

Measuring diabetes care

Workshop EQuiP - PCDE

2016 Wonca Copenhagen

Piet Vanden Bussche/ Johan Wens/ Eva Arvidsson

Learning objectives

- Reflect on sense and non-sense of measuring
- Share experiences from different countries
- Learn about different types of indicators
- How to use indicators in an appropriate way

How do you know you deliver
good care?

Assessing your work ?

The example of diabetes

- Who is assessing?
- Why do you assess?
- How are you assessing?

Who is measuring?

- Internal : within the practice
- External : somebody looking at your performance

Internal motivators

Fun and enjoyment

Autonomy

Professional and personal identity

Intellectual challenge

→ Build energy and creativity

External motivators

System drivers and incentives

Payment by results

Avoid punishment

Measurement for accountability

→ Create focus and momentum for delivery

The Complexity of Pay for Performance (P4Q)

Compensation that infringe on individual's autonomy and competence → reduced internal motivation

Introduction of a reward for a certain behavior → "changed the contract" between employer and employee

Instead of professional expert → Care producer following instructions

Ryan & Deci Self-Determination Theory and the Facilitation of Intrinsic Motivation, American Psychologist 2000

Gneezy, U. and A. Rustichini, Pay enough or don't pay at all. The Quarterly Journal of Economics, 2000

Falk, A. and M. Kosfeld, The Hidden Costs of Control. American Economic Review, 2006.

Why do we measure?

Quality improvement:

Improve for individual patients
Improve procedures and systems

Finding our own weaknesses
Indicators can guide us

→ Hide our own weaknesses

Management and Control:

Evaluation, follow up
Plan health care and use of resources

Comparison, ranking?
Reimbursement / financing

We think we do it right!

We (doctors) believe that we follow guidelines to a much higher degree than we actually do!

To understand that it is time to change we need to study how we actually do!



Group discussion

What is a good quality indicator for diabetes?
And Why?

Share your Experiences and reflect on this

assign a leader and somebody to take notes
and present them to the whole group
afterwards

What is an indicator?

“A measurable element of practice performance for which there is evidence or consensus that it can be used to assess the quality, and hence change in the quality of care provided.”

(EQuIP, M. Lawrence, F. Olesen, 1997)

Quality indicator

- A simplified, measurable dimension of a more complex phenomenon
- A starting point for discussions about reality



Quality indicators

Structural measurements (input)

Measures related to the organization's characteristics, abilities and equipment

Teamwork, System for regular check-ups, blood glucose meter

Process measures (process)

Measurements related to the provider's activities

Drug Adherence, number of foot examinations, percent of patients had a regular check-up?

Performance Measure (output)

Measures related to the work results achieved

Acessability, customer satisfaction, percentage with HbA1c >70

Which type
useful when?

Criteria for good quality indicators (Kunzi)

<i>Valid</i>	the degree to which the tool measures what it claims to measure
<i>Explainable</i>	clear, easy to understand
<i>Objective</i>	Independent, no (subjective) interpretation possible
<i>Distinct</i>	Helps to show differences between practices
<i>Sensible</i>	can detect (small) changes in performance
<i>Amendable</i>	Possible to change if necessary
<i>Feasible</i>	to measure and capture data is easy to implement in daily practice