European Association for Quality
in General Practice and Family Medicine

Portuguese Association of General
Practice and Family Medicine

School of Health Sciences
University of Minho

Nationally aggregated data - usefulness and use in the local improvement work in Portugal

13th April 2012, 41th EQuiP assembly meeting Stockholm

Alexandre Gouveia Portugal

National aggregated data

- Retrieval
- Analysis
- Impact

Retrieval

1

- Disseminated use of electronic health records [2006]
- general information of patient and family
- ICPC2 coding of reason for encounter, health problem and plan; previous and current health problems list
- measurements and lab results
- electronic prescription
- special treatments (respiratory, rehabilitation)
- vaccination plan

Retrieval

1

- Central Administration of Health Systems

ACSS Administração Central do Sistema de Saúde, IP

- MIM@UF – software available at each primary care unit
- access to patient data, productivity, costs and quality indicators [defined by ACSS]
- one month delay [20th day of each month for the previous]

Analysis

2

- Number of registered patients
- Quality Indicators contractualized with local health administration
- Number of consultations [by GP, chronic care programs]
- Chronic diseases [morbidity and co-morbidity]
- Health problems identified in consultations
- Prescribed and reimbursed medication
- Nursing data (preventive and therapeutic activities, vaccination)
- Biometric data

Analysis

2

- Quality Indicators for all PCU

  % patients seen by their GP in last year - **85%**
  % patients seen once yearly by GP - **75%**
  home visits per 1000 registered patients - **30**
  % women [25-64] years with pap smear - **60%**
  % women [50-69] years with registered mammography in last 2 y - **70%**
  % diabetic patients with two registered HbA1C in last 12 months - **85%**
  % hypertensive patients with one BP measurement 6/6months - **95%**
  % satisfied/very satisfied patients
  cost of medication and exams - **reduction of 1 to 10% yearly**

Impact of data

3

Good

- Quantifies [some of] the provided care (accountability)
- Promotes continuity and excellence of care [PDSA]

Not so good…

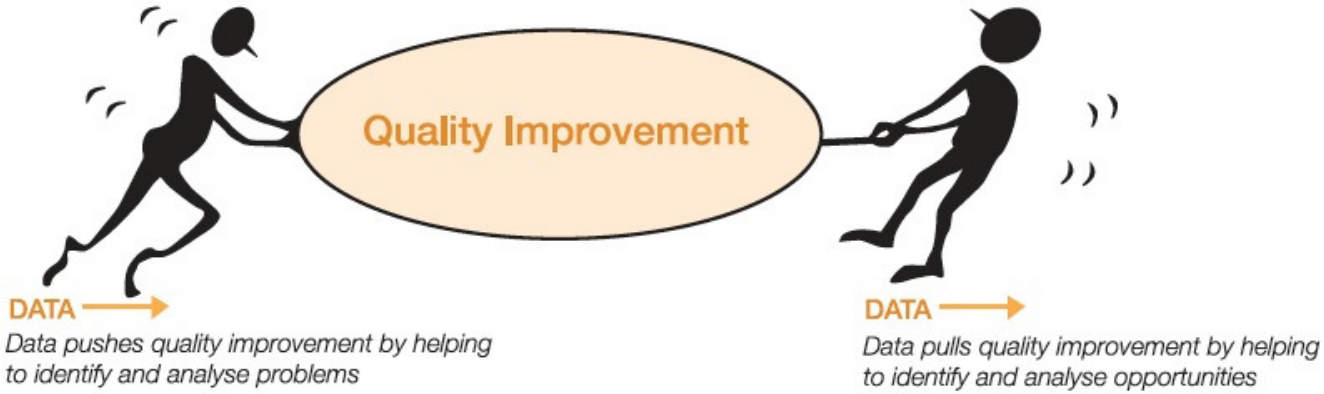
- Deranges comprehensiveness, professionals are focused on "data that matters", indicator-based medicine
- Without appropriate interpretation, data can be dangerous
- No feedback or coaching for QI

Impact of data

3

Data is the raw material from which information is constructed via processing or interpretation. This information in turn provides knowledge on which decisions and actions are based.

