“Quality monitoring as a catalyst for quality improvement: Lessons from a neighbour”

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ZUKUNFT DURCH QUALITÄT

SQG Cross-sectoral quality in health care

AQUA – background and areas of expertise

- Founded 1995
- Independent, impartial, focussed on quality measurement and improvement in health care, interdisciplinary team,
  > 120 staff members

- **German hospital quality monitoring and transsectoral quality of care program for the Federal Joint Committee (G-BA)**

- Quality improvement and accreditation programmes with indicators and benchmarking (Germany, Austria, Switzerland, Algeria, Kenya, Tanzania, etc.)
- Development and implementation of data based programs for improvement of chronic care, multimorbidity and rational prescribing (Germany)

NL and D: Sharing the same problems

- Not all patients do receive recommended (evidence based) care
- Reasonable amount of tests or medications prescribed are not evidence based, unnecessary and potentially harmful
- Patients may be harmed because of adverse events (medication errors, complications, infections, etc)
- Large, unexplained differences in quality and safety between hospitals, facilities and providers
- Implementation of change in patient care usually slow
- Implementation of evidence based guidelines slow

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Some approaches used in Germany

- Disease management programs
- For more complex patients: Case management, Telemedicine

- Evidence based guidelines

- Focus on patient safety (i.e. critical incident reporting, hand hygiene, checklists etc.)

- Indicators for quality of care (clinical data, claims data, patient reporting)

- Use of peer influence (quality circles, peer visits)

- Use of clinical pathways
- Experiments with payment systems

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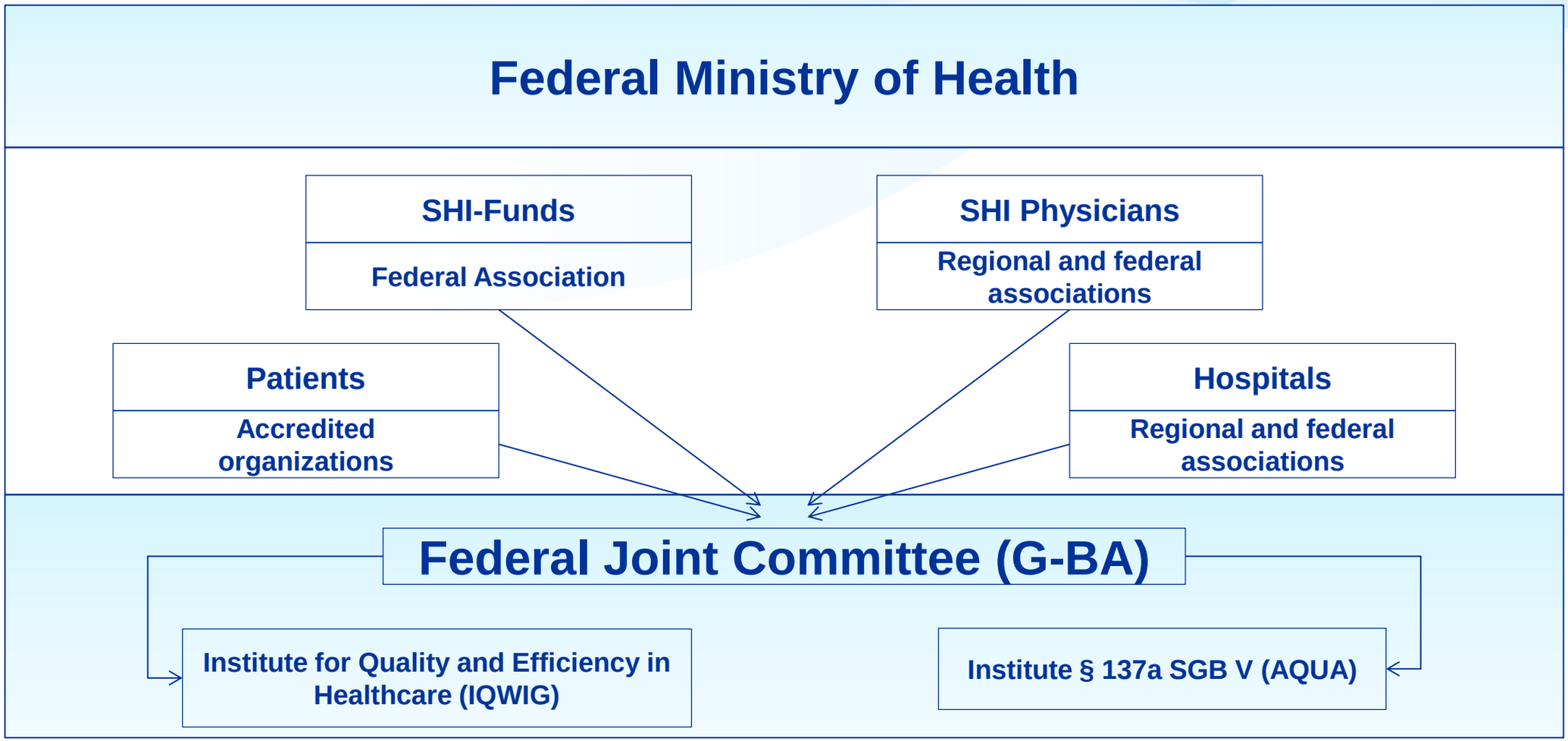
Quality improvement in healthcare in Germany

