EHMA Annual Conference

EHMA 2020 DIGITAL ANNUAL CONFERENCE – HEALTH MANAGEMENT: REALIGNING SYSTEMS, CONTEXT AND PLAYERS

Conclusions and insights into synergies between different quality strategies

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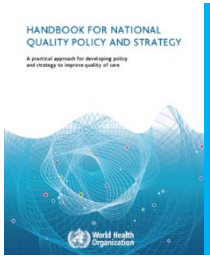
→ comprehensive “five-lense” framework

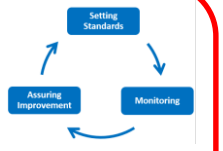


WHO (2008) guidance on quality strategies

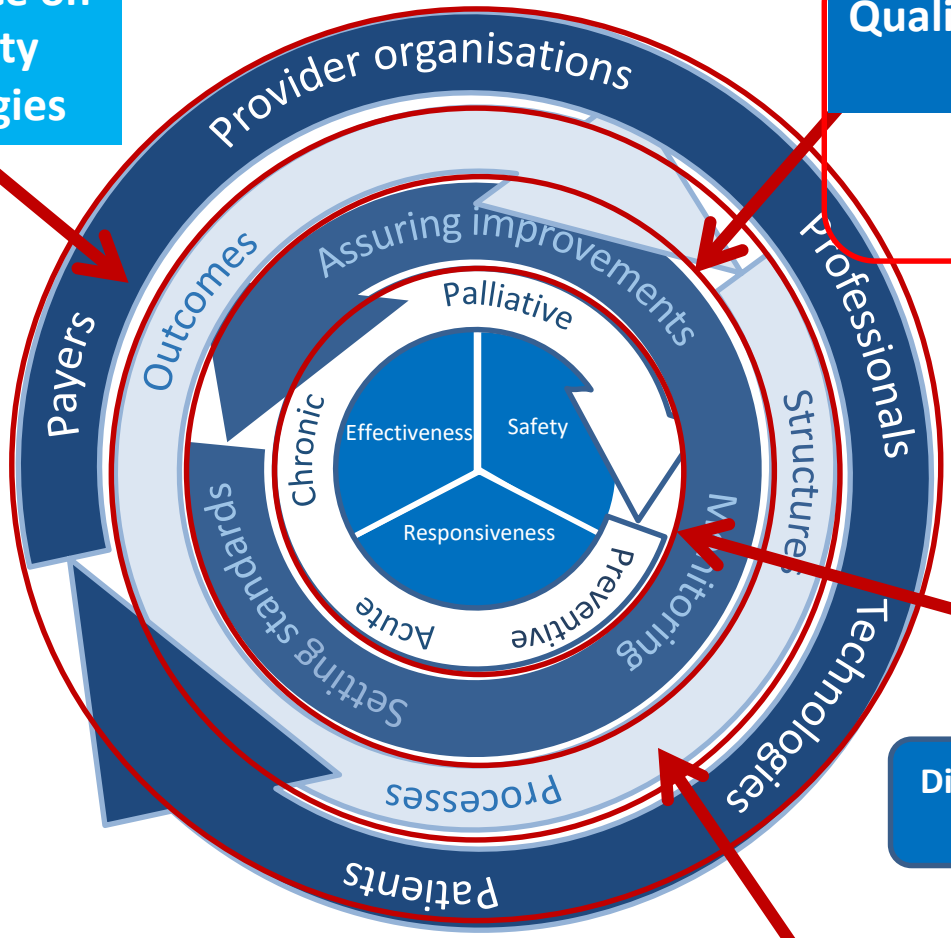
Targets of strategies

Sorting of chapters in part II

Quality improvement cycle



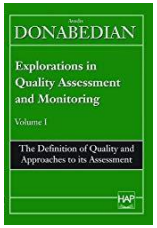
Activities of strategies



OECD BETTER POLICIES FOR BETTER LIVES

Dimensions of Quality

Areas of care



Donabedian’s triad

Part II of the book: strategy by strategy

Chapter structure	*Settings standards for structures and inputs*	*Steering and monitoring quality of processes*	*Leveraging processes and outcomes of care to assure improvements*
(1) What are the characteristics of the strategy?	• Regulation of **health professionals** • Regulation of **health technologies**: Health Technology Assessment • Regulation of **healthcare facilities** • External institutional strategies: **accreditation, certification, supervision**	• **Clinical Guidelines** • **Audit & Feedback** • **Patient Safety** Strategies • **Clinical Pathways**	• **Public Reporting** • **Financial Incentives**
(2) What is being done in European countries?			
(3) What do we know about the strategy's (cost-) effectiveness?			
(4) How can the strategy be implemented?			
(5) Conclusions: lessons for policy-makers			

