


Chronic disease management

Evaluation of a regional integrated care strategy

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Agenda


1. **Introduction**
v/Peter Qvist (7-8 min.)
2. **Use of indicators to evaluate the strategy**
v/Arne Poulstrup (7-8 min.)
3. **Use of explicit audit to evaluate the strategy**
v/Birthe Rosenkrantz Lindegaard (7-8 min.)
4. **Use of implicit audit and patient interviews to evaluate the strategy**
v/Peter Qvist (7-8 min.)
5. **Discussion (10-15 min.)**



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The region of Southern Denmark with municipalities




Area: 12,191 km²
Population: 1,2 millions residents
Number of municipalities: 22
Number of Hospital units: 4-5
Number of GP's: approx. 800



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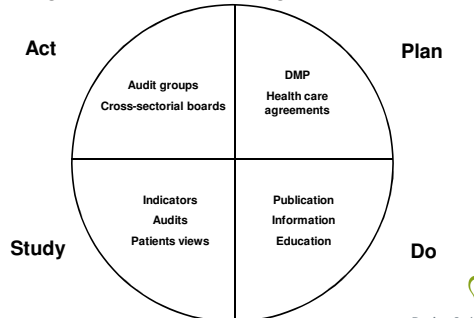
The integrated care strategy

- Formulating an agreement policy
- Implementing the policy
- Evaluating quality of care in relation to the policy
- Improvement initiatives



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Using the PDSA-circle in integrated care evaluation




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Main content of the agreement policy

- How and when to communicate
- Content of formal written communication
- Responsibility for delivering important services and care
- Specified standards and quality criteria
- Requirements for quality monitoring and evaluation

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How do we know, if it works ?

- What are the strength and weaknesses of different evaluation approaches ?
- Is it suitable to combine methods ?
- What about cost benefit considerations ? (time consumption)

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Suggested evaluation approaches in integrated care

- Indicator measurements
- Explicit audit model
- Implicit audit model
- Patient experiences (survey and/or interviews)

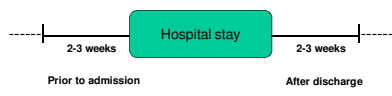
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Integrated care in relation to hospital admission and discharge



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Selection of relevant indicators and presentation of data

Arne Poulstrup, MD
Center for Quality

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Selection and presentation of indicator data


The selection task

- To point out relevant indicator data for integrated care issues

The 'mode of presentation' task

- To present data for leaders and managers that facilitates decision-making on quality improvements

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Sources and relevance

SOURCES	RELEVANCE
Continuous registration in clinical databases	LOW (5-10%)
Registration of "service goals" (waiting times, delays, cancellations etc.)	MEDIUM (30-40%)
National patient satisfaction surveys	LOW (10-20%)

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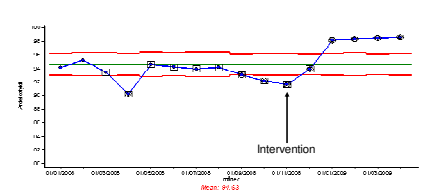
Examples of relevant indicators accessible from already existing registration


- Percentage of patients stating that they have received sufficient information about the plans for professional follow up after discharge
- Percentage of patients overtaken by the municipality when ready for discharge
- Discharge letters delay

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Example: Discharge letters delay

SPC-plot showing percentage of letters posted within 3 days



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Conclusion – benefits and drawbacks

Benefits

- Suitable for monitoring and benchmarking
- Suitable for pointing out areas needing attention

Drawbacks

- Inadequate for cause analyses
- Lack of good indicators

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Evaluation of integrated care strategy


explicit audit

Birthe Rosenkrantz Lindegaard RN
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Aim of pilot project


- To assess suitability of an **explicit audit model** in the evaluation of integrated care.
- Suitability assessed by
- ability to identify important quality issues
- time consumption

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Study design

- Developing a registration form based on standards for written communication from the agreements
- Inclusion of consecutive hospitalized chronically ill patients receiving primary health care services (before and after hospital stay)
- Inclusion of municipality reports and hospital reports consecutively during three weeks
- Prospective registration of selected data from the municipality reports and hospital reports
- Setting up an audit team consisting of representatives from the two parties (municipality/hospital)
- Conducting a 1,5 hour audit meeting to discuss adherence to the standards for communication between sectors

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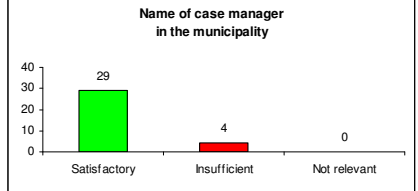