Data → Information → Knowledge → Decision → Action



Impact of data

3

USF Lethes

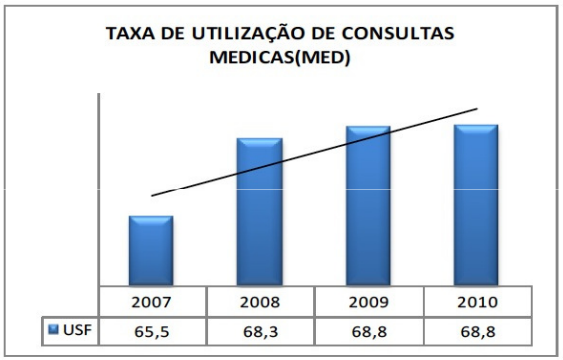
Modelo B

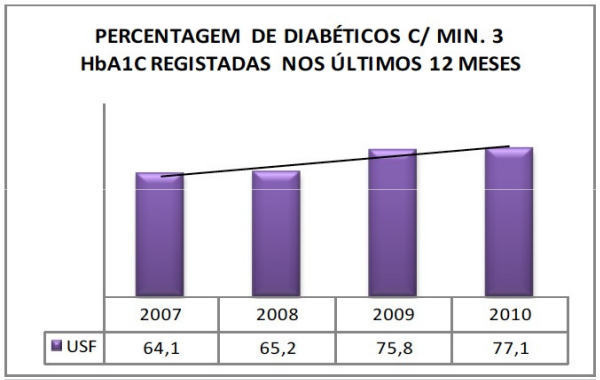
Inicio de actividade:	2-Out-06
Inicio modelo B:	1-Jul-08
População UP'S 31/12/2010:	**20 106**
Incentivos Institucionais atribuiveis:	20 000,00 €
(Portaria 301/2008 de 18 de Abril, Anex	

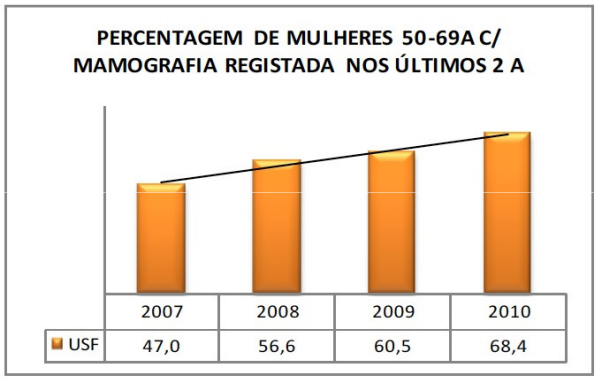
	ACES	Local	Tipo Indicador	Indicador		Meta	Resultado	% Indicador	Pontuação
Acesso	Alto Minho	USF Lethes	Institucional	3.12	% consulta pelo méd. familia	85,00	88,05	104%	2
	Alto Minho	USF Lethes	Institucional	3.15	Tx utiliz. global de consultas	75,00	73,52	98%	2
	Alto Minho	USF Lethes	Institucional	4.18	Tx visitas dom. medicas/1000 insc.	40,00	45,94	115%	2
	Alto Minho	USF Lethes	Institucional	4.30	Tx visitas dom. enf/1000 insc.	175,00	163,49	93%	2
								Sub-total	8
Desempenho Assistencial	Alto Minho	USF Lethes	Institucional	5.10M i	% hipert com PA em cada semestre	95,00	89,49	94%	2
	Alto Minho	USF Lethes	Institucional	5.1M	% mulh 50-69 mamog. reg ult. 2 a	85,00	83,70	98%	2
	Alto Minho	USF Lethes	Institucional	5.2	% mulh 25-64 c/ colpocit. actualiz.	68,00	67,73	100%	2
	Alto Minho	USF Lethes	Institucional	5.4M	% diab. >=3HbA1C reg. últ 12m	80,00	89,22	112%	2
	Alto Minho	USF Lethes	Institucional	6.12	% 1as cons. vida feitas até 28d	95,00	89,36	94%	2
	Alto Minho	USF Lethes	Institucional	6.1M d1	% criancas c/PNV actlz aos 2a (Simple)	99,00	96,05	97%	0
	Alto Minho	USF Lethes	Institucional	6.1M d2	% criancas c/PNV actlz aos 7a (Simple)	98,00	99,40	101%	2
	Alto Minho	USF Lethes	Institucional	6.9	% 1as cons. grav. 1° trim	90,00	99,16	110%	2
								Sub-total	14
Eficiência	Alto Minho	USF Lethes	Institucional	7.6 d1	CM medica/ fact (PVP), p/ utilz SNS	186,45	194,24	104%	1
	Alto Minho	USF Lethes	Institucional	7.7 d1	CM MCDT s fact. p/ utilizador SNS	52,64	55,59	106%	0
								Sub-total	1
Satisfaçao Utentes	Alto Minho	USF Lethes	Institucional		% de utilizadores satisfeitos/muito satisfeitos			100%	2
								Sub-total	2
								Total	**25**
								Incentivo	**0%**
								Incentivo atribuído:	**0,00 €**

