

# Data Based External Quality Assurance in the German Health Care System

---

*Strengthening health policy governance across all levels in the EU*

Brussels, 6-7 November 2014

Prof. Dr. med Anke Bramesfeld, MPH

AQUA – Institute for Applied Quality Improvement and Research in Health Care



QUALITY IN HEALTH CARE

# AQUA: Institute for Applied Quality Improvement and Research in Health Care

## Business areas:

- Quality in health care
- Quality improvement and accreditation programs with indicators and benchmarking (Germany, Austria, Switzerland, Algeria, Kenya, Tanzania, etc.)
- Development and implementation of data-based programs for improvement of chronic care, multi-morbidity and rational prescribing (Germany)
- Institute executing mandatory national quality assurance for health services according to §137a of the German Social Code, Book V:



# Some facts about the German health care system



- Population 80,5 Mill
- Governance in health care:
  - Infrastructure: 16 Länder
  - Processes: federal
- Financing: ~ 90 % statutorily health insured (~ 130 insurance companies - SHI), ~ 10 % privately insured, 0.2 % not insured.
  - SHI-represented by National Association of SHI Funds
- Inpatient care: ~ 2,000 Hospitals
  - represented by the German Hospital Federation
- Outpatient care: dominated by office-based physicians: 144,000 physicians
  - represented by the National Association of SHI Physicians and of Dentists



