

European Practice Assessment



Expectations & Barriers in Switzerland 2005

swisspep

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Outline

- 1. Background**
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- 3. Expectations of stakeholders**
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Background

- **2nd most expensive health care system**
 - **Mainly fee-for-service**
 - **Some HMOs & large practice networks (PPO)**
 - **TARMED->100% computerized practices | global budget**
- **Political & legal actions to contain costs**
 - **Health care legislation KVG 1994 based on WZW criteria
-> efficacy - effectiveness - appropriateness**
 - **Emergency legislation 2004 to freeze the actual number of physicians in practice by canton & speciality**
 - **KVG Reform 2005: Stop mandatory contracting?**

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What are (good) criteria for contracting doctors?

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➤ Available data

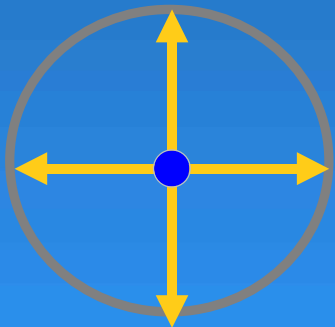
- Board certification (Professional/specialty bodies)
- Recertification by mandatory CME (Professional bodies)
- HMO & physician network certifications (HMOs, EQUAM foundation)
- Cost and utilization profiles (Sick funds, practices/trust centers)
- EUROPEP data (biggest sick fund, practices)

➤ Medical & service quality data are not available

- With some exceptions:
 - QualiDoc® data (from about 400 PCP practices)
 - EPA data (28 pilot practices)

Standardized balanced scorecard swisspep Quali Doc®

- National quality management program since 1999
- To monitor core values of family medicine and to support multidimensional practice improvement
 - Patients' experiences (EUROPEP)
 - Practices' organizational development (GP/staff workload, work-related satisfaction, Burnout HSS-MBI, team functioning)
 - (Tracer indicators - diagnose-related)
 - (Costs - TARMED)
- Multisource feedback (practice visit or workshop)
 - Result book compares practice performance over time, and with national benchmarks



EPA-Pilot in Switzerland

➤ Swiss Initiative for Practice Assessment SIPA-ISEC 2003-2004

- EQUAM Foundation
- Med-Swiss.net
- Swiss Medical Association FMH
- Swisspep Institute for Quality and Research in Healthcare

TOPAS\./CH
Consortia

EPA-Pilot in Switzerland

➤ Swiss Initiative for Practice Assessment SIPA-ISEC 2003-2004

- EQUAM Foundation - **Certifier**
- Med-Swiss.net - **User / Co-developer** Swiss items
- Swiss Medical Association FMH - **Profession**
- Swisspep Institute for Quality and Research in Healthcare - **Developer**

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Insights from SIPA (EPA-Pilot)

- The EPA procedure proved
 - highly **acceptable** - at least in a sponsored research setting!
 - **feasible** - in small practices as well as in large HMOs
 - **valid** - in terms of both high return rates and item responses (>80% of items had an item response $\geq 67\%$)
 - **helpful** for participants - as the mean goal attainment of 28 practices in the five domains reached 63% (with a typical range of 30 - 80% among practices)
 - **difficult** - to provide a useful feedback report within short time after the assessment
 - somehow **confusing** - as the feedback report created misunderstandings about the meaning of some items

Expectations of stakeholders

- **EQUAM Foundation**
 - Wants to use EPA as a **summative** quality assessment framework for the certification of individual PCP practices
- **Swiss Medical Association FMH**
 - Supports EPA as a generic **formative** quality assessment and as a **negotiable** QI system
- **Physician networks (Med-Swiss.net)**
 - Hope for better **reimbursements** from sick funds for practice networks using formative EPA
- **Individual physicians & practices**
 - Innovators and early adapters want support for their internal QI to realize **better care** (and payments)

Barriers 2005

- **Certifiers, e.g. EQUAM Foundation**
 - EPA may be too complicate and **too expensive**
- **Swiss Medical Association FMH**
 - Does not want EPA to be used for **practice certification**
- **Physician networks (Med-Swiss.net)**
 - Need **other indicators** to assess function of integrated networks, and not 'only for clinical microsystems'
- **Individual physicians & practices**
 - Consider EPA activities as **superfluous** at least as long as their workload is high enough to grant good economic conditions

Actual developments

- **2004 Collaboration between AQUA & Swisspep**
 - to adapt & implement VISOTOOL® as quality management system based on EPA in Switzerland
 - integrating QualiDoc®- and internet-based technology for data collection and online feedback/benchmarking
 - allows process management of both EPA and internal QI
 - extended by a set of validated Swiss indicators (14)
 - with support from the Swiss Medical Association FMH
- **2004-2005 EPA-Postpilot in Switzerland**
 - in collaboration with all TOPAS\./CH partners
 - developing & using the adapted version of VISOTOOL®

Future Plans

- **Further development of EPA in co-operation with TOPAS-Europe & TOPAS\./CH**
 - 2005: Developing new indicators (prevention)
 - Diagnose-related indicators for specialists / consultants
 - Pilottests in specialists / consultants practices
- **Further development of VISOTOOL by AQUA & swisspep**
 - Feedback- und Learning modules
 - Stratified Benchmarking
 - Support of longtime monitoring

The crucial question

- „Formative assessment“ is primarily educational and serves **quality**.
- “Summative assessment“ is organizational, deals in standards, and is driven by **equality**
- There is a natural, potentially **creative tension** between the two purposes of appraisal, reflecting the wider debate in society regarding the role of doctors and the distribution of health care resources

**For more information about EPA und
VISOTOOL[®] please contact**

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