

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

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Eva Arvidsson

MD, PhD, Specialist in Family Medicine,

Research leader, R&D unit for Primary Care, Futurum, Region Jönköping, SWEDEN

EQuiP

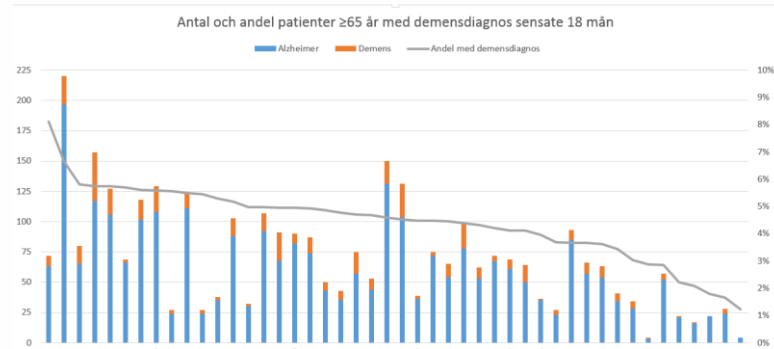


Outline



- Quality indicators, introduction
- External use
- Internal use
- Example: Primary health care in Sweden

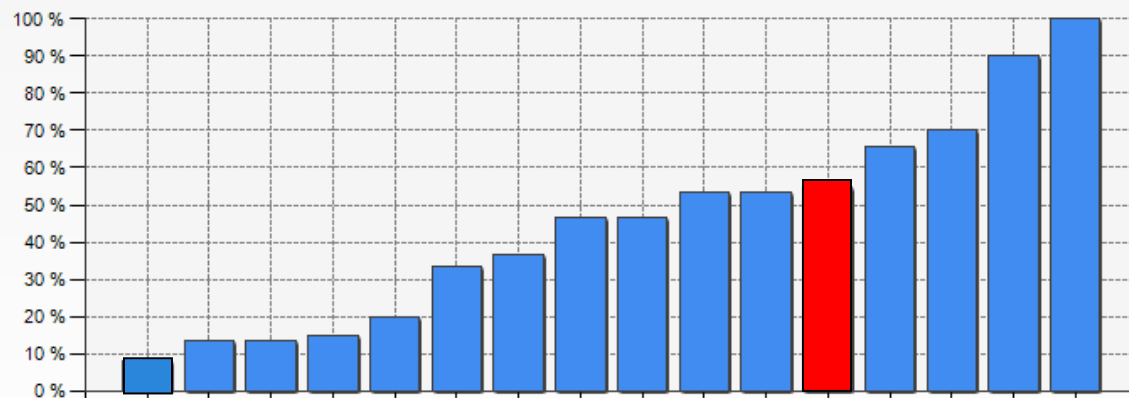
Quality indicator



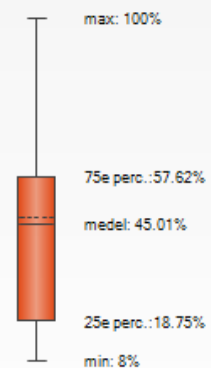
An **indicator**, NOT a **measure** of quality

A simplified, measurable dimension of a more complex phenomenon.
Not reality - A starting point for discussions about reality.