- Many different activities and systems to measure and improve quality
- Stop at the door of health care organisations
- Difficulties in follow up and measures of outcome
- More patients are treated in different health care sectors at the same time
- Quality problems because of lack of communication and information breaks >> patients get **lost in transition**
- **But:** one national framework for qualtiy monitoring (external quality monitoring in Hospitals and cross-sectoral), one legal framework: directives of the Federal Joint Committee (G-BA)


YOU ARE LEAVING
THE AMERICAN SECTOR
ВЫ ВЫЕЗЖАЕТЕ ИЗ
АМЕРИКАНСКОГО СЕКТОРА
VOUS SORTEZ
DU SECTEUR AMERICAIN
SIE VERLASSEN DEN AMERIKANISCHEN SEKTOR

Simplyfied model of „power“ in the German healthcare system



SHI Social Health Insurance

Tasks of AQUA for the Federal Joint Committee:

Monitoring Quality in..

- Hospitals, practices (primary care / specialist care /dental care)
- Ambulatory surgery (day surgery)
- Outpatient care of hospitals (§ 116b SGB V)
- Disease-management-programs (DMPs)

Where does the money come from?

- Approx. 90% of population is insured by Social Health Insurance funds (AOK, BARMER, TK etc.), 10% by private insurers
- Double layer of specialists (hospital, private practice);
  36 University hospitals;
  compared to NL weak primary care; no patient lists,
  competition between and at all levels of care, overcapacity and inverse distribution of providers

- Hospitals are payed through DRGs (except Psychiatry); additional funding for infrastructure by regions (“Länder”)
- Hospitals are charged supplementary costs per case for DRG system (€ 1,05) ; for G-BA (€ 1,27)
- Hospitals get supplementary honorary for data collection for quality monitoring (€ 0,70 per case)

How national quality monitoring is organised

- One national institution (AQUA) „the § 137a institute“
  - Analysing and reporting data, dissemination of results to regional level, IT-standards for data collection, data validation, rules for computing, risk adjustment, national reference results, development and maintainance of national set of indicators
  - Collecting, feedback and direct interaction (like visits) with hospitals for procedures with small numbers of cases (i.e. transplantation surgery)

- 17 regional „quality offices“
  - Collecting data, feedback and direct interaction (like visits) for all other procedures (hospitals and in the future practices)
  - Use results and reference values which AQUA provides

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Indicator development process in Germany

