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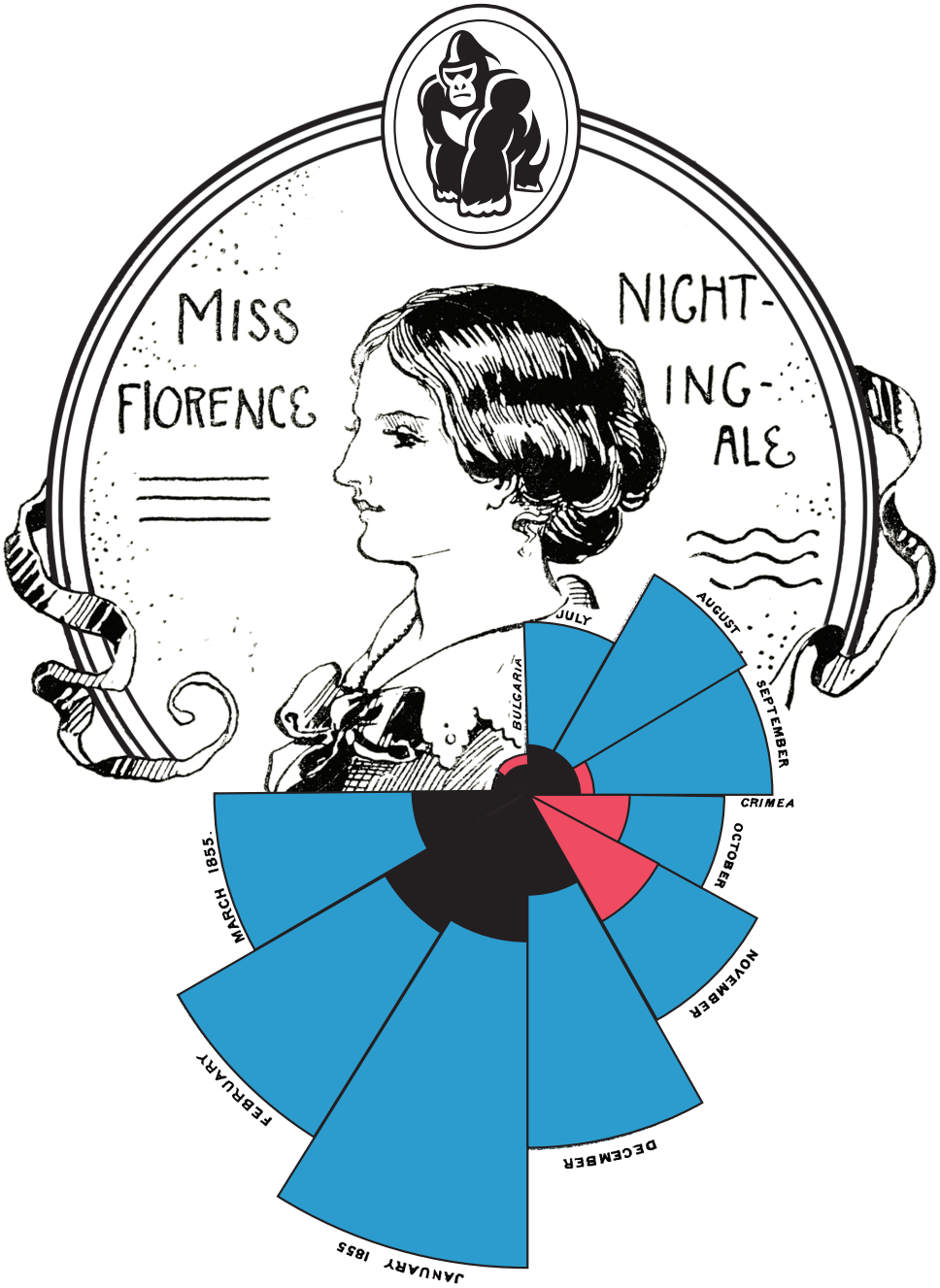
SO WHAT?

