Quality Indicators and the relevance of Indicators in General Practice: How to conceive and execute?

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EQuiP
Outline

• Quality indicators, introduction
• External use
• Internal use
• Example: Primary health care in Sweden
An indicator, NOT a measure of quality

A simplified, measurable dimension of a more complex phenomenon. Not reality - A starting point for discussions about reality.
Percentage of asthma patients who have been seeking acute for the past 12 months due to asthma

Percentage of asthma patients examined with spirometry in the last 24 months
Quality indicators

**External use**
- Accountability
  - Control, Judgement, Ranking
- Distribution of resources
  - Planning health care

**Internal use**
- Quality Improvement
- Distribution of resources
  - at practice level

**Top down**
- By health care authorities

**Bottom up**
- By professionals
  - Show primary care’s results and needs

**Pay-for-performance (P4P)**

Swedish project
Pay-for-performance (P4P) - Better than present system?

- Internal: Find areas for improvement, i.e. weaknesses in performance
- External: Hide weaknesses - ↓ local needs for improvement

- Health professionals’ motivation from
  - intrinsic (wanting to do a good job) to
  - extrinsic (getting rewarded)

- Focus only on goals that are payed
  - Other goals neglected
  - Worse after payment ended

- Documentation – gathering data for P4P indicators → Consultations ↓ patient's agenda and purpose

- Results from better documentation > better outcomes for patients

- Yuan et.al: Cochrane review, 2017
  - Slight improvement in use of tests or treatments
  - Little or no improvement in health outcomes

REFERENCES:
EQuiP: Position Paper on Quality Indicators

External use
Control
Pay for Performance (P4P)

Internal use
Quality improvement
Internal use – Indicators by professionals

• Quality improvement
  • What do we need to improve?
  • How can it be measured?

• Shared /public indicators
  • Compare with each other
  • Follow/monitor
  • Show stakeholders what we do
Constructing indicators - by professionals

Topic? Relevant? Important?
Validity: High score = better care? (Evidence? Consensus?)
In control of the GP-practice?
Necessary to document?

Structure
Staff, Equipment

Process
What we do in health care

Outcome
Results

Balancing measurements
Other aspects?
Other patients?
Health professionals?

Donabedian A. Evaluating the quality of medical care. 1966, Milbank Q. 2005;83(4):691-729.c
Primary Care Quality Sweden

• Purpose: Quality Improvement
• Initiated by Swedish College of General Practice 1990, Financed from 2012
  • Manual → Digital
Primary Care Quality Sweden

- **Purpose:** Quality Improvement
- **Initiated by Swedish College of General Practice 1990,** Financed from 2012
  - Manual → Digital
- **Indicators:**
  - Around 100 national primary care indicators
  - Evidence based knowledge
  - Constructed and tested by professionals in primary care
  - Multi-professional (Professional organizations)
- **Practice level:** Individual patients
- **Aggregated data from all Sweden for bench-marking**

**Primary care specific Indicators**
- Multimorbidity
- Continuity
- Priority setting
- Lifestyle habits
- Drug treatment

**Patient reported indicators**

**Diagnosis specific Indicators**
- Cardiovascular disease
- Diabetes
- Musculoskeletal disease
- Psychiatric disease
- Asthma/COPD
- Osteoarthritis
- Infections
Example of Indicator in “Primary Care Quality Sweden”

Overdiagnosis: “Lagom” Prevalence

Prevalence of Depression and Anxiety
per population registered at each health centre,
20-79 years

LAGOM
Not too little, not too much. Just right.
Overtreatment: "Lagom" medication!

**Infections:** treatment with antibiotics

Respiratory tract infections, % treated with antibiotics

<table>
<thead>
<tr>
<th>Condition</th>
<th>% Treated with Antibiotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alla luftvägssif</td>
<td>22.54%</td>
</tr>
<tr>
<td>Akut mediadott</td>
<td>12.70%</td>
</tr>
<tr>
<td>Bronkit</td>
<td>50.40%</td>
</tr>
<tr>
<td>Faryngotonsillit</td>
<td>67.85%</td>
</tr>
<tr>
<td>Pneumoni</td>
<td>86.66%</td>
</tr>
<tr>
<td>Rinosinut</td>
<td>88.66%</td>
</tr>
<tr>
<td>Ot</td>
<td>2.68%</td>
</tr>
</tbody>
</table>

% recommended class of antibiotics

- Akut mediadott: 85.71%
- Faryngotonsillit: 96.77%
- Ot: 71.43%
Example of Indicator in “Primary Care Quality Sweden”: Care according to needs/Equity: Finding patients in need

Avoid “loosing” patients – Check-ups for COPD patients, with medication
Joy at work

- Orderliness - everybody works as agreed on
- Appointed persons responsible for follow-up and development of different areas of activity
- Scheduled time allocated to discuss how we actually handle our patients
Thank you!

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Primary Care Quality Sweden - SKL
https://skl.se/tjanster/englishpages/activities/primarycarequality.10073.html