Andel av astmapatienter som sökt akut senaste 12 mån p.g.a. sin astma

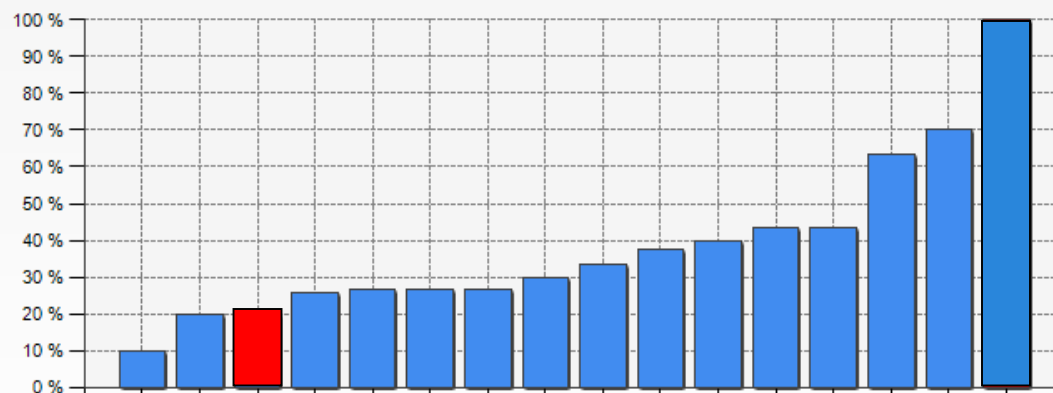


Data-Spridning

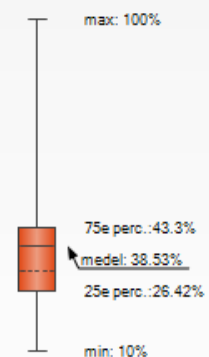


Percentage of asthma patients who have been seeking acute for the past 12 months due to asthma

Andel patienter som undersökts med spirometri de senaste 24 mån



Data-Spridning



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

Pay-for-performance
(P4P)

Bottom up

- By professionals

Show primary care's
results and needs

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

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EQuiP: Position Paper on Quality Indicators



External use

Control !

~~Pay for Performance (P4P)~~

Internal use

Quality improvement



Measuring Quality in Primary Health Care – EQuiP Position Paper 2017

The *EQuiP Position Paper on Measuring Quality in Primary Health Care* is a statement for all partners in health care. EQuiP wants to emphasise the following principles concerning measurements of quality in primary health care:

Privacy and confidentiality

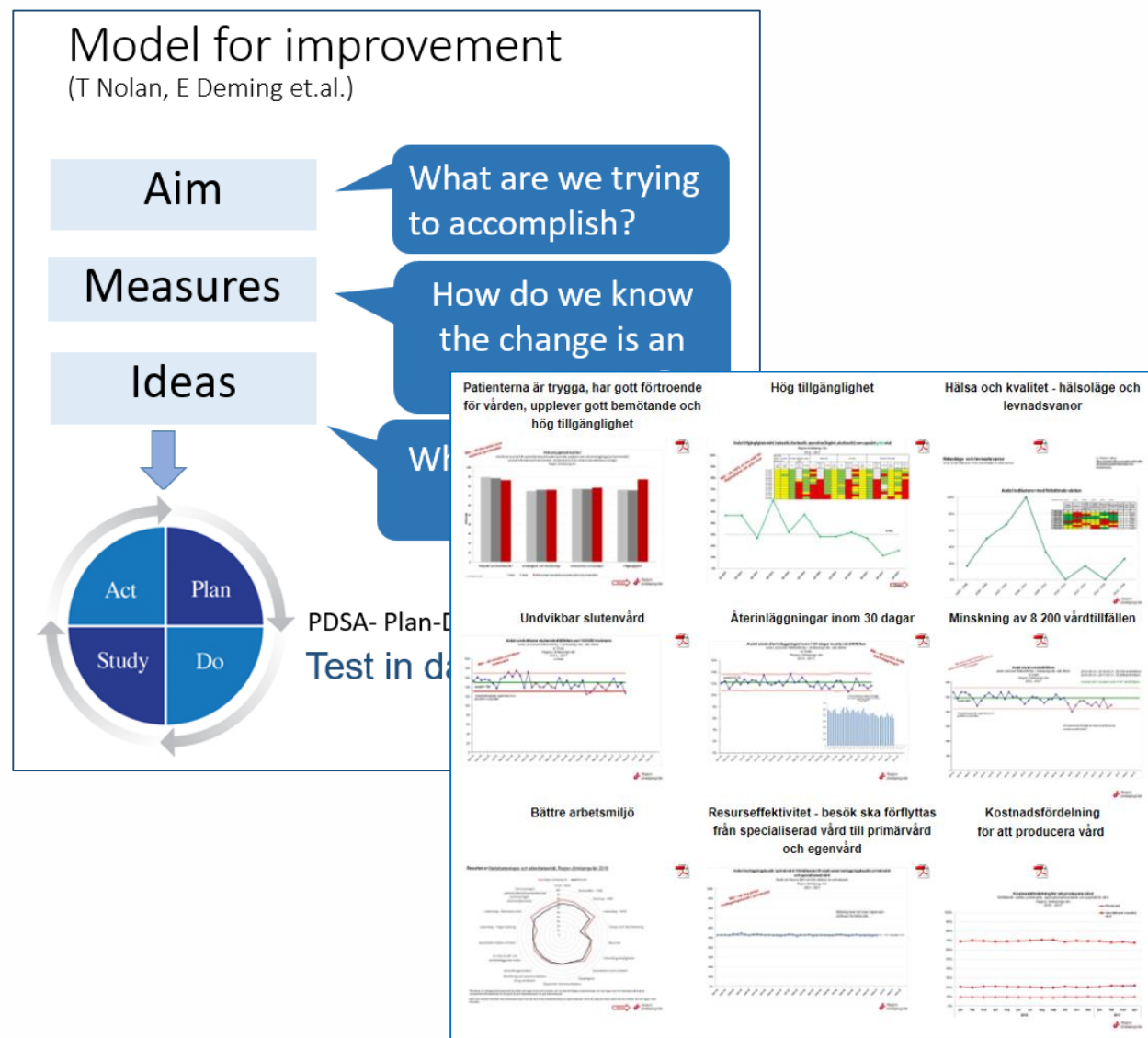
- Use of personal health data from patient records should always be used in way that guarantees patients' privacy and confidentiality in the doctor-patient relationship.

