

443: Health insurance and quality assurance: Two flips of a coin? On the forgotten role of the sickness funds

de Béthune X., Mertens R.

Objective:

To demonstrate that through an innovative partnership with the healthcare providers and a multimodal approach, social health insurers can, and should, contribute to achieve quality of care improvements for patients.

Methods:

In Belgium, compulsory health insurance is run by seven not-for-profit sickness funds. However, the base package only covers approximately 85% off all healthcare expenses of hospitalised patients. Accordingly, in 2000, the Belgian Christian Sickness Fund (CSF) implemented complimentary solidarity-based hospitalisation insurance, featuring reimbursements to hospitals through prospective budgets. This financing mechanism created an opportunity and an incentive to set up a new partnership between the sickness fund and the hospitals, including the joint development of quality assurance initiatives. From its onset, the approach was participative and multi-centric. and it soon became multidisciplinary. The hospitals selected the subjects of interest to them. Multiple modes of work were used to create the right environment for quality related changes. The hospitals relied on their local experience and clinical data. These were complemented with analyses based on the CSF databases and the results in turn were put into perspective with evidence from the literature. Peer exchanges supported by this kind of information should make decisions and project implementation easier in the field. The projects are thus rooted in the context of the hospitals, which also remain the exclusive owners of the project results. CSF, on the other hand plays the role of organiser and facilitator of these different forms of intra- and inter-hospital critical reflection and/or action. A steering committee, in which the hospitals have the majority, supervises the programme.

Results:

Four years later, 18 different projects are running in more than 25 hospitals. They concern the evaluation and improvement of:

- *Technical aspects of care*: transfusion risk management and rational use of blood products; standardising care for peripheral vascular stenosis; improving postoperative pain management; training sessions on an anaesthesia simulator; use of brief anaesthesia in invasive paediatric procedures,
- *Organisation aspects*: evaluation of alternative triage and patient flows in the emergency department; medical risk management linked to accreditation procedures; introduction of clinical pathways,
- *Social aspects*: patient satisfaction inquiries; patient education in diabetes; coaching of children and adolescents with asthma; psychological and beautician support for cancer patients,
- *And financial aspects*: study of variability in cost and outcome of total hip prostheses; rational use of transfusion; rationalising care through clinical pathways,

Initially, technological innovations were also to be assessed, but several projects failed.

From the initial small-scale initiatives limited to a few hospitals in the beginning, the scope of the more recent projects (accreditation, risk management, clinical pathways) has now become institution wide, each involving about 10 hospitals.

Conclusions:

Social health insurers or sickness funds often possess a wealth of data and should manifestly be highly motivated for promoting appropriate and rational utilisation of healthcare resources. One could wonder why their role as a partner in quality improvement initiatives seems to have been ignored by most partners . . . including themselves!

We show that a sickness fund can play a significant role in the promotion and support of quality projects in the hospitals. The main success factors we have identified seem to be the following:

- The hospitals should remain the owner of the projects and their results;
- Results from benchmarking exercises should be presented anonymously and in a promotional way, in order to lead to problem solving and improvements in the organisation of care.
- Projects should rely on appropriate and, most often, mixed methodological approaches, combining data-based feedback, scientific evidence review, local clinical experience and expertise and intensive peer exchanges.