Policlinique Médicale Universitaire CH-Lausanne

Schweizerisches Gesundheitsobservatorium
Observatoire suisse de la santé
Osservatorio svizzero della salute
Swiss Health Observatory

IUMG Institut Universitaire de Médecine Générale
Faculté de Biologie et de Médecine
Université de Lausanne

SPAM Program

SWISS PRIMARY HEALTH CARE ACTIVE MONITORING

Explorer les performances et le fonctionnement de la médecine de premier recours

Nicolas Senn

SPAM
Swiss Primary Health Care Active Monitoring

Outline

- Need for monitoring Swiss Primary Care system
- Quality of available data in Switzerland
- Development of the SPAM program
- SPAM Network of family physicians
- Prevention in primary care (SPAM-prev)
- Conclusion
- Acknowledgments

Quality of care in Switzerland

- Limited information on the performances of the Swiss Health System

quement fondée. Ainsi avons-nous en Suisse une situation paradoxale: la qualité des prestations médicales est souvent décrite dans l'ensemble comme excellente, mais on ne dispose pas d'études scientifiques fiables pour le démontrer de manière plus nuancée.

Ref: rapport Suisse sur la santé 2008

Policlinique Médicale Universitaire CH-Lausanne

The SPAM program

2010

European project PHAMEU

Very few data available in Switzerland on functioning of PC

Develop specific program

2012

European project QUALICOPC

Provide information

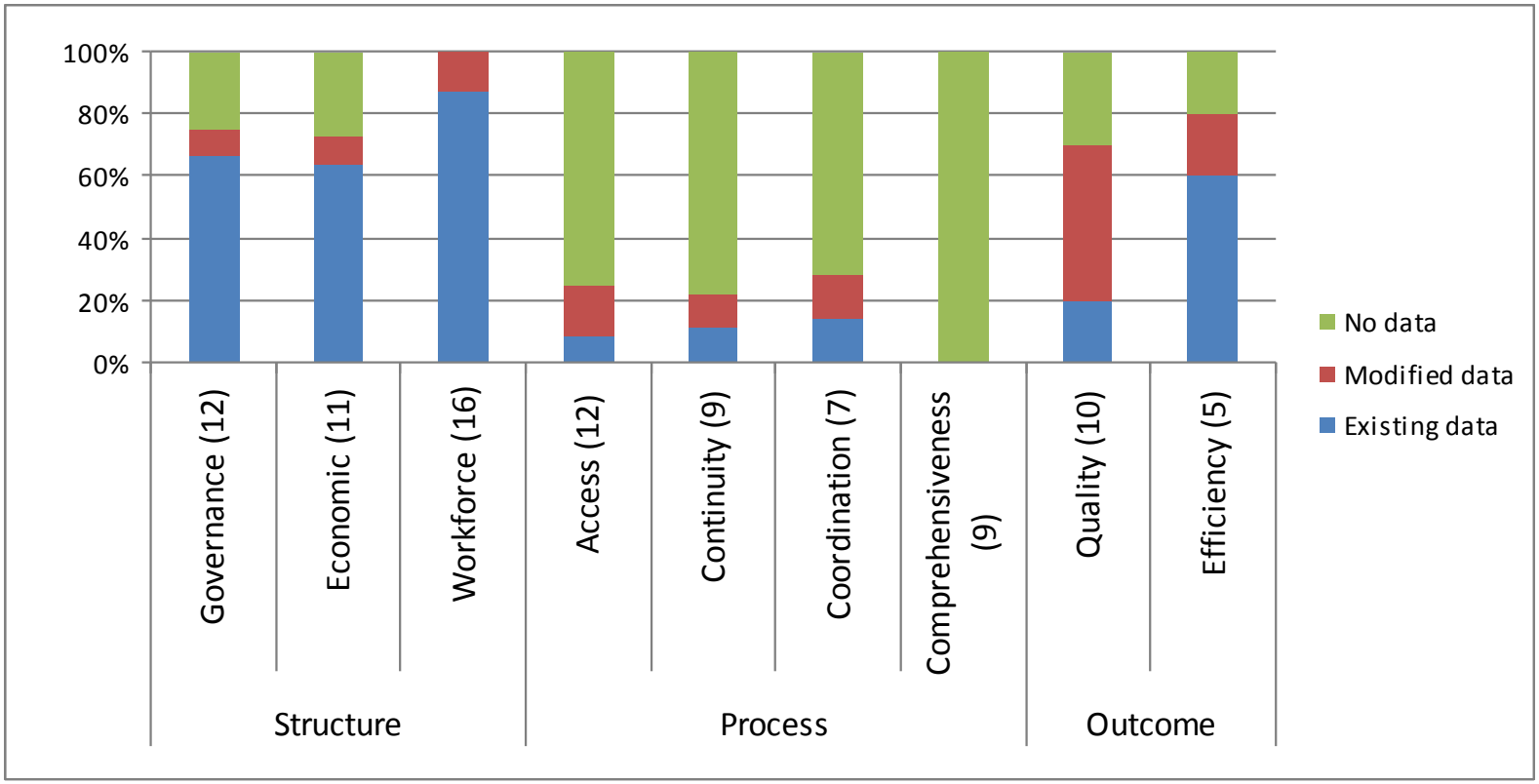
SPAM program:
Prospective, long term

The PHAMEU collaboration (2010)

