

# Qualitätsverbesserung in Europa: Eigenschaften, Wirksamkeit, und Verbreitung unterschiedlicher Strategien

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08-10-2018

### News

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#### Observatory Venice Summer School 2019

21-27 July 2019, Venice, Italy

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#### Averting the AMR crisis

20-03-2019

#### Community health services - 2018 Eurohealth 24(4)

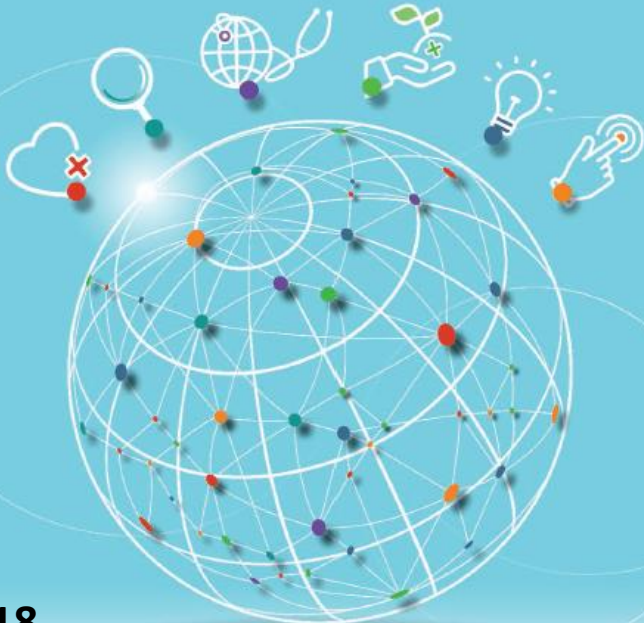
04-01-2019

### Multimedia

# Aktuell starker internationaler Fokus auf Qualität

Delivering quality health services

A global imperative for universal health coverage



2018



CARING FOR QUALITY IN HEALTH  
LESSONS LEARNT FROM 15 REVIEWS  
OF HEALTH CARE QUALITY

WHAT?

HANDBOOK FOR NATIONAL  
QUALITY POLICY AND STRATEGY

A practical approach for developing policy  
and strategy to improve quality of care

Aber es fehlt ein Überblick über spezifische Qualitätsstrategien



# Laufende Arbeit des Observatory und der OECD zu Qualitätsstrategien

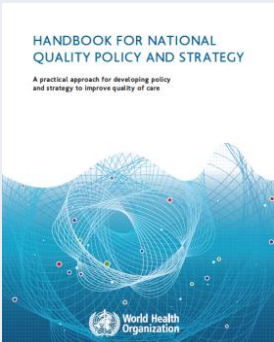
- 1) Entwicklung eines umfassenden theoretischen Rahmens, um den Beitrag unterschiedlicher Strategien zur Verbesserung der Versorgungsqualität zu verstehen.
- 2) Überblick über die Verwendung der verschiedenen Strategien in europäischen Ländern (inkl. Identifikation von best practices).
- 3) Analyse der Effektivität (und Kosten-Effektivität der verschiedenen Strategien).
- 4) Fazit für policy-makers, die an der Entwicklung und Implementierung nationaler Qualitätsstrategien arbeiten.

