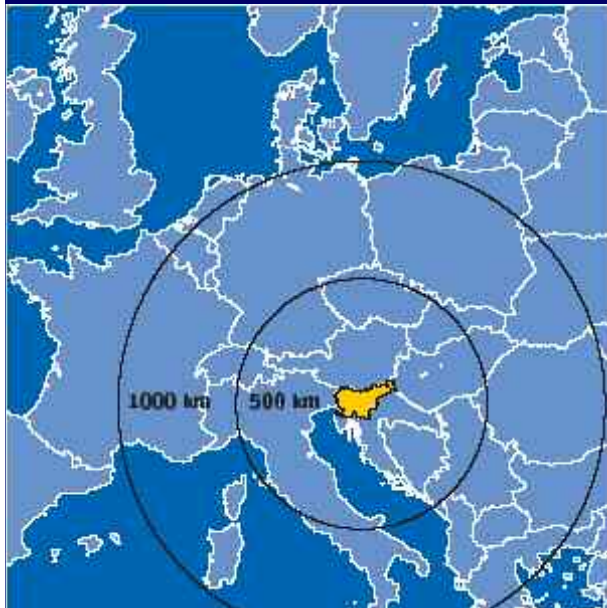




European Practice Assessment in Slovenia

experiences from pilot study



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Slovenian health care system

- Slovenia is one of the transition countries in Europe (independent since 1991)
- Care providers: mostly public health care centres (hospitals and primary health care centres) and partly private contractors.
- Ministry of Health has a coordinative role.



Slovenian health care system

- 7,7% of GDP = 847 US\$ (2002)
- Compulsory health insurance, partly from wages and partly from employers.
- Universal coverage.
- Compulsory health insurance covers over 80% of all health care costs.
- Voluntary insurance for copayment.
- Only one insurance company: National health insurance institute.



Primary health care

- Primary health care centres framework (large investments in the premises).
- Partly a capitation system, partly fee-for-service system.
- GPs and specialists (pediatricians and gynaecologists) provide primary medical care and they act as gatekeepers.
- Mostly health centre practices, partly single handed practices or dual practices (private) with practice nurses and community nurses.

Quality assessment



■ Audits

- Internal audit by means of selfevaluation and management audit
- External medical audit provided by the Medical chamber's expert
- Organisational control from the Ministry of Health
- Financial control by the National health insurance institute

■ Way forth

- A covering law and bylaws on quality management
- National board for quality in health care
- Centre for quality assurance, research and education on quality
- HTA
- Information infrastructure



EPA and Quality improvement in family medicine

■ Background

- We joined to EPA pilot study in September 2003.
- Translation activities according to a formal procedure.
- Two national representatives took part at the introductory meeting with partners in Gottingen in October 03.
- We focused on GPs and their teams.

■ Objectives

- Develop an internationally validated method for practice assessment.
- Enable general practitioners to improve their practice performance.

Recruiting the sample

- Recruitment in september and october 2003.
- We used our research network of GPs.
- As we had limited budget, we offered them free participation at one of CME activity organised by Slovene Family Medicine Society.
- 34 practices were recruited (3 dropped out).





Number of practices visited

- We visited 31 practices from 10th December 2003 to 27th February 2004.

Size	Rural	Urban
1 GP	5	5
2 GPs	5	5
≥ 3 GPs	6	5



Participants in the pilot study

- 83 GPs, 159 staff members
 - 233 out of 242 returned the EPA questionnaire (96,28%)
 - 154 participants took part at MM sessions (63,63%)
 - 184 participants from public health care sector (76,03 %)
 - 30 participants: 28 GPs and 2 members of staff were male (12,39 %)
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- 930 patients filled in the patient's questionnaire

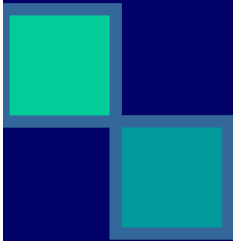


Distribution of practices visited





Visitors

- 
- One GP involved in EPA pilot study (researcher)
 - One trained student (two training meetings)



Instruments used

- EPA questionnaires
- Maslach Burnout Inventory
- Maturity Matrix (group session)





EPA visits

■ Positive experiences

- Good response rate at first contacts with main GPs (91,17%).
- Good response rate on EPA questionnaires:
98,11% returned staff Q
96,38% returned GP Q.
- GPs were satisfied that somebody is interested in their work.

■ Problems

- Time for visit: observer had to wait (emergency call)
- Reminders for late-comers
- GPs present at the time of filling in the checklist for drugs
- Observer sometimes felt intrusive while checking the doctor's bag.



Maturity Matrix

■ Positive experiences

- Group discussion
- Quick feedback
- Help practices to plan
- Easy to use in small practices

■ Problems

- Time
- Arrangement for group session in big practices
- Tendency to assess practice better (higher scores)
- Some participants forced their opinions.



Data entry

- The researcher in the project revised all the data (EPA questionnaires and MMs) before copying.
- We sent copies of the raw national data collected in the EPA pilot study to the WOK co-ordination team.
- We sent copies of Maturity matrix and all relevant documents for practice profile to University of Wales Swansea.



Feedback

- EPA showed main GPs some new aspects of the organisation of their practices at the end of the visit (learning experience).
- Maturity matrix provided targets for future development at the end of group session.
- Written feedback data to all practices (on their own data and the reference data of the project relative to their own scores).
- Feedback sessions organised as a part of our CME activities.
- Feedback workshop for main GPs involved in EPA (learning from peers how to organise better).
- Local practice meetings: discussing feedback in the practice and find areas for improvement (no founds)



Plans for the future

- To develop an internationally validated method for practice assessment.
- To enable general practitioners to improve their performance.
- To create a national quality assessment and quality improvement tool for the organisation of general practices (use EPA indicators and add some country specific).
- To compare our results from pilot study with the international ones.
- We will be happy to share our results and experiences with partners from other countries and to report on them.