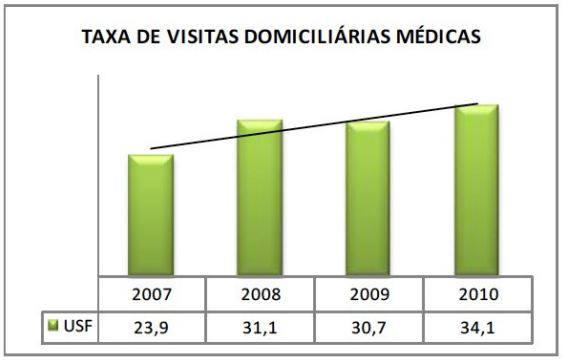
Impact of data

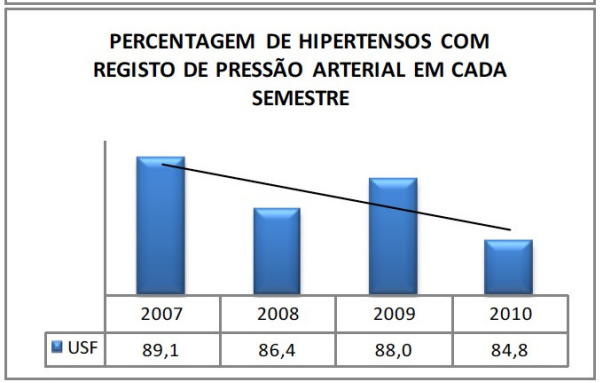
3

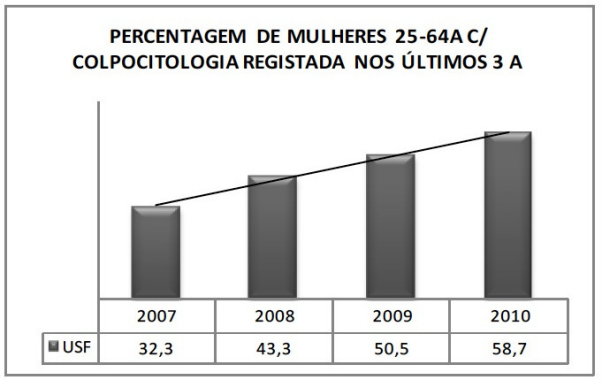













DATA
DaveCarpenter

Impact of data

3

Challenges

Identify appropriate research methods for analyzing data from primary care databases

How to infer meaning

Pace of change

Integrating systems

Ethical issues: data ownership, security, confidentiality and privacy

de Lusignan S and van Weel C. The use of routinely collected computer data for research in primary care: opportunities and challenges. Family Practice 2006; 23: 253–263.

EQuiP PP: MQ in HC

- All indicators that are used for benchmarking or external evaluation should be scientifically tested and validated and they should be approved by the profession
- Personal health data should be gathered only with the intention to quality improvement. Measuring quality without a planned way to analyse and use the results and with an intention to improve processes, has very little effect on patient care and is therefore not recommended

Discussion

The endless cycle of idea and action,
Endless invention, endless experiment,
Brings knowledge of motion, but not of stillness;
Knowledge of speech, but not of silence;
Knowledge of words, and ignorance of the Word.
[…]

Where is the Life we have lost in living?

