

## MEASURING QUALITY IN HEALTH CARE – EQuIP POSITION PAPER 2010

The EQuIP position paper on measuring quality in health care is a statement for all partners in health care on how patient data should be gathered and used for quality purposes. With this position paper, EQuIP wants to emphasise the ethical dimensions of patient data handling in quality measurement. This should, in all situations, guarantee patients' privacy and confidentiality in the doctor-patient relationship.

This document, when referring to quality in health care, refers to the degree to which health care systems, services, and supplies for individuals and populations increase the likelihood for positive health outcomes and are consistent with current professional knowledge (IOM definition). When referring to quality measurement of health care, the document includes the collecting, storing and comparing of any data on health care performance and patient health.

Measuring quality in primary care is a complex matter, because general practice has a very large remit and many of the goals, values and problems managed by a general practitioner are difficult to measure. It is seldom possible to measure ethics and humanism in consultations or if priorities are set right in everyday practice. The special dimensions of quality in general practice for both the patient and the society would be:

- a holistic and patient-centred approach that enables patients to manage illness, living and health
- the general practitioner having sufficient time to explore patients' concerns and expectations

- avoiding inappropriate investigations and treatments while not neglecting those that are necessary

Quality measurements are, however, of paramount importance for improvement, while keeping in mind that the measurements of medical quality in general practice up till now have essentially been measurements of adherence to guidelines. One must also be aware that the results of these measurements can also lead to unwanted priorities, and so careful consideration must be given before embarking on a specific quality measurement.

Quality measurements on health care performance have a political, administrative and professional perspective. It is important to realise that these different perspectives exist and that the way of using the data may differ between the stakeholders. Electronic patient records enable increased use of clinical data for measuring the quality of care, and electronic data handling provides the possibility of combining the information that is collected from the different sources.

Data collected in health care can be used for different purposes such as patient care, quality improvement, research, epidemiology, statistics and administration. Personal health data that is collected during medical consultations into patient records are used for these different purposes. However, it is important to know that the way in which the data are collected will also determine its appropriateness for different uses. Because data in medical records are primarily collected to be used in patient care, they may have limitations for use in research and quality measurement. However, the opposite also applies - if the physician mainly pays attention to data gathering and not to patient care, good record keeping for patient care may be jeopardised.

EQuIP wishes to emphasise that the following principles should be followed in all measurements of quality in health care:

1. GPs are urged to monitor systematically the quality of their own work and their team's work as well as their working environment. The measurements should cover the different generic aspects of quality as defined by EQuIP –
  - i. patient centeredness
  - ii. equity in care
  - iii. work satisfaction of physicians and other personnel
  - iv. process and clinical outcomes measurements
2. Quality measurements in health care, both internal and external, should in all situations guarantee patients' privacy and confidentiality in the doctor-patient relationship.
3. Data collection should not be the sole aim of the process. Gathering patient information on defined aspects of care is only justified when it can improve patient care and is cost-effective, while not demanding time, staff or financial investment beyond the benefits that may be attained in quality improvement and/or increased patient safety.
4. External quality measurements should be limited to a reasonable number of indicators and should concentrate on the aspects of care that contribute most to better and safer patient care.
5. Reporting systems in electronic patient records should be developed so that it is easy to extract the data both for quality work on a local basis and external quality evaluation. This external reporting should be performed in a way that in no way identifies individuals.
6. All indicators that are used for bench marking or external evaluation should be scientifically tested and validated

(evidence based) and approved by the medical profession before their use.

7. GPs should evaluate the best way to collect the data in order to attain the most accurate results with the appropriate amount of work. Examples are sampling of data during a specified period, obtaining reports from the electronic patient records or from health care or administrative registers.
8. Personal health data should only be collected when all the parties agree that it will be used, primarily, for quality improvement. The process of collecting the data, its analysis and its subsequent use for the improvement of processes in health care should be determined from the outset.
9. A GP can collect data on his/her own patients for comparison and/or benchmarking within his/her own unit or between health care units by using data that do not identify individuals.
10. Quality measurements for administrative use should rely on measurements of resource quality, such as the use of services by different patient groups. If this data includes patient identification, the rules of scientific health data collection (the Helsinki Declaration) must be adhered to and written consent from the patient must be obtained. Otherwise, clinical data may be collected without the patient's consent but only in an aggregated form from each individual doctor's practice.
11. Payment for quality (payment for performance – P4P) may be beneficial when it is based on the various aspects of quality. However, both the profession and the health care providers have to realise that there are dangers when

payments are made for some aspects of the health care while others are ignored. Financial incentives have been shown to be a means of changing the way that GP's practice, which can benefit the patients.