Strategies across Europe to assess quality of care



EXECUTIVE SUMMARY

Report by the Expert Group on Health Systems Performance Assessment

Health and Food Safety

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April 2016

From the report prepared by
the Expert Group on Health Systems Performance Assessment

The full report is available on
http://ec.europa.eu/health/systems_performance_assessment/docs/sowhat_en.pdf

SO WHAT?

Strategies across Europe
to assess quality of care

INTRO

In June 2011, under the Hungarian presidency, the Council invited Member States and Commission to initiate a reflection process aiming to identify effective ways of investing in health, so as to pursue modern, responsive and sustainable health systems.

At the end of the reflection process in 2014, Member States agreed that they could play stronger role in developing and exchanging knowledge on how to monitor and measure the performance of health care systems.
In autumn 2014, the Commission in cooperation with Sweden activated the expert group on health systems performance assessment with the main goals to provide participating members with a forum for exchange of experience on the use of HSPA at national level, and to support national policy-makers by identifying tools and methodologies for developing HSPA
The Expert Group was open to all EU Member States, EEA EFTA States, the OECD, the WHO Regional Office for Europe, and the European Observatory on Health Systems and Policies.

This report is prepared by the Expert Group on health systems performance assessment. It collects and shares examples of best practice in assessing the quality of healthcare that have been implemented by its member countries, analyses them and draws general conclusions for policy development.
It summarises the work carried out by the Expert Group in 2014 and 2015 and presents a list of tools and methodologies developed to support national policy-makers. The content of the report is based on the exchange of experiences and knowledge among countries and with international organisations during this phase of the work.

The goal of the report is to support policy makers with examples, tools and methodologies to better understand the state and the evolution of key dimensions of quality, and therefore to take decisions that are based on more solid evidence. The intention is therefore not to compare or benchmark quality of care across countries, regions, or healthcare providers.
The Expert Group decided not to embrace a unique, binding definition of quality of care. Instead, every country presented its experiences according to the definition of quality of care which was implicitly or explicitly adopted at national level. The Group decided however to keep the framework developed by the OECD as a general reference point.

Main findings from countries' experiences; use for policy action

The countries that presented their experiences in this report recognise that quality assessment has had an effective impact in shaping policy actions. Proper assessment is deemed essential to highlight areas with lack of information and, more relevantly, the existence of differences in structure, process and outcomes both at regional and hospital level.
Even in the most recent experiences, when HSPA is still in its early stages, national institutions are already taking action in certain areas that have been highlighted by this process. Clearly, the expected impact differs according to goals that quality assessment intended to achieve, and to the target population to which the reporting activities are addressed to.

Whom to address quality assessment reporting to?

According to some of the experiences presented in this report, the findings of quality assessment should be presented mainly to policy makers. The main objective of the assessment would be therefore to monitor and manage intervention policies, be they at national or regional level.
Conversely, in some cases the target is the patient population; here, the main goal of the assessment exercise is to improve transparency towards patients. On the other hand, the results of the assessment may be addressed to health professionals and not to the overall public. In some of these cases, web tools were developed with this target population in mind.
Finally, some countries presented a model and set of indicators that were developed to be relevant and of interest to a wide audience, including professionals, the general public, politicians and patient interest groups. Inclusion of stakeholders was essential to ensure ownership and trust in the process.

How are the findings of the quality assessment presented?

The findings of the assessment shall be easy to understand. The way data are published and comparisons are made is critical: it must be attractive, understandable, and adjusted to the different types of audience, as highlighted above. Some countries stated the importance to standardise the presentation, using the same structure over time and across sectors.
The presentation should provide warning signals to facilitate the prioritising of needed actions and of further studies, when needed. In many cases, summary tables and graphs were developed to allow a quick and easy overview of the results and of their interpretation.
The use of composite indicators often raises controversies. Composite indicators may be interesting to assess progress over time on complex issues and to simplify the communication. However, they should be used carefully, because they can be difficult to understand and increase the difficulty of identifying proper remedial action.
We can identify a trend towards higher transparency in presenting the results of the assessments. National institutions often publish – totally or partially – these results in a form that is understandable for the public and that allows comparison of regions, individual health professionals, and hospitals, at least in selected clinical areas.

