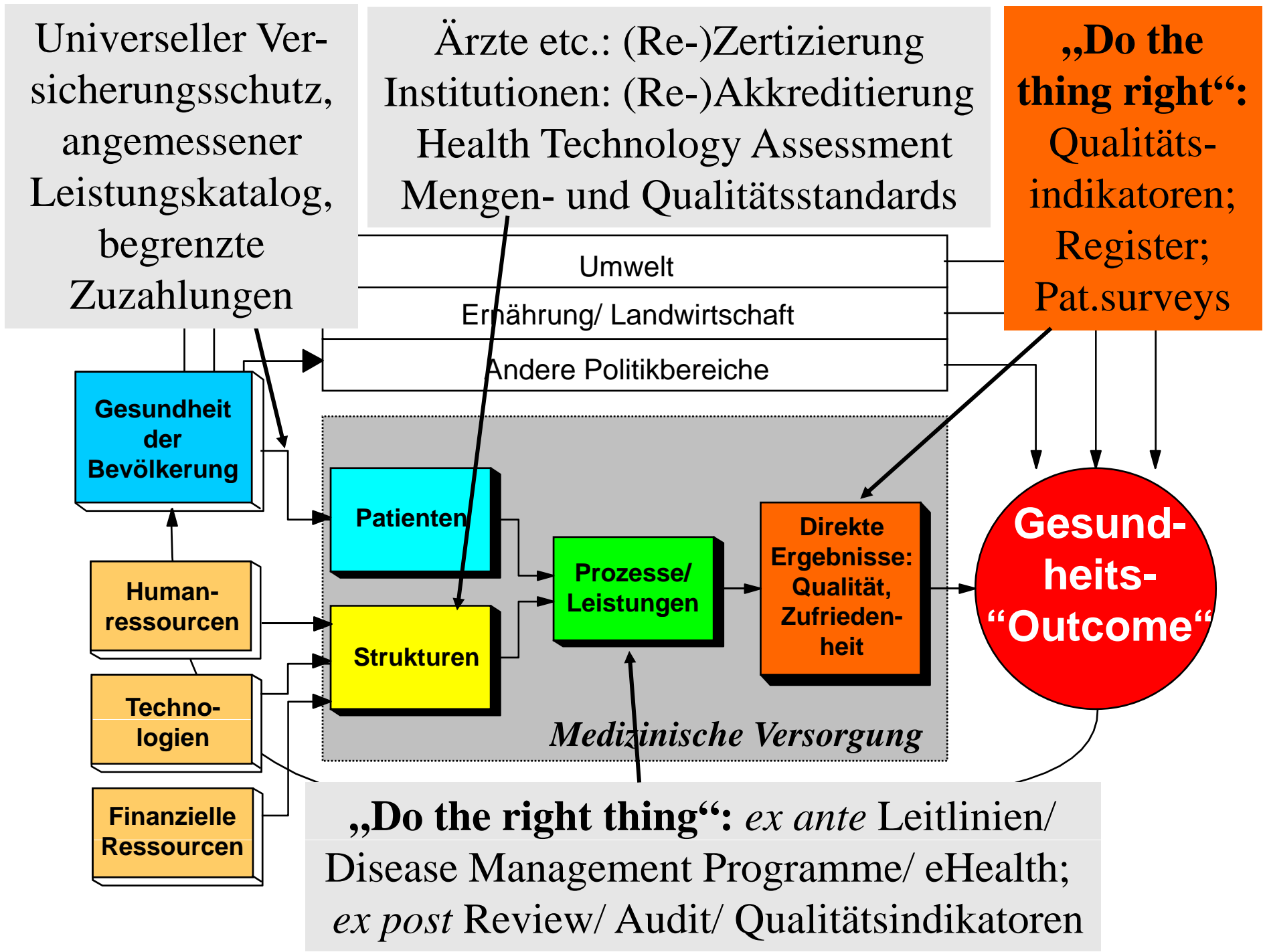
Paying for GP quality in the UK:

bonus of €190 per quality point up to 1050 points

Examples of indicators, targets and point values in the GP contract

Type	Indicator	Points	Target Range
Structural	Patients are able to access a receptionist via telephone and face to face in the practice, for at least 45 hours over 5 days, Monday to Friday.	1.5	yes/no
Structural	The practice establish a register for patients with stroke or TIA	4	yes/no
Process	The percentage of patients with history of myocardial infarction who are currently treated with an ACE inhibitor.	7	25%-70%
Process	Patient Survey: The practice will have undertaken an approved patient survey each year	40	yes/no
Outcome	The percentage of patients with diabetes in whom the last blood pressure is 145/85 or less.	17	25%-55%
Outcome	The percentage of patients age 16 and over on drug treatment for epilepsy who have been convulsion-free for last 12 months recorded in last 15 months	6	25%-70%





Patient safety: Denmark

- Confidential, non-punitive, but mandatory system for reporting adverse medical events established in 2004.
- Hospitals required to report medical errors and adverse events to a national database managed by the National Board of Health.
- Focus on learning from experience so as to prevent recurrence of adverse events
- Whistle blowing provision so that healthcare workers who report an adverse event cannot be subjected to investigation or disciplinary action by their employer, the health board, or the courts for doing so.

