

MERGING PERFORMANCE MEASUREMENT AND HEALTHCARE QUALITY MEASURING AS A QUALITY IMPLEMENTATION TOOL FOR CZECH HEALTHCARE IN TRANSITION

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CZECH NATIONAL STRATEGY for providing care in a more efficient way

1. **MODULAR SYSTEM:** Methodological unification of processes throughout all covered activities – to assure the feasibility of task force approach with distributed human resources, implementation and continuous maintenance of a data and information center/server, permanent education of the taskforce – WWW & Internet based info-servers, individual training, tutoring and cultivation of policy makers and the political milieu.
2. **NETWORKING:** Czech Agency for Healthcare Quality – formed by following modules: a) Data-knowledge acquisition / warehousing / mining, b) National Registers; c) SEMC / Standards of efficient medical care, process standardization in healthcare facilities; d) HTA / Health technology assessment; e) Accreditation, standardization; f) Quality management models / EFQM, Balanced Scorecard; g) Policy & Strategy, h) R&D; i) Public relations and patient support group involvement, education, WWW presentations; j) International collaboration.
3. **CUSTOMER ORIENTATION:** Independence on political situation (healthcare facilities / hospitals; geographical regions) -> initializing the “data lifecycle” – data refinement and culture (implementation, improvement and streamlining of information infrastructure of the healthcare facility or geographical region) -> Spontaneous restructuring with inefficient facilities and technologies elimination -> CQI based on problem and weak-points / bottlenecks identification.

The CZECH APPROACH: Comparing guideline derived standards as written by expert bodies with current medical practice patterns on the basis of unified data-collection methodology of voluntary collaborating healthcare subjects (hospital facilities covering all types of provided care / as of today, we have no experience with primary care).

Identification and proper employment of economical incentives - BRAKE EAVEN POINT. Each “service unit” (provider, ward, department, hospital) not achieving certain minimal volume of provided services in standard quality cannot, in a well adjusted reimbursement system (differentiated models chosen for different types of care), achieve economical sustainability and eliminates himself/itself from the public healthcare system (bottom-up approach for national network of healthcare facilities formation).

Emphasis is put on widespread explanation of what can be achieved and what can be expected in each timeframe. Teaching those that participate in the processes to analyze for themselves why there is a reason for change in the healthcare services they provide and what available tools exist on the “market” of information-communication technologies, “market” of continuous quality improvement systems and what are the methods of implementing culture into their respective organizations/facilities. We are doing things with the prospect of striking a balance between measuring, benchmarking and economical incentives on one side and cultivation of accountability (responsible self-control and behavior) on the other side.