- European project initiated by the Nivel (Netherlands Institute for Health Services)
- **Objective**: To develop a standardized and validated tool for the monitoring of PC in Europe
- PMU coordinator for Switzerland
- 142 indicators and sub-indicators
- Use of existing data in each country (no prospective data collection)

The situation of PC monitoring in Switzerland

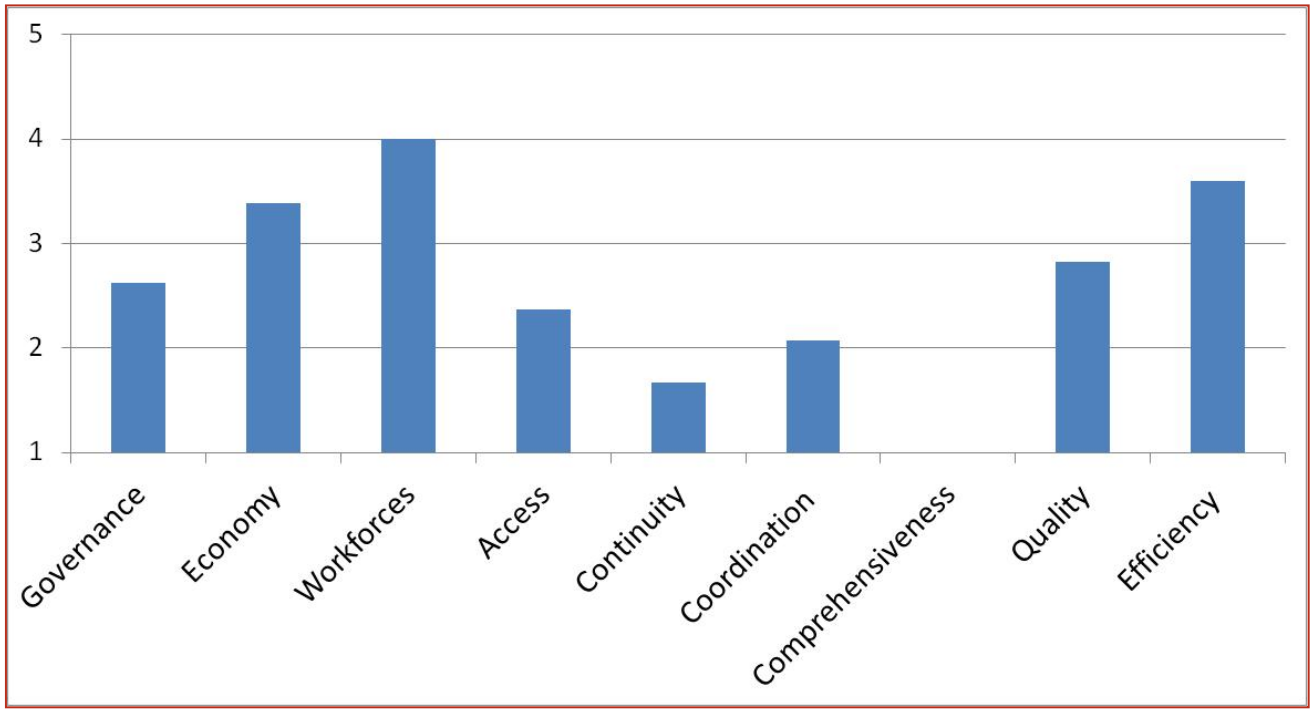
Proportion of PHAMEU indicators (out of 91) that have available data in Switzerland according to the field of monitoring (in parenthesis: total number of indicators)



Policlinique Médicale Universitaire CH-Lausanne

Ref: Senn et al, SGIM meeting (2011)