Patient safety: United Kingdom

- National Patient Safety Agency established in 2001
 - Patient safety division, operating a national reporting and learning system that analyses information on adverse events and takes appropriate action, for example by issuing alerts
 - National clinical assessment service, providing confidential advice and support where the performance of doctors and dentists is giving cause for concern
 - National research ethics service.
- Confidential inquiries into:
 - suicide and homicide by people with mental illness;
 - maternal and neonatal deaths;
 - perioperative deaths.

Notwendigkeit für noch breiteren Qualitätsansatz

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”

(Lohr 1990).

Notwendigkeit für noch breiteren Qualitätsansatz

Zugang x **Efficacy** x **Angemessenheit** x **(technische) Qualität** x **Compliance**

Universeller Ver-

Ärzte etc.: (Re-)Zertizierung

„Do the thing right“:

... und für umfassendere Qualitätsindikatoren

begrenzte Zuzahlungen

Umwelt

Ernährung/ Landwirtschaft

Ander

Gesundheit der Bevölkerung

Humanressourcen

Technologien

Finanzielle Ressourcen

Patienten

Strukturen

Avoidable hospitalisations

Prozesse/Leistungen

Direkte Ergebnisse: Qualität, Zufriedenheit

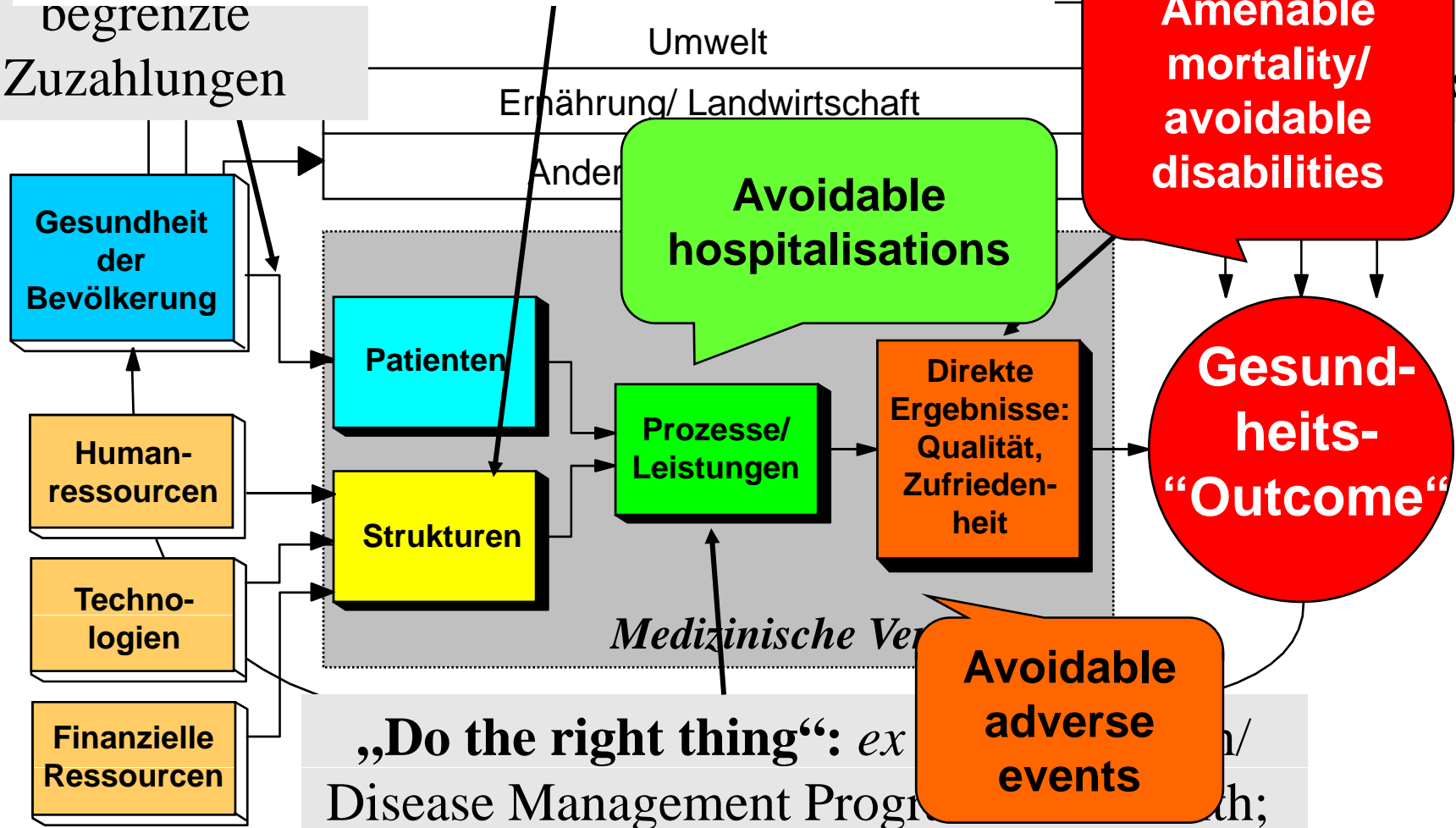
Amenable mortality/avoidable disabilities