Spitzenverband

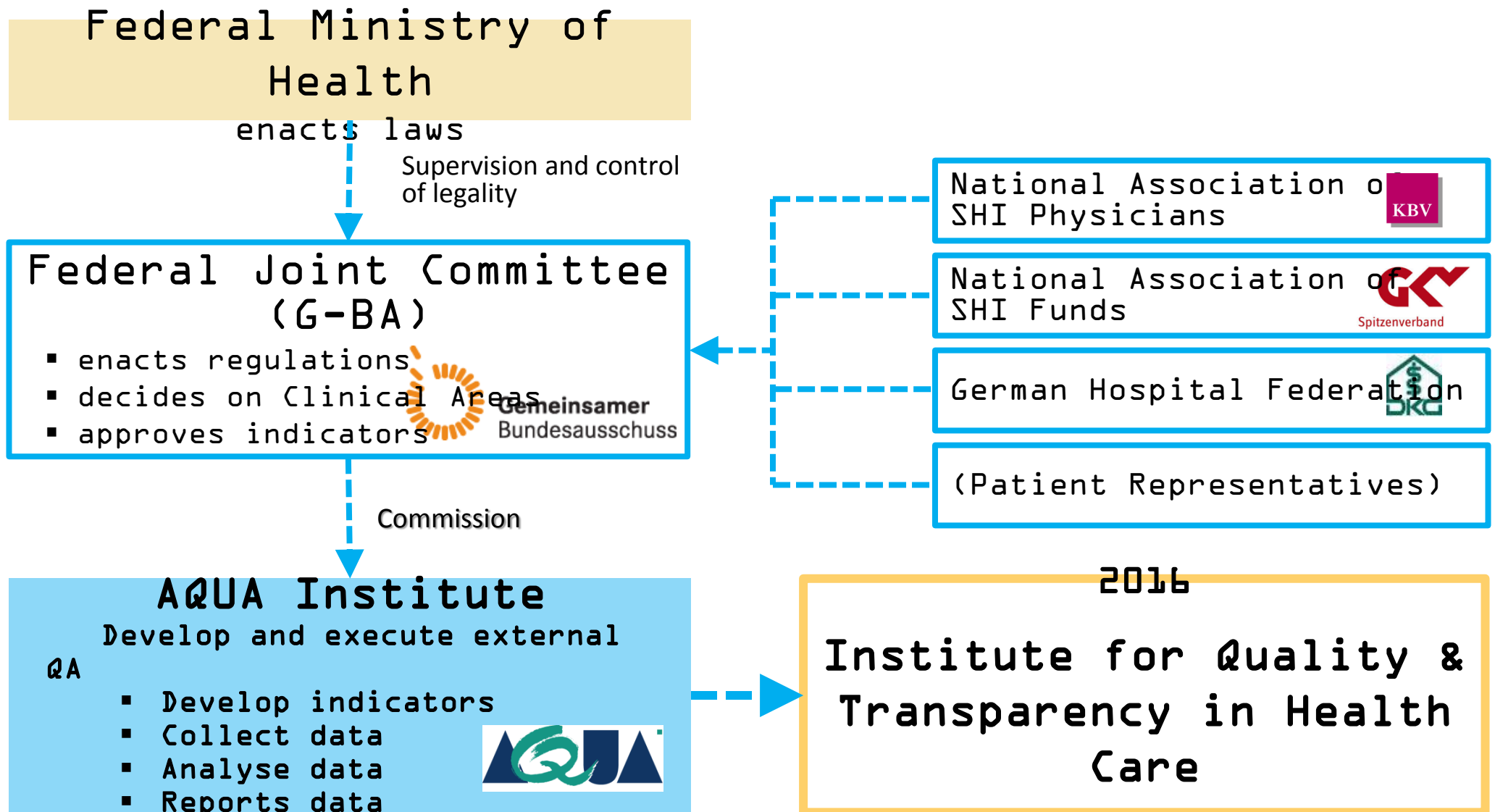


KBV

# Obligation to Quality Assurance in German Health Care System

- § 135a Social Code Book V: All health service providers are obliged to participate in measures to assure and further develop the quality of the services that they provide
  1. To participate in external inter-institutional quality assurance with the aim to improve outcome
  2. To implement inner-institutional quality management (e.g. accreditation, certification, others)

