

Is the quality of Estonian medicine on the European top level?

Turning faith into reality – a vision from clinicians

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Current situation in Estonia

- Are outcomes of Estonian healthcare on good European level?
- Quality of health care?
- On a large scale: “maybe, maybe not...”
- Mostly we objectively do not know
- Edward Deming: *„In God we trust; all others bring the evidence.”*



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Problems

- Without analysis of collected systematic data, detection of problematic areas is not possible or is deficient
- Without detection of problematic areas, actions for improvements are inadequate, nonsystematic and ineffective

What to do?

Vision:

“plan-do-check-adjust” process

Step 1:

- Define essential healthcare outcomes and indicators of quality by diseases

(survival, mortality, changes in quality of life, rates of complications, improvement of functional status, etc.)



Estonian Cancer Care Quality Assurance Requirements

(EESTI VÄHIRAVI KVALITEEDI TAGAMISE NÕUDED)

1. Chapter:

Assumptions on national level for quality assurance in cancer care

2. Chapter:

Requirements for cancer centers

3. Chapter:

Requirements for specialized structural units for cancer diagnostics and treatment



Estonian Cancer Care Quality Assurance Requirements: **Indicators**

35 indicators:

Qualitative indicators (availability of masterplans, quality managements systems, procedures, various informations for patients, personnel, equipment, etc.)

Quantitative indicators of quality:

- waiting times for diagnostics and therapies,
- proportions of patients in multidisciplinary meetings
- proportions of patients with supportive care plans, etc.

Outcome indicators :

- 1-year survival
- 5-year survival
- Mortality rates after operations



Step 2: Data collection

- How to collect data?
- Annual reports of hospitals and other health care providers do not contain information about treatment outcomes and quality criteria
- Registries ?
- Estonian Cancer Registry ?



Estonian Cancer Registry

Problems:

- Old and out-of-date data collection form
- Data transmission on paper – very inefficient
- Latest cancer incidence data from 2008
- No easily available information about cancer stages, histologies
- No reliable information about treatments
- No easily available information by different hospitals
- No regular reports about mortality and survival

Basically only cancer incidence data by cancer types, age, sex and regions on national level



Estonia keeps leadership position in implementation of e-health services in Europe

26. April 2013 in news:

- OECD and European Committee comparative report:
Estonia is a leader among 30 European states in implementation of IT solutions in healthcare
- According to the report in implementation of eHealth solution:
 - 1.-2. Denmark & Estonia
 3. Sweden
 4. Finland
 5. UK



Estonian E-Health

- The Estonian eHealth Foundation - promotes and develops national e-solutions within the health care system – creates solutions and offers services with the goal to assist in providing high-quality and accessible health care services.
- “Digilugu” – collects summaries of disease cases from all healthcare providers
- Collected summaries contain only textual data, which is not suitable for analyses



Vision: Step 2: Data collection

- Data for further outcome and quality analyses should be generated into databases when they are created – in everyday clinical work
- “Digilugu” and eHealth programs of health care providers should be developed for collection of structured data according to the defined and agreed outcome and quality criteria



Current situation:

Cancer care quality and outcomes analysis system in Tartu University Hospital

Combination of indicators from:

- Estonian Cancer Care Quality Assurance Requirements
- “Quality and Efficiency in Swedish Cancer Care, Regional Comparisons, 2011”
- Organisation of European Cancer Institutes Accreditation and Designation program

Systems waits currently eHealth IT developments



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Step 3: Systematic and regular analysis of collected data

Outcomes and quality indicators

Comparisons:

- between Estonian healthcare providers
- international data
- established standards

Levels:

- State
 - Hospital
 - Department
 - Individual doctor
-
- Continuous process, all patients with the same disease included



Step 4: Corrective actions

In case of deficiencies corrective actions:

- Changes in diagnostic or treatment strategies
- Changes in work organization
- Continuing education and training
- Investments
- Reimbursement corrections

Etc.



Main purpose of the healthcare system for society

- The only goal that reflects the true purpose of any health care system is maximizing value for patients, with value defined as the health outcomes achieved per euro spent.



Measuring and reporting of outcomes for every patient

- In order to improve value, it must be measured
- Measuring value in health care begins with measuring the outcomes of care
- Process measurements are not a substitute for measuring the actual outcomes of care



Next two days

- Theoretical background of quality and outcome measurement
- Implementations in Sweden and Denmark

- How to build up a health care quality and outcomes monitoring system for Estonia?
- Possibilities for international cooperation ?



Tänan!

Thank you!



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