



**Eesti
Haigekassa**



Health care quality – current state and future perspectives in Estonia

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Main topics

1. Quality of healthcare –
what it is and how to assess?
2. Role of the Estonian Health Insurance Fund in
improving healthcare
3. Effective quality system -
key elements and stakeholders

Health care quality - a modern definition

- ✓ Effective
- ✓ Efficient
- ✓ Accessible
- ✓ Acceptable/patient- centred
- ✓ Equitable
- ✓ Safe

Quality of care. A process for making strategic choices in health systems.
WHO 2006

An increasing demand for demonstrable evidence of optimal outcomes

- ✓ The continuing escalating costs of care have generated demands that such costs effectively achieve desired results
- ✓ There is unexplained variation in clinical practice and outcomes
- ✓ There is limited evidence of the effectiveness of medical care in improving the health and well-being of the population
- ✓ The growing role of information in patient empowerment and doctor-patient relationship

Proven quality implies performance measurement

- ✓ **Performance** – must be defined in explicit goals reflecting the values of various stakeholders
- ✓ Performance assessment requires reliable methods of measurement against **validated standards**
- ✓ **Indicators** (input, output and outcome) are the basis for performance measurement
- ✓ **Measurement** - implies objective assessment, but does not itself include judgement of values or quality
- ✓ Measurement is a value-free activity, **evaluation** means „putting a value“ on what is measured

Prerequisites of performance measurement and quality

✓ Structure

- Competence and responsibility (individual and institutional) - **licensing**
- Regulations and systematic supervision - **accreditation**

✓ Process

- Standards development– **clinical guidelines**
- Measurement and feedback –**indicators, data collection, audits, peer reviews**
- Attention to patient safety - **adverse events/complications reporting and analysing system**

Outcome

- ✓ is the result of efforts by healthcare providers to provide optimal care
 - clinical outcome
 - quality of life
 - patient satisfaction
- ✓ measurement is relevant, even if structure and processes are regulated and controlled

Performance improvement relies on the ability to measure, willingness to interpret and readiness to improve

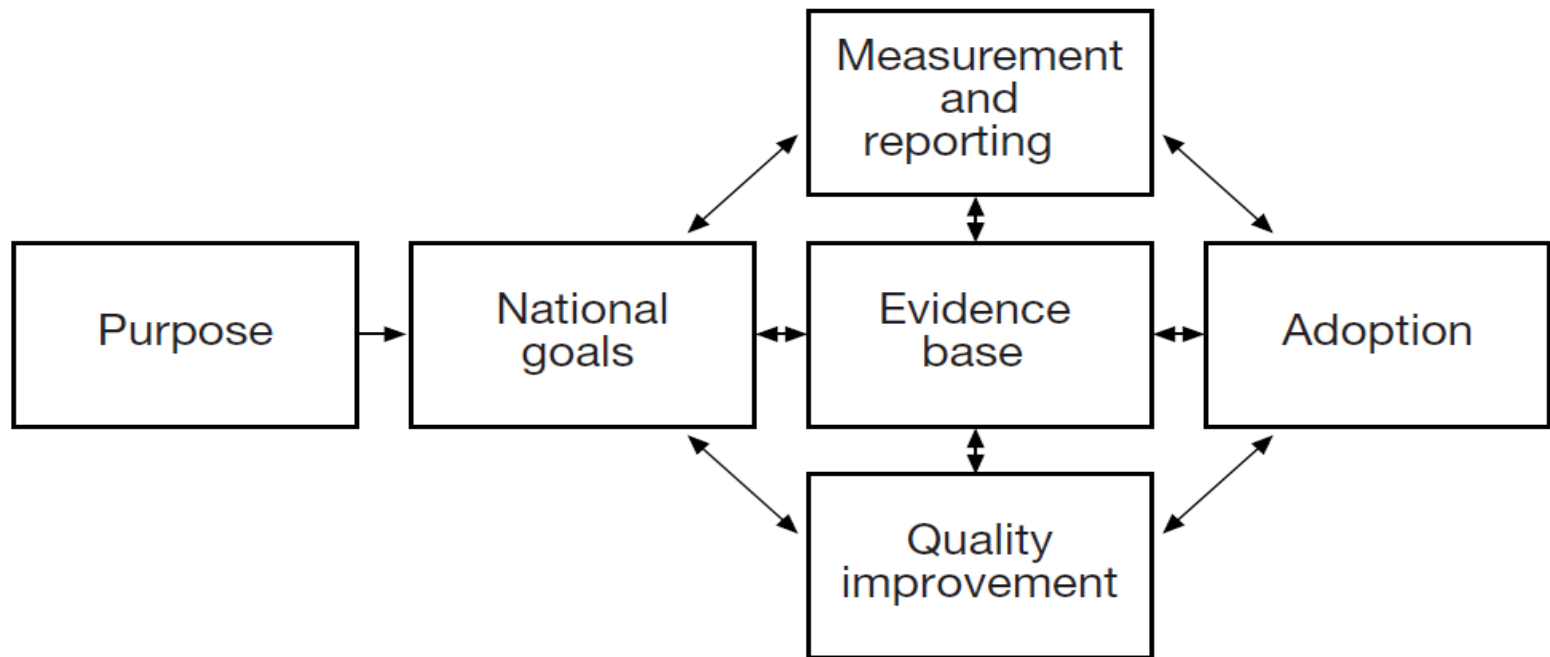


Fig. 4.1.2 Conceptual map of a quality measurement and reporting system

Source: McGlynn 2003

Measurement for Health System Improvement Experiences, Challenges and Prospects.
Peter C. Smith, Elias Mossialos, Irene Papanicolas and Sheila Leatherman. Europaen
Observatory on Health Systems and Policies. 2009