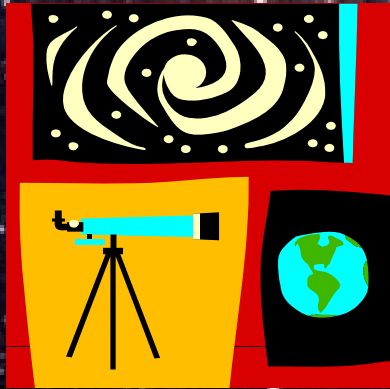
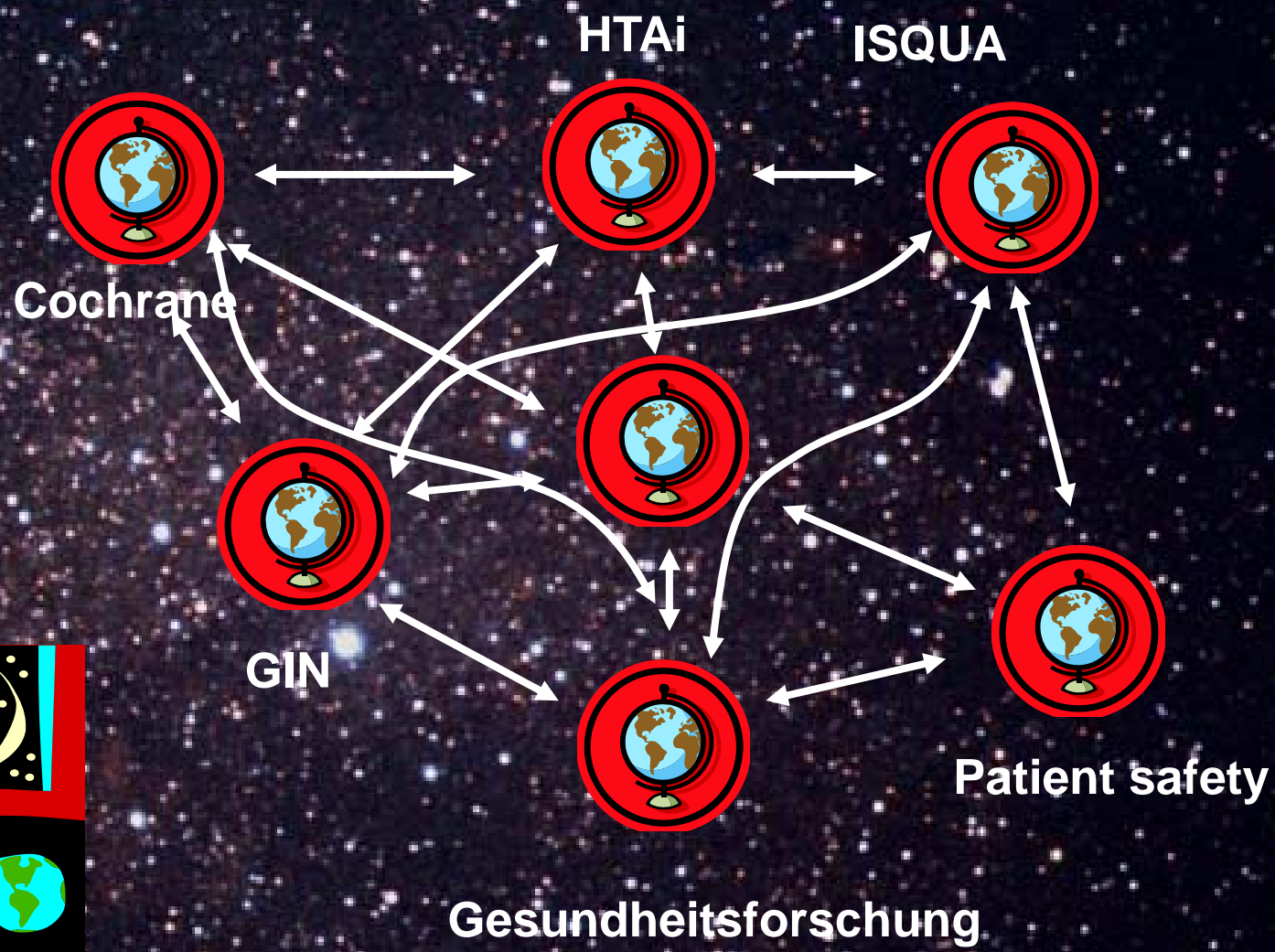
Gesundheits-Outcome