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Results -examples from municipality reports

Name of case manager in the municipality



Category	Count
Satisfactory	29
Insufficient	4
Not relevant	0

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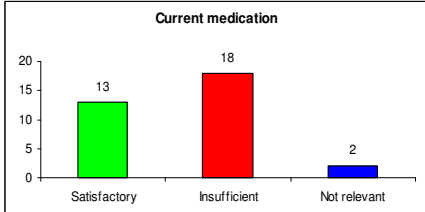


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Results – examples from municipality reports

Current medication



Category	Count
Satisfactory	13
Insufficient	18
Not relevant	2

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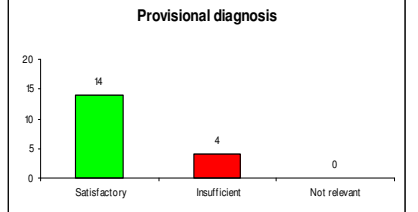


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Results – examples from hospital reports

Provisional diagnosis



Category	Count
Satisfactory	14
Insufficient	4
Not relevant	0

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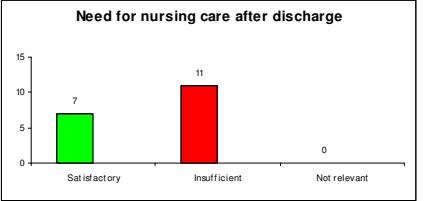


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Results – examples from hospital reports

Need for nursing care after discharge



Category	Count
Satisfactory	7
Insufficient	11
Not relevant	0

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Results – audit meeting

The audit group agreed on the following important shortcomings:

- In the municipality report
 - » The patients physical, mental and social situation
 - » Present medication
 - » Meals on wheels
- In the hospital report
 - » Expected need for primary care services after discharge
 - » Expected capability after discharge
 - » Expected rehabilitation needs after discharge

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Results - time study


- Audit registration: 2 minutes
- Preparation: 120 minutes
- Audit meeting: 90 minutes

➤ **Estimate for 2x20 reports:**

- 40 audit registrations: 40 minutes
- Preparation: 120 minutes
- Audit meeting for 5 persons: 450 minutes

➤ **Total: 610 minutes = 10 hrs**

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Conclusion

- The explicit audit proved suitable to evaluate adherence to the agreed standards for communication between municipalities and hospitals
- The explicit audit succeeded in pointing out important issues to improve
- Time consumption was relatively low
- The method was insufficient to cover all aspects of the patient pathways.

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Evaluation of integrated care strategy

implicit audit and patient interview

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Center for Quality

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Aim of pilot project:

To assess suitability of an **implicit audit model** in the evaluation of integrated care

Suitability assessed by

- ability to identify important issues needing improvement
- time consumption
- ability to cover the patients perspective

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Study design

- Inclusion of 10 consecutive hospitalized chronically ill patients receiving primary health care services (before and after hospital stay)
- Copies of relevant documentation from both sectors
- Setting up an audit team consisting of representatives from the three parties
- Conducting a five hour audit meeting
- Carrying out patient interviews

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Agenda of audit meeting

- Individual preparation (15 min. pr. patient)
- Assessment of quality of care in relation to coordination, continuity and communication across sectors
- Discussion and consensus for each patient pathway (15 min. pr. patient)
- Prioritising quality improvement issues
- Comparison with patient experiences

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Results - professional and patient perspective

Assessment of the need for improvement for selected issues

Issue	Professional perspective	Patients perspective
Professional planning and cooperation in relation to admission	Low	(-)
Professional individual responsibility ("contact person", case manager)	Low	High
Sector responsibility (nutrition, rehab., social situation, medication etc.)	High	(-)
Consistency of patient information across sectors	(-)	High
Waiting times and transportation	(-)	Low
Communication between professionals (written and oral)	High	Low
Professional planning and cooperation in relation to discharge	High	High

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Results – time study

- Preparation + copying of relevant documentation: 3 hrs
- Audit meeting 4 x 5-6 hours: 22 hrs
- Total 25 hrs
- Patient interviews 2 hrs

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Conclusion

- The implicit audit confirms the conclusion from the explicit audit regarding communication problems between sectors
- The implicit audit supplements the explicit audit by focusing on additional topics – but is more time consuming
- The patients perspective supplements the professional perspective regarding poorly documented issues like the case manager function and patient information

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