

Do Health System Reforms Change Clinical Practice? Evidence, Quality and Human Resources

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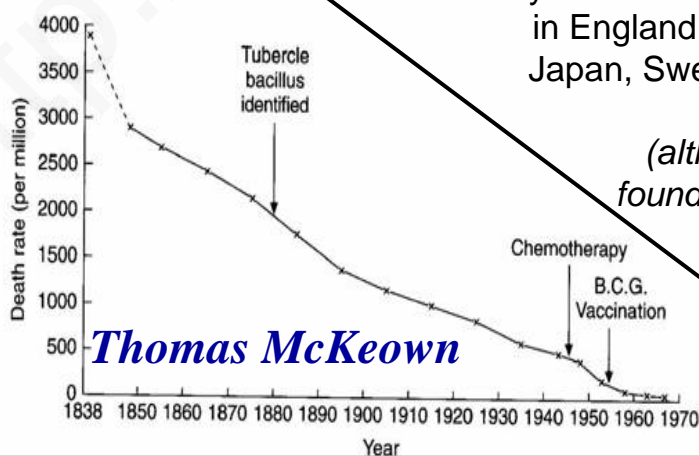
European Observatory on Health Systems and Policies



**At the same time ...
health care has become much more effective:**

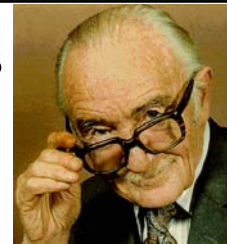
Reduction of “Medically amenable mortality”
explained 40%-80% of overall fall
in mortality in the 1960s and 1970s
in England, France, Italy,
Japan, Sweden and USA

*(although we only
found that out later)*



Also in the 1970s: Cochrane's "effectiveness and efficiency"

- "It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomized controlled trials." – initially ignored
- But 20 years later: Evidence-based medicine accepted, really impacting on clinical practice



Archie Cochrane



INSTITUTE OF MEDICINE

Shaping the Future for Health

But policy-makers
(rightly) remain sceptical ...

TO ERR IS HUMAN: BUILDING A SAFER HEALTH SYSTEM

Health care in the United States is not as safe as it should be--and can be. At least 44,000 people, and perhaps as many as 98,000 people, die in hospitals each year as a result of medical errors that could have been prevented, according to estimates from two major studies. Even using the lower estimate, preventable medical errors in hospitals exceed attributable deaths to such feared threats as motor-vehicle wrecks, breast cancer, and AIDS.



... and turn to us (sitting in committees etc.) for advice

But how Evidence-based is what we teach and preach on quality of care?