Teil 1

Teil 2

# Zunehmend internationaler Konsens: Definitionen von Qualität in der Gesundheitsversorgung

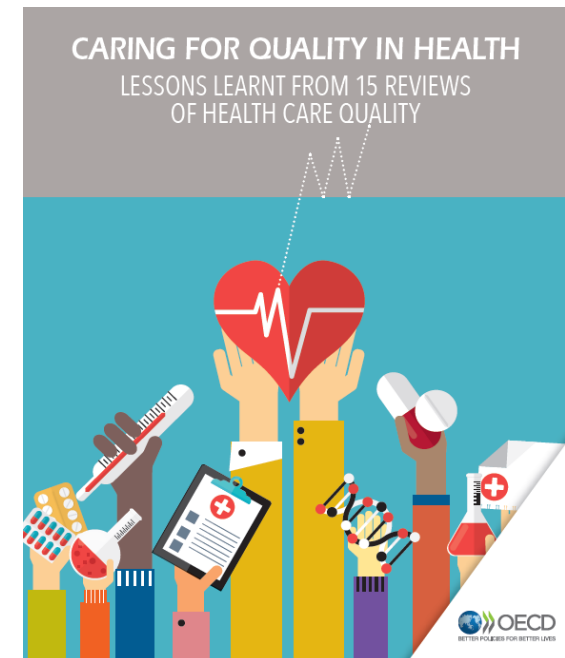
Institute of Medicine, IOM (1990)	Quality of care is the degree to which health services for <b>individuals and populations</b> increase the likelihood of <b>desired health outcomes</b> and are consistent with <b>current professional knowledge</b> .
Council of Europe (1997)	Quality of care is the degree to which the treatment dispensed increases the patient's chances of <b>achieving the desired results and diminishes the chances of undesirable results</b> , having regard to the current state of knowledge.
European Commission (2010)	[Good quality care is] health care that is <b>effective, safe and responds to the needs and preference of patients</b> . “Other dimensions of quality of care, such as efficiency, access and equity are seen as being part of a wider debate and are being addressed in other fora”
WHO (2018)	Quality health services across the world should be: <ul style="list-style-type: none"><li>• Effective</li><li>• Safe</li><li>• People-centred</li></ul> <p>Unsere Definition: Quality of care is the degree to which health services for individuals and populations are effective, safe, and people-centred.</p> <p>In order to realize the benefits of quality health care, health services must be timely [...], equitable [...], integrated [...], and efficient [...]</p>



# Theoretischer Rahmen 1: Framework of the OECD Health Care Quality Indicators project

- Drei Dimensionen von Qualität
  - Effektivität, Patientensicherheit, Responsiveness/Patientenzentrierung
- Vier Versorgungsbereiche
  - Prävention, Akutversorgung, Chronische Versorgung, Palliativversorgung