General challenges in using quality assessment for policy action

Indicators should ideally be related to concrete themes. This requirement was interpreted with different nuances. When quality assessment was a part of a broader HSPA exercise, the requirement was sometime looser, without requiring that indicators should immediately refer to concrete actions. According to this view, HSPA reports should provide a global evaluation rather than be used to monitor programs.

A common challenge in linking HSPA reporting to policy action lies in how to set targets and standards and in the timeliness of the data and its reporting. The robustness of data is also important so as to serve as an evidence base for policy decisions. However, policy making is a complex activity, which has to be based on several variables and parameters, and not limited to the analysis of performance data.

Quality assessment to support legal or strategic initiatives

In the context of improving the quality of the health system, some countries had the additional goal to implement and monitor the impact of clinical guidelines, as well as the development of clinical orientations, including prescription of medications and medical tests, development of the integrated care pathways for chronic disease and health problems and clinical audits. Examples of policy initiatives from the governmental level include new legislations and a number of national strategies targeting different areas, such as national cancer plans, strategies addressing chronic disease management, and national initiatives addressing mental health management or patient groups with multimorbidity.

Use of indicators for quality and organisational improvement

When the assessment is done at hospital level, it is often meant to provide tools for hospital to target improvement initiatives. In this case, each hospital has usually access to its results per indicator, showing if it reached or exceed the national target, its evolution over time, and how it compares to the average results of hospitals in the same region and hospitals in the same category. The same mechanism used for hospitals can also be applied to individual health professionals.

Regions or hospital showing critical values in some indicators are often required to plan specific actions addressed to critical indicators and corresponding sectors of healthcare, to be verified by national or regional bodies in the subsequent year. In the case of regions, critical indicators may be related to the objectives and targeted actions planned by the regions and monitored at national level.

If the system is to improve the organisation and management of health services, it can be used as a tool to evaluate managers according to their performance; performance indicators can be included in CEO schemes in order to better align their objectives with those of the institution and of the healthcare system in general. These results have also been integrated within the budgeting process of health authorities.

Quality assessment for benchmarking

When data on quality in hospitals are collected at centralised level, results may be sent back to healthcare providers yearly as benchmarking information that allows comparison among them. This comparison may be done anonymously or with transparency on the names of the other hospitals.

In some cases, regions use the results of quality assessment to publicly disclose data to all the stakeholders within the regional health system, and thus leverage their reputation. Regions disseminate results through public events, such as press conferences, meetings and internal periodic monitoring. To enable peer review mechanisms, the performance results are discussed in managerial training activities, in order to stimulate feedback from professionals.

Hospitals are in some cases required by law to publish regular quality reports. They usually aim at informing patients and doctors about hospital specialties and services, presenting hospital performance and quality data to the public and providing a basis for benchmarking and quality improvement.

Policy focus group to interpret cross-country variations in quality indicators

A number of countries explicitly draw on international comparative data as a means of placing performance in a given area into a broader context. Such assessments are particularly challenging where comparing a specific indicator across countries. While highlighting variations between countries, it is often difficult for practitioners and policy makers to interpret what a country positioning means in terms of performance, and what policy action should be taken in order to improve performance.

Many factors play a role and need to be considered before drawing conclusions: variations could simply reflect differences in the level of completeness of underlying data or they might arise because of differences in underlying causes such as disease prevalence or differing reporting systems which were previously concealed. Detailed insight into specific indicators is therefore required in order to draw conclusions about the quality of services, and so inform further policy actions.

The report presents the findings of a structured 'policy focus group' with experts across European countries as a means of gathering in-depth insight into the possible reasons for observed variations across countries on selected indicators.

The policy focus group focused on two indicators that are widely recognised as indicators of the quality of care: admissions for diabetes and heart failure specifically. The focus was on understanding what a particular position of a country in relation to a given indicator may mean, in terms of the quality of care provided.

There is an understanding of the need to disaggregate 'avoidable admissions' and examine specific conditions. However, indicator robustness varies for different diseases. While diabetes admissions are easier to interpret, admissions for heart failure are complex and need further contextual data to allow understanding of the drivers of changes in rates.

