The Danish Healthcare Quality Programme

DDKM

Danish Institute for Quality and Accreditation in Healthcare

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Accreditation general practice

DDKM

Quality Measurement
What are the essentials in developing a new set of organisational accreditation standards and indicators?

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Questions

• Conceptual and logistical set up of Danish FP?
• Organisational and/or clinical / patient?
• New set?
• Knowledge transfer : EPA, RCGP-PA, ICGP?
• Baseline: current “quality” & evidence?
• Purpose: summative and/or formative? How pass?
• Data: what is feasible? Storage? Ownership?
• Politics: what needs to/could be done? CQC…
• What’s in it for me (practices)?!
• Is PDSA possible for all indicators?
What is quality?

Defining quality of care

Quality of care for individual patients
- Access - can patients access the health care they need?
- Effectiveness - is it effective when they get there?
  - clinical or technical effectiveness
  - effectiveness of interpersonal care

Additional domains of quality for populations
- Equity
- Efficiency

Leading to desired health outcomes

Expanded components of quality (from Campbell et al 2000)
The “structure, process and outcome” model of quality

Structure: The more visible aspects of a health system – e.g. buildings, equipment, staff, appointment systems

Process: What goes on within the structure – e.g. consulting, decision-making, prescribing, referring

Outcome: The consequences of providing care – e.g. morbidity, mortality, quality of life, user satisfaction and experiences

Intermediate outcomes: link activity with achievement e.g. record of BP, treatment for BP = BP level
Why measure quality?  **Purpose**

- As a basis for *formative quality improvement*: comparisons can stimulate and motivate change
- As part of *pay for performance* schemes (e.g. QOF)
- To *reward* perceived performance
- As part of *regulation* (e.g. of minimum standards)
- To assist *purchasing* (e.g. contracts which include minimum quality standards)
- To identify areas of need for *future investment*
- To inform service *users*
- Clear purpose and clear criteria by which to judge subsequent success
Purpose: how to measure success?

**Summative assessment:** assessment *of* learning (pass or fail)

**Extrinsic motivation**
- somebody else tries to make you do something or
- the motivation is external to yourself (P4P)

contrasted with

**Formative assessment:** assessment *for* learning (non-judgmental & educational)

**Intrinsic motivation**
- when you want to do something for its own sake (professional values)
- when the control comes from within
Accreditation: clear purpose?

- Certification of competency, authority, or credibility
- Official recognition, acceptance or approval
- Checking and standardising the provision and quality of health care

→ Against (implicit or explicit) standards or criteria

Accreditation: 5 purposes (Buetow and Wellingham 2004)

- Quality control: provision of services to an intended (defined) standard: Essential?
- Regulation: to comply with minimum legal and safety standards (licensure?)
- Quality improvement: formative & internal: Desirable?
- Information giving: enabling comparison e.g. by patients
- Marketing: highlight standards at a practice
## Levels of application for indicators

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<th>General practice level</th>
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<th>Health system level</th>
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<tr>
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**Clinical indicators and the RACGP: Policy endorsed by the 51st RACGP, Council 5 May 2009**
Each domain should include a coherent group of indicators/criteria (e.g. premises) that avoid duplication and address specifically defined aspects of quality of care.
Who should measure quality?

Different stakeholders

• Patients
• Clinicians / health professionals
• Managers
• Commissioners/ payers

• Depends on the purpose
Know the baseline!

Reported achievement
Overall, asthma domain (3 stable indicators)
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