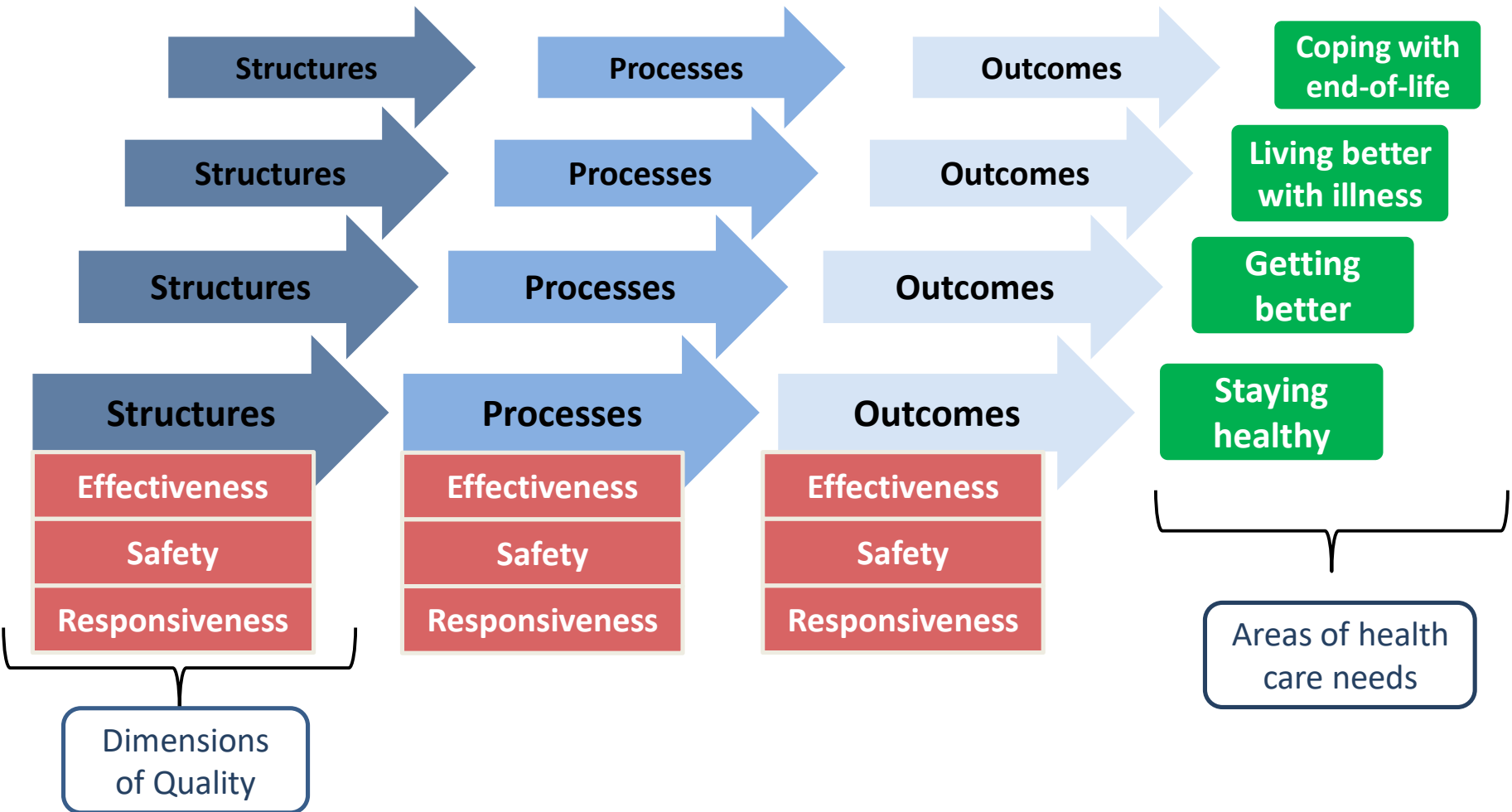
Current focus of HCQI project	Dimension			
	Quality		Responsiveness/ patient centredness	
Health care needs	Effectiveness	Safety		
1. Primary prevention			Individual patient experiences	Integrated care
2. Getting better				
3. Living with illness or disability/chronic care				
4. Coping with end of life				