EHIF obligations

- ✓ „Insured persons have equal rights and equal opportunities to receive health insurance benefits“
- ✓ „Health insurance benefit is a high quality and timely health service ...“



- Ensure the quality of services provided to the insured persons
- Publish regular reports on the use of social tax revenues

EHIF activities in the last decade (1)

- ✓ **Family doctors quality bonus system since 2006**
 - 59 indicators (preventive activities and monitoring of chronic illnesses)
 - Participation / expected results
 - 2006 63% / 6%
 - 2012 97% / 53%
- ✓ **Clinical indicators - participation and support to PATH-group activities since 2006**

EHIF activities in the last decade (2)

- ✓ **Standards development - Estonian clinical practise guidelines**
 - updated handbook – based on EBM
 - Guideline Advisory Board leaded by the Medical Faculty and consists stakeholders
 - technical support by EHIF– guideline development process, web page, funding

EHIF activities in the last decade (3)

- ✓ Piloting of **indicators** (appendicitis, stroke) 2010...2012 in co-operation with clinicians
- ✓ **Annual Feedback Report** to the hospitals since 2012 (24 indicators)
- ✓ **Clinical audits**
 - funding 5 audits annually
 - process coordination
 - feedback to health care providers
 - methodology development under process

Future tasks in quality improvement – recommendations from international expert

- ✓ The aim to promote and enable the institutionalisation of quality and safety in hospitals and primary care
 - a shift from top-down to bottom-up responsibility
- ✓ Focus on
 - active purchasing
 - infrastructure support
 - providing data for performance management and benchmarking

Mission report: EHIF and quality of healthcare in Estonia. Charles Shaw; April 2013

EHIF existing strategies, further development needed

- ✓ **Clinical practise guidelines** – renewed methodology, implementation phase
- ✓ **Quality in contracts** – in process for 2014-2019
- ✓ **Monitoring (verification and enquiry)**– on-going process, developments possible
- ✓ **Clinical audit** – renewal in process (2013-2014)
- ✓ **Performance measurement** – system is under the development

*Mission report: EHIF and quality of healthcare in Estonia. Charles Shaw;
April 2013*

Resources for quality improvement

- ✓ **Time** – regular opportunity for systematic reflection with colleagues
- ✓ **Data** – access to relevant, complete and timely data, especially on clinical process and outcome
- ✓ **Information** – guidance on standards, access to EBM references
- ✓ **Skills** – co-ordination, technical skills and training in methodology

To take into account:

- ✓ measurement alone does not guarantee improvement
- ✓ culture and attitudes (especially of doctors) are more powerful change agents than technical interventions
- ✓ clinicians need to learn the new approach of evidence-based medicine

The principal question is:

How do we build system that delivers medical care in safe and reliable way regardless of the variation exerted on the process by individuals?

Key elements, existing in Estonia already

✓ Stakeholders

- **Health Board** >> increasing skills and capability
- **Medical Professional Associations** >> interested in quality assessment
- **University of Tartu**
 - ✓ Department of Public Health >> Health Technology Assessments development
 - ✓ Medical Faculty >>> Estonian clinical guidelines

✓ Technical environment

- e-Health >> collecting data

From elements to system – what should be done?

- ✓ Current weaknesses are lack of
 - 1) unifying policy, fragmentation
 - 2) patient centred approach
 - 3) EBM trainings
 - 4) co-operation either in Estonia and internationally for introducing and implementing best practices
- ✓ Due to good assumptions are possible to reach a systematic approach in the coming years

From elements to system – next steps

Coherent and coordinated framework of all stakeholders to achieve comprehensive health care quality system:

- ✓ based on international best practices in EBM (indicators, guidelines/protocols)
- ✓ achieves better results for patient – is outcome oriented and has a measurable impact on service delivery
- ✓ involves medical profession, academia, service providers, insurer and state

Accountability

- ✓ is the relationship between process and outcomes of care
- ✓ involves a provider of service, the recipient of that service, the payer for that service and a social context within which that exchange takes place
- ✓ means evaluation of both - the practitioner performance and organizational performance

Societal expectations to health insurance and clinicians are similar - we are contractors and have an obligation to provide the public with information on performance

„Systems awareness and systems design are important for health professionals, but are not enough.

They are enabling mechanisms only. It is the ethical dimension of individuals that is essential to a system's success.

Ultimately, the secret of quality is love. You have to love your patient, you have to love your profession, you have to love your God. If you have love, you can then work backward to monitor and improve the system.”

Avedis Donabedian