Setting standards for structures and inputs

	Characteristics	Implementation in Europe
Regulating the Input: Professionals	A wide range of standards for professionals, including regulating entry requirements, continuous professional development…	Most countries have entry requirements and professional development requirements (for physicians and nurses), requirements are strongly influenced by EU regulations.
Regulating the Input: Health Technology Assessment (HTA)	… provides evidence base for decision-making on (cost-) effective and safe technologies.	National legal frameworks for HTA are in place in 26 Member State, mostly using HTA for pharmaceuticals but in 20 countries also for medical devices. Only in 18 countries, HTA agencies have more than 10 full-time staff and only in 4 countries they have more than 100 full time staff.
Regulating the Input: Healthcare facilities	Setting standards for the structures of care that will lead to improved effectiveness, safety, and patient-centredness.	Some European wide standards for buildings and construction material apply. Most countries have general building standards. Some countries (e.g. DE, FI, UK) have health care specific standards.
External assessment strategies	Accreditation, certification, and supervision encourage the compliance of healthcare organizations with published standards through monitoring.	Widely implemented in Europe. Most countries have market entry requirements (supervision), coupled with certification and accreditation strategies. There is no overview of certified/accredited institutions in different countries.

Setting standards for structures and inputs

	Characteristics	Implementation in Europe	Effectiveness
Regulating the Input: Professionals	A wide range of standards for professionals, including regulating entry requirements, continuous professional development…	Most countries have entry requirements and professional development requirements (for physicians and nurses), requirements are strongly influenced by EU regulations.	Very limited evidence on effectiveness of different parts of the strategy.
Regulating the Input: Health Technology Assessment (HTA)	… provides evidence base for decision-making on (cost-) effective and safe technologies.	National legal frameworks for HTA are in place in 26 Member State, mostly using HTA for pharmaceuticals but in 20 countries also for medical devices. Only in 18 countries, HTA agencies have more than 10 full-time staff and only in 4 countries they have more than 100 full time staff.	No formal studies assessing effectiveness. Effectiveness depends on rigor of applied HTA methods and process of implementing HTA results.
Regulating the Input: Healthcare facilities	Setting standards for the structures of care that will lead to improved effectiveness, safety, and patient-centredness.	Some European wide standards for buildings and construction material apply. Most countries have general building standards. Some countries (e.g. DE, FI, UK) have health care specific standards.	Often inconclusive but some evidence exists that single-bed rooms, effective ventilation systems, good acoustic environment, nature distractions and daylight etc. are effective.
External assessment strategies	Accreditation, certification, and supervision encourage the compliance of healthcare organizations with published standards through monitoring.	Widely implemented in Europe. Most countries have market entry requirements (supervision), coupled with certification and accreditation strategies. There is no overview of certified/accredited institutions in different countries.	Little robust evidence that supports their effectiveness, no evidence on cost-effectiveness.