Quality indicators have limitations

- Quality indicators reflect simplified measurable dimensions of more complex phenomena. Many of the goals and values in primary care can't be measured, e.g. ethics and humanism in consultations or if priorities are set right in everyday practice.
- Quality indicators are useful as starting points for discussions

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?

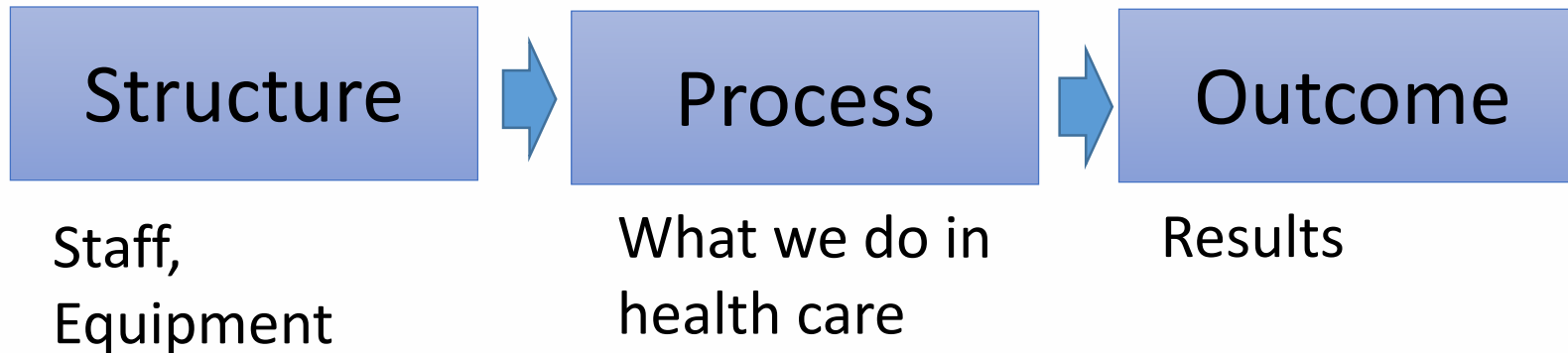
Necessary to document?

Balancing measurements

Other aspects?

Other patients?

Health professionals?