The approach and analyses presented here can be seen to serve as a starting point for broader work on mapping international variations in health systems performance assessment across the EU rather than an endpoint in itself.
However, going forward it would appear useful to consider additional or alternative methods to collate and analyse this type of information, including the systematic use of the expertise available in Member States, utilising tools such as key informant surveys, additional focus groups, or expert interviews. Each of these methods will however have considerable resource and time implications, which would need to be weighed up against the additional insights any more in-depth data gathering exercise is likely to provide.
International and within country comparisons can be fraught with difficulties and loopholes. This is due to contextual, health system and population incongruences which have also been seen and discussed in comparing hospital admissions for diabetes and heart failure. On the other hand, it is also evident that performance information derived from international comparisons can provide the basis for further scrutiny and a deeper comprehension of what policies are required to improve the status quo.
While comparative exercises were indeed considered to be very useful in gauging and assessing the state of play of their respective country, they should be used as a platform for further in-depth analysis and enquiry.

Lessons learnt: quality assessment is a piece of a bigger puzzle

Put quality into a broader framework:

Quality assessment should provide a global balanced overview which enables aligning views between all actors, especially the field and decision makers. Therefore, the set of quality indicators should remain comprehensive and elaborated enough to assess the system as a whole. The interactions between quality and other dimensions of performance (e.g. efficiency, equity, access) should be further investigated and analysed in future upgraded models: all indicators referring to the quality dimension should be interpreted in a larger context of overall health system performance.

Adopt large boundaries for health systems:

It's essential to analyse the quality of the health system as a whole encompassing, ideally: acute, chronic, palliative and mental care; hospital and primary care; health system and also health promotion and health in all policies.

Define the level and goal of quality assessment:

Quality measurement can be done with different goals in mind: accountability to the public, to health professionals, quality improvement, introduction of financial incentives, health systems performance assessment, etc. The design of a quality measurement system cannot be independent from the final goal. The use of indicators for monitoring and evaluation has evolved significantly over the past decade. The indicators are used for different purposes and methods for developing indicators are different depending on the purpose. Quality measurement can take place at several different levels.

Define targets and benchmarks:

The definition of targets and benchmarks is often problematic and implies degrees of subjective assessments. Referring to international benchmarks can be a way, but it doesn't fully solve the problem: interpreting the results of international comparisons of performance is still under debate, and there are many pitfalls, such as methodological and contextual variations, making meaningful comparisons difficult. In order to inform policy making, the analysis of international comparable data can be complemented by the analysis of national administrative data, registry data, and by the use of tools such as key informant surveys, additional focus groups, or expert interviews. Benchmarking can also be defined at regional level, within one country. Geographical variations may be used to illustrate the need for improvement and target setting.

Independence between different assessment phases:

Different phases in the process of assessing quality of care should be independent from each other. The institution which analyses and interprets data and information is usually not the same in charge of producing them. More relevantly, the organisation in charge of producing recommendations and monitor their implementation should be independent from the organisation which has to execute them. It is in general of outmost importance to have good knowledge of data and data quality when analysing them.

Put the patient at the centre:

Quality assessment models should develop targeted reports for including patients and residents, decision-makers at different levels, and health care operations. In future, greater attention should be given to the assessment of patient experiences, such as patient reported experiences and patient reported outcomes. Health care in most countries still is not sufficiently patient-centred, despite the patients' participation being increasingly emphasised in recent decades. Patient-centred health care implies respect and sensitivity for the specific needs, expectations and values of individual pa¬tients. These aspects should be considered in clinical decisions, in information provided to patients, and in the extent to which patients are participating in decisions about their own care.

Lessons learnt: choice of indicators and concerns on data quality

Indicators only indicate:

Quality indicators do not measure quality but can only indicate that a system may be delivering high or poor quality. This implies that indicators have to be read within a broad context – a key principle of HSPA – and no indicator should be read alone. The publication of a report based on indicators is the starting point of a more in-depth assessment process. The analysis of indicators should be integrated by additional appraisal exercises to gain a better knowledge on the processing underlying the indicators. This can be done for instance through constructive dialogue with a broad range of stakeholders with different competences.