Steering and monitoring quality of processes

	Characteristics	Implementation in Europe
Clinical guidelines	… provide standards that support clinical decision-making in order to reduce unwarranted variation of health care processes, mostly in order to improve effectiveness and safety.	Many countries have clinical guidelines. Leaders are BE, DE, FR, NL and UK. Other countries with well established programmes are DK, FI, IT, NO and SE.
Audit and Feedback	… reviews professional performance based on explicit criteria of standards of care, with the aim to improve healthcare processes, thus leading to better effectiveness and safety.	The UK and the Netherlands are the countries in Europe that have the longest history of audit and feedback, but other countries have become increasingly active since the late 1990s, with prominent programs existing in FI, DE, IE, IT, NL and UK.
Patient Safety strategies	A broad range of initiatives and interventions that foster safety of care at the system, organization and clinical level, using a range of different strategies.	In 2014, 26 EU countries had patient safety strategies or programmes, and patient safety standards were mandatory in 20 countries. 27 countries had adverse event reporting and learning systems, mostly at national and provider levels. However, only four countries had targeted patient safety education and training of health workers.
Clinical Pathways (CPWs)	… focus on standardizing healthcare processes to align clinical practice with guideline recommendations in order to provide high quality care within an institution (mostly hospitals).	The use of CPWs has been growing in Europe since the 1990's, beginning in the UK. Clinical pathways are currently being used in most EU and other European countries. The European Pathways Association has more than 50 national members. Increasing use of pathways was found in BE, DE, NL and UK.

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Audit and Feedback	… reviews professional performance based on explicit criteria of standards of care, with the aim to improve healthcare processes, thus leading to better effectiveness and safety.	The UK and the Netherlands are the countries in Europe that have the longest history of audit and feedback, but other countries have become increasingly active since the late 1990s, with prominent programs existing in FI, DE, IE, IT, NL and UK.	Numerous robust studies on the effects of audit and feedback show a small to moderate effect on professional compliance with desired clinical practice. Effect on patient outcomes less clear, although several studies indicate positive results.
Patient Safety strategies	A broad range of initiatives and interventions that foster safety of care at the system, organization and clinical level, using a range of different strategies.	In 2014, 26 EU countries had patient safety strategies or programmes, and patient safety standards were mandatory in 20 countries. 27 countries had adverse event reporting and learning systems, mostly at national and provider levels. However, only four countries had targeted patient safety education and training of health workers.	There is limited evidence about effectiveness but evidence about the costs of healthcare-associated infections (HAI), venous thromboembolism (VTE), pressure ulcers, medication errors and wrong or delayed diagnosis. Interventions that target these interventions are likely to be cost-effective.
Clinical Pathways (CPWs)	… focus on standardizing healthcare processes to align clinical practice with guideline recommendations in order to provide high quality care within an institution (mostly hospitals).	The use of CPWs has been growing in Europe since the 1990's, beginning in the UK. Clinical pathways are currently being used in most EU and other European countries. The European Pathways Association has more than 50 national members. Increasing use of pathways was found in BE, DE, NL and UK.	Available research found significantly improved clinical documentation and reduced hospital complications, while reductions in hospital mortality and readmissions were not significant. Most available studies found reductions in costs of hospital stays.

Leveraging processes and outcomes of care to assure improvements

	Characteristics	Implementation in Europe
Public reporting	… is characterized by the reporting of quality-related information to the general public about non-anonymous, identifiable professionals and providers, using systematically gathered comparative data.	At least 10 countries in Europe publicly report quality at provider level. Relatively elaborated public reporting initiatives have been implemented in DE, DK, NL and UK.
Pay for Quality (P4Q)	… consists of a financial incentive being paid to a provider or professional for achieving a quality-related target within a specific time-frame.	Since the late 1990s. Fourteen primary care P4Q programmes and thirteen hospital P4Q programmes were identified in a total of 16 European countries. P4Q schemes in primary care incentivise mostly process and structural quality with respect to prevention and chronic care. P4Q schemes in hospital care incentivise more often improvements in health outcomes and patient safety.

