The Federal Joint Committee (G-BA) and Quality Assurance in Health Care

HOPE Study Tour Berlin “Quality assurance in German Hospital Care”

30./31. October 2014

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Outline

I. G-BA: Composition and working methods

II. Directives for quality assurance

III. Directive for quality report of hospitals and external quality assurance
Members of the G-BA

G-BA

Physicians

Patient Representatives

Psychotherapists

Dentists

Patient Representatives

Hospitals

Sickness Funds
The Federal Joint Committee (G-BA)

- Established 2004, but predecessor committees dating back to the 1920s
- Main decision-making body of the self-governing German health care system
- Charged with health policy-making and regulation-making within a legal framework
- Commissioned by law to issue legally binding directives
- Service providers (physicians, dentists, hospitals), statutory health insurance funds, and patient representatives are members of the G-BA.
What does the G-BA do?

The G-BA issues directives and thus determines the benefit package of the statutory health insurance covering about 70 million people:

- Ambulatory and hospital care
- Dental care, psychotherapy
- Diagnostic and therapeutic procedures and interventions
- Pharmaceuticals, vaccines and medical devices
- ...

In addition, the G-BA has important responsibilities regarding quality assurance for in- and outpatient care and in developing disease management programs for chronic diseases.
Legal status of the G-BA – legal status of its directives

- Constitution
- Law
- Decree
- Directive
- Contract
- By-Laws

Social Code Book V

G-BA

Federal Collective Agreement

Association of Statutory Health Insurance Physicians/Sickness Funds

Gemeinsamer Bundesausschuss
Structure of the Plenum of the G-BA

Federal Joint Committee in accordance with § 91 of the Fifth Book of the Social Code Book

13 Voting Members

Impartial Chairman
2 impartial Members

5 Representatives of the GKV-SV

5 Representatives of the Service Providers:
DKG, KBV, KZBV

A maximum of 5 patient representatives

Abbreviations: DKG – German Hospital Federation; KBV – National Association of Statutory Health Insurance Physicians; KZBV – National Association of Statutory Health Insurance Dentists; GKV-SV – Federal Association of Statutory Health Insurance Funds
G-BA and its subcommittees
Application of the quality assurance directives

Binding directives that apply to all

- Physicians
- Dentists
- Hospitals

for services in the Statutory Health Insurance
I. G-BA: Composition and working methods
II. Directives for quality assurance
III. Directive for quality report of hospitals and external quality assurance
What does the G-BA do in quality assurance?

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<td><strong>Minimum Requirements for Structure and Process</strong> (in- and outpatient care)</td>
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*: German Social Code Book V
Directives for Quality Assurance (1)

1. Paediatric cardiac surgery
2. Minimum volume requirements
3. Quality assessments magnetic resonance tomography (MRT)
4. Quality assessment radiology
5. Quality assessment arthroscopy
6. Quality management for hospitals
7. Quality management for medical practice (office-based doctors)
8. Quality management for dentists
9. Quality audits / inspections for medical practice (office-based doctors)
10. Chronic renal dialysis
Directives for Quality Assurance (2)

13. External Quality Assurance Programme in hospitals
14. Abdominal aortic aneurysm (structure/process)
15. Paediatric oncology/haematology (structure/process)
16. Positron Emission Tomography (PET) in Non-Small Cell Lung Cancer
17. Proton Therapy of Rectum/Rectal Carcinoma
18. Neonatal intensive care services
19. Hospital quality reports / public reporting
20. Continuing Medical Education (hospital doctors)
21. External, data-based follow-up quality assurance
22. Directive for specialised outpatient services in hospitals
23. [Directives which regulate Disease Management Programs — (Quality assurance indicators for disease management programs)]
Paediatric Cardiac Surgery

- Patients up to the age of 18 suffering from congenital or acquired cardiac diseases

- Requirements for hospitals such as
  - Number and qualification of staff (e.g. physicians, nurses, other therapists)
  - Infrastructure (e.g. Imaging, diagnostics, intensive care unit,...)
  - Availability of services (e.g. daily, on weekdays)
  - Frequency and tasks of team meetings and quality circles (e.g. patient information, recommendations for standard operating procedures, ...)