Primary Care Quality Sweden

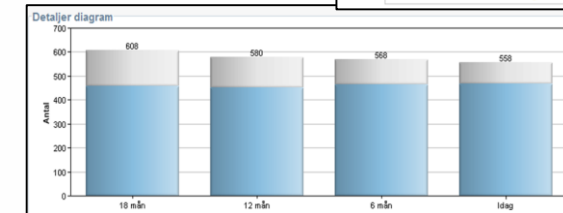
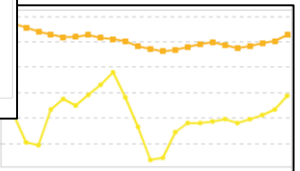
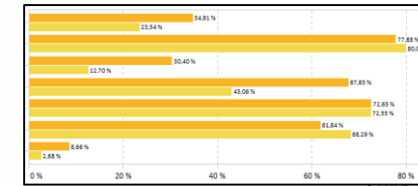
- Purpose: Quality Improvement
- Initiated by Swedish College of General Practice 1990, Financed from 2012
 - Manual → → Digital

Registreringsformulär för pvkvalitet.se ASTMA

Vårdcentral _____ Läkare _____ Mätperiod _____

Alder och kön finns med för att ni själva vid tvexsamheter skall kunna hitta tillbaka till den patientens journal

Patient	Sökt akut/opplanerat för astma de senaste 12 mån		Rökning dokumenterat på sökbart sätt		Står på inhalationssteroid		Spirometri senaste 24 mån		Anmärkning
	Ja	Nej	Ja	Nej	Ja	Nej	Ja	Nej	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									





Primary Care Quality Sweden



Primary care specific

Indicators

Multimorbidity
Continuity
Priority setting
Lifestyle habits
Drug treatment

Diagnosis specific

Indicators

Cardiovascular disease
Diabetes
Musculoskeletal disease
Psychiatric disease
Asthma/COPD
Osteoarthritis
Infections