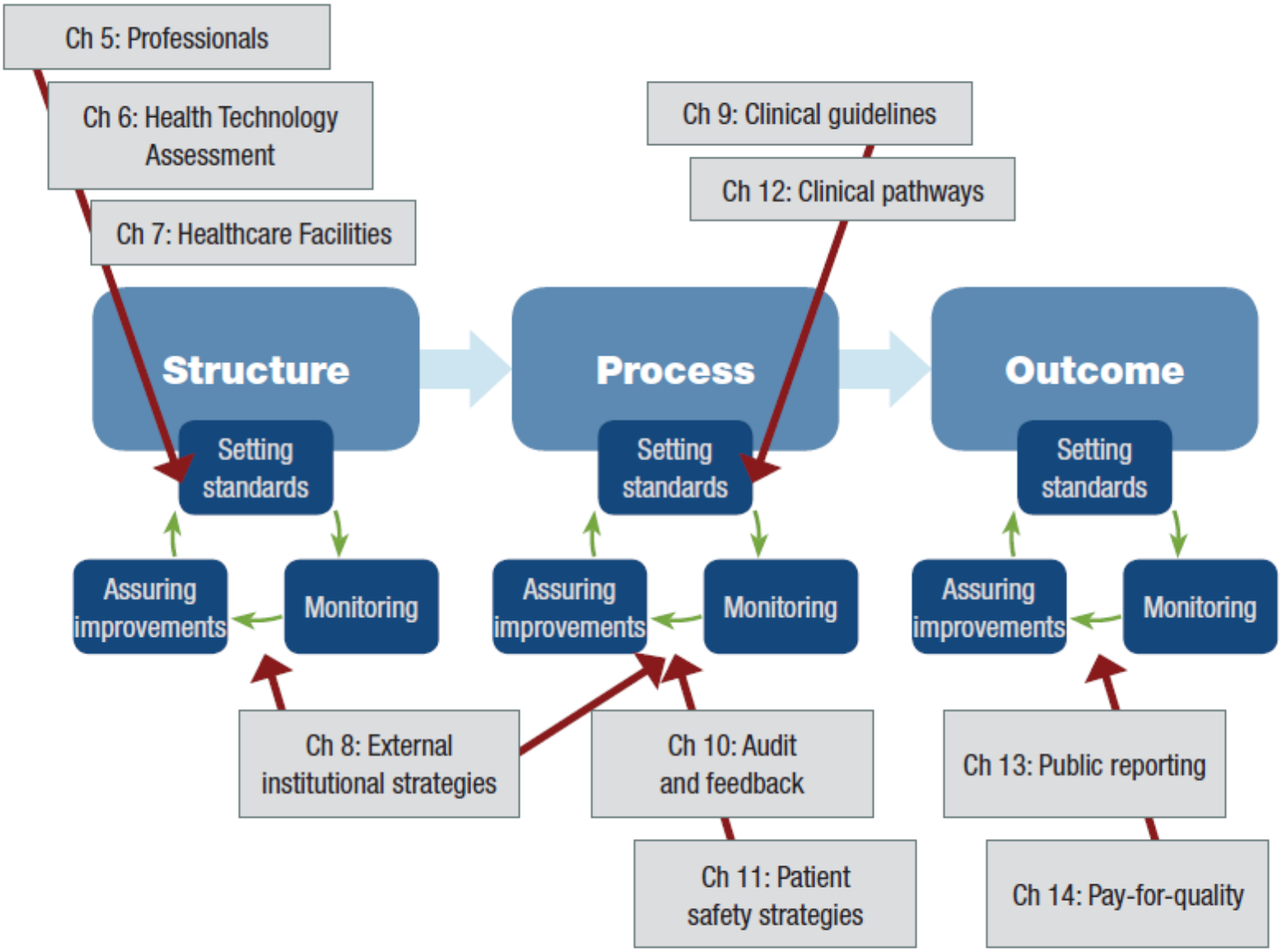
Leveraging processes and outcomes of care to assure improvements

	Characteristics	Implementation in Europe	Effectiveness
Public reporting	… is characterized by the reporting of quality-related information to the general public about non-anonymous, identifiable professionals and providers, using systematically gathered comparative data.	At least 10 countries in Europe publicly report quality at provider level. Relatively elaborated public reporting initiatives have been implemented in DE, DK, NL and UK.	Several reviews found that public reporting is associated with improved care processes and a reduction of mortality, although the quality of available evidence is moderate or low. Public reporting has been found to be more effective if baseline performance is low.
Pay for Quality (P4Q)	… consists of a financial incentive being paid to a provider or professional for achieving a quality-related target within a specific time-frame.	Since the late 1990s. Fourteen primary care P4Q programmes and thirteen hospital P4Q programmes were identified in a total of 16 European countries. P4Q schemes in primary care incentivise mostly process and structural quality with respect to prevention and chronic care. P4Q schemes in hospital care incentivise more often improvements in health outcomes and patient safety.	Studies suggest small positive effects on process-of-care indicators in primary care but not in hospital care. Evidence on health outcomes and patient safety indicators is inconclusive. Cost-effectiveness is unlikely because of unclear effectiveness.

