

121: BRINGING CONTINUOUS QUALITY IMPROVEMENT TO A NATIONAL LEVEL: DEVELOPING A NATIONAL CONTINUOUS QUALITY IMPROVEMENT SYSTEM FOR NEUROMODULATION TREATMENT

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Objective:

The development and implementation of a national continuous quality improvement system for quality assurance of neuromodulation in chronic non-malignant pain, in cooperation with a fixed number of centers and physicians in the Netherlands.

Method:

Confronted with problems of financing neuromodulation for the treatment of chronic non-malignant pain the Dutch Neuromodulation Group (DNG) was founded in 1994. The DNG wanted to assure the quality of patient care and to obtain regular reimbursement for the application of neuromodulation techniques. The Dutch Health Care Insurance Board was willing to consider acceptance in the social insurance package if uniformity of the treatment based on the current knowledge and quality assurance could be reached in a limited number of experienced centers in the Netherlands. A national continuous quality improvement system as a tool for quality improvement and regulation of this expensive therapy was felt to be a prerequisite.

For the development and implementation of the quality system the following steps were developed and evaluated: Selection of centres and participating specialists, standardising the treatment protocol during consensus meetings (patient selection and procedures), collecting data in a national database

(practice variation, procedures and outcome measurements), organising feedback sessions on a regular basis, monitoring the learning curve during the feedback sessions where indications and procedures were fine-tuned based on the collective experience, development of indicators oriented on process and outcome. For the institutionalising of the continuous quality improvement system on a national level, the DNG made agreements on procedures for the continuity of the national continuous quality improvement system in the future, defined responsibilities of the participants within the national continuous quality improvement system and founded an association in order to be able to make agreements about future reimbursement of the treatment and the control of the national continuous quality improvement system.

Results:

In the future the national continuous quality improvement system will function as a self-steering, self-regulating and self-improving system. The DNG has developed the elements which are needed to assure and improve the quality (e.g. standard protocol, national database, feedback sessions, indicators) of the treatment of neuromodulation. The indicators in the national quality system are used for internal quality improvement. The DNG showed during the feedback sessions that they are not only capable but also willing to change the protocol if needed.

It will be the responsibility of the association to report annually to the Dutch Health Care Insurance Board, this to justify and check the functioning of the national continuous quality improvement system. The steering by the Health Care Insurance Board will therefore be minimal.

Conclusions:

1. The continuous quality improvement system approach can be applied to a national network of specialist health care, involving expensive technology.
2. A national quality system for a treatment developed with medical specialists can stimulate a learning curve. The medical specialists learn from each other and from themselves to think more about the decisions made during the process and learned to consider which patients are appropriate for the treatment. Therefore the quality of the treatment is assured.
3. The development of a national quality system for a relatively new and expensive technique can be a good way to ensure continuous (internal) improvement of the quality and effectiveness of the treatment concerned.
4. By linking the functioning of the medical specialists within a national continuous quality improvement system to the reimbursement scheme, a transparent mechanism for the control of quality and effectiveness of a treatment is set up.