- Priorisation process for theme/topic (Federal Joint Committee)
- Analysis of current care, potentials for improvement, sources of data
- Scoping workshop with stakeholders (medical and nursing experts, patient representatives, professional bodies, payers, etc)
- Search for existing guidelines and indicators
- Interdisciplinary expert panel, including patient representatives, to discuss, modify and evaluate indicators (modified RAND appropriateness method). Conflict of interests made transparent.
- Report on development process (to be commented by stakeholders)
- Technical and practical piloting with health care facilities, regional level and software companies
- Modification and roll out

Where does the data come from?

- Clinical data
  - from medical records
  - additional recorded information
  - Filter software to detect cases
  - Nominal-actual comparison („Soll-Ist Vergleich“)
- Routine insurance or claims data (i.e. DRG, OPS and ICD codes, deaths, medication etc.)
  - Decrease burden of documentation
  - New legislation was necessary to allow this
  - Very useful for bringing information from different healthcare providers and sectors togehter for one patient
  - detection of „quality gaps“ and for risk adjustment
- Patient surveys

Public reporting in Germany

- 289 indicators (out of 484) in 30 areas of care mandatory for public reporting on hospital level. Covers approx. 20% of all hospital cases.

- National report with reference values (AQUA)
- Hospitals are obliged to publish own quality report every year
- Data used by different websites in a comparative way „Weisse Liste“, „AOK Arztnavigator“ etc. etc.
  - Used by patients, referring providers, payers, policy makers etc.

- Different activities of groups of hospitals to add other indicators and patient surveys to national indicators

ZUKUNFT DURCH QUALITÄT

Ergebnisse Ihrer Krankenhaussuche

In der Tabelle sehen Sie das Ergebnis ihrer Suche. Dies ermöglicht Ihnen, Krankenhäuser in Bezug auf die Entfernung, die Anzahl behandelter Frühgeborener und das Überleben von Frühgeborenen unter 1500 g zu vergleichen. Weiterhin können Sie die Ergebnisse in auf- oder absteigender Reihenfolge sortieren oder eine neue Suche starten.

