

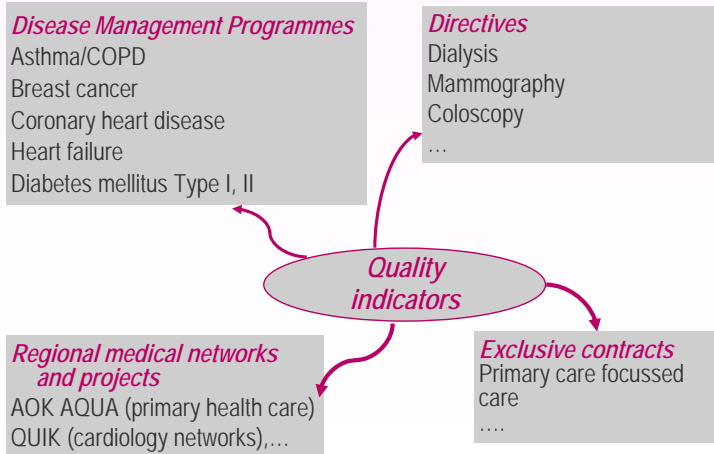
-METHODOLOGY-

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Aim: To establish a set of quality indicators (QI) which supplements the KBV's portfolio of strategies and measures for quality improvement

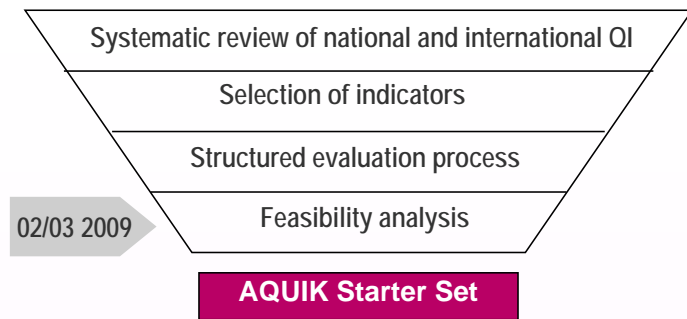
Background: Due to increasing competition in the German ambulatory health care sector, indicator based performance measurement has become one of the dominant approaches to make quality of care transparent and to compare and improve quality of care.

Table 1: Areas of application (ambulatory health care sector)



Methods: The AQUIK project has four milestones:

Table 2: Selection process of quality indicators



Initial Results:

1. Database

- Contains 2300 quality indicators for outpatient care
- Focusses on chronic diseases
- Primary care, internal medicine, neuropsychiatrics, prevention
- High degree of overlapping indicators

Table 3: Database - 6 diseases with the most indicators

| Disease pattern | Total number of QI (database) |
|---------------------------|-------------------------------|
| Diabetes mellitus | 253 |
| Neuropsychiatric diseases | 224 |
| Coronary artery disease | 186 |
| Asthma | 127 |
| Heart failure | 104 |
| Hypertension | 95 |

ca. 30 QI after removing overlapping QI

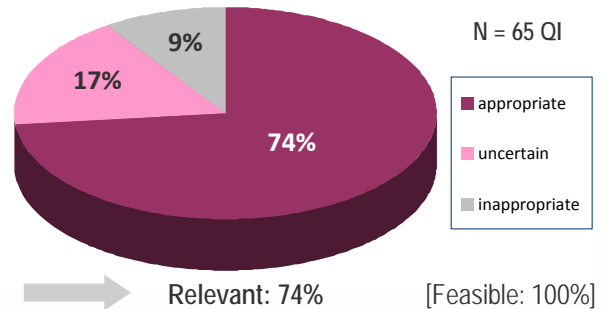
2. Successful application of the RAND/UCLA Appropriateness Method

- Two-round "modified Delphi" process:
 - 1st rating round: no interaction
 - 2nd rating round: structured panel meeting
- Combination of the best available scientific evidence and the collective judgement of experts
- 28 multidisciplinary panelists (general practitioners and specialists)
- Rating criteria: relevance and feasibility
- Rating on a scale from 1 (low) to 9 (high)
- Each indicator is classified according to the median judgements of the panelists
- All indicators with significant dissent with respect to the criterion *relevance* are classified as inappropriate

Table 4: Evaluation according to the Rand/UCLA Appropriateness Method

| Criterion: <i>relevance</i> | | median: 9 |
|-------------------------------|-------------------|---------------|
| Evaluation | 1 0 1 0 0 0 2 1 6 | dissent: no |
| Scale | 1 2 3 4 5 6 7 8 9 | relevant: yes |
| Criterion: <i>feasibility</i> | | median: 9 |
| Evaluation | 1 0 1 0 0 0 1 2 6 | feasible: yes |
| Scale | 1 2 3 4 5 6 7 8 9 | |

Diagram: Results of the two-round rating process: Criterion *relevance*



3. AQUIK Starter Set

- 48 consensually validated quality indicators
- Focuses on primary health care, internal medicine, neuropsychiatrics
- Contains QI from the following domains:
 - Clinical care (hypertension, coronary artery disease, dementia, etc.)
 - Prevention (vaccination, cervical screening, etc.)
 - Practice management (staff training, emergency medicine, etc.)
 - Patient safety (long-term medication, poly medication, etc.)

Summary:

- Identification of the relevant national/international QI for outpatient care
- Successful application of the RAND/UCLA Appropriateness Method
- Verification that a transfer of international QI to the German health care sector is possible
- AQUIK Starter Set of 48 consensually validated quality indicators

To do:

- Results of the feasibility analysis
- Concepts for the target-orientated development of new indicators
- Concepts for indicator implementation (P4T, P4P,...)
- Concept for IT-implementation