Complement process indicators with outcome indicators:

In any widely adopted framework, effectiveness is a main component of quality of care, as often is appropriateness. Many indicators refer to processes; in order to have a comprehensive assessment system, they should be complemented with indicators on outcomes. The use of outcome measures to support the programs of clinical and organisational auditing is therefore essential for ensuring continuous improvement in the quality of health care.

Use of old data reduces their explanatory power:

Some figures used in quality assessment can be outdated. This is inherent to the use of administrative data or registries. Validation of international data often requires longer time; therefore international comparison can be sometime done only on data that are few-years old. As a consequence, the late availability of data may imply that a short periodicity between two reports maybe not bring high added value.

Rely on powerful health information systems:

A well-functioning health information system is essential to measure quality of care systematically across hospitals, regions, health professionals, and health care units. Information should be relevant, timely available, comparable and reliable. Quality of data is a critical point and should be monitored to identify potential opportunistic behaviours. Efforts should be constantly made to improve data collection without adding new administrative burdens, using for instance universal patient identification numbers, linkages between datasets, eHealth solutions.

Lessons learnt: communicate results and follow them up

Present findings which are easy to read and understand:

Once it is collected, analysed and interpreted, information still has to be used. It is essential, for an effective use of information that it is presented in a way which is easy to understand, and that can lead clearly to the selection of relevant actions. This remains valid also if the information is presented to the general public, which should be put in the conditions to interpret it and to decide in full awareness. Reviews of health system performance should occur systematically and continually inform priority setting. International comparisons are potentially useful but sometimes fraught with methodological problems. Therefore data limitations need to be addressed explicitly in any publications, particularly in those that are likely to attract media attention.

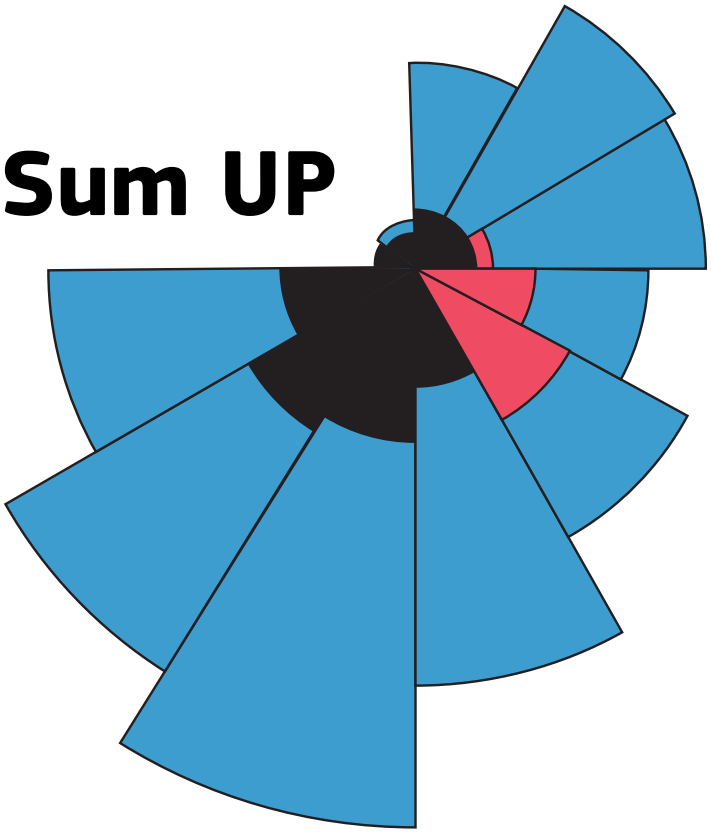
Share assessment findings transparently:

Health system performance assessment through transparent benchmarking among regions as well as units can contribute to a clearer focus on the quality and outcomes of health services. The results may become a natural part of the debate on health care and the basis for a number of strategic decisions. The reputation effect can be a strong determinant of clinical, professional and organisational behaviours, but it is important to underline that using indicators to define uncritically incentives or sanctions can cause side effects and opportunism in coding clinical data, which may introduce biases and reduce the validity of the assessments. Various experiences show that the systematic publication of indicators can have a positive impact on quality of care, especially when these results are used as an instrument of governance of the system, for example in the assessments of the objectives of the CEOs. The positive impact is mainly determined by the effect of public reporting that, even in systems with a high degree of internal competition, generates significant effects on changes in efficiency and quality of care of health services and professional and minimal effects on the choices of patients of the location and type of care.