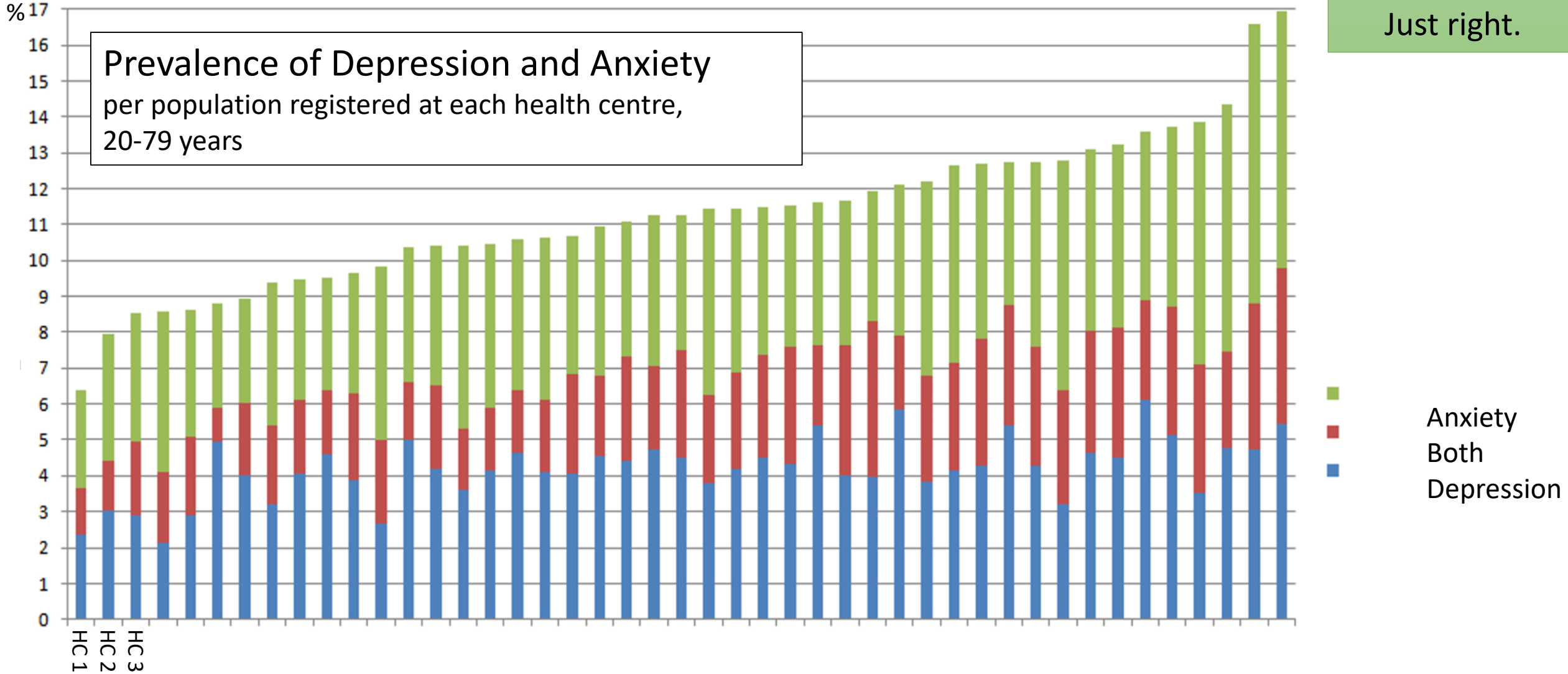
Patient reported indicators

- 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



Example of Indicator in "Primary Care Quality Sweden" Overdiagnosis: "Lagom" Prevalence

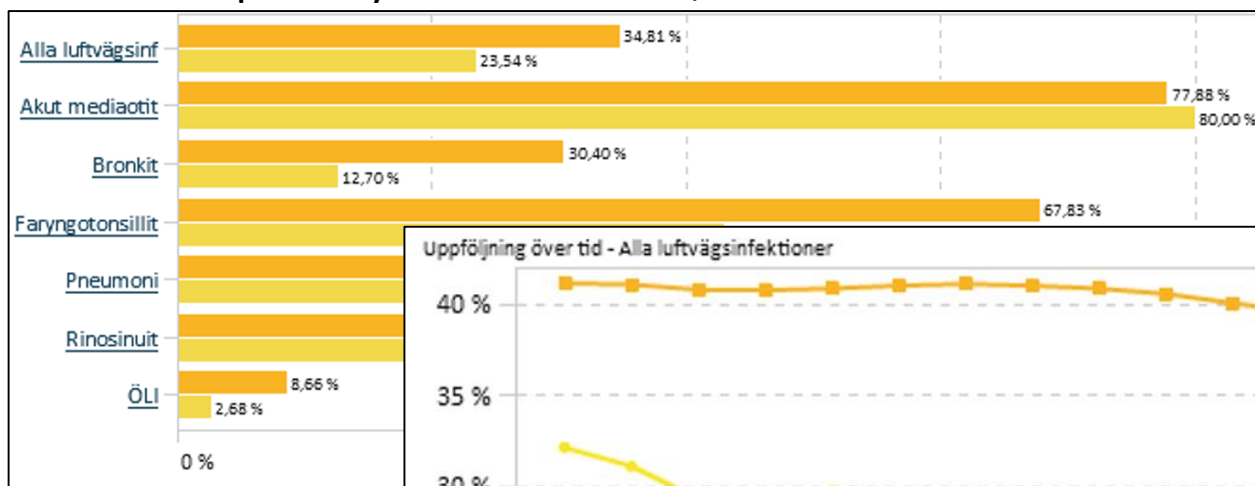
LAGOM
Not too little,
not too much.
Just right.