Krankenhaussuche

Ihre PLZ / Ort: 80331 Gewünschter Umkreis: 100 km Neue Suche

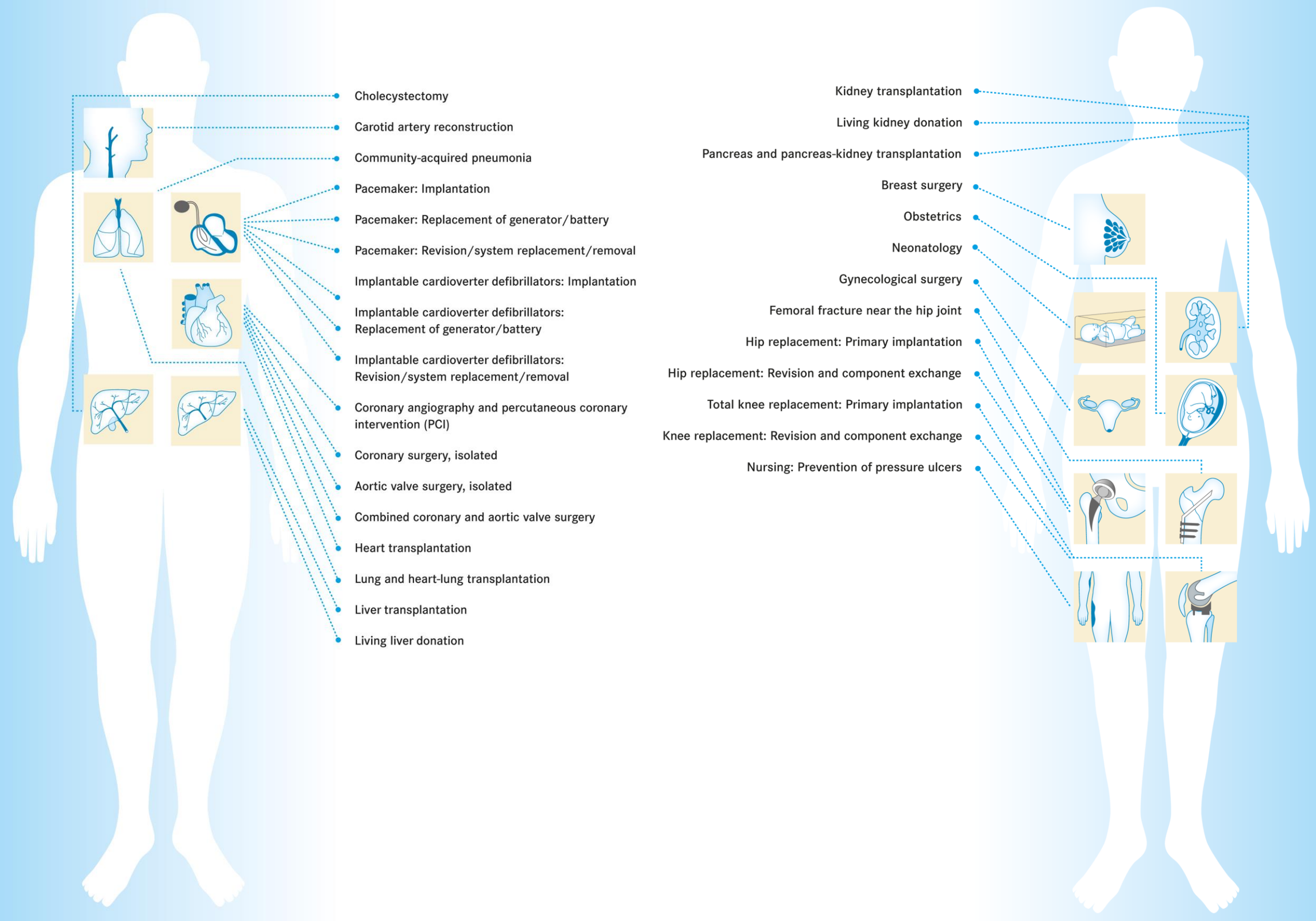
Wählen Sie in der angezeigten Übersicht ein Krankenhaus aus, um weitere Ergebnisse zu erhalten.

Ihre Suche ergab 7 Ergebnisse im Umkreis von *100 km* um *80331 München*

Krankenhaus	Entfernung	Fallzahl	Behandlungs-routine risikobereinigte Anzahl	Überleben von Frühgeborenen Gesamt	Überleben von Frühgeborenen ohne schwere Erkrankung
			Bundesmaximum: 255,85 Bundesminimum: 0,70 Bundesdurchschnitt: 39,55	Bundesmaximum: 1,06 Bundesminimum: 0,93 Bundesdurchschnitt: 1,00	Bundesmaximum: 1,12 Bundesminimum: 0,84 Bundesdurchschnitt: 1,00
Klinikum rechts der Isar der TU München Kinderklinik Schwabing	2 km	33	Krankenhaus: 38,36	Krankenhaus: 1,02	Krankenhaus: 0,95
Städtisches Klinikum München GmbH - Klinikum Schwabing	2 km	46	Krankenhaus: 26,52	Krankenhaus: 0,95	Krankenhaus: 0,94
Städtisches Klinikum München GmbH, Klinikum Harlaching	7 km	33	Krankenhaus: 30,53	Krankenhaus: 1,02	Krankenhaus: 1,08
Klinikum der Universität München	9 km	126	Krankenhaus: 144,13	Krankenhaus: 1,02	Krankenhaus: 0,93