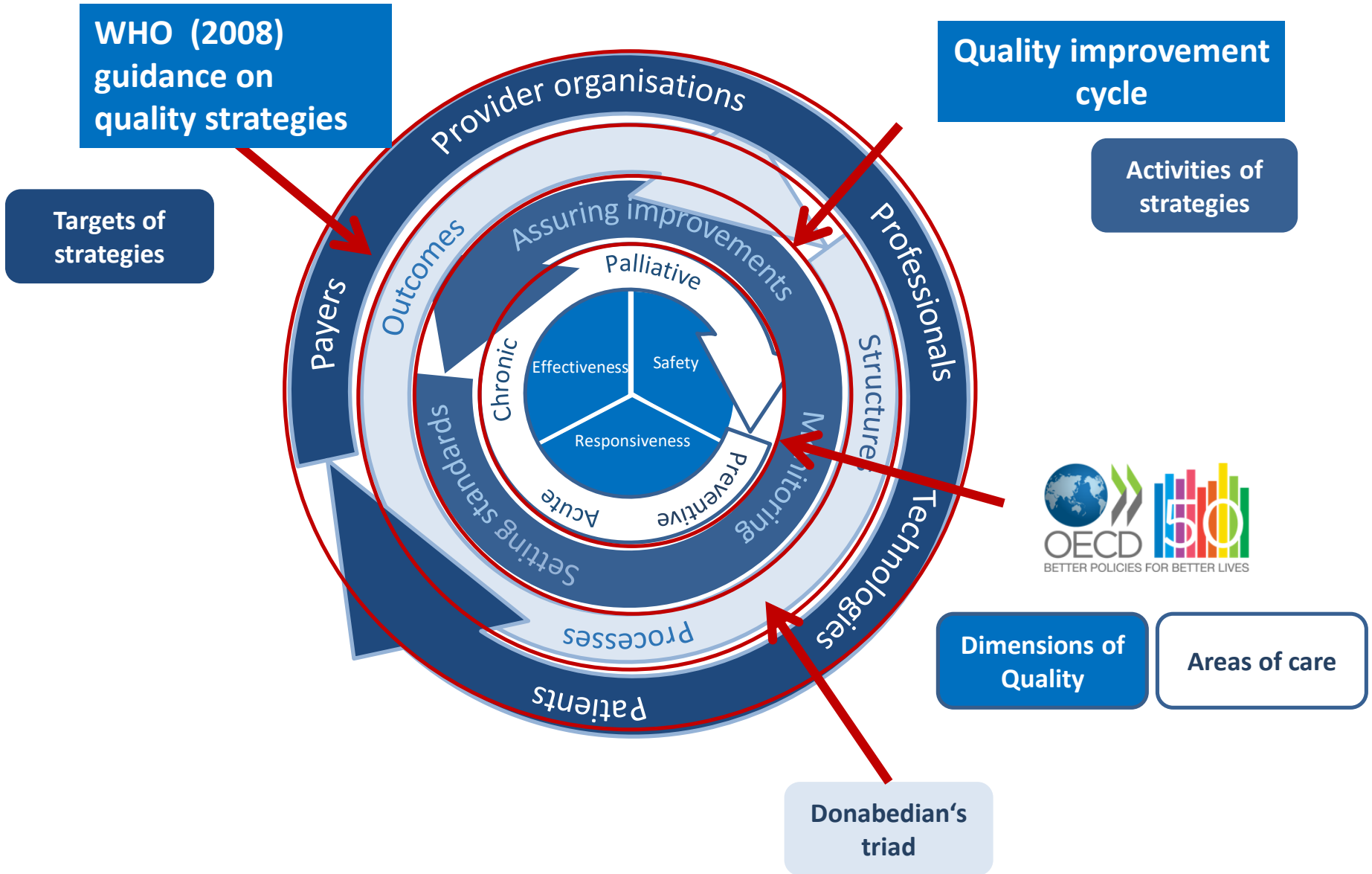
# Theoretischer Rahmen 2: OECD kombiniert mit Donabedian's Trias

Donabedian's quality triad

Wie lässt sich das mit der Idee des Quality Improvement Cycles zusammen bringen?



# Theoretischer Rahmen 3: Fünf Ebenen



WHO (2008) guidance on quality strategies

Targets of strategies

Quality improvement cycle

Activities of strategies

Dimensions of Quality

Areas of care

Donabedian's triad





# Teil 2 des Buchs: Fokus auf einzelne Strategien

<i>Chapter structure</i>	<i>Assuring Quality of System Structures/ Inputs</i>	<i>Steering and Monitoring Process Quality</i>	<i>Leveraging Processes and Outcomes of Care</i>
<i>(1) What are the characteristics of the strategy?</i>	<ul style="list-style-type: none"> <li>• Regulating the Input: Professionals</li> <li>• Regulating the Input: HTA</li> <li>• Regulating the Input: Health care facilities</li> <li>• External institutional strategies: accreditation, certification, supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Guidelines</li> <li>• Audit &amp; Feedback</li> <li>• Clinical Pathways</li> <li>• Patient Safety Strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Public Reporting</li> <li>• Financial Incentives</li> </ul>
<i>(2) What is being done in European countries?</i>			
<i>(3) What do we know about the strategy's (cost-) effectiveness?</i>			
<i>(4) How can the strategy be implemented?</i>			
<i>(5) Conclusions: lessons for policy-makers</i>			