# Governance & Administrative Framework for mandatory QA



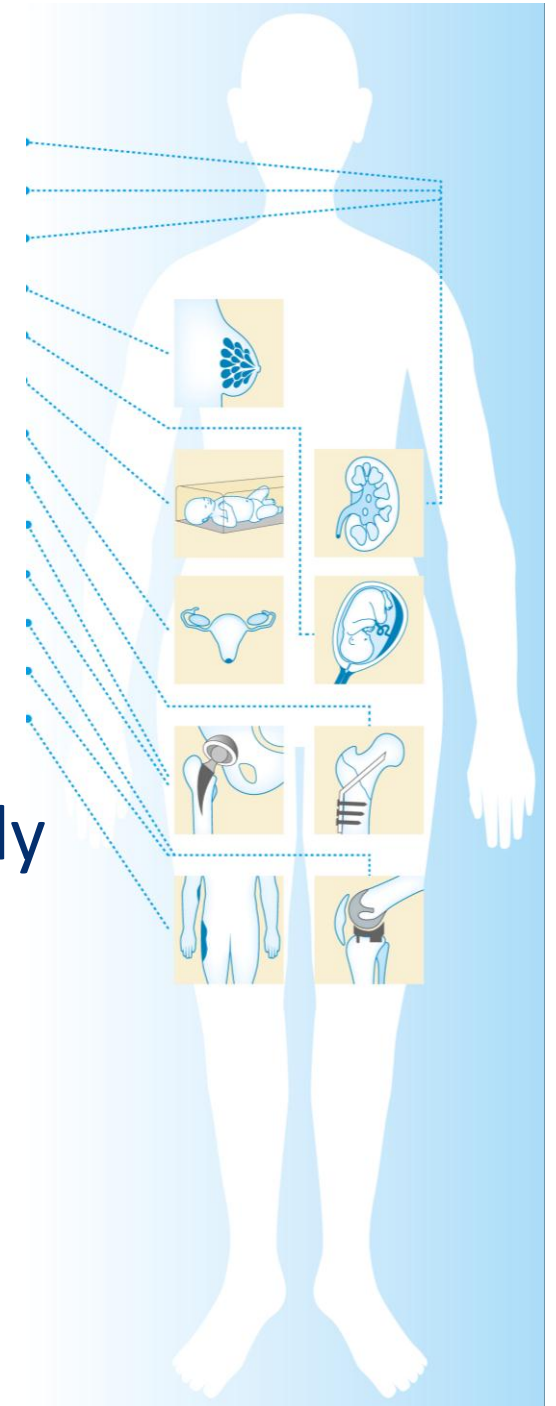
# Concept and Aim of mandatory QA

- Quality Concept
  - Patient-centered, patient outcome
    - » Patients involved in all processes of QA
  - Focus on quality deficits in service pathways
  - Quantifiable quality
- Aim
  - Compare similar services of different providers
  - Quality improvement (learning approach)
  - Accountability of service provider
  - Transparency & patient information