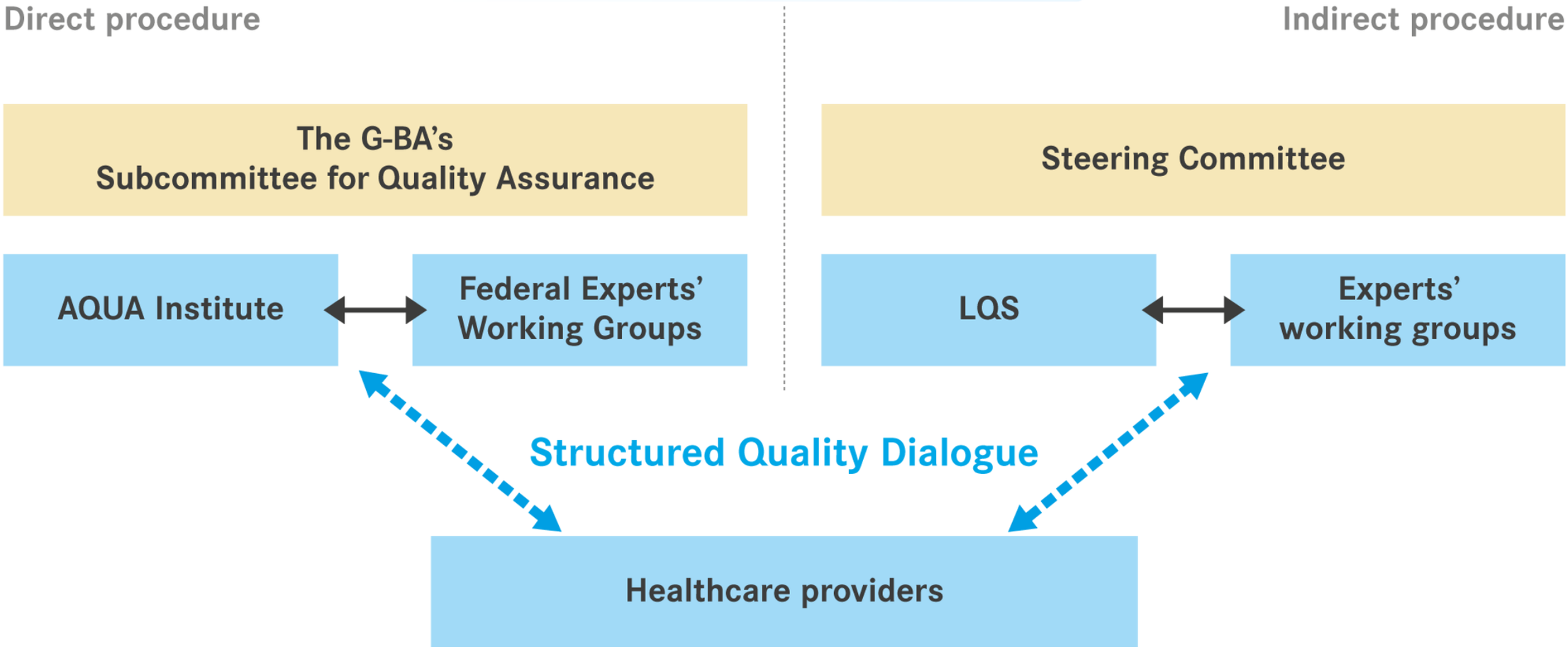
Begriffserläuterung (Glossar)

- » Behandlungsroutine
- » Bundesdurchschnitt
- » Bundesmaximum
- » Bundesminimum
- » Entfernung
- » Ergebniskarte
- » Fallzahl
- » Frühgeburt
- » Wert des Krankenhauses
- » Überleben von Frühgeborenen
- » Überleben von Frühgeborenen ohne schwere Erkrankung


