Quality measurement in medicine: is this possible?

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Concept of "quality assurance and development in the healthcare sector"

- For the medical community in Switzerland, quality assurance and development has long been an integral part of their daily work: a fact which is underlined by the AO Foundation, a study group set up on 6 November 1958 to conduct research into bone healing.
- The code of deontology is binding for all FMH members and is also of importance as a code of conduct to be followed by all doctors in the Swiss medical community.
  - Quality assurance in medical work is mentioned as early as Art. 1 of the code (Purpose).
  - Art. 3: Doctors utilise the resources at their disposal to ensure the quality of their work.

Concept of "quality assurance and development in the healthcare sector"

- This concept of quality assurance and development has been institutionally enshrined by the SAQM, founded by the FMH in November 2012.
- The SAQM
  - promotes all aspects of medical quality assurance of benefit to patients, family members and doctors.
  - supports the development of a quality structure and is committed to a high standard of quality data collection and quality projects.
  - promotes collaboration within the medical community on quality-related issues, and supports the networking of quality activities pursued by specialist societies
  - involves partners within the health sector
- Definition of medical quality provided by the specialist societies

Position of FMH

Quality transparency serves internal quality management

- Quality transparency is the basis for internal quality management
- Systematic, ongoing quality work enables strengths and weaknesses to be identified.
- The primary goal must be to increase benefits and not to reduce costs, otherwise there is a risk of rationing.
- Benefits for patient safety
- Everyone profits from a transparent quality culture: patients, service providers and cost bearers

Principles of quality data

- The FMH is committed to undistorted competition.
- The data collected must be comprehensive, validated and relevant.
- Their collection and deployment must comply with the law.
- The stakeholders must be involved in order to ensure appropriate cross-referencing and correct interpretation.

Transparency tailored to each target group

- Fair comparison of treatment and target group specific transparency
  - As with the requirements for the medical patient information, publications of quality data must not be confusing.
  - Not all quality data can be interpreted in the same way or are useful for different target groups. So not all quality data are suitable for broad publication.
  - Patients' needs must be incorporated just as much as the needs of administrators, insurers and politicians.

Quality also for data collection, evaluation and publication (1/2)

- Here, too, the criteria of efficacy, practicality and cost-effectiveness apply, but rather than being limited to the standpoint of treatment costs as per the Health Insurance Act, they are viewed and applied from a general economic and sustainable standpoint.
- Incorrect or incorrectly analysed medical quality data prevent the medical community from attesting to the good quality of its services and not only distort the picture, but also demotivate and act as a disincentive.
- Only the publication of correct quality data which can be understood by the recipient can have a positive effect.

Quality also for data collection, evaluation and publication (2/2)

- Figures only become meaningful if they are accompanied by adequate interpretation aids.
- Publishing quality data only makes sense if the data actually represent the quality of a treatment.
- To enable indicators to make statements about the quality of medical treatment, they must therefore be defined, applied and interpreted in conjunction with the medical community.

SAQM measures - two examples

Patient Centred Outcome Registry pilot project – PCOR

- Objectives:
  - Promotion of needs-appropriate treatment
  - Patient-centred indication and outcome assessment
  - Optimisation of therapy management
  - Establishment of an "expert system"
- What is recorded:
  - Diagnosis
  - Co-morbidity
  - Therapy
  - TC12: The patient-centres therapy censor consists of 12 questions (TC12) on pain, quality of life, indirect costs, treatment objective, ability to work and need for care.

Patient Centred Outcome Registry pilot project – PCOR

- As part of the Patient Centered Outcome Registry (PCOR) pilot project, from March 2017 interested service providers will begin to collect data on diagnosis, therapy, secondary ailments, quality of life, indirect costs and achievement of the treatment objective for each patient.
- The data will be stored in the national register and the analyses made available to all participating service providers. A service provider can estimate whether the treatment provided has achieved the defined objective (goal achievement), and determine the change in quality of life and indirect costs.
- The PCOR focuses on the patient and serves as a quality instrument to promote quality of treatment.

Recommendations for setting up and managing a health-related register

Issuing organisations

Universitäre Medizin Schweiz
Médecine Universitaire Suisse

Recommendations

DIE SPITÄLER DER SCHWEIZ
LES HÔPITAUX DE SUISSE
GLI OSPEDALI SVIZZERI

SAMW ASSM
Schweizerische Akademie der Medizinischen Wissenschaften
Académie Suisse des Sciences Médicales
Accademia Svizzera delle Scienze Mediche
Swiss Academy of Medical Sciences

FMH

1. Goals

- Formulate standardised criteria for register, applicable nation-wide
- Provide guidance for all register participants
- Increase the quality and benefits of current and future registers
- Define standardised data pools, structures and processes
- Protect the privacy rights of individuals providing data
- Create synergies, avoid duplication
- Regulate the use of data for research and quality assurance

2. Application

- Minimum standards for setting up and management/upkeep
- Not legally binding but high acceptance thanks to consultation of all key actors in the healthcare sector
- Tailored to the goals, scope and application area of the individual registers
- Check-list for effective checking

Quality measurement in medicine: is this possible?

Yes, but…

Yes, but…

- From the outset, medical organisations must be transparently and bindingly involved in formulating, defining and implementing the quality measurements.
- Every quality measurement must be conducted transparently, comprehensively, and according to predefined methods.
- Every quality measurement must be published transparently, comprehensively, correctly and according to predefined methods.
- The benefit, issues and purpose behind the quality survey must be known, comprehensible and accepted.
- Quality measurement primarily serves the patient and the internal quality assurance system.

Questions and discussion

Many thanks for your attention.

If you have any questions, please do not hesitate to contact me:

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