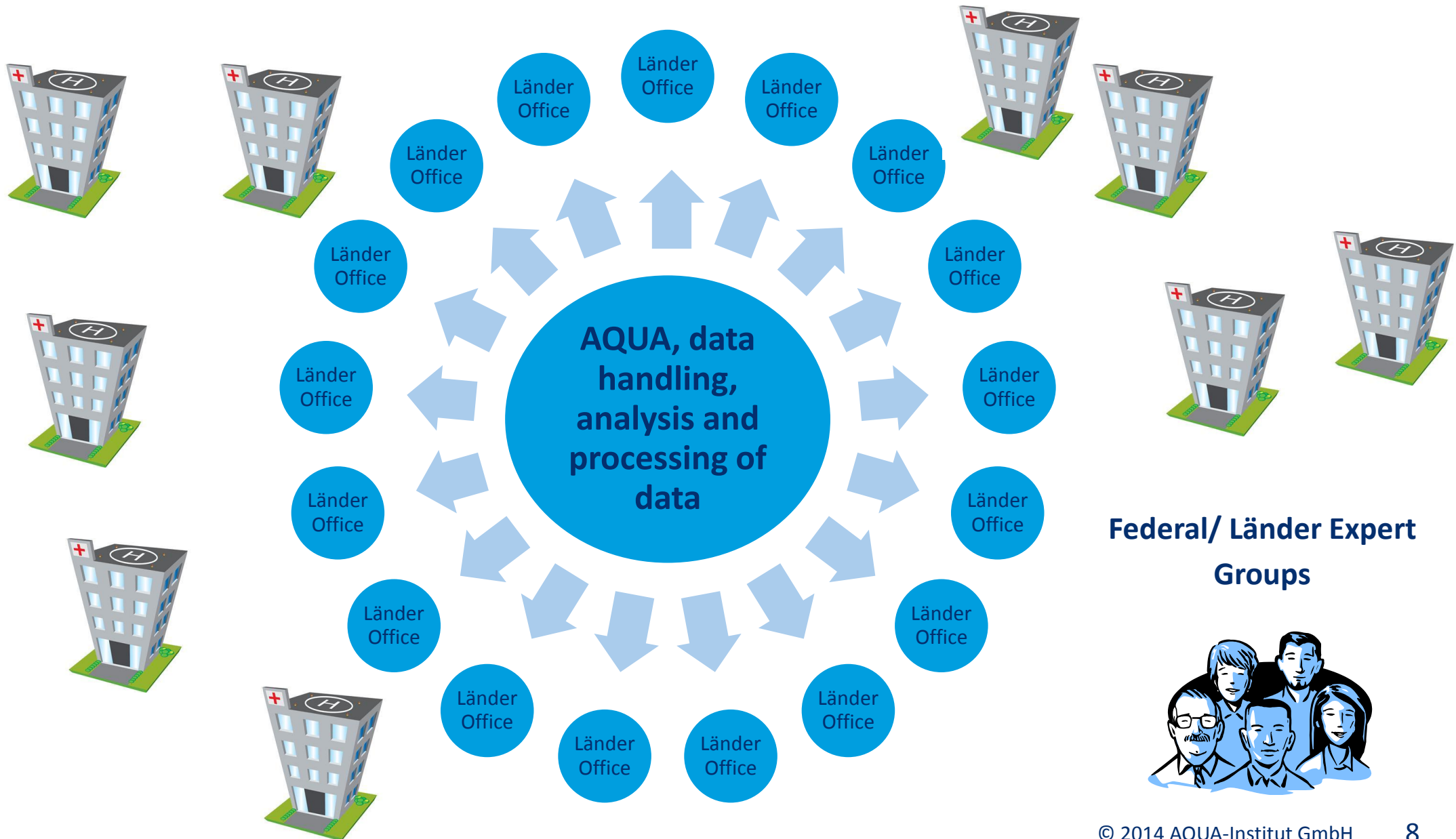


# Scope of mandatory QA

- External
- Measure quality with indicators
- Measure only in clinical areas (no general indicators)
- 30 clinical areas (all hospital)
- 434 indicators (78 risk adjusted, 300 publically reported)
- Annual assessment and feedback
- At the moment:
  - Only hospitals
  - Data collection mainly through additional documentation



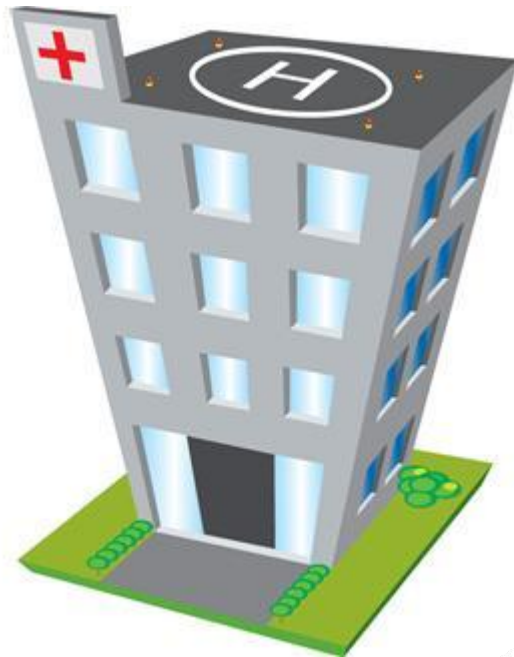
# Infrastructure for supporting QA: 1 AQUA + 17 Länder Administrative Offices for Quality Assurance



# Flow of Data

17 Länder Administrative Offices for Quality Assurances

## 1. Data Collection



QA Data

## 2. Data Processing + Analysis



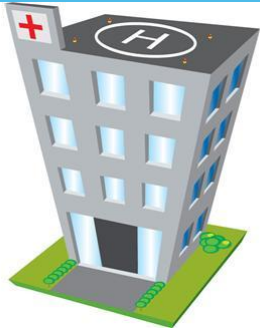
Outcome Report

## 3. Reporting



Federal/Länder Expert Groups



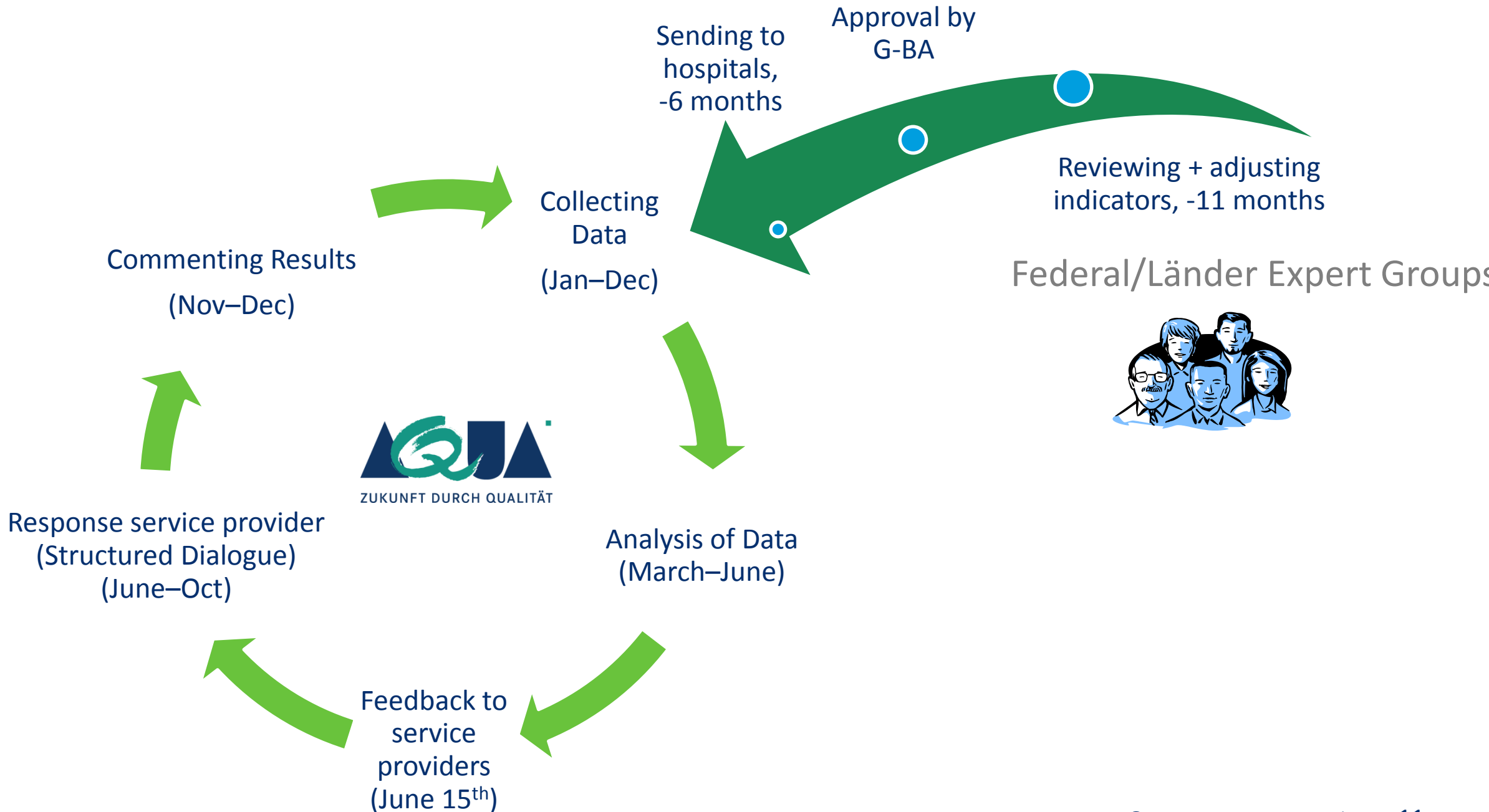


# 1. Data Collection

- At present:
  - Majority of data recorded manually (but not paper-based)
  - Increasingly data taken out of Electronic Hospital Reporting System
  - Follow-up: only in-hospital or by voluntary reporting
- Future:
  - Follow-up into outpatient care
  - Use of Health insurance claims data (available cross-sectionally)
  - Patient survey (difficult to be implemented)
- Some documentation by hand is un-avoidable

BASIS		19-26 Verlauf	
Genau ein Bogen muss ausgefüllt werden		19 Beginn der Mobilisation	
1-7 Basisdokumentation		0 = keine Mobilisation 1 = innerhalb der ersten 24 Aufnahme 2 = nach 24 Stunden und	
1	Institutionskennzeichen <small>http://www.arge-ll.de</small> □□□□□□□□	11 bei Aufnahme invasive maschinelle Beatmung 0 = nein 1 = ja <input type="checkbox"/>	20 Verlaufskontrolle des Proteins oder Procalcitonin innerhalb der ersten h) des Aufenthalts 0 = nein 1 = ja
2	Betriebsstätten-Nummer <input type="checkbox"/>	wenn bei Aufnahme invasive maschinelle Beatmung = nein	
3	Fachabteilung <small>§ 301-Vereinbarung § 301-Vereinbarung: http://www.dlger.de</small> Schlüssel 1 □□□□	12- Desorientierung bei Aufnahme 0 = nein 1 = ja, pneumoniebedingt 2 = ja, nicht pneumoniebedingt <input type="checkbox"/>	wenn Verlaufskontrolle CRP/PCT = ja
4	Identifikationsnummer des Patienten	13- spontane Atemfrequenz bei Aufnahme <input type="checkbox"/>	21- Abfall des C-reaktiven Proteinwertes

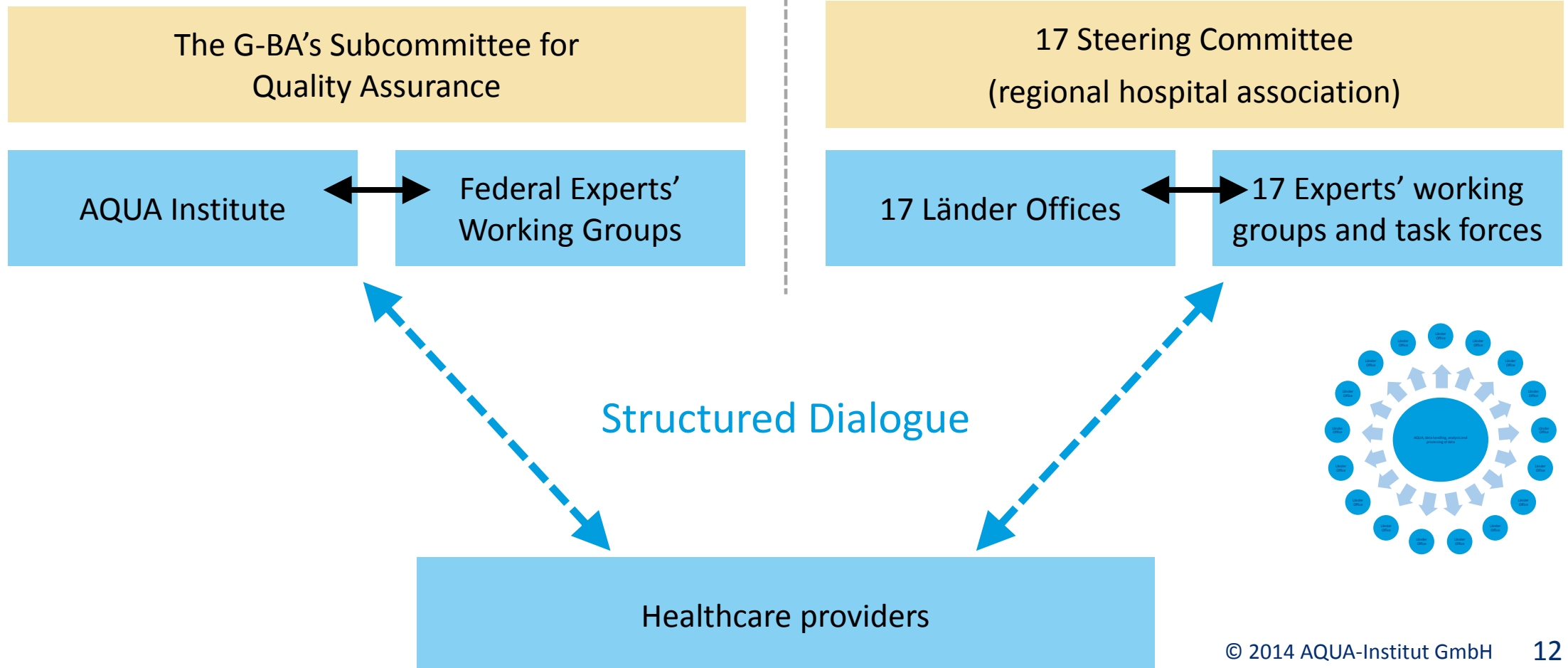
## 2. Data Processing + Analysis