Cholecystectomy
Carotid artery reconstruction
Community-acquired pneumonia
Pacemaker: Implantation
Pacemaker: Replacement of generator/battery
Pacemaker: Revision/system replacement/removal
Implantable cardioverter defibrillators: Implantation
Implantable cardioverter defibrillators: Replacement of generator/battery
Implantable cardioverter defibrillators: Revision/system replacement/removal
Coronary angiography and percutaneous coronary intervention (PCI)
Coronary surgery, isolated
Aortic valve surgery, isolated
Combined coronary and aortic valve surgery
Heart transplantation
Lung and heart-lung transplantation
Liver transplantation
Living liver donation
Kidney transplantation
Living kidney donation
Pancreas and pancreas-kidney transplantation
Breast surgery
Obstetrics
Neonatology
Gynecological surgery
Femoral fracture near the hip joint
Hip replacement: Primary implantation
Hip replacement: Revision and component exchange
Total knee replacement: Primary implantation
Knee replacement: Revision and component exchange
Nursing: Prevention of pressure ulcers

Key instrument for improvement: „Structured Quality Dialogue“

– participants and responsibilities



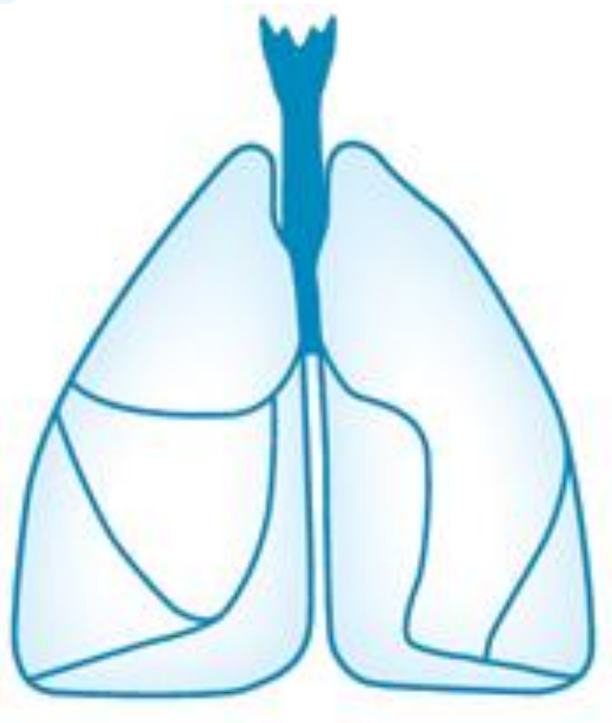
An example from our nationwide hospital quality monitoring system

Community-aquired pneumonia (CAP)

Year 2013:
260.661 admissions to 1.257 hospitals

8 quality indicators reported
since 2006

In 2005 evidence-based guideline for CAP developed by professional organisations (PEG, DGP, DGI, CAPNETZ, **AWMF**)