Avoidable adverse events

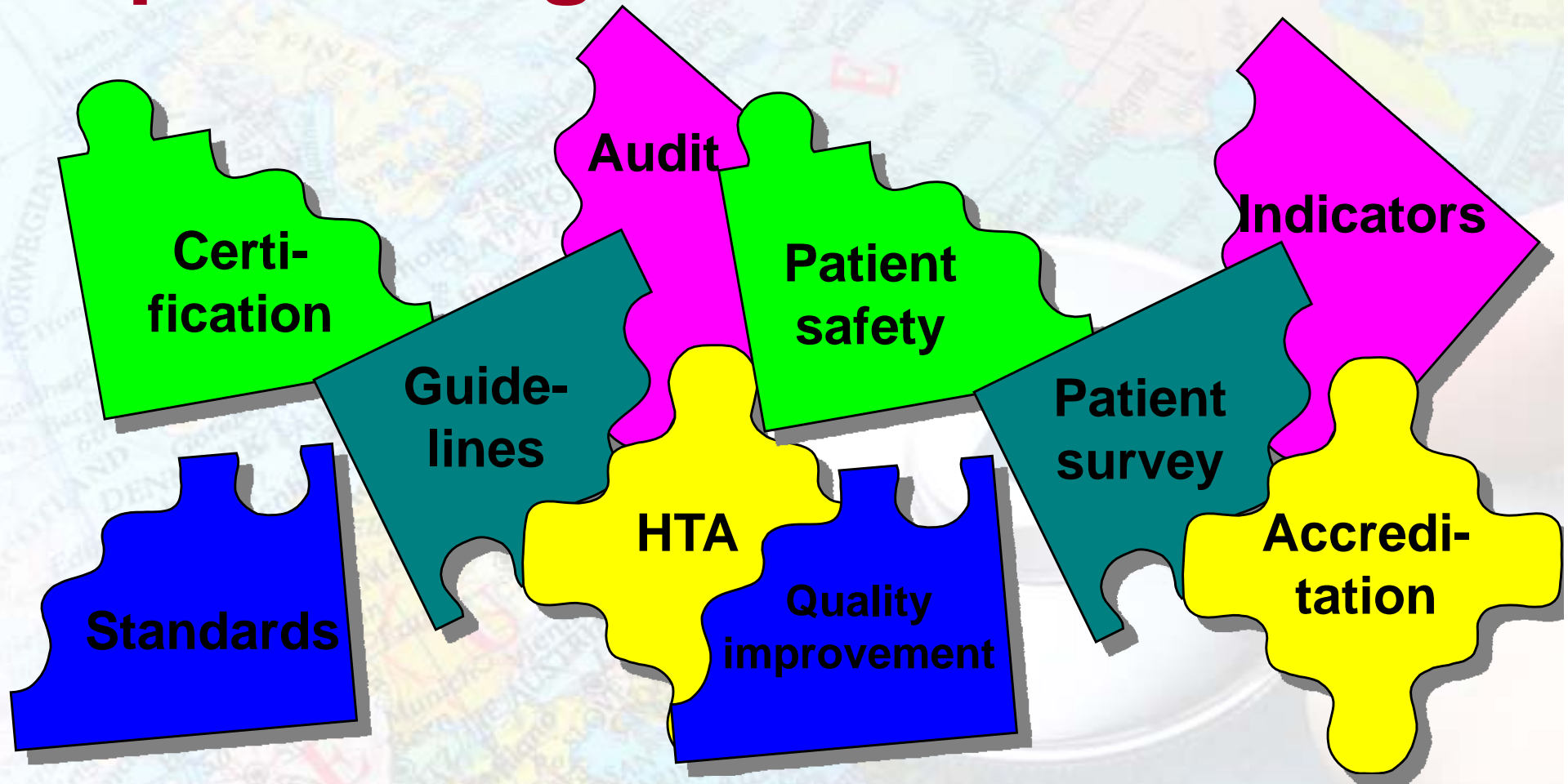
Medizinische Ver

„Do the right thing“: ex Disease Management Progr; ex post Review/ Audit/ Qualitätsindikatoren