Richtlinie des Gemeinsamen Bundesausschusses
über Maßnahmen zur Qualitätssicherung der herzchirurgischen Versorgung bei Kindern und Jugendlichen gemäß § 137 Abs. 1 Nr. 2 SGB V
(Richtlinie zur Kinderherzchirurgie)
Entfassung vom 18. Februar 2010, veröffentlicht im Bundesanzeiger 2010 (Satzlage Nr. 81a)
Inkrafttreten am 19.06.2010
Paediatric Oncology

- Patients up to the age of 18 suffering from paediatric-haemato-oncological diseases

- Requirements for hospitals such as
  - Number and qualification of staff (e.g. physicians, nurses, other therapists)
  - Organisation (interdisciplinary tumour conferences)
  - Technical equipment and facilities (availability of laboratory, imaging diagnostics, pharmacy…)
  - Participating in studies to optimize therapies
Minimum Volume Requirements

Minimum volumes per year and hospital:

- Liver transplant: 20
- Renal transplant: 25
- Complex oesophageal surgery: 10
- Complex pancreatic surgery: 10
- Stem cell transplant: 25
- Total knee replacement: 50

Non-applicable directives

- Coronary surgery: not yet
- Neonatal care for very low birth weight neonates (< 1250g): 15

Non-applicable directives

Evaluation of the directive
Neonatal Intensive Care Levels

- Level 1: birth weight <1,250 g or/and gestational age < 29+0 weeks
- Level 2: birth weight 1,250 – 1,499 g or/and gestational age 29+0 to ≤ 32+0 weeks
- Level 3: birth weight >1,500 g and/or gestational age 32+1 to ≤ 36+0 weeks
- Level 4: obstetric clinics for neonates with gestational age > 36+0 weeks and without risks

Defines quality requirements concerning:

- Staff qualification
- Admission criteria (e.g. birth weight, diseases in the mother or congenital malformations)
- Technical equipment (e.g. respirator, cerebral function monitor, laboratory)
- Facilities (e.g. distance to operation theatre, neonatal intensive care unit and maternity ward)
- Publication of results (e.g. survival rate), ...
Chronic Renal Dialysis

Objectives:

- Transparency and evaluation of quality assurance data in institutions for chronic dialysis treatment
- Benchmarking
- Quality assurance and control

Defines:

- Evaluation criteria for dialysis treatment
- Sampling (documentation, data security, analysis and evaluation)
- Duty to participate in a quality assurance programme (benchmarking)
Requirements for hospitals, e.g.:

- Rules for admission/transfer
- Number, qualification and availability of staff (doctors, nurses, other therapists)
- Technical equipment
- Facilities (operation theatre, distance between intensive care unit and operation theatre, laboratory, imaging procedures)
- Duty to enable continuing medical education
- Declaration of compliance
Continuing Medical Education for Hospital Doctors and Psychotherapists

Defines the requirements for continuing medical education e.g.:

- **Scope and time frame** (250 points within 5 years (thereof at least 150 points in areas specific to actual patient care)

- **Certificates**

- **Duties of hospital administration** (documentation and reporting)
 Defines the requirements for measuring quality using quality indicators followed by a peer review process and the various steps in the process

Following patients over „space and time“:
quality data from all treatment episodes and all service providers regarding the specified quality assurance programme

Working on:

Cataract surgery,
Percutaneous coronary intervention

Colorectal carcinoma
Outline

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Information on services and outcome data of hospitals:

Since 2005 all 2,000 hospitals in Germany have been required by law to publish a quality report every two years.

Aims of these reports are e.g.:

• to inform patients and doctors about hospital specialties and capabilities,

• to present hospital performance and quality data to the public,

• to provide a basis for benchmarking,…

The directive defines:

• the procedure of report preparing and publishing

• the content, scope and data format of these quality reports (e.g. kind and number of medical services provided, continued medical education, …)
Measuring quality using quality indicators followed by a peer review process for 30 services/diseases [“Leistungsbereiche”], e.g.:

- Pneumonia
- Aortic valve surgery
- Cholecystectomy
- Obstetrics
- Gynaecological operations
- Implantation of pacemakers
- Heart transplants
- Hip replacements
- Carotid artery reconstruction
- Breast cancer surgery
- Liver transplants
- Renal transplants
- Combined heart- and lung transplants
- Neonatal care

Overall: 434 quality indicators relating to these 30 services/diseases in 2013
Collaboration through a contract

The G-BA commissions the AQUA-Institute:

- Development of Quality Indicators, Instruments and Documentation
- Execution of the External quality assurance programme in hospitals and Quality assurance across health care institutions and cross-sector
- In 2013: 434 quality indicators (167 of them risk adjusted)
External quality assurance programme in hospitals

Hospital 1

Hospital 2

Hospital 3

Comparative statistical Analysis (Feedback-, Benchmark-report)

Standardized mandatory Documentation

Institution according to § 137a SGB V (AQUA-Institute)

© Dr. B. Pietsch, modified R. Höchstetter, Wörz
External quality assurance programme in hospitals (Liver transplantation)

Quality-Indicator: 1-year survival (with known status)

Source: German Hospital Quality Report 2012
Thank you!

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