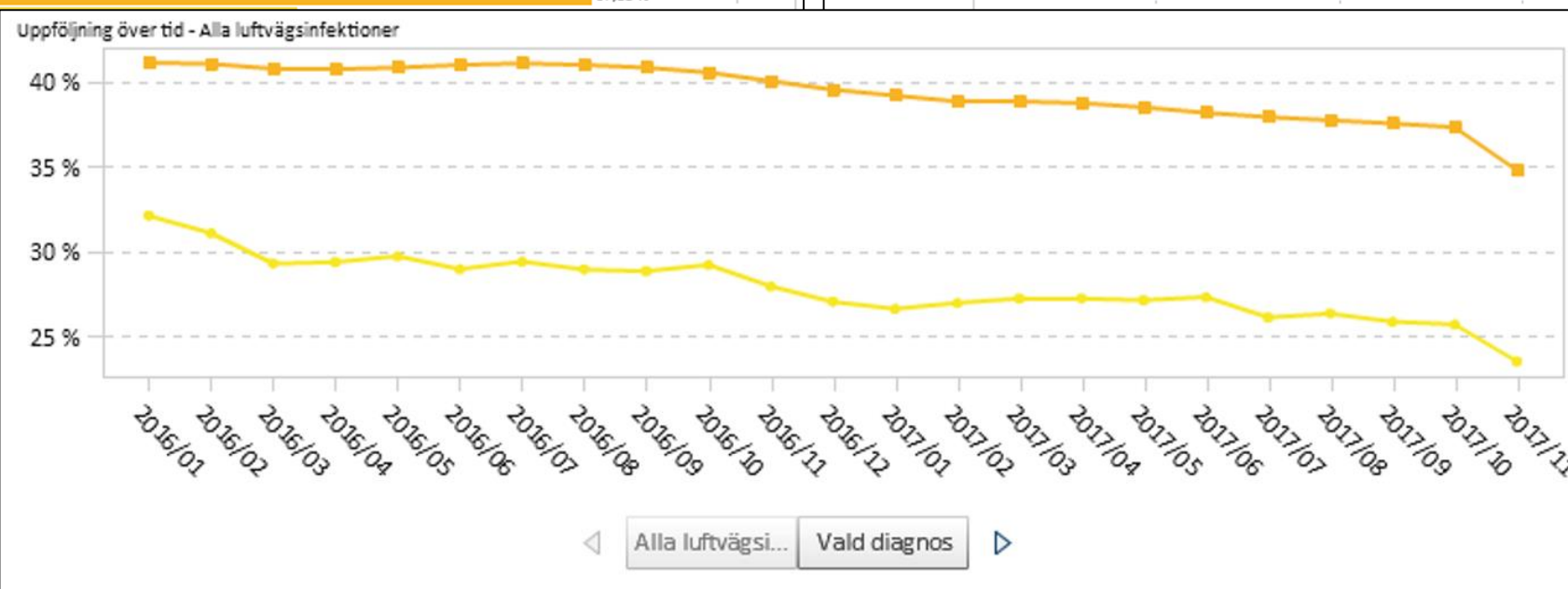
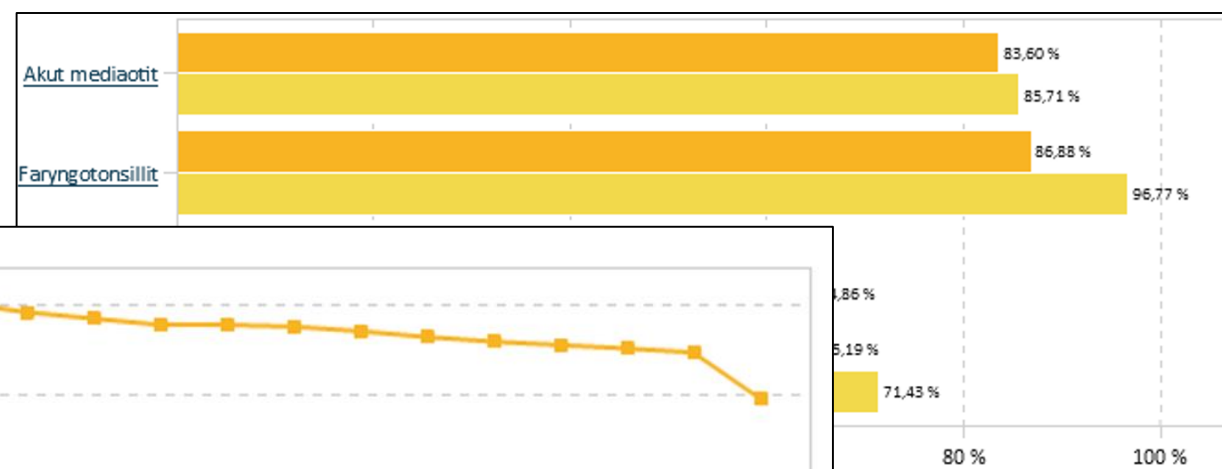
Overtreatment: "Lagom" medication!

