Progress Report: Health Care Quality Indicators Project

Meeting of OECD Health Data National Correspondents, 8 October, 2009, Paris
Project Objectives

- **WHAT** are the differences in quality?
- **WHY** do these differences exist?
- **HOW** can quality of care be improved?
Project Objectives

• WHAT are the differences in quality?
Conceptual Framework

- Effectiveness
- Safety
- Responsiveness (Patient Experiences)

Effectiveness

• Main indicator development focus up until recently (20+ indicators)

• Expansion in 2008-09:
  – Health Promotion, Prevention & Primary Care
    ➢ Primary care - potentially preventable admissions for chronic conditions (9 indicators)
  – Mental Health
    ➢ Re-admissions within 30 days (2 indicators)
Effectiveness

• Publication in *Health at a Glance* in December.
• Health Promotion, Prevention and Primary Care Subgroup meets on 22 October:
  – To revisit all 9 primary care indicators:
    • Technical definition and coding issues
    • Potential explanatory and confounding factors
    • Potential for meaningful composites
  – Extension to paediatric primary care indicators?
  – Obstetrics and midwifery indicators?
• No further work on mental health indicator development planned for immediate future.
Patient Safety

• More recent focus.

• After 2 rounds of pilot data collection in 2007 and 2008, 7 indicators were considered robust enough to warrant inclusion in HCQI data collection for 2008-09.

• Decision to not publish in *Health at a Glance* this year but instead release an OECD *Working Paper* in November.

• Patient Safety subgroup to meet on 23 October to consider further approaches to improving data comparability:
  – Refinement of technical specifications
  – Impact of coding practices and classification systems
  – Potential for data adjustment methods
Responsiveness/Patient Experiences

• Most recent development work
• Culminated in endorsement of 2 lines of work:
  1. Development of a short population-based survey tool of about 20 questions that could be used for routine measurement of patient experiences of health care across OECD countries and the following domains:
     – Access
     – Autonomy
     – Communication
  2. Cross national information sharing on national systems of patient experiences measurement.
Responsiveness/ Patient Experiences

Expert subgroup met 25 September to consider:

1. Draft questionnaire on ambulatory care

2. Ongoing development plan for 2009-10, including possible options for field testing by countries:
   - involved in the Commonwealth Fund’s survey program and/or,
   - as part of their own national survey program.

3. Set of 7 draft principles for national systems of patient experiences measurement.
Responsiveness/Patient Experiences

Planned next steps:

• Countries to confirm participation by end of this month
• Ongoing discussion with the Commonwealth Fund and national experts.
• Finalisation of questionnaire by early January 2010.
• First Half 2010
  – Initial data collection (Version 1)
  – Cognitive testing
• Second half
  – Data analysis, including psychometric evaluation
  – Reporting of preliminary outcomes
  – Questionnaire (Version 2) by November 2010
HCQI Data Collection 2008-09

- Guidelines for completing the questionnaires

- Questionnaires to semi automate calculations:
  - Regularly Collected and Time Series (12)
  - Primary Care (9)
  - Mental Health (2)
  - Patient Safety (7)

- Health Data Collection
  - Infectious disease and screening (10)

- Over 20 countries provided data to the HCQI data collection.
HCQI Data Collection 2008-09

Key changes to improve comparability:

- Refined specification (e.g. cancer survival)
- Mapping of code sets (e.g. primary care)
- Calculation of male and female rates
- Consistent approach to age/sex standardisation
- Calculation of confidence intervals.
- Assessment of data quality (e.g. representivity, completeness, regularity, stability).
5.4.1. In-hospital case-fatality rates within 30 days after admission for AMI, 2007