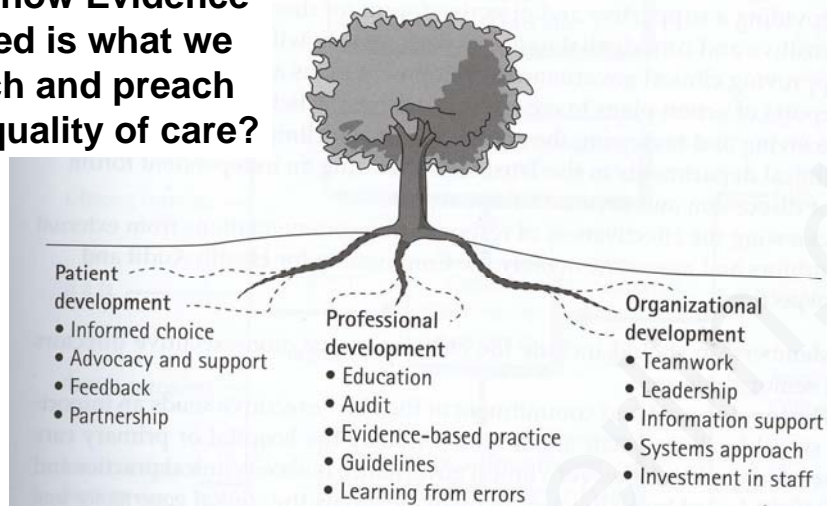
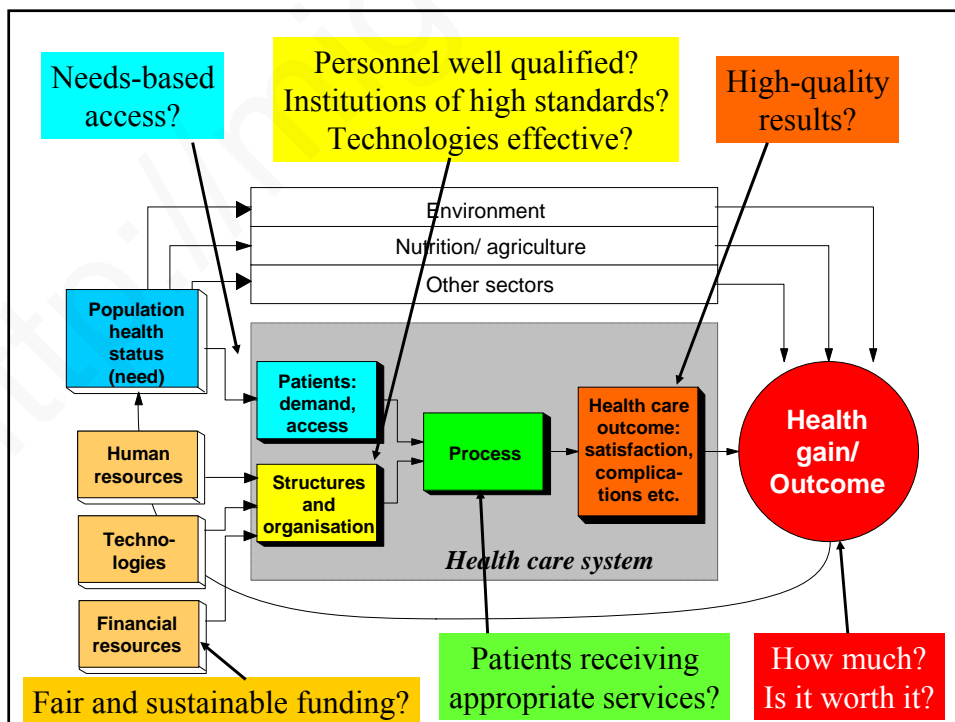
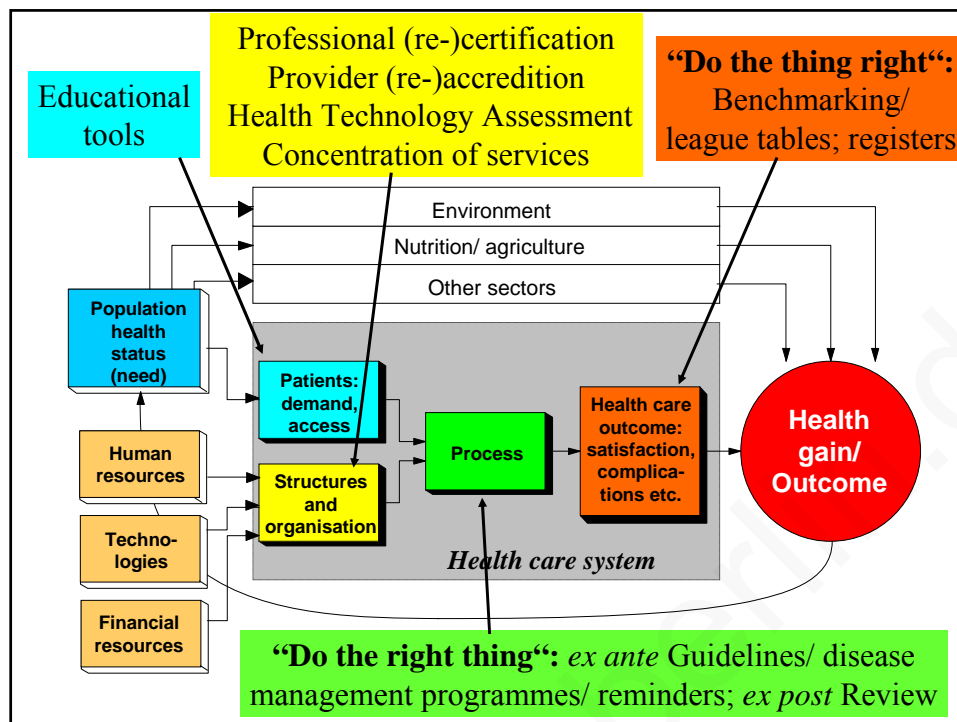


Fig. 2.1 The roots of quality care in health organizations.