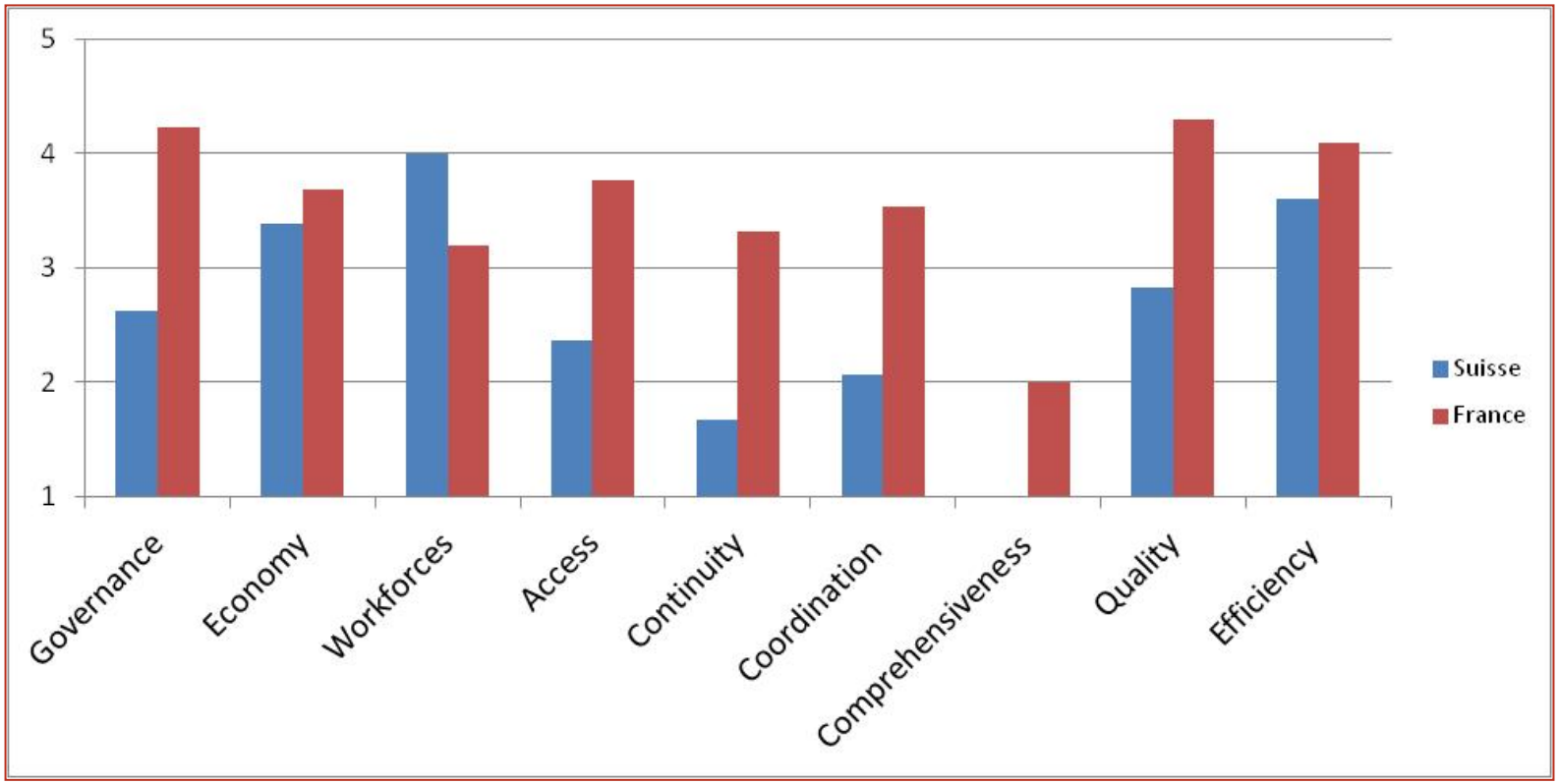
Average quality of data of PHAMEU indicators



5= excellent	National surveys (statistics) and peer-reviewed scientific literature
4 = very good	National grey literature | admin data
3 = good	Local grey literature, commented quantitative data| admin data (re-building data)
2 = limited	Row quantitative data, experts' estimates (economics)
1 = poor	Expert opinion or qualitative data

Ref: Senn et al., manuscript in preparation

… compared to France



Switzerland is missing good quality information on the functioning of primary care

Policlinique Médicale Universitaire CH-Lausanne

Schweizerisches Gesundheitsobservatorium
Observatoire suisse de la santé
Osservatorio svizzero della salute
Swiss Health Observatory

IUMG Institut Universitaire de Médecine Générale
Faculté de Biologie et de Médecine
Université de Lausanne

Development of the SPAM Program

SPAM
Swiss Primary Health Care Active Monitoring

Why SPAM?


Inbox
Spam, spam, sp
spam, sp
Just a name easy to remember !
tive Monitoring
SPAM
Mining Sequential Patterns

Objective of SPAM program (Swiss Primary Health Care Active Monitoring)

