HEALTH CARE QUALITY ASSESSMENT: AUSTRIAN INITIATIVES
**Facts**

» Health expenditures (OECD/2011): 10.8% of GDP, 75% public
» Hospitals: ~260 (~160 owned by public bodies)
» 762 Hospital beds/100,000 inhabitants
» Comprehensive social health insurance system (coverage: 99.9%)
» Equitable health care for all patients
» Free choice of physicians and therapy – no gate-keeping

**Strengths**

» Highly appreciated system
» Accessibility to all levels of care
» Broad coverage due to statutory insurance (99%+)
» Productivity (?)
  » High number of services provided

**Weaknesses**

» Resource-intensive system,
  » Capital and labour
» Only reasonable outcomes in terms
  » of LE, HLYs, …
The Austrian Health Care Reform

target-based governance for key areas

» Health outcomes
  » Derived from national basic health targets
    » Increasing healthy life expectancy by 2 years by 2030
  » Definition of various outcomes (including targets) based on common framework
  » Focus on transparency, health literacy and patient safety
    » Development of quality indicators for outpatient care
    » Promotion of HTA & EbM

» Health care processes
  » Implementation of integrated care programmes (including common financing schemes)
  » Enhanced coordination of care via the use of information and communication technologies
    » Establishment of telephone- and internet-based first contact service

» Health care structures
  » Definition of health expenditure targets controllable expenditure blocks for each payer
  » Adjustment in health care structures
    » Strengthening of primary care
    » Development of services responsibilities for specialised ambulatory care and reduction of parallel structures/transformation into outpatient clinics
    » Promotion of day care and ambulatory care in hospitals
The Austrian Health Care Reform
Key Area (selection): Quality of health care

Focus on safety, quality, transparency, health literacy

- Federal Quality Act and national quality strategy
- Standards for quality management in hospitals
- National Q-Standards in the field of IC
- National strategies: Dementia, diabetes, ...
- Concept in order to measure health system outcomes
- Inpatient quality indicators

Quality Assessment / Health system Outcomes

- Indicators for integrated care
- Indicators for primary health care
- Periodical assessment of quality management in other sector
- Promotion of HTA and EbHC
- Periodical assessment of quality management in hospitals
- Population and patient satisfaction
Assessing quality, measuring health system outcomes I recommended

- Federal quality act and National quality strategy
- Agreed national standards, principles and frameworks
- Contract between stakeholders and financing bodies, target oriented
- Defined criteria for measurement
  - periodic,
  - systematic,
  - Comparable on international and regional level
- Commitment to include (quality) measurement and assessment in a health governance process
- Commitment to shared responsibility of quality assessment and health care outcomes
Assessing quality, measuring health system outcomes II recommended

- Foster information and transparency
- Involve all relevant stakeholders in the conceptual work
- Keep it simple and measurable without additional documentation effort as far as possible

- Define and develop tools in order to
  - prioritize problematic fields in health care where further investigation seems to be necessary
  - support stakeholders in the position of informed decision making

- No naming, shaming and blaming

- Follow international good–practice examples (BE, UK, NL,..)
Example 1: Austrian Inpatient Quality Indicators (A-IQI)

**Facts and Principles**

» System developed by Helios Hospitals (GE), adapted for Austria

» Measuring quality using routine DRG documentation

» Development and definition of indicators on a national level

» Nationwide implementation started in 2011

» Mandatory since 2013

» 48 medical syndromes

» 228 indicators

**Method**

» Guidance by a steering committee, support by a scientific board

» Statistical analysis of DRG-data and detection of noticeable deviations of hospital stays

» Analysis of health records on department level and Peer group visits

» Detection of improvement

» Continuous Monitoring

» Main indicators 2015/2016: Urology, Heart surgery, vascular surgery

» Comparison Austria-Germany-Switzerland

» Publication for experts and web based tool for patients [www.kliniksuche.at](http://www.kliniksuche.at), no ranking
A–IQI – Analysis and consequences

» Analysis in the Federal Ministry
» Analyse in the health funds of the provinces
» Statement of the hospital
» Analysis in the national steering group
» If decided by the national steering group: Peer Review

» Quality Improvement
**Behandlung**

Gebärmutter-Entfernung

**PLZ, Ort oder Bundesland**

Kärnten (Bundesland)

**Umkreis**

Umkreis wählen...