Present concrete recommendations:

Effective reporting should include concrete recommendations to policy makers, for instance to highlight critical areas and point out priorities, also for data collection. Recommendations should therefore be easily translated into actions. Once endorsed, recommendations should also be given the proper follow-up.

To Sum UP



What?

- Identify tools and methodologies to support policy makers in developing HSPA
- Better understand the state and the evolution of the key dimensions of quality of healthcare
- Take decisions that are based on solid evidence

Who?

- From health policy experts from the Members States, supported by the European Commission and international organisations
- For national and local policy makers

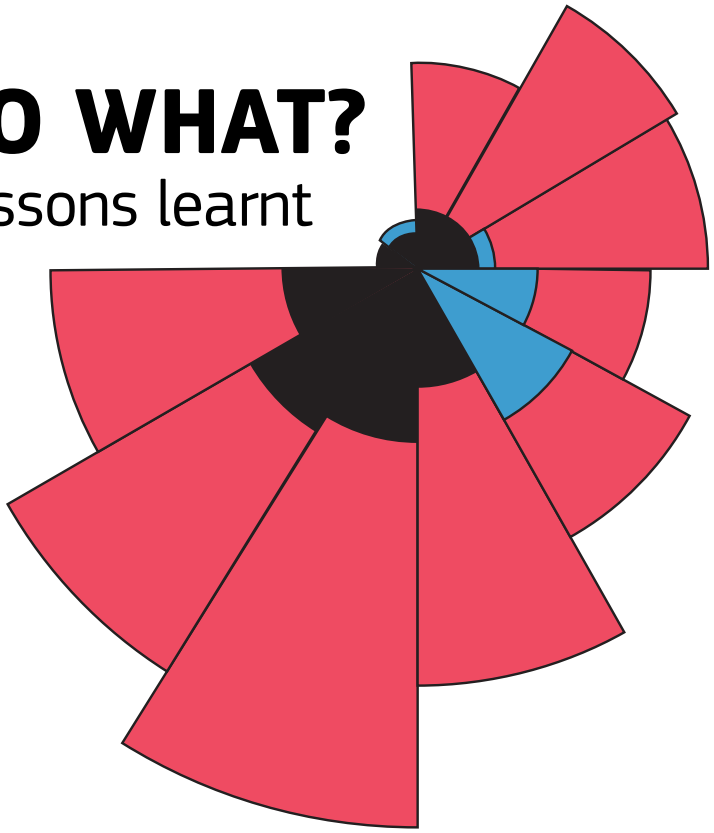
Why?

- To improve quality of health care and health outcomes
- To support legal or strategic initiatives
- To allow peer-reviewing and sharing of information

How?

- Voluntary exchange of experience on quality assessment at national and regional level
- Policy focus group to interpret cross-country variations in quality indicators
- Identification of main findings, common challenges and good solutions from countries experience

SO WHAT?
Lessons learnt



Quality assessment as a piece of a bigger puzzle

- Put quality into a broader framework
- Adopt large boundaries for health systems
- Define the level and goal of quality assessment
- Define targets and benchmarks
- Keep independence between different assessment phase

Choice of indicators and concerns on data quality

- Use indicators only to indicate possible strengths and weaknesses
- Complement process indicators with outcome indicators
- Avoid the use of old data reducing their explanatory power
- Rely on powerful health information systems

Communication and follow-up of the results

- Present findings which are easy to read and understand
- Share assessment findings transparently
- Present concrete recommendations
- Improve patient-centeredness

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