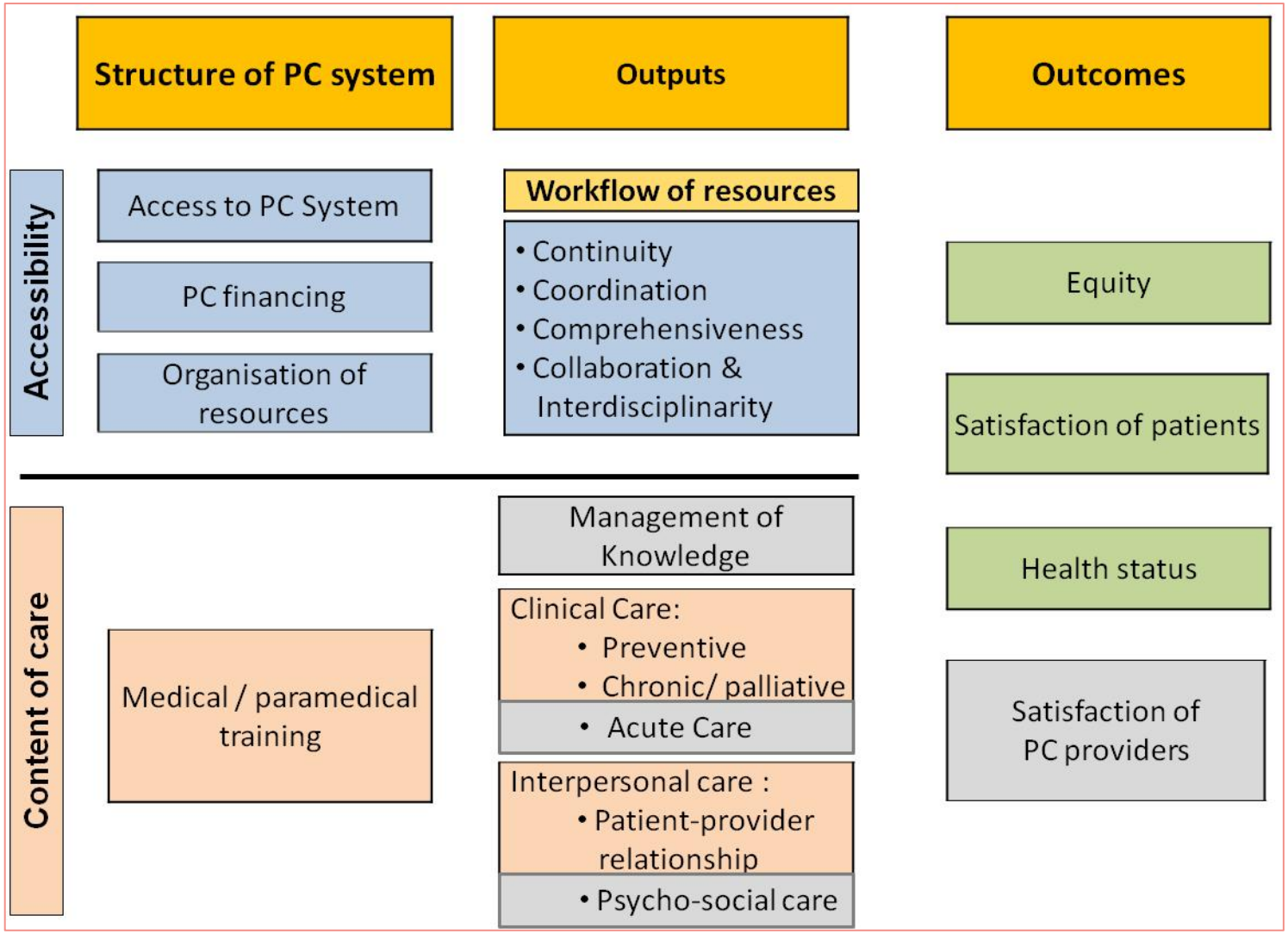
To develop a comprehensive monitoring tool aiming at better understanding the functioning of primary health care in Switzerland and identifying ways to improve quality of care

SPAM
Swiss Primary Health Care Active Monitoring

Steps of development of SPAM

- Development of a theoretical framework
- Selection of indicators
  - Based on the PHAMEU project (About 100 indicators)
  - Consensus process (RAND methodology) of all indicators by expert group
- Setting up data collection, mainly through the network of PC physicians
- Prospective data collection and analysis

Theoretical Framework for SPAM



Policlinique Médicale Universitaire CH-Lausanne

The RAND Method: Application to the development of SPAM indicators

In collaboration with IUMSP

(Institute of social and preventive medicine, Lausanne)

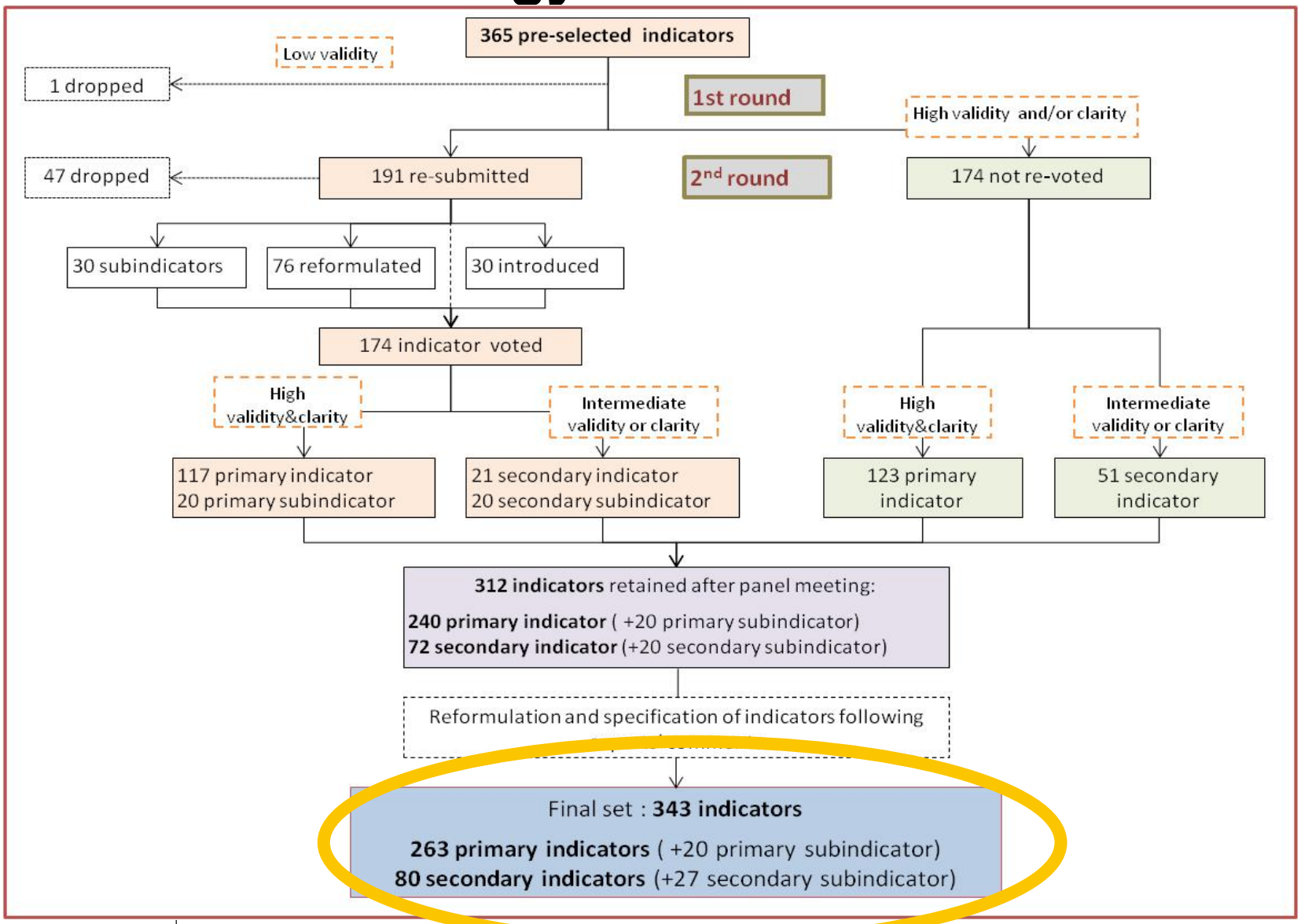
Policlinique Médicale Universitaire CH-Lausanne