# Assuring Quality of System Structures/ Inputs

	Characteristics	Implementation in Europe	Effectiveness
Regulating the Input - Professionals	A wide range of standards for professionals, including regulating entry requirements, continuous professional development...	Most countries have entry requirements and professional development requirements (for physicians and nurses), requirements are strongly influenced by EU regulations.	Very limited evidence on effectiveness of different parts of the strategy.
Regulating the Input: Health Technology Assessment (HTA)	HTA provides evidence base for decision-making on (cost-) effective and safe technologies.	National legal frameworks for HTA are in place in 26 Member State, mostly using HTA for pharmaceuticals but in 20 countries also for medical devices. Only in 18 countries, HTA agencies have more than 10 full-time staff and only in 4 countries they have more than 100 full time staff.	No formal studies assessing effectiveness. Effectiveness depends on rigor of applied HTA methods and process of implementing HTA results.
Regulating the Input: Facilities	Setting standards (third layer) for the structures of care that will lead to improved effectiveness, safety, and patient-centredness.	Some European wide standards for buildings and construction material apply. Most countries have general building standards. Some countries (e.g. UK, Finland, Germany) have health care specific standards.	Often inconclusive but some evidence exists that single-bed rooms, effective ventilation systems, good acoustic environment, nature distractions and daylight etc. are effective.
External assessment strategies	Accreditation, certification, and supervision encourage the compliance of healthcare organizations with published standards through monitoring.	Widely implemented in Europe. Most countries have market entry requirements (supervision), coupled with certification and accreditation strategies. There is no overview of certified/accredited institutions in different countries.	Little robust evidence that supports their effectiveness, no evidence on cost-effectiveness.

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Regulating the Input - Professionals	A wide range of standards for professionals, including regulating entry requirements, continuous professional development...	Most countries have entry requirements and requirements (licences), regulated by EU	Überraschend wenige verlässliche Studien
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Relativ weit verbreitet  
aber große  
Unterschiede in der  
Umsetzung

# Steering and Monitoring Process Quality

	Characteristics	Implementation in Europe	Effectiveness
<b>Clinical guidelines</b>	Guidelines provide standards that support clinical decision-making in order to reduce unwarranted variation of health care processes, mostly in order to improve effectiveness and safety.	Many countries have clinical guidelines. Leaders are Belgium, England, France, Germany and the Netherlands. Other countries with well established programmes are Denmark, Finland, Italy, Norway and Sweden.	Studies show mixed results regarding the effect of guidelines on outcomes, but a clear link with implementation modalities.
<b>Audit and Feedback</b>	Audit and feedback reviews professional performance based on explicit criteria of standards of care, with the aim to improve healthcare processes, thus leading to better effectiveness and safety.	The UK and the Netherlands are the countries in Europe that have the longest history of audit and feedback, but other countries have become increasingly active since the late 1990s, with prominent programs existing in Finland, Germany, Ireland, Italy, the Netherlands and the UK.	Numerous robust studies on the effects of audit and feedback show a small to moderate effect on professional compliance with desired clinical practice. Effect on patient outcomes less clear, although several studies indicate positive results.
<b>Patient Safety strategies</b>	A broad range of initiatives and interventions that foster safety of care at the system, organization and clinical level, using a range of different strategies.	In 2014, 26 EU countries had patient safety strategies or programmes, and patient safety standards were mandatory in 20 countries. 27 countries had adverse event reporting and learning systems, mostly at national and provider levels. However, only four countries had targeted patient safety education and training of health workers.	There is limited evidence about effectiveness but evidence about the costs of healthcare-associated infections (HAI), venous thromboembolism (VTE), pressure ulcers, medication errors and wrong or delayed diagnosis. Interventions that target these interventions are likely to be cost-effective.
<b>Clinical Pathways (CPWs)</b>	Pathways focus on standardizing healthcare processes to align clinical practice with guideline recommendations in order to provide high quality care within an institution (mostly hospitals).	The use of CPWs has been growing in Europe since the 1990's, beginning in the UK. Clinical pathways are currently being used in most EU and other European countries. The European Pathways Association has more than 50 national members. Increasing use of pathways was found in Belgium, England, Germany, and the Netherlands.	Available research found significantly improved clinical documentation and reduced hospital complications, while reductions in hospital mortality and readmissions were not significant. Most available studies found reductions in costs of hospital stays.