May sound convincing, but it's a long road from reform to clinical practice

Reform introduces quality assurance/ improvement mandate and/or institution

- ▶ Actual processes have to be developed (e.g. re HTA, guidelines, accreditation)
- ▶ HTA reports, guidelines etc. have to be written, disseminated and implemented
- ▶ Practice of individual physician (hopefully) changes

Physicians engaged, do not do that to please the policy-makers!

If quality assurance was an ordinary medical technology, we would do a systematic Cochrane review or a HTA report before introduction

1. Accreditation and other external quality assessment systems for health care. Review of experience and lessons learned (DFID)

Service improvement tools for the prevention, diagnosis and management of chronic diseases

2. Cochrane Reviews:

- Guidelines in professions allied to medicine
- Audit and feedback: effects on professional practice and health care outcomes
- Information provision for stroke patients and their caregivers

Final report

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1. Accreditation and other external quality

Service improvement tools

Results: limited effects on processes for certain measures (educational tools, reminders),

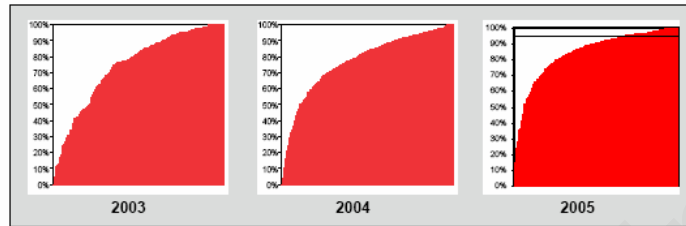
often only for certain indications (e.g. guidelines, disease management programmes) –

but no or no conclusive data on outcomes;
on other measures (accreditation, total quality management, league tables)

no conclusive evidence at all

Quality register in Germany: mandatory for all 1800 hospitals, 170 indicators, with feedback and “structured dialogue“

Documentation of operation distance to cancer



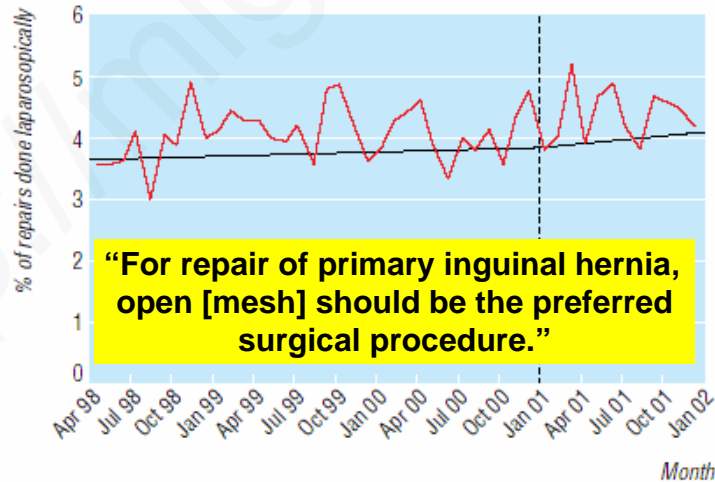
72,52%

75,67%

83,19%



Mammachirurgie 2005: Angabe Sicherheitsabstand bei BET (KeZ 68098)



Primary surgery for inguinal hernia repairs done laparoscopically as a percentage of all repairs done from April 1998 to November 2001, before and after the publication of NICE guidance in January 2001

(Bloor et al. 2003)

Let's face it:

- If e.g. “Total Quality Management“ was supposed to be a new drug, we probably wouldn't have allowed it to move from animal to human research yet
- Physicians are rightly sceptical/ reluctant if health policy speaks so contradictory languages on drug benefits vs. (mandatory) quality measures

What's next?

- a coherent framework on what we speak about
- data on effectiveness of quality measures, necessitating the policy-makers' realisation that we need control groups, time to prepare for “natural experiments“ etc.
- overcoming fragmentation in quality responsibilities

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