Mandatory Quality Assurance in the German Health Care System

HOPE – Study Tour Berlin October 30, 2014

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AQUA – Institut für angewandte Qualitätsförderung und Forschung im Gesundheitswesen, Göttingen
Established in Göttingen, Germany in 1995

Independent, impartial, focused on quality measurement and improvement in health care
Business areas

- Quality in health care
- Quality improvement and accreditation programs with indicators and benchmarking (Germany, Austria, Switzerland, Algeria, Kenya, Tanzania, etc.)
- Development and implementation of data-based programs for improvement of chronic care, multi-morbidity and rational prescribing (Germany)
- Institute that executes mandatory national quality assurance for health services according to §137a of the German Social Code, Book V:
Agenda

- Background of Quality Assurance (QA)
- Technical functioning of QA
- Example: QA breast surgery
- Methodology to develop QA procedures
- New Developments
- Summing up
Background: The German health care system

- Population 80.5 Mill
- 16 „Länder“: different infrastructure, same regulations for medical services (insurance coverage) (German Social Code, Book Five)
- Health insurance: 88 % statutorily health insured (132 insurance companies), 11.8 % privately insured, 0.2 % not insured:
  - SHI-represented by National Association of SHI Funds
- 1,700 Hospitals
  - represented by German Hospital Federation
- Outpatient care: dominated by office-based physicians: 144,000 physicians
  - represented by National Association of SHI Physicians and of Dentists

Policy & Administrative Framework

Federal Ministry of Health

Supervision and control of legality

Federal Joint Committee (G-BA)

- decides on Clinical Areas
- approves indicators
- enacts regulations

Commission

AQUA Institute

- develops and proposes indicators
- implements QA
- collects data
- reports data annually

National Association of SHI Physicians

National Association of SHI Funds

German Hospital Federation

(Patient Representatives)
History

- 2004:
  - DRG-Reimbursement for all medical procedures (except mental health care)
  - Mandatory QA for certain procedures (clinical areas) in hospital
    - To control for unwanted effects of DRG
    - QA is carried out by an institution on ad hoc commission, belonging to the carriers of health care

- 2009:
  - QA is commissioned to independent institution (AQUA Institute) after tender
  - Political decision to expand QA cross-sectorally

- 2014:
  - Status of QA:
    - 30 clinical areas (all hospital)
    - 400+ indicators
      - 20% indicators risk-adjusted
      - 289 publically reported
    - 9 clinical areas for cross-sectoral QA developed/in development

- 2016
  - QA will be executed by a public institute: Institut für Qualität und Transparenz im Gesundheitswesen (IQTIG)
Concept and Aim of QA

- **Concept**
  - Patient-centered, patient outcome
    - Patients involved in all processes of QA
  - Focus on quality deficits in service pathways

- **Aim**
  - Compare similar services of different providers
  - Quality improvement (learning approach)
  - Accountability of service provider
  - Transparency & patient information
Scope of QA

- Measure quality with indicators
- QA only for clinical areas (no general indicators)
- 30 clinical areas (all hospital)
- 434 indicators (78 risk adjusted)
- Annual assessment and feedback
- At the moment:
  - Only hospitals
  - Data collection mainly via extra documentation
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Infrastructure for supporting QA: 1 AQUA + 17 Länder
Administrative Offices for Quality Assurance

AQUA, data handling, analysis and processing of data

Federal/ Länder Expert
Groups

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Flow of Data

1. Data Collection
17 Länder Administrative Offices for Quality Assurances

2. Data Processing + Analysis
QA Data

3. Reporting
Outcome Report

Federal/Länder Expert Groups
1. Data Collection

- At present:
  - Majority of data recorded manually (but not paper-based)
  - Follow-up: in-hospital or voluntary reporting
  - Increasingly data taken out of Electronic Hospital Reporting System

- Future:
  - Health insurance claims data (also cross-sectionally)
  - Patient survey (difficult to be implemented)

- Some documentation by hand is un-avoidable
Direct QA procedures
Indirect QA procedures
2. Data Processing + Analysis

Collecting Data (Jan–Dec)

Commenting Results (Nov–Dec)

Sending to hospitals, -6 months

Approval by G-BA

Reviewing + adjusting indicators, -11 months

Analysis of Data (March–June)

Feedback to service providers (June 15th)

Response service provider (Structured Dialogue) (June–Oct)
Structured Dialogue: work flow

- Last data in - feedback to hospitals: 6 months
- Last data in - conclusion of Structured Dialogue: 9 months
- Last data in - report to G-BA: 17 months
Structured Dialogue – participants and responsibilities

Direct procedure

The G-BA’s Subcommittee for Quality Assurance

AQUA Institute

Federal Experts’ Working Groups

Indirect procedure

17 Steering Committee (regional hospital association)

17 Länder Offices

17 Experts’ working groups and task forces

Structured Dialogue

Healthcare providers

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## Structured Dialogue: Measures taken and results, Data 2012

<table>
<thead>
<tr>
<th>Statistical Discrepancies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No measures</td>
<td>1,000</td>
</tr>
<tr>
<td>Notice sent</td>
<td>8,500</td>
</tr>
<tr>
<td>Statement requested</td>
<td>9,800</td>
</tr>
<tr>
<td>Other</td>
<td>140</td>
</tr>
<tr>
<td>Meeting</td>
<td>290</td>
</tr>
<tr>
<td>On-site inspection</td>
<td>63</td>
</tr>
<tr>
<td>Target agreement</td>
<td>453</td>
</tr>
<tr>
<td>Qualitatively non-discrepant</td>
<td>37%</td>
</tr>
<tr>
<td>Qualitatively non-discrepant with special monitoring</td>
<td>51%</td>
</tr>
<tr>
<td>Qualitatively discrepant</td>
<td>11%</td>
</tr>
</tbody>
</table>
Measures taken for computational discrepancy according to Land (+AQUA)