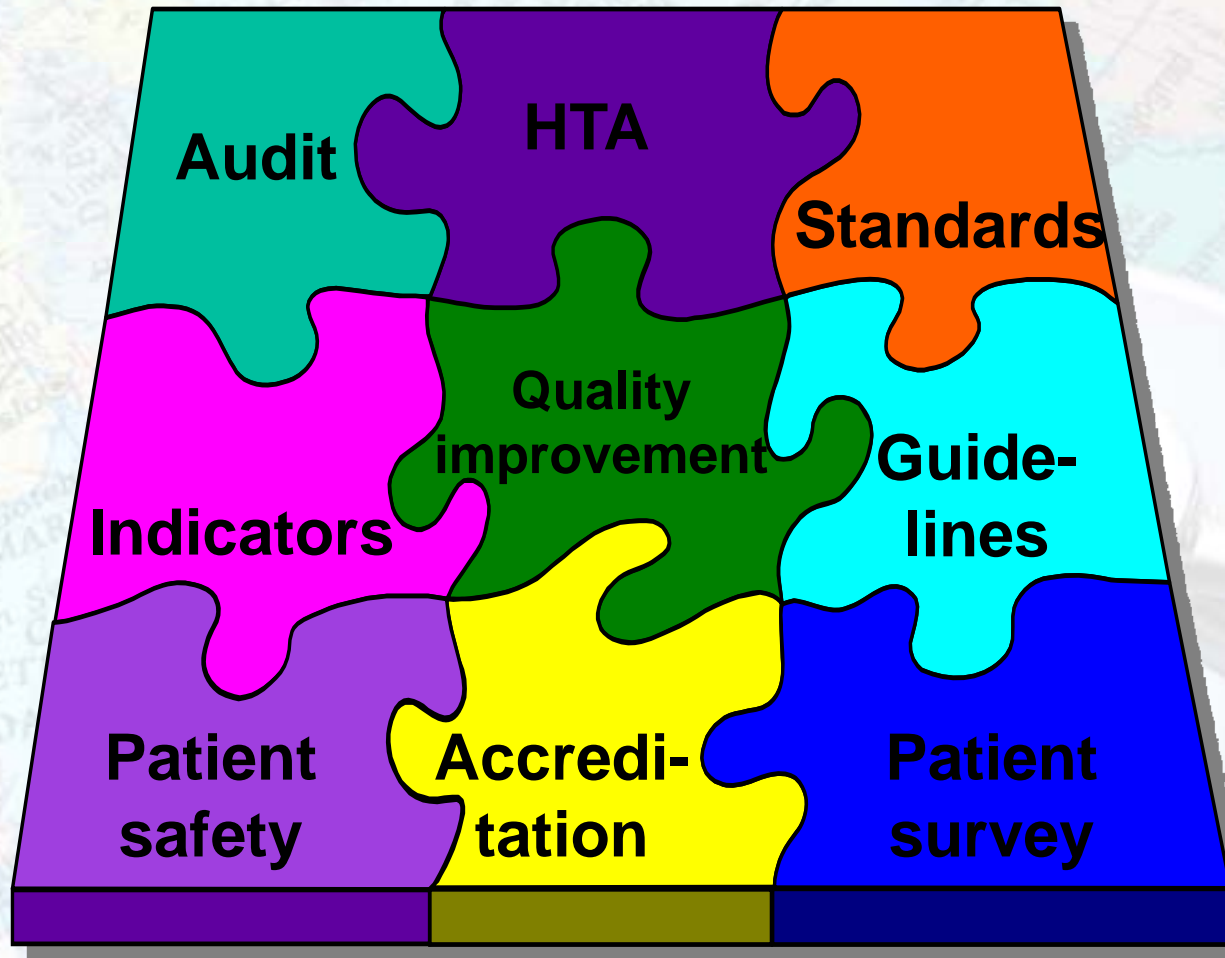




Need to get the quality puzzle together



Need to get the quality puzzle together



Universeller Ver-

Deutschland

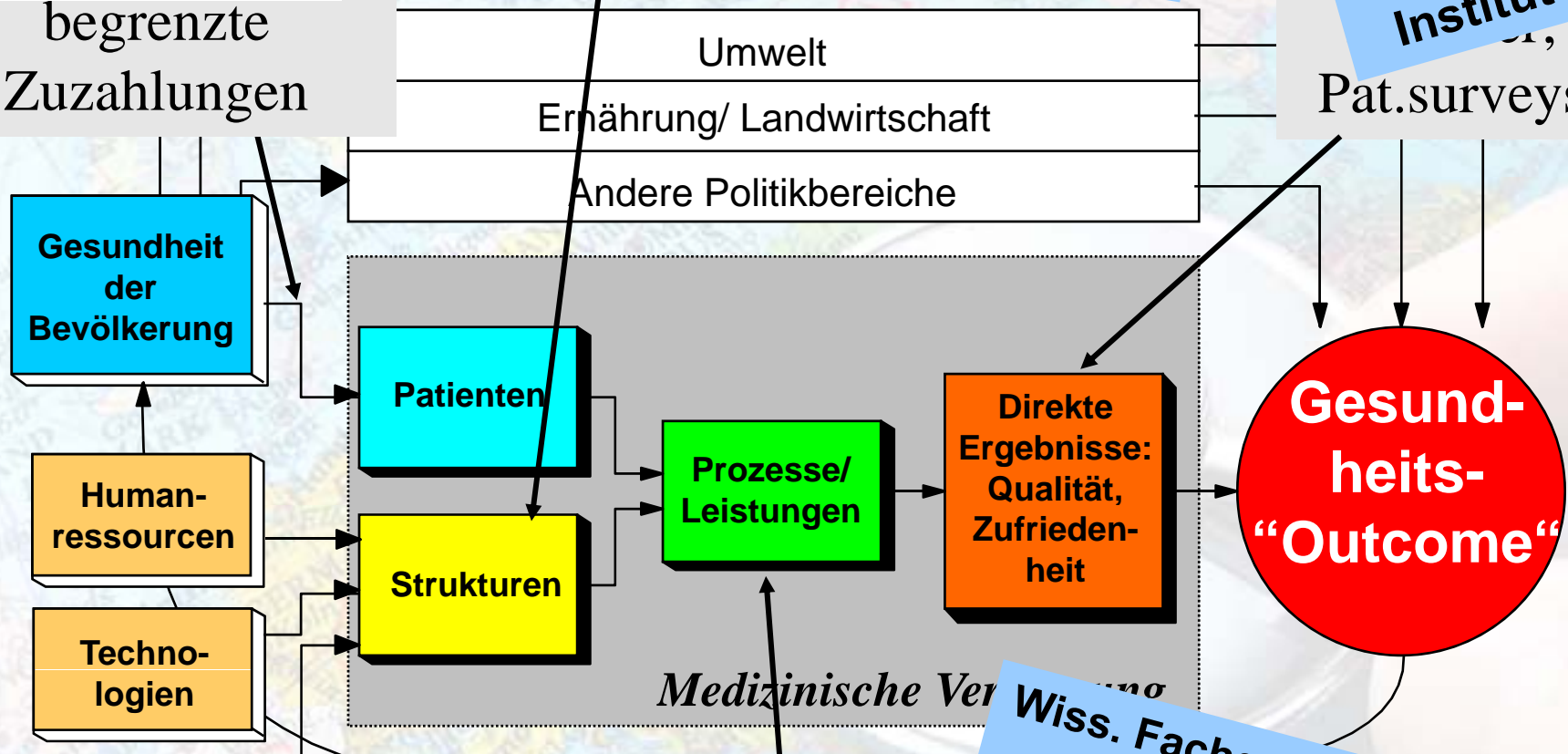
begrenzte
Zuzahlungen

Ärzte
Länder/ Ärztekammern
Institutionen: (Re-)Akkr...
Health...
Mengen- und Qualitätsst...
G-BA

„Do the
thing...“

G-BA/
neues
Qualitäts-
Institut

Pat.surveys



„Do the right thing“: ex ante
Disease...
ex post Review/ Audit
G-BA/ IQWiG
Wiss. Fachgesellschaften/
ZÄQ/ IQWiG?
G-BA/ neues
Q-Institut
Ind Policies

Universeller Ver-

England

Leistungskatalog,
begrenzte
Zuzahlungen

Ärzte **Postgraduate Med. Educ. and Training Board** zierung
Institutionen: (Re-)Akkreditierung
Health Technology **NICE**
Mengen **CQC** Qualitätsstandards

„Do the

Care Quality Commission (CQC),
ex-Healthcare Com.,
ex-Com. Health Improvement

Umwelt

Ernährung/ Landwirtschaft

Andere Politikbereiche

Gesundheit der Bevölkerung

Humanressourcen

Technologien

Finanzielle Ressourcen

Patienten

Strukturen

Prozesse/Leistungen

Direkte Ergebnisse: Qualität, Zufriedenheit

Gesundheits-Outcome

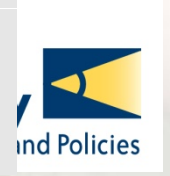
Medizinische Versorgung

„Do the right things“

DoH („National Service Frameworks“)

NICE

CQC



Universeller Ver-

S...

Frankreich

L...