SPAM
Swiss Primary Health Care Active Monitoring

The stages in the SPAM RAND process

- Pre-selection of indicators based on the PHAMEU collaboration
- Additional SPAM literature review for complementary indicators
- Set up of a representative panel of experts
- 1st rating round (vote by correspondence)
- 2nd rating round (panel meeting and revote)
- Criteria used in the RAND process for SPAM indicators:
  - **Validity:** The extent to which the indicator is an appropriate measurement of the functioning and performance of the PC system
  - **Clarity:** The extent to which the indicator is clearly stated

Process of selection of indicators based on the RAND methodology



Example of SPAM indicators

1.2.1 Total PC expenditure	
33	Ratio of total expenditure on PC / total expenditure on health
1.2.2 Expenditure on prevention and public health	
34	Ratio of total expenditure on prevention and public health / total expenditure on health
1.2.3 Total PC coverage	
35	% of the population fully covered or insured for costs and services
36	% of the population fully covered by social insurance for costs and services
37	% of cost and services of PC paid out-of-pocket as a ratio of the total expenditure for PC

4.1.7 Health education (group wise)	
158	% of GPs conducting a group wise health education to their patients
4.1.8 Preventive care	
159	% of GPs providing : **SKIN SCREENING** (FOR SKIN CANCER)
160	% of GPs providing: **IMMUNIZATION FOR TETANUS**
161	% of GPs providing: **ALLERGY DESENSITIZATION**
162	% of GPs providing: **TESTING FOR SEXUALLY TRANSMITTED DISEASES**
163	% of GPs providing: **SCREENING FOR HIV/AIDS**
164	% of GPs providing: **INFLUENZA VACCINATION FOR HIGH-RISK GROUPS**
165	% of GPs providing: **CERVICAL CANCER SCREENING**
166	% of GPs assuring/ verifying the exam/follow-up of **BREAST CANCER SCREENING** (mammography)
167	% of GPs assuring/ verifying the exam/follow-up of **CERVICAL CANCER SCREENING**
168	% of GPs assuring/ verifying the exam/follow-up of **COLON CANCER SCREENING**
169	% of GPs providing: **BLOOD SUGAR CONTROL**

Last step: 3rd round of expert consensus (DELPHI)

- Validation of the present structure, formulation and selection of primary and secondary indicators
- Identification of 30-40 priority indicators that will be used for regular monitoring of Swiss PC. Every domain/ chapter/section should be represented
- Currently on going (October 2013)

Future developments of “global” SPAM

- A fact-sheet will be generated for each indicator.
- The priority indicators will be used for regular update (1-2 years) and monitoring of the Swiss PC system.
- A first report on the functioning of PC in Switzerland based on priority indicators will be issued in 2014

6. Template of indicator fact sheet

Domain	**Chapter**	**Section**
Subsection:		
Indicator:		
Descriptive Definition		
Method of Calculation	**Formula: .../.....x...**	
	Numerator	*Descriptive Definition*
		Inclusions
		Exclusions
	Denominator	*Descriptive Definition*
		Inclusions
		Exclusions
Stratification		
Interpretation		Further Analysis
Indicator Rationale		
Results	**Indicator**	
	Indicator subcategories	
Graphic chart		
Data Source		
Notes		**Definitions of Terms**
References		