Conclusions

- Many countries in Europe have implemented several quality strategies, with rising activity levels and visibility of individual strategies
- Several strategies are effective (primarily regarding process indicators), the size of these effects is generally modest
- Data on relative effectiveness and cost-effectiveness are often inconclusive or unavailable
- Often limited study data from European countries
- **But: quality strategies are often not coordinated or placed within a coherent policy or overall strategic framework**

In summary: strategies are complementary – but do often not form a coherent quality policy



Source: authors' compilation

Thank you very much!

MiG Technische Universität Berlin

Improving healthcare quality in Europe

53 Health Policy Series

Characteristics, effectiveness and implementation of different strategies

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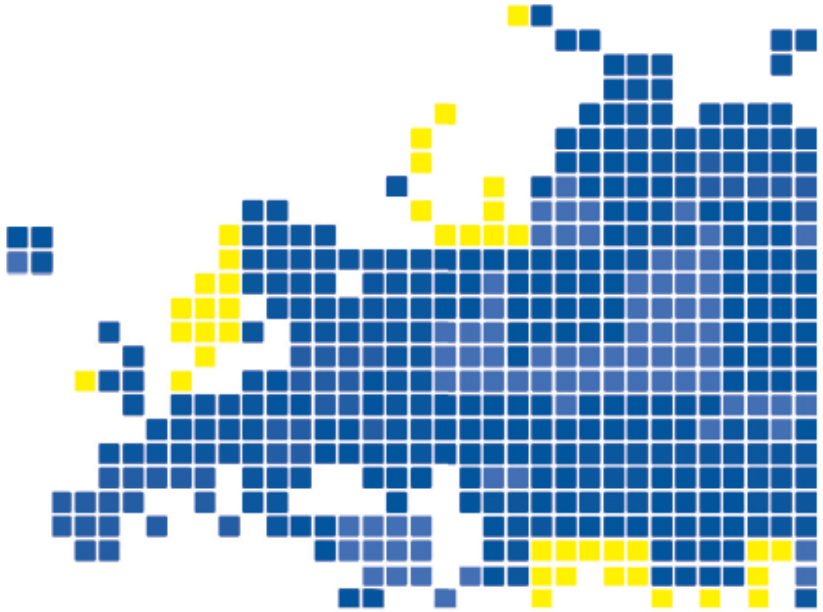

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European Observatory on Health Systems and Policies

Chapter 15

Assuring and improving quality of care in Europe: conclusions and recommendations

Wilm Quentin, Dimitra Panteli, Niek Klazinga, Reinhard Busse

15.1 Introduction

Part I of this book started with the observation that quality is one of the most often-quoted principles of health policy – but that the understanding of the term and what it encompasses varies. Therefore, Part I provided a definition of the concept of quality (Chapter 1) before developing a comprehensive framework for understanding and describing the characteristic features of different quality strategies in Europe (Chapter 2). This was followed by an introduction to the conceptual and methodological complexities of measuring the quality of care (Chapter 3) and an analysis of the influence of international and European actors in governing and guiding the development of quality assurance and improvement strategies in Europe (Chapter 4).

Part II of this book provided an overview on the implementation of ten selected quality strategies across European countries and assessed the evidence on their effectiveness and, where possible, cost-effectiveness, before distilling recommendations that are useful for policy-makers interested in prioritizing, developing and implementing strategies to assure and improve the quality of care. The term "strategy" is used here in a relatively narrow sense to describe certain activities geared towards achieving selected quality assurance or improvement goals by targeting specific health system actors (for example, health professionals, provider organizations or patients). Elsewhere, these activities may be described as "quality interventions", "quality initiatives", or "quality improvement tools" (WHO, 2018). Together, these two parts of the book illustrate the high level of interest and activity in the field of quality assurance and improvement – and at the same

www.euro.who.int/en/about-us/partners/observatory/publications/studies/improving-healthcare-quality-in-europe-characteristics,-effectiveness-and-implementation-of-different-strategies-2019