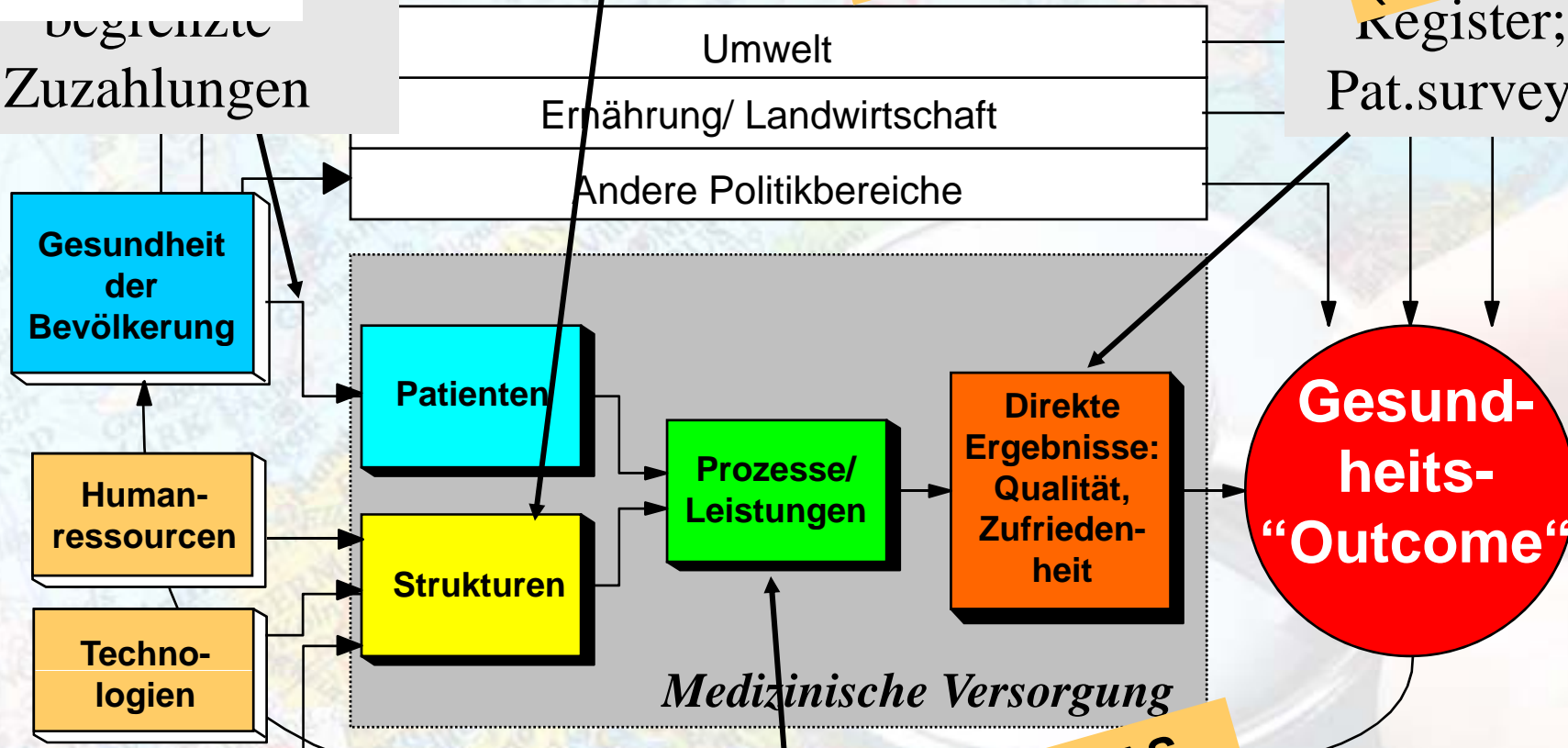
Zuzahlungen

Ärzte etc.: HAS Zertifizierung
Institutionen: (Re-)Akkreditation HAS
Health Technology Assessment HAS
Mengen- und Qualitätsstandards

„Do the thing right“:

HAS (zukünftig)

Pat.surveys



„Do the right thing“: *ex ante* Disease Management Programme/
ex post Review/ Audit/ Qualitäts...

HAS

HAS + andere

HAS (zukünftig)



Integration diverser Qualitäts-Aktivitäten

HAS

HAUTE AUTORITÉ DE SANTÉ

- HAS durch Krankenversicherungsgesetz vom 13.8.2004 entstanden als Verschmelzung von ANAES (HTA & Krankenhaus-Akkreditierung), CT (Arzneimittlevaluation), CEPP (Medizinprodukte), FOPIIM (Informationen) + neue Aufgaben
- Aufgaben
 - Absolute und vergleichende Nutzenbewertung von Arzneimitteln, Medizinprodukten und anderen Technologien,
 - Erarbeiten und Verbreiten von medizinischen Leitlinien,
 - Implementation kontinuierlicher ärztlicher Fortbildung,
 - Akkreditierung öffentlicher und privater Leistungserbringer (Krankenhäuser und Netzwerke),
 - Empfehlungen und Ausarbeitungen für zuzahlungsfreie Leistungen bei chronischen Krankheiten,
 - Erstellen und Verbreiten von Informationen,
 - Evaluation der Qualität der Gesundheitsversorgung im Bezug auf Gesamtbevölkerung.



NHS Quality Improvement Scotland Purpose

To lead the use of knowledge to promote improvement in the quality of healthcare for the people of Scotland



What we do

- set standards of care
- provide advice and guidance on effective clinical practice (clinical guidelines, HTA)
- scrutinise the performance of the NHS, publishing our findings (performance assessment, clinical audit, accreditation)
- drive implementation of improvements in quality (Scottish Patient Safety Programme, clinical outcome data)

Within this remit we have central responsibility for patient safety and clinical governance across NHSScotland.