<table>
<thead>
<tr>
<th>Country</th>
<th>2007 (Female)</th>
<th>2007 (Male)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korea</td>
<td>8.9</td>
<td>7.2</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>8.1</td>
<td>7.0</td>
</tr>
<tr>
<td>Luxembourg (2006)</td>
<td>4.6</td>
<td>8.7</td>
</tr>
<tr>
<td>Netherlands (2005)</td>
<td>7.1</td>
<td>6.7</td>
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<tr>
<td>United Kingdom</td>
<td>6.7</td>
<td>5.8</td>
</tr>
<tr>
<td>Spain</td>
<td>5.8</td>
<td>5.6</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>5.5</td>
<td>5.1</td>
</tr>
<tr>
<td>United States (2006)</td>
<td>4.9</td>
<td>5.4</td>
</tr>
<tr>
<td>Ireland</td>
<td>5.0</td>
<td>5.2</td>
</tr>
<tr>
<td>OECD</td>
<td>4.9</td>
<td>4.9</td>
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<tr>
<td>Finland</td>
<td>4.9</td>
<td>5.6</td>
</tr>
<tr>
<td>Poland</td>
<td>4.5</td>
<td>4.9</td>
</tr>
<tr>
<td>Austria (2006)</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Canada</td>
<td>4.4</td>
<td>4.0</td>
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<td>Italy (2006)</td>
<td>3.7</td>
<td>4.3</td>
</tr>
<tr>
<td>New Zealand</td>
<td>3.2</td>
<td>3.1</td>
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<tr>
<td>Norway</td>
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<td>3.0</td>
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<td>Sweden</td>
<td>3.3</td>
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</tbody>
</table>

Rates per 100 patients
Health Data Collection

- 10 quality of care indicators are already collected through Health Data questionnaire.
- Not anticipated that additional indicators will migrate for the 2010 and 2011 HD Collections:
  - Complexity of calculation (e.g. Cancer Survival, Mental Health)
  - Alignment of definitions (e.g. Primary Care)
  - Review of age/sex standardisation (e.g. AMI and Stroke)
  - Additional data requirements (e.g. data quality, age cohorts)
  - Ongoing methodological development (e.g. patient safety)
In 2007 - 16 quality of care indicators were considered sufficiently robust to be included in *Health at a Glance*.

In 2009 - 23 quality of care indicators will be included in *Health at a Glance*:
- Primary Care of Chronic Conditions
- Mental Health
- Acute Cardiovascular Events
- Cancer
- Infectious Diseases

In 2009 – patient safety indicator data and technical details will also be published in an *OECD Working Paper* (December)
There is now a growing sense that many of the low hanging fruit are now being picked, or at least just about to be....
Further Indicator Development

Consideration by the OECD Health Committee:

• In 2007 – specific recommendations for enhancement of national information systems from the HCQI project work:
  - Unique patient identifier (e.g. case fatality)
  - Procedure coding (e.g. primary care)
  - Present on-admission (e.g. patient safety)

• In 2008 - issues paper with suggested strategies to strengthen national information systems capacity.

• In 2009 – specific proposals from the Health ICT Project for further relevant work, including:
  - Review use of electronic health records and other information systems for collection population-based quality indicator data.
  - Development of a standardized survey for the international comparison of adoption and use of ICTs in the Health Sector.

• In 2010 – plan to carry key messages to Ministerial Meeting
Key Objectives

- **WHAT** is the difference in quality?
- **WHY** do these differences exist?
Phase 1 (2008-09)

Objective:
Explore whether the observed differences in outcomes can be explained by national organisation and financing of health care (macro level).

Data sources:
- Other: IARC GLOBOCAN 2002, CONCORD study, literature on cancer care policies.
Phase I - Findings

- **Mortality**
  Lower mortality rate relate to having national cancer strategy, screening or prevention policies and cancer registry.

- **Survival**
  Positive relations with national cancer strategy and cancer registry.
  Negative relation with the average length of stay.

- **Incidence**
  No statistically significant relations.

- **Data limitations**
  Length of time series and gaps in domains.
## Conceptual Framework Model

### ACCESS TO CANCER CARE
- **Prevalence of lifestyle risks** (many already in HD, smoking, diet... (LIMITED AVAILABLE), Distribution across the population (vulnerable groups) (NO AVAILABLE)
- **Screening rates (length of time series SHOULD BE IMPROVED)**
- **Compliance to follow-up guidelines (NO AVAILABLE)**
- **Use of Cost-Effective treatments according to disease stage (LIMITED AVAILABLE) HD**
- **Intensive pain relief treatment in terminal cancer patients (NO AVAILABLE)**
- **Home care in patients with terminal cancer (NO AVAILABLE)**

### EFFECTIVENESS OF CANCER CARE
- **Screening and diagnostic tests reimbursement (NO AVAILABLE)**
- **Coverage for inpatient, outpatient and home cancer services (NO AVAILABLE)**
- **Timeliness/Waiting times for first visits and key procedures (NO AVAILABLE)**
- **Disease stage at diagnosis (NO AVAILABLE)**