Infections: treatment with antibiotics

Respiratory tract infections, % treated with antibiotics

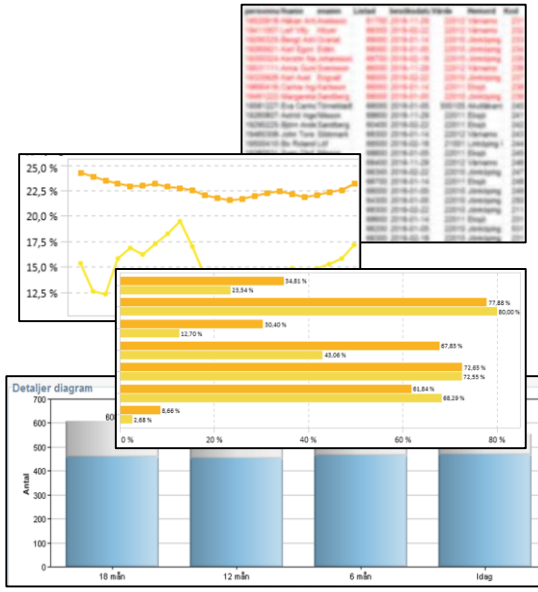
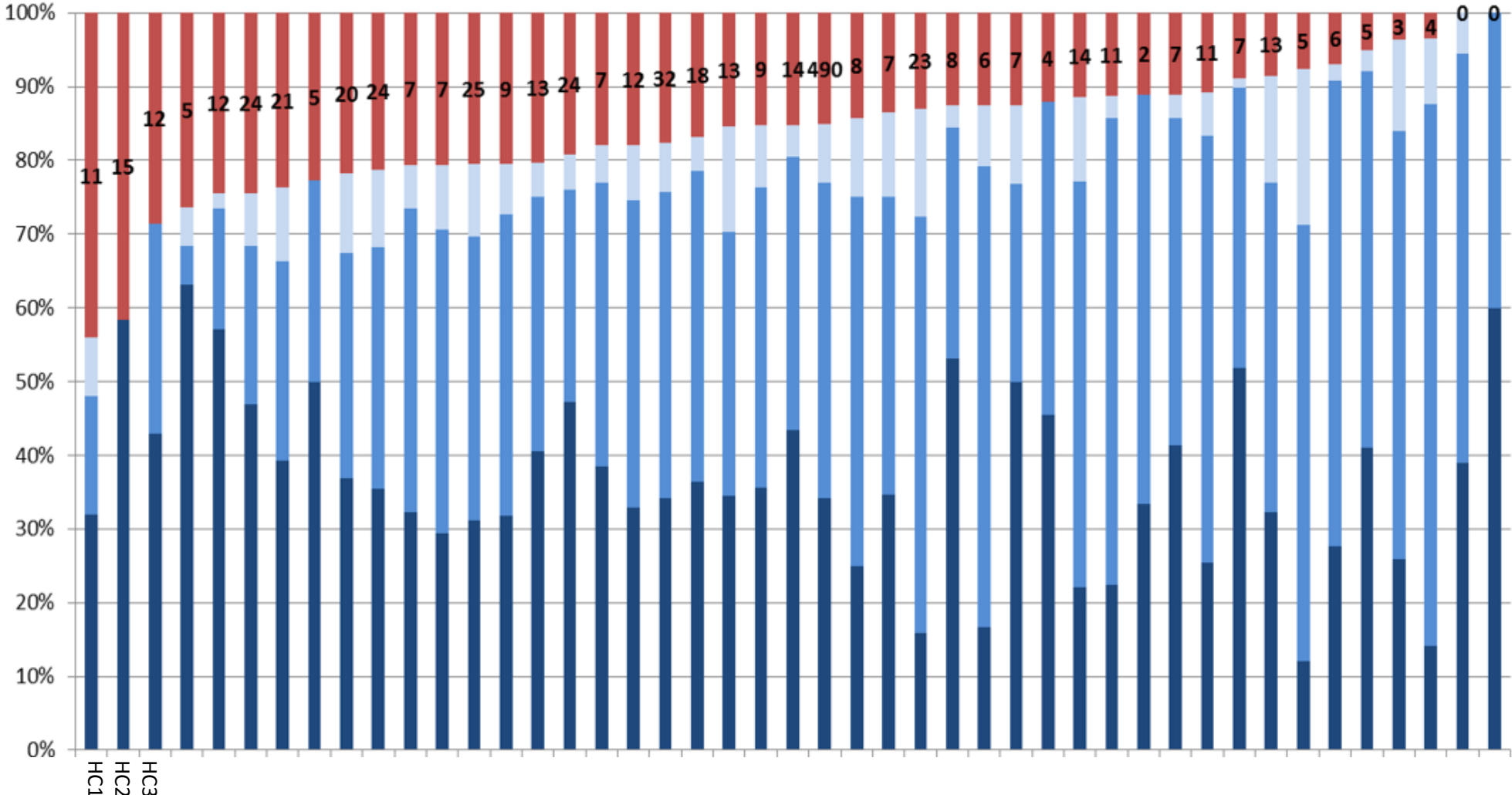