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Insgesamt ebenfalls weit verbreitet. Deutschland oft unter den Ländern mit starken Programmen.

Viele Studien mit positiven Ergebnissen für Audit and Feedback und Clinical Pathways

# Leveraging Processes and Outcomes of Care

	Characteristics	Implementation in Europe	Effectiveness
Public reporting	Public reporting is characterized by the reporting of quality-related information to the general public about non-anonymous, identifiable professionals and providers, using systematically gathered comparative data.	At least 10 countries in Europe publicly report quality at provider level. Relatively elaborated public reporting initiatives have been implemented in the United Kingdom, the Netherlands, Germany, and Denmark).	Several reviews found that public reporting is associated with improved care processes and a reduction of mortality, although the quality of available evidence is moderate or low. Public reporting has been found to be more effective if baseline performance is low.
Pay for Quality	Pay for Quality (P4Q) consists of a financial incentive being paid to a provider or professional for achieving a quality-related target within a specific time-frame.	Since the late 1990s. Fourteen primary care P4Q programmes and thirteen hospital P4Q programmes were identified in a total of 16 European countries. P4Q schemes in primary care incentivise mostly process and structural quality with respect to prevention and chronic care. P4Q schemes in hospital care incentivise more often improvements in health outcomes and patient safety.	Studies suggest small positive effects on process-of-care (POC) indicators in primary care but not in hospital care. Evidence on health outcomes and patient safety indicators is inconclusive. Cost-effectiveness is unlikely because of lacking effectiveness.

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Mehr als die Hälfte der Länder haben public reporting und viele P4Q.

Viele Studien – aber wenig verlässliche Evidenz: für beide eher positive Ergebnisse

# (Vorläufige) Schlussfolgerungen

- 1) Qualität ist multidimensional – die wichtigsten Dimensionen sind Effektivität, Patientensicherheit, und Patientenzentrierung/Responsiveness
- 2) Ein Fokus auf diese Dimensionen ist sinnvoll, um die Rolle verschiedener Strategien zur Qualitätssicherung und Qualitätsverbesserung zu verstehen
- 3) Verschiedene Strategien und ihre Effekte lassen sich anhand von fünf Ebenen analysieren:
  - a) Dimension (Effektivität, Sicherheit, Patientenzentrierung)
  - b) Versorgungsbereich (Prävention, akute, chronische oder palliative Versorgung)
  - c) Aktivität (Standardsetzung, Monitoring, Sichersellung von Verbesserungen)
  - d) Donabedian's Trias (Strukturen, Prozesse, Ergebnisse)
  - e) Target (Zahler, Personal, Organisationen, Technologie, Patienten)



- 4) Verschiedene Strategien ergänzen sich (hinsichtlich der fünf Ebenen) – und ein umfassender Ansatz zur Qualitätsverbesserung verwendet mehrere Strategien.
- 5) Die meisten Länder in Europa haben eine ganze Reihe von Strategien zur Qualitätssicherung und Qualitätsverbesserung implementiert.
- 6) Die meisten Strategien sind effektiv (zumindest hinsichtlich Prozessqualität), aber die Effektgröße ist häufig gering.
- 7) Es gibt nur sehr wenig Evidenz in Bezug auf Ergebnisqualität, Comparative Effectiveness, und Kosteneffektivität
- 8) Qualitätsinformationen sind zunehmend verfügbar, aber weiterhin häufig beschränkt auf spezifische Indikationen und einzelne Leistungserbringer.

Vielen Dank!

[www.mig.tu-berlin.de](http://www.mig.tu-berlin.de)

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