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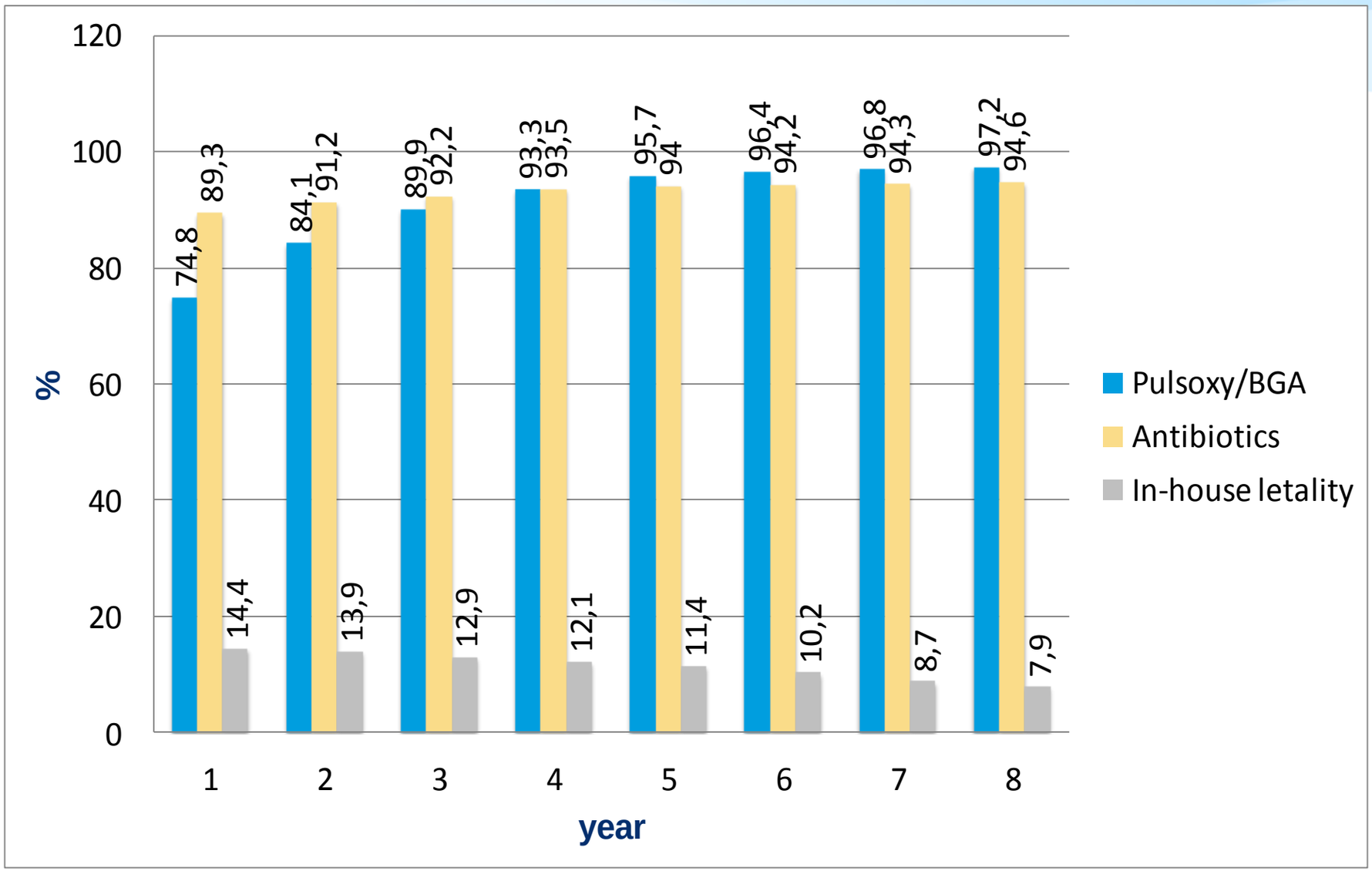
Results for pneumonia (CAP) 2006-2013



Statistically saved lives (SSL) in 2013 ~ 12.000

German Hospital Quality Report

- Appears yearly
- Free download of 2009-2013 reports in German
- 2009-2012 reports in English,
- http://www.sqg.de/quality-report/index.html

Overcoming barriers between healthcare sectors

- Performance measurement across healthcare sectors (primary care, secondary outpatient, secondary inpatient, follow-up etc.), worldwide still in it’s infancy
- Many quality problems occur at the transition between sectors
- Silos of excellence may exist next door to poor performance, even within the same facility (hospital)
- Programme on developing performance measurement across sectors
- Use of data from different sources (claims data, medical record, information about structures, patient survey, peer review)

- Szecsenyi J et al: Tearing down walls: opening the border between hospital and ambulatory care for quality improvement in Germany. Int J Qual Health Care 2012 Apr;24(2):101-4. Epub 2012 Jan 22

Example from outpatient (ambulatory) care: European Practice Assessment (EPA)