Norway: Merging HTA agency into a broader institution

01.01.2004

Ministry of Health: Mandate and budget

Directorate for Health and Social Affairs



Norwegian Knowledge
Centre for the Health Services

Governmental
centre

Suggestions →

- Ministries
- Hospitals
- Clinicians
- Patients

Products:

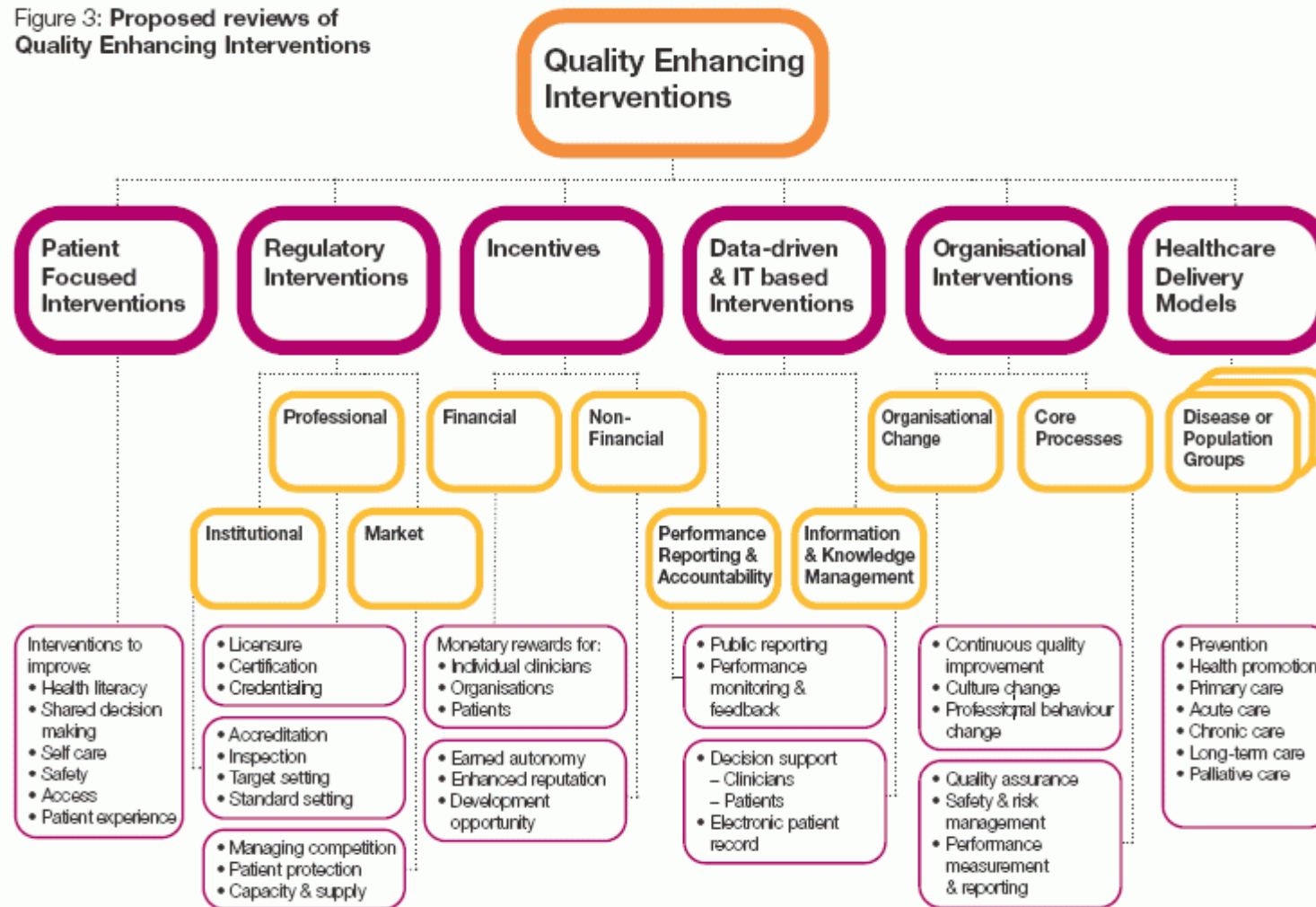
- HTA reports
 - Early warning reports
 - Systematic reviews (Cochrane)
 - Electronic health library
 - Performance Indicators
 - Clinical indicators
 - Quality improvement advice
 - Patient safety
 - Priority setting (secretariat)
- } Monitoring quality

Reviews of quality improvement interventions

- QQUIP
 - Quest for Quality and Improved Performance
 - The Health Foundation, UK
 - www.health.org.uk/qquip
- EPOC
 - Effective Practice and Organisation of Care Group
 - Collaborative Review Group of the Cochrane Collaboration
 - www.epoc.cochrance.org

QQUIP

Figure 3: Proposed reviews of Quality Enhancing Interventions



EPOC

- Interventions orientated toward health professionals
- Financial interventions
 - Provider interventions
 - Patient interventions
- Organisational interventions
 - Structural interventions
 - Staff-oriented interventions
 - Patient-oriented interventions
- Regulatory interventions

Do we need EU-wide action on quality?