Policlinique Médicale Universitaire CH-Lausanne

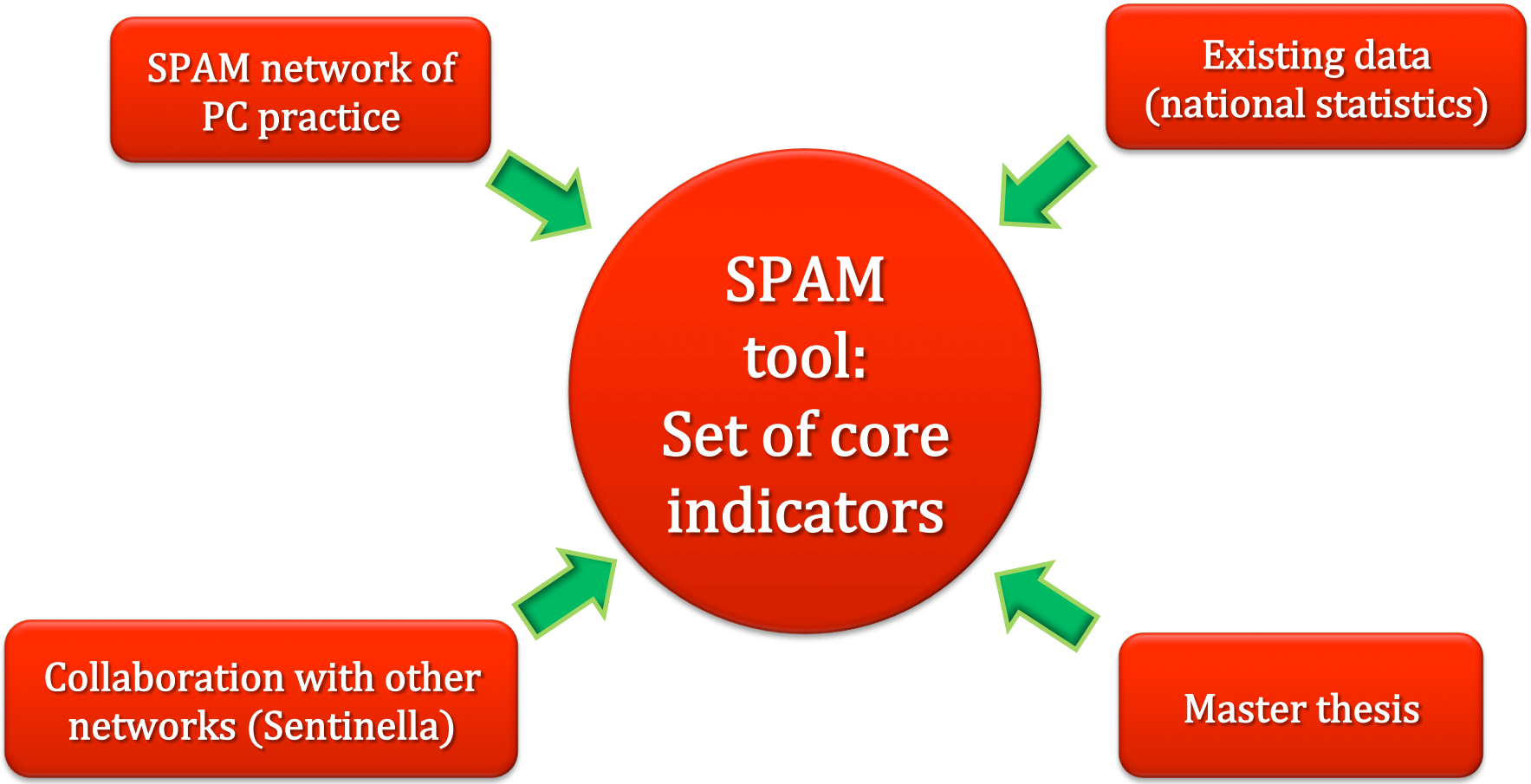
Schweizerisches Gesundheitsobservatorium
Observatoire suisse de la santé
Osservatorio svizzero della salute
Swiss Health Observatory

IUMG Institut Universitaire de Médecine Générale
Faculté de Biologie et de Médecine
Université de Lausanne

