



Helsana

Quality indicators for the measurement of quality of primary care in Switzerland: a milestone for more transparency of quality of care?

Eva Blozik^{1,2,3} Oliver Reich¹ | Martin Scherer²

1 Health Sciences, Helsana, Zürich 2 Institute of Primary Care, University Medical Centre Hamburg-Eppendorf 3 Department of Medicine, University Medical Centre Freiburg i. Br.

Background and aim

The level of quality of care of ambulatory services in Switzerland is almost completely unknown. Quality indicators (QI) are measurable items to assess, compare, and improve quality of health services. The present project aims to develop and evaluate QI for the measurement of quality of primary care for use on health insurance claims data. These data are preexisting and nationwide available which provides an excellent opportunity for their use in the context of health care quality assurance.

Methods

Internationally renowned and rigorously developed pre-existing clinical practice guidelines and QI build the basis:

- S3 guidelines of the German association of primary care and family medicine
- German National Disease Management Guidelines
- QiSA (QI for primary care, developed by the AQUA Institute).

An independent interdisciplinary expert group including representatives from primary care, academia, innovative health plans, consumer and patient organisations, health insurances, and cantons rated potential QI based on criteria such as strength of evidence, burden of disease, relevance for public health, and risk for unwarranted incentives.

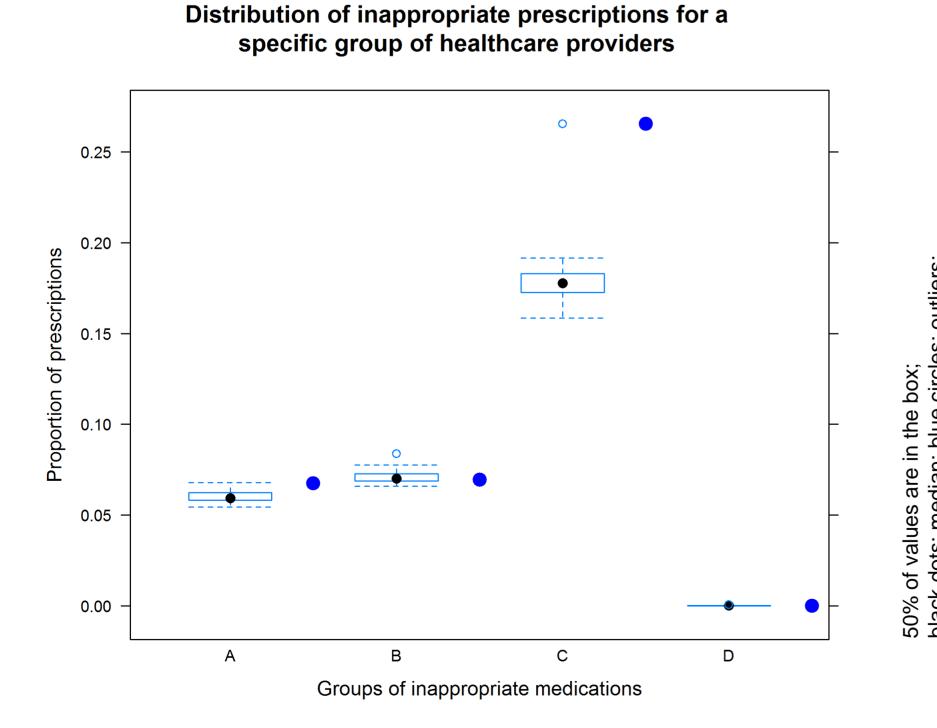


Figure 1: Box plot for illustration of the potential to compare care models and individual healthcare providers using QI

Current status of the project

- Extraction of guideline recommendations and QI from 12 National Disease Management Guidelines, 12 QiSA indicator sets and 8 primary care S3 guidelines
- Selection of items derivable from health insurance data: 49 potential QI
- Rating of potential QI by expert group:
 - > 19 QI consistently suitable and appropriate
 - 16 principally eligible
 - 14 rather inappropriate
- 1. Workshop with experts
 - consensus process resulting in a prelemary set of 23 QJ qualifying for feasibility test
- Evaluation of feasibility using claims data of persons with basic health insurance with the Helsana Group
- 2. Workshop with experts
 - consensus process resulting in a final set of 24 QI

Example Topic General aspects, efficiency (7) N consultations with different specialists Drug safety (2) Proportion with inscreased use of sedatives Care for elderly (4) Proportion with polypharmacy Asthma/ COPD (2) Disease-specific hospitalisation rate Diabetes mellitus (5) Proportion with annual lipid profile Cardiovascular diseases (4) Proportion with ASS after myocardial infarction

- Validation: Evaluation of convergent, discriminative,
 - concurrent and predictive validity



Conclusion

- > The present project provides the *first nationwide evidence*based opportunity to measure quality of care of ambulatory services in Switzerland.
- > The intention of the project is to *foster quality measurement* which, in turn, will help to evaluate and continuously ameliorate this first set of QI.
- > Explicit criteria for the assessment of quality of primary care will *increase transparency* which is a necessary condition for an objective discussion about how to make our health care system more efficient and enhance quality.
- > Comparisons of care plans will *launch the discussion* about how to increase collaboration and continuity of care.

Literature

Programm für Nationale VersorgungsLeitlinien, Qualitätsindikatoren, Manual für Autoren http://www.aezq.de/mdb/edocs/pdf/schriftenreihe/schriftenreihe36.pdf

Contact

PD Dr. med. Eva Blozik MPH, Department of Health Sciences, Helsana, Zürich eva.blozik@helsana.ch www.helsana.ch)