% recommended class of antibiotics



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



- No visit last year
- Nurse
- GP and nurse
- GP

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

In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices

Christine A. Sinsky, MD¹

Rachel Willard-Grace, MPH²

Andrew M. Schatzkin, MD^{2,4}

Thomas A. Sinsky, MD¹

David Margolis, MD³

Thomas Bodenheimer, MD²

¹Medical Associates Clinic and Health Plans, Dubuque, Iowa

²Center for Excellence in Primary Care, University of California, San Francisco, California

³Beth Israel Deaconess Medical Center, Boston, Massachusetts

⁴Iova Health, Cambridge, Massachusetts



MORE ONLINE
www.annalsmjournal.org

Conflicts of interest none reported.

CORRESPONDING AUTHOR

Christine A. Sinsky, MD
Medical Associates Clinic and Health Plans
Dubuque, IA, 52001
csinsky19@healthcare.com

ANNALS OF FAMILY

ABSTRACT

We highlight primary care innovations gathered from high-functioning primary care practices, innovations we believe can facilitate joy in practice and mitigate physician burnout. To do so, we made site visits to 23 high-performing primary care practices and focused on how these practices distribute functions among the team, use technology to their advantage, improve outcomes with data, and make the job of primary care feasible and enjoyable as a life's vocation. Innovations identified include (1) proactive planned care, with previsit planning and previsit laboratory tests; (2) sharing clinical care among a team, with expanded rooming protocols, standing orders, and panel management; (3) sharing clerical tasks with collaborative documentation (scribing), nonphysician order entry, and streamlined prescription management; (4) improving communication by verbal messaging and in-box management; and (5) improving team functioning through co-location, team meetings, and workflow mapping. Our observations suggest that a shift from a physician-centric model of work distribution and responsibility to a shared-care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high-functioning teams, improved professional satisfaction, and greater joy in practice.

Ann Fam Med 2013;15:272-278. doi:10.1370/afm.1531.



WHITE PAPER

IHI Framework for Improving Joy in Work



AN IHI RESOURCE

at Harvard Medical Center, Cambridge, MA, and at IHI.org

Reprints: The IHI Framework for Improving Joy in Work is available as a free download at www.ihi.org. For more information, contact reprints@ihi.org.



Thank you!

Eva Arvidsson

evaarv@gmail.com

Primary Care Quality Sweden - SKL

<https://skl.se/tjanster/englishpages/activities/primarycarequality.10073.html>