*Where is the **wisdom** we have lost in **knowledge**?*

*Where is the **knowledge** we have lost in **information**?*

T. S. Eliot (1888-1965)
The Rock (1934)

National aggregated data

THE
MILBANK QUARTERLY
A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

Why National eHealth Programs Need Dead Philosophers: Wittgensteinian Reflections on Policymakers' Reluctance to Learn from History

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National aggregated data

Critical academics have proposed that the introduction, implementation, and evaluation of eHealth programs inevitably reflect and perpetuate the wider alignments of political power, which Michel Foucault called "régimes of truth" (Introna 2003). But it is arguably not necessary to view the world through a Foucauldian lens to accept that when policymaking takes a rationalist turn—shifting from deliberative to rule-based decision making, focusing narrowly on the pursuit of "what works," valuing managerialism over professionalism, and introducing an ever tighter surveillance of performance—it becomes almost impossible to articulate a national eHealth program as anything other than a detailed advanced specification with firm milestones and carefully delineated work packages. In such contexts, those working to implement policy have little choice but to view the key task as controlling, coordinating, and aligning these various packages rather than, for example, understanding and accommodating the various nuanced language games being played by different stakeholders.

National aggregated data

Conclusion: The complexity of contemporary health care, combined with the multiple stakeholders in large technology initiatives, means that national eHealth programs require considerably more thinking through than has sometimes occurred. We need fewer grand plans and more learning communities. The onus, therefore, is on academics to develop ways of drawing judiciously on the richness of case studies to inform and influence eHealth policy, which necessarily occurs in a simplified decision environment.

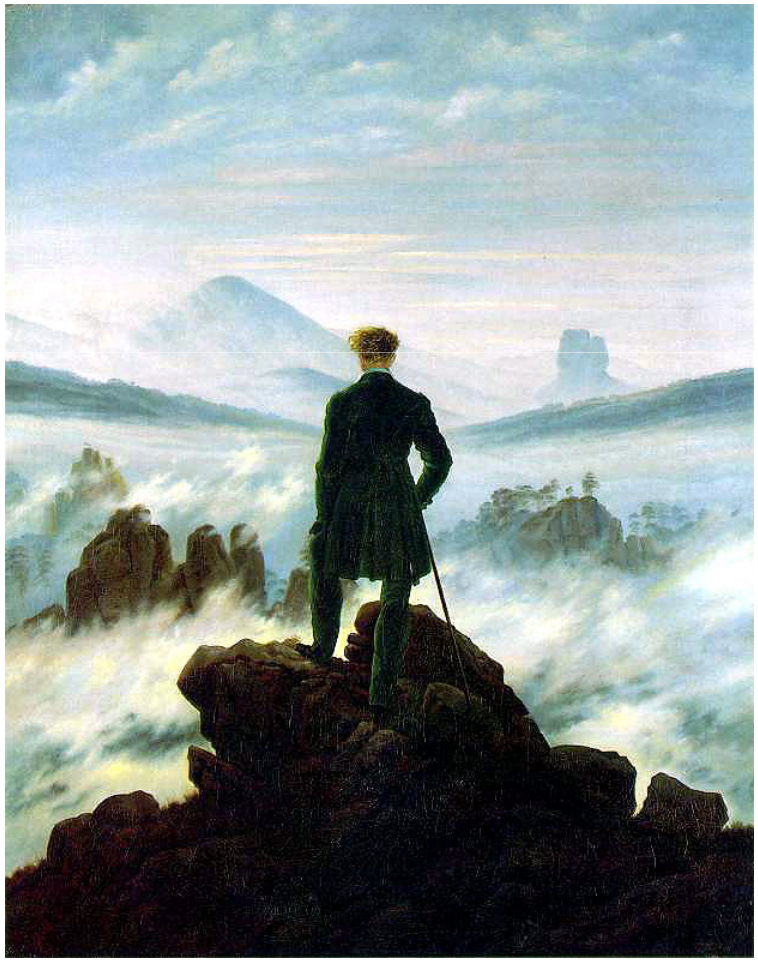
National aggregated data

- Retrieval [resources, time, care]
- Analysis [quantity, quality, context, meaning]
- Impact [professionals, improvement, coaching]

National aggregated data

- Retrieving proper data produces information
- Analyzing meaningful information creates knowledge
- Contextualized translational knowledge impacts professionals towards wiser doctors

National aggregated data



GPs are wanderers in the mountains and valleys of health care

The “sea of fog” masks the path and their goal, to take care for the patient

Caspar David Friedrich (1774-1880)
Wanderer Above the Sea of Fog