

## **006: TRANSPARANCY IN PRACTICE MANAGEMENT: QUALITY INDICATORS**

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### **Objective:**

To develop a framework for quality indicators to determine quantitative information on the quality of care in general practice, that is supported by general practitioners, health care insurers, as well as patients.

### **Methods:**

To assess and improve the quality of health care, we need indicators describing good quality of care/service provision. We focussed on practice management and infrastructure as well as on clinical care but also on patients' experiences about the care delivered. Out of national and international tools, an extensive set of quality indicators was deduced. A consensus approach (postal questionnaires followed by a consensus-meeting) was carried out separately for the different kind of indicators in two rounds. The first round among "quality of care" experts, and the second round among GPs and health care insurers. Later on, the same participating GPs will be involved in the collection of the data for the indicators. To add the patients' view on the content and composition of the framework, a patient-panel (representatives of patient organisations and ordinary patients) will discuss the content of the instrument.

### **Results:**

The set of quality indicators, resulting from the first consensus rounds among the quality of care experts, consisted of 233 indicators. The indicators on practice management and infrastructure (n=83) were assigned to six dimensions (infrastructure, team, information, quality and evaluation, patient-survey, and finance). To limit the size and complexity of the framework, the set on clinical care indicators (n=77) was initially compiled on two preventive topics (influenza vaccination and cervical screening), three disease management topics (diabetes mellitus, asthma/COPD and cardiovascular diseases), and two topics on drug prescriptions (antibiotics and dyspepsia-drugs). The indicators on patients' experiences (n=73) were assigned to 11 dimensions (patients' experiences on practice building, accessibility/waiting times, information, confidentiality, humaneness, provision of care, professional skills, informal care, continuity of care/collaboration with others, health outcomes, and on common aspects).

We just finished the consensus procedure for practice management in general practice. Similarities/discrepancies on acceptance to get consensus between the groups involved will be presented at the conference. Special interest will be shown to the different possible views of the stakeholders: the GPs, patients, and the health care insurers.

### **Conclusions:**

Based on the variability of the care given and the degree of adherence to the guidelines, we know that the quality of care can be improved. Higher quality and efficiency, benefits general practitioners (GPs) and health care insurers, but above all, patients. A set of measurable core indicators, to determine quantitative information on the quality of care in general practice, is needed to become informed.

Our project will result in a final set of quality indicators based on practice management, clinical performance, and patient judgements. However, the acceptability of the framework is not only determined by the reliability and validity of the indicators to indicate the quality of care delivered. It is also important that GPs are capable of supplying data for the indicators easily. Therefore, GPs have to be involved in order to evaluate the feasibility of the indicators to be measured. After data collection the set will be assessed once again according to the workability of data collection.

By sampling not only data for the indicators, but also data on the characteristics of the practice and its patient population (e.g. age), we can make the important necessary corrections on the final score on the indicator. Based on this information, we will be able to offer an instrument to identify practices with a high quality of health care.