- Comprehensive assessment of the quality of services in outpatient/ambulatory care facilities by validated quality indicators. Originally based on the Dutch „Visitatie“ project (R. Grol, Pieter v.d. Hombergh)
- Including self-assessment, interviews with practice managers and staff, staff satisfaction survey, patient satisfaction survey, audit and team meeting with a trained facilitator
- Benchmarking against other facilities with a comprehensive software
- Controlled study shows substantial improvements, especially in organisation of facilities and patient safety issues

Szecsenyi J, Campbell S, Broge B, Laux G, Willms S, Wensing M, Goetz K. Effectiveness of a quality-improvement program in improving management of primary care practices. CMAJ. 2011

Challanges in Germany

- Making routine claims data from all insurers easily available
- Set up of a trust centre for integrating data from different sources into one unique patient identifier
- Stepwise roll-out of patient surveys
- Hamonisation between disease- or procedure-specific registers (i.e. cancer, endoprothesis, aortic valve etc.etc.) and quality monitoring framework
- Development of composite measures (indices)
- Strengthen culture of improvement in education, training, CME
- Involve all disciplines including nursing

- Set up of a National Institute for Quality and Transparency
  - Transparancy list for hospitals, evaluation of accreditation, etc.

Take home messages

- Improvement starts with measurement
- Scientifiy sound and valid quality indicators necessary
- Framework for collecting data, use of existing data

- Aim for one „core“ national set of indicators in the healthcare system which can be used on national, regional and provider level

- Build a culture of trust and improvement. Compete for the smartest improvement not for the nicest indicators

- Link activities (guideline development, quality management, accreditation, clinical pathways, pay-for-performance etc.) to your national quality framework and indicators

Please visit our Website www.sqg.de

SQG Cross-sectoral quality in health care

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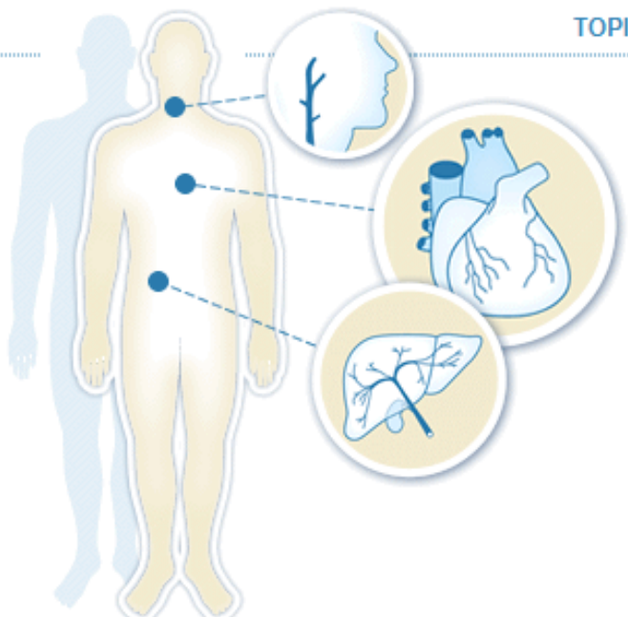
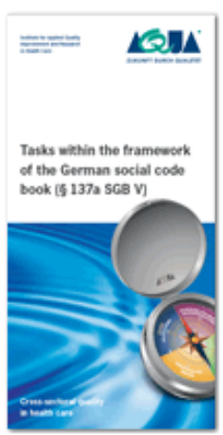
TOPICS



INFORMATION

Task within the framework of the German social code book (§ 137a SGB V)



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AQUA Institute Project information

Cross-sectoral quality in health care

SQG brings the quality assurance of the inpatient and outpatient sector in Germany together - these have, up until now, been separate. The goal: to meaningfully coordinate the quality requirements of both of these sectors in the future in order to reach a better and more efficient quality of care in the interests of both patients and health care providers. The AQUA Institute undertakes these tasks in accordance with the requirements on § 137a SGB V (German social code book).

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Danke schön!

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