### GOVERNANCE OF CANCER CARE
- **Coordination of care: Cancer disease management schemes including follow-up after screening (NO AVAILABLE)**
- **Concentration of cancer services (NO AVAILABLE)**
- **In-patient/outpatient balance of services (NO AVAILABLE)**
- **Providers remuneration schemes (NO AVAILABLE)**

### COSTS OF CANCER CARE
- **Prevention and public health expenditure on cancer (LIMITED AVAILABLE) SHA cost of disease**
- **Inpatient, outpatient, pain relief, home and rehabilitative care expenditure on cancer (LIMITED AVAILABLE) SHA cost of disease and PPR for specific surgery, chemotherapy and radiotherapy**

### HUMAN RESOURCES AND STRUCTURE
- **Diagnosis and treatment equipment capacity (volume and distribution) (LIMITED AVAILABLE) HD**
- **Staff capacity (volume and distribution of GPs, oncologists, gynecologists, therapeutic radiologists; (LIMITED AVAILABLE) HD**
- **Hospital capacity (volume and distribution of acute beds, subacute beds and day care units; (LIMITED HD)**

### SURVIVAL RATES
- Available HCQI: Breast, Cervix and Colorectal cancer (Lung cancer, Leukemia (NO AVAILABLE))

### MORTALITY RATES
- Breast cancer
- Cervix cancer
- Colorectal cancer
- Lung cancer
- Leukemia

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<table>
<thead>
<tr>
<th>CANCER CARE PATH</th>
<th>OUTCOME</th>
</tr>
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<tbody>
<tr>
<td>STAYING HEALTHY</td>
<td>Palliative care</td>
</tr>
<tr>
<td>GETTING WELL</td>
<td>Detection, diagnosis and treatment</td>
</tr>
<tr>
<td>LIVING WITH CANCER</td>
<td>Recidives and methastasis: Regular control, diagnosis and treatment</td>
</tr>
<tr>
<td>END OF LIFE</td>
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</tbody>
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- **Managing risk factors**
- **Detection, diagnosis and treatment**
- **Regular control, diagnosis and treatment**
- **Palliative care**

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- **CANCER CARE OUTCOME**
- **PREVENTION**
- **Screening and diagnostic tests reimbursement (NO AVAILABLE)**
- **Coverage for inpatient, outpatient and home cancer services (NO AVAILABLE)**
- **Timeliness/Waiting times for first visits and key procedures (NO AVAILABLE)**
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Phase II - Step 1 (Jul-Dec 2009)

**Work plan:**

1. Develop a network of national cancer care experts
2. Build relationships with international cancer initiatives (e.g. CONCORD Study)
3. Develop questionnaires to fill in data gaps:
   - areas: governance, resources, cost, access, effectiveness
   - longer time-series for survival & screening rates, survival rates (breakdown by age, gender, stage) for breast, cervical, colorectal and lung cancers
Phase II - Step 2 (2010)

Work plan:

• Data collection through cancer experts by 31 Jan 2010 with followed up by interview.

• Data analysis to explore possible explanations for cross-country differences in cancer care outcomes.

• Consideration of preliminary outcomes at HCQI Expert Group Meeting in June 2010.

• Key findings to feed into the Ministerial Meeting in early October 2010.
Key Objectives

- WHAT is the difference in quality?
- WHY do the differences exist?
- HOW can quality be improved?
Some Observations

- Funding mechanisms tend to evolve in line with ability to measure and differentiate health care inputs, activities and outputs (e.g. DRG funding).

- Ability to measure quality and safety has significantly improved over past decade or so.

- Mechanisms that seek to incorporate dimensions of quality promise to move us beyond a cost-based approach to a value-based approach to health care funding.
Future Potential

- The recent proliferation of **Pay for Performance** (e.g. US, UK, Australia and Finland) and more recently **Bundled Payment** systems (e.g. US) among OECD countries attests to the growing desire of policy makers to explore effective approaches to **value-based** funding.

- Potential further role in identifying and sharing information on promising approaches to influence quality of health care.
AND NOW FINALLY.....
Plans for 2010-11

Work is now underway in preparation for the:

1. Ministerial Meeting in early October 2010:
   - ½ Day Forum on Quality of Care
     - Results of the HCQI project
     - Measurement challenges for the future
     - Use of indicators for national policy making
   - Declaration on Quality of Care
     - Commitment to improve quality of care by measuring processes and outcomes of health care.
   - Publication on Quality of Care
     - Present the findings of the HCQI project in a format that allows reflection on methodological and policy issues.

2. Next HCQI Data Collection commencing November 2010
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