- Notification
- Response demanded
- No measures
- Other
3. Reporting

Annually:

1. Hospital-specific data published on health insurance websites
3. Report: Analysis of Länder Results
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## Indicators breast surgery

### 2013: 62,766 cases of breast-cancer surgery in 745 hospitals

<table>
<thead>
<tr>
<th>Subject</th>
<th>Indicator</th>
<th>Reference range</th>
<th>Result 2013</th>
<th>Result 2012</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-therapeutic diagnostics</td>
<td>1. Pre-therapeutic diagnosis histologically verified</td>
<td>≥ 90,0 %</td>
<td>96.1 %</td>
<td>95.9 %</td>
<td>=</td>
</tr>
<tr>
<td>Intra-operative diagnostics</td>
<td>2. Intra-operative specimen x-ray with mammographic wire marking</td>
<td>≥ 95,0 %</td>
<td>96.7 %</td>
<td>97.1 %</td>
<td>=</td>
</tr>
<tr>
<td></td>
<td>3. Intra-operative specimen sonography with sonographic wire marking</td>
<td>Not defined</td>
<td>66.7 %</td>
<td>63.5 %</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>4. Primary axillary dissection in DCIS</td>
<td>≤ 5,0 %</td>
<td>1.1 %</td>
<td>1.7 %</td>
<td>=</td>
</tr>
<tr>
<td></td>
<td>5. Lymph node removal with DCIS and breast conserving therapy</td>
<td>≤ 29,8 %</td>
<td>16.0 %</td>
<td>18.1 %</td>
<td>+</td>
</tr>
<tr>
<td>Time: diagnosis - surgery</td>
<td>6. Sentinel lymph node biopsy</td>
<td>≥ 80,0 %</td>
<td>93.9 %</td>
<td>87.7 %</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>7. Less than 7 days between diagnosis and surgery</td>
<td>≤ 42,1 %</td>
<td>10.5 %</td>
<td>12.3 %</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>8. More than 21 days between diagnosis and surgery</td>
<td>≤ 55,1 %</td>
<td>27.0 %</td>
<td>23.8 %</td>
<td>-</td>
</tr>
</tbody>
</table>

Data: Federal report 2013, Breast Surgery © 2014 AQUA-Institut GmbH
2013 results for indicator More than 21 days between diagnosis and surgery

Time Diagnosis- Surgery 2013: Median 15 days

Hospitals > 20 cases, n= 514
Median: 22 % (range 0-79%)

Hospitals < 20 cases, n= 231
Median: 13 % (range 0-100%)

Data: Federal report 2013, Breast Surgery
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# Structured Dialogue: Results breast surgery 2012

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Computational Discrepancies n/%</th>
<th>Qualitatively non-discrepant n/</th>
<th>Qualitatively discrepant n/%</th>
<th>Dokumentation Problem n/%</th>
<th>No collaboration n/%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ind. 7+8: time diagnosis - surgery</td>
<td>131</td>
<td>126/86.2%</td>
<td>2/1.5%</td>
<td>1/0.8%</td>
<td>0/0.0%</td>
</tr>
</tbody>
</table>

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- What is new in mandatory QA?
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Process of developing QA procedures

1. Identifying indicators
2. Panel
3. Feasibility check

Test phase
Implementation

Approved by

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1. Identifying indicators

- Indicators only to be developed for quality deficits
2. Panel

- Multidisciplinary Panel

Diagram:
- All possible indicators
- Panel
- Comprehensibility
  - Relevance
- Feasibility
- Final set of indicators
3. Feasibility check

- health insurance data
- Documentation hospital
- Documentation outpatient service,
- Not possible to assess
- Data specification
- Questionnaire, data specification
- Questionnaire, data specification
- Propose how indicator could be assessed
- Drop it

Final set of indicators
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Developments: cross-sectional quality assurance

- **Rational**
  - Longer follow-up
  - Similar procedures in in- and outpatient care (e.g. cataract surgery)
  - Disorders predominately cared for in outpatient care (mental disorder, renal failure)

- **Precondition**
  - No data transfer between in- and outpatient care
  - Different coding systems in in- and outpatient care

- **Challenge**
  - Triggering cases for documentation
  - Follow-up of patients
  - Documentation in outpatient care
Developments: Data Sources

- Use of health insurance claims data
  - Only data that is available cross-sectorally
  - Law allowing use of claims data in place since 2012, directives to be expected 2014

- Patient questionnaire
  - To supplement indicators, case-related
  - Mode of distributing the questionnaire still unclear
  - Patient questionnaires in development for Arthroscopy and PCI

- Peer Reviews
  1. Reduce documentation efforts for service providers
  2. Gain new information
Developments: Comparative public reporting
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Summing up

- 10 years mandatory QA in Germany
- Gotten more complex
- Firm implementation in health care system
- Continuous rise in relevance
- Future:
  - use more health insurance data
  - Include outpatient services
  - Patient questionnaire
  - Public reporting

QA can point to problems in health care. It can not solve these problems.
Cross-sectoral quality in health care

SQG brings the quality assurance of the inpatient and outpatient sector in Germany together - these have, up until now, been separate. The goal: to meaningfully coordinate the quality requirements of both of these sectors in the future in order to reach a better and more efficient quality of care in the interests of both patients and health care providers. The AQUA Institute undertakes these tasks in accordance with the requirements on § 137a SGB V (German social code book).
Thank you for your kind attention!

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