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**7 Krankenhäuser zur Suchanfrage 'Gebärmutter-Entfernung' gefunden**

**Landeskrankenhaus Villach**

9580 Villach, Nikolaitgasse 43

- Anzahl Fälle Gebärmutter-Entfernung: 166 (über dem Bundesdurchschnitt)
- Kriterien für den Aufenthalt: 2 von 8 Kriterien erfüllt

**Krankenhaus**

- Vergleichswert (bundesweit)
  - 90 Tagen: 80% der Fälle bei 4 und 9 Tagen
  - 80 Tagen: 80% der Fälle bei 4 und 9 Tagen

**Allgemeine Kriterien zum Krankenhaus**

- 4 von 5 Kriterien erfüllt

**Krankenhaus Spittal/ Drau**

0800 Spittal an der Drau, Bilfirschstraße 1

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**Details einblenden**
Example 2: Quality Registries

» Outcome Quality Registries:
  » Adult Cardiac Surgery Registry
  » Pacemaker Registry, ICD– und Loop–Recorder
  » Stroke Unit Registry
  » Premature infant Registry
  » Radical cystectomy Registry
  » Revision surgery after hip replacement in addition to A–IQI
Example 2: Quality Registries

Benefits
» Easy and standardized method for data collection
» Anonymous Patient data collection
» Risk adjusted analysis
» Monitoring of treatment processes
» Benchmarking between the hospitals
» International comparison is possible
» Securing high medical performance/quality and patient safety

Recommendation
» Standardized processes are necessary
» Legal framework is helpful for collecting and analyzing data
» An independent institute raises confidence and acceptance

Conclusions
» Work on outcome quality gains importance
» Participation in Outcome Quality Registries is increasing
» Using nationwide outcome quality registries contribute to quality assurance and improvement
» High participation rates contribute to the quality of data
Example 3: Periodical Assessment of quality management in health care organisations

Definition of criteria
- **Done:** hospitals for acute care and for rehabilitation
- **Work in progress:** Ambulatory care units
- **Planned:** Other (outpatient) health care services and Long term care organisations

Categories
- Criteria of mandatory structures
- Criteria for processes (e.g. care delivery, admission and discharge management, hygiene and surveillance systems)
- Risk management, Patient safety
- Outcome measurement and transparency

Assessment of met criteria
- Mandatory participation for hospitals
- Data collection every five years
- Transparent quality reports and analysis of improvement
Patient Survey
- standardised, validitated, written questionnaires completed by patients (n = 20,234)
- This survey examines the quality of cooperation between in-patient and out-patient services in the Austrian health care system (from patient’s perspective)

Key results
- Deficits in the cooperation between in-patient and out-patient services in the Austrian health care system
- (Still) lack of well established (and well functioning) networking between healthcare providers
- Sectoral separation of financing and administration in the Austrian health care system is challenging

Population Survey
- CATI – computer aided telephone interviews (n = 3,478)
- This survey aims at measuring public knowledge on healthcare issues/topics and the healthcare reform
Build up a „Health System Outcome Framework“

Next steps: use of results in new reform period (2017–2020)
Regular Monitoring of Indicators, Proposal of targets
Outcome-Framework
Targets, Indicators and Functions of the Health Care System

1. Increasing the number of **healthy life years** and reducing premature mortality
2. Improving **quality of life** of chronically ill people
3. Ensuring **quality** (patient-centeredness, adequacy, effectiveness, safety)
4. Strengthening of population's **health literacy**
5. Ensuring **access and fairness**
6. Ensuring high level of **satisfaction** with healthcare
7. Avoiding and treating of **acute events**

HEALTH PROMOTION
- Working conditions of the elderly
- Health promoting physical activity
- Social Capital
- Fruit and Vegetables Consumption
- School Climate

HEALTH OUTCOMES
- Life Expectancy
- Healthy Life Years
- Self-perceived Health Status
- Self-perceived Quality of Life of chronically ill people
- Depressive Symptomatology
- Premature Mortality
- Potential life years lost (PYLL)
- Infant Mortality

PREVENTION
- Diabetes Incidence
- Incidence COPD
- Incidence cardiovascular disease (AMI und stroke)
- Incidence malignant neoplasms (lung, colon, melanoma, cervix)
- Health Literacy

CURATIVE CARE
- Ambulatory Care Sensitive Conditions (ACSC)
- Mortality amenable to health care (MAHCS)
- Postoperative complications
- Severe or fatal incidents

LONG TERM CARE AND END OF LIFE CARE
- Life Expectancy
- Healthy Life Years
- Self-perceived Health Status
- Self-perceived Quality of Life of chronically ill people
- Depressive Symptomatology
- Premature Mortality
- Potential life years lost (PYLL)
- Infant Mortality

Recommendation to initiate a separate expert process in order to find appropriate indicators

Inzidence rates (light blue area): only medium to long term controllability
*Italics: Not available at the moment; Recommendation to create data source with *** high Priority, ** medium Priority, * low priority
Pitfalls and bottlenecks

- Fragmentation of health system
- Quite a lot of players to be involved
- No Mandatory regulations for ICD10 documentation in outpatient sector
- Evidence and comparability of indicators
- Little short term gains
- Concerns of HCP: (Overwhelming) documentation vs time to spend with patients
- Availability of Healthcare providers – shift of competencies
- “Quality management knowledge” of HCP still not sufficient
- Resources
- Status of Health literacy within the population
- Poor public relation regarding quality assessment and HSPA
Contact

Eva–Maria Kernstock
Stubenring 6
1010 Vienna, Austria
T:  +43 1 515 61–282
F:  +43 1 513 84 72
E:  eva.kernstock@goeg.at
www.goeg.at