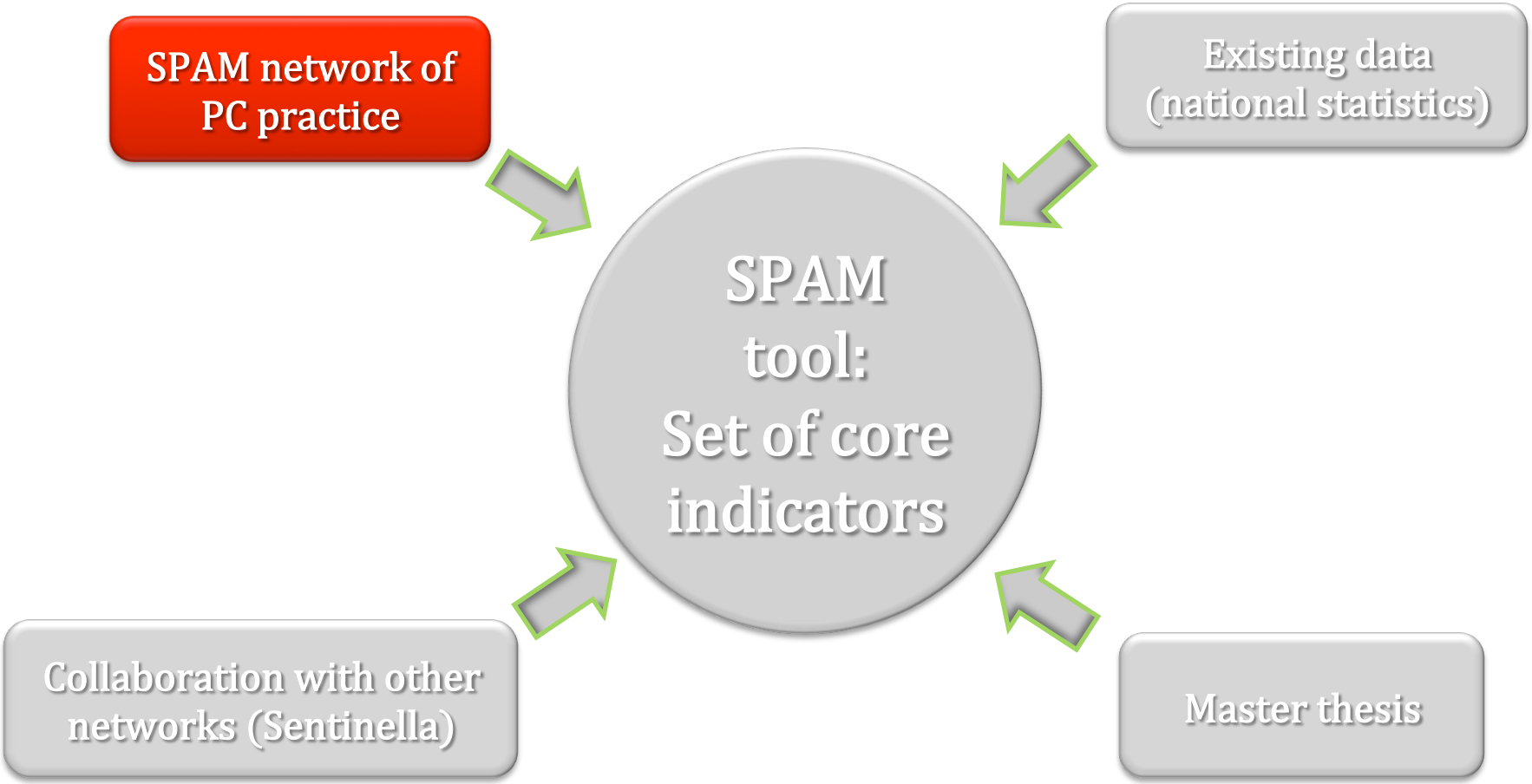
Basis for collecting data: The SPAM network of PC physicians

SPAM
Swiss Primary Health Care Active Monitoring

COLLECTION OF DATA FOR SPAM



COLLECTION OF DATA FOR SPAM



Objective of the SPAM Network

- Develop a Network of **200 GP's** for data collection adapted to the needs and context of Switzerland
- Main required features:
  - Feasible
  - Representative of Swiss GP's
  - Allow prospective and regular data collection
  - Accepted
  - Research tool to explore the functioning of the health system.

Method: random sampling

- Opportunity: the QUALICOPC study
- **A random pre-selection of 2027 GP's** was drawn from more than 7000 members of the combined lists of the Swiss Family Physicians and Paediatricians Association (MFE) & Swiss General Internal Medicine Society (SSMI).
- The draws were stratified by canton.

Geographic distribution of the 200 GP's

Representativeness of the Network

	SPAM	Comparative group	P-value
Female	23 %	21 %	p = 0.63
Mean age (estimated on base of diploma- year)	53.8 years	53.4 years	p=0.68
-German -French -Italian	62% 35% 4%	76% 23% 1%	p=0.02

Specific developments: Prevention in primary care (SPAM – Prev)

- **Primary Study objective**

  To conduct monitoring of preventive care in family medicine practices using SPAM key indicators and framework

- **Specific objectives**
  - To investigate the organizational aspects of primary practices that may impact on preventive activities
  - To investigate the processes of preventive care provided by family practitioners
  - To investigate the impact of preventive care activities on patients' outcomes
- Sponsored by a grant of the Bangerter Foundation (2013-15)

SPAM – prev: milestones

Finalize SPAM indicators for prevention + key indicators	2013 (completed)
Develop questionnaires in French for PC physicians & Patients	2013, completed (on going for patients)
Pilot study on prevention and organizational determinants	2013, on going
Translate and validate questionnaires in German and Italian	2014
Ethical committee	2014
Collect data in PC practices (+ data enter, by field workers or DOC-R)	2014 (partly achieved in 2013)
Analyze data	2015

SPAM – Prev: Pilot study

- Master thesis (S. Andrey, University of Lausanne) aiming at:
  - Test feasibility of using on-line survey for data collection through SPAM network (French part)
  - Collecting data for SPAM preventive indicators
  - Investigate the organizational aspects of primary practices that may impact on the conduct of preventive activities with a focus on smoking counseling
- Expected results: mid 2014

Conclusions

- SPAM is a comprehensive tool able to better understand the functioning of PC and identifying ways to improve quality of care
- SPAM has the potential to provide useful information to health professionals, public health authorities and researchers
- The SPAM program develops along 2 axes:
  - Global monitoring of PC in Switzerland
  - Assessment of specific domains of PC (prevention, organization,..)

Partners

SPAM
Swiss Primary Health Care Active Monitoring

- **Investigators:**
  - Department of Ambulatory Care and Community Medicine (Policlinique Médicale Universitaire, PMU) , Lausanne
  - University Institute of Family Medicine (IUMG), Lausanne
  - Swiss Health Observatory, Neuchâtel (Obsan)
- **Supported by:**
  - Swiss Society of General Internal Medicine (SSMI)
  - Swiss Association of family physicians and pediatricians
  - Swiss Federal Office of Public Health
  - Swiss Academy of Medical sciences (Bangerter Foundation)

Societati Scientiae Medicinali Et

Hausärzte Schweiz
Berufsverband der Haus- und Kinderärztinnen Schweiz

Schweizerische Gesellschaft für Allgemeine Innere Medizin
Société Suisse de Médecine Interne Générale
Società Svizzera di Medicina Interna Generale
Swiss Society of General Internal Medicine

Policlinique Médicale Universitaire CH-Lausanne

IUMG Institut Universitaire de Médecine Générale
Faculté de Biologie et de Médecine
Université de Lausanne

Schweizerisches Gesundheitsobservatorium
Observatoire suisse de la santé
Osservatorio svizzero della salute
Swiss Health Observatory

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Département fédéral de l'intérieur DFI
Office fédéral de la santé publique
OFSP

Aknowledgements

- PC physicians of the SPAM network
- Members of the SPAM experts' panel
- Members of the SPAM copil
- SPAM research team, PMU

SPAM
Swiss Primary Health Care Active Monitoring

Merci!♪

SPAM Expert Panel Members

OBSAN	Observatoire suisse de la santé
OFS	Office féderal de la statistique
CMPR	Collège de Médecine du Premier Recours
OFSP	Office Féderal de la Santé Publique
FMH	Swiss Medical Association
MFE	Médecins de famille et de l'enfance suisse
IUMSP	Institut universitaire de médecine en santé publique
SSMI	Societé Suisse de Médecine Interne Générale
IUFRS	Institut universitaire de formation et de recherche en soins
CDS	Conférence suisse des directrices et directeurs cantonaux de la santé
Swiss TPH	Swiss Tropical and Public Health Institute
PARL	Member of the Swiss Parliament
IUMG	Institut Universitaire de Médecine Générale
IHAMB	Institut für Hausarztmedizin Basel
INSPQ	Institut national de santé publique su Quebec
OVS	Observatoire valaisan de la santé

First results: sample

Patients of GP's in Switzerland	
Average number of Patients/GP	1808
Mean consultation time (min)	19.6
Number of patients' contacts /day	
face to face	24
telephone	6.4
Emails	1.5

Use of computers in GP practices	
% of GP with computer	100
Purpose	
Appointment	49.8
Billing	98
Writing prescriptions	55.3
Medical records	46.2
ding letters to specialists	87.9
Record test results	52.3
Web medical information	90.5
prescription to pharmacy	29.2

The QUALICOPC project

- **Objective:**

  To evaluate PC systems in Europe against criteria of quality, equity and costs
- **Method: prospective survey in each country**
  1. Questionnaire for **200 GPs**
  2. Questionnaires for **2000 patients**
  3. Short fieldworker survey
- Took place in 2012 with SPAM Network

Example of questions

C. Votre pratique de la prévention contre le tabagisme

24. Dans votre cabinet, qui s'occupe des conseils donnés aux fumeurs? Plusieurs réponses sont possibles.

- [ ] Le médecin généraliste.
- [ ] L'assistante médicale.
- [ ] Une infirmière spécialisée.

Autre, veuillez préciser:

25. Dans votre cabinet, à quelle fréquence vous renseignez-vous sur le statut tabagique de vos patients ?

	(presque) Toujours	Souvent	Parfois	Rarement
I. Si c'est un nouveau patient qui vient pour une première consultation en ambulatoire.	○	○	○	○
II a). Si c'est un patient suivi dans votre cabinet qui se présente pour une consultation en urgence concernant une pathologie respiratoire.	○	○	○	○
II b). Si c'est un patient suivi dans votre cabinet qui se présente pour une consultation en urgence concernant une pathologie autre que respiratoire.	○	○	○	○
III. Si c'est un patient suivi dans votre cabinet qui vient pour une consultation de suivi médical.	○	○	○	○
IV a). Si c'est un patient pas suivi dans votre cabinet qui vient pour une urgence concernant une pathologie respiratoire.	○	○	○	○
IV b). Si c'est un patient pas suivi dans votre cabinet qui vient pour une urgence concernant une pathologie autre que respiratoire.	○	○	○	○

26. De quelle(s) façon(s) reportez-vous le statut tabagique de vos patients dans leur dossier médical? Plusieurs réponses sont possibles.

- [ ] Je le reporte dans une rubrique spécifique au tabagisme.
- [ ] Je le reporte dans une rubrique spécifique à la prévention.
- [ ] Je le reporte dans l'anamnèse générale du patient.
- [ ] Je le reporte, mais pas à un endroit spécifique (parfois dans l'anamnèse, parfois sous prévention, ...).
- [ ] Je ne le reporte habituellement pas.

Autre, veuillez préciser:

27. Que reportez-vous plus précisément dans le dossier médical de vos patients lorsque vous y reportez leur statut tabagique? Plusieurs réponses sont possibles.

- [ ] Je reporte le nombre d'Unité-Paquet-Année (UPA).
- [ ] Je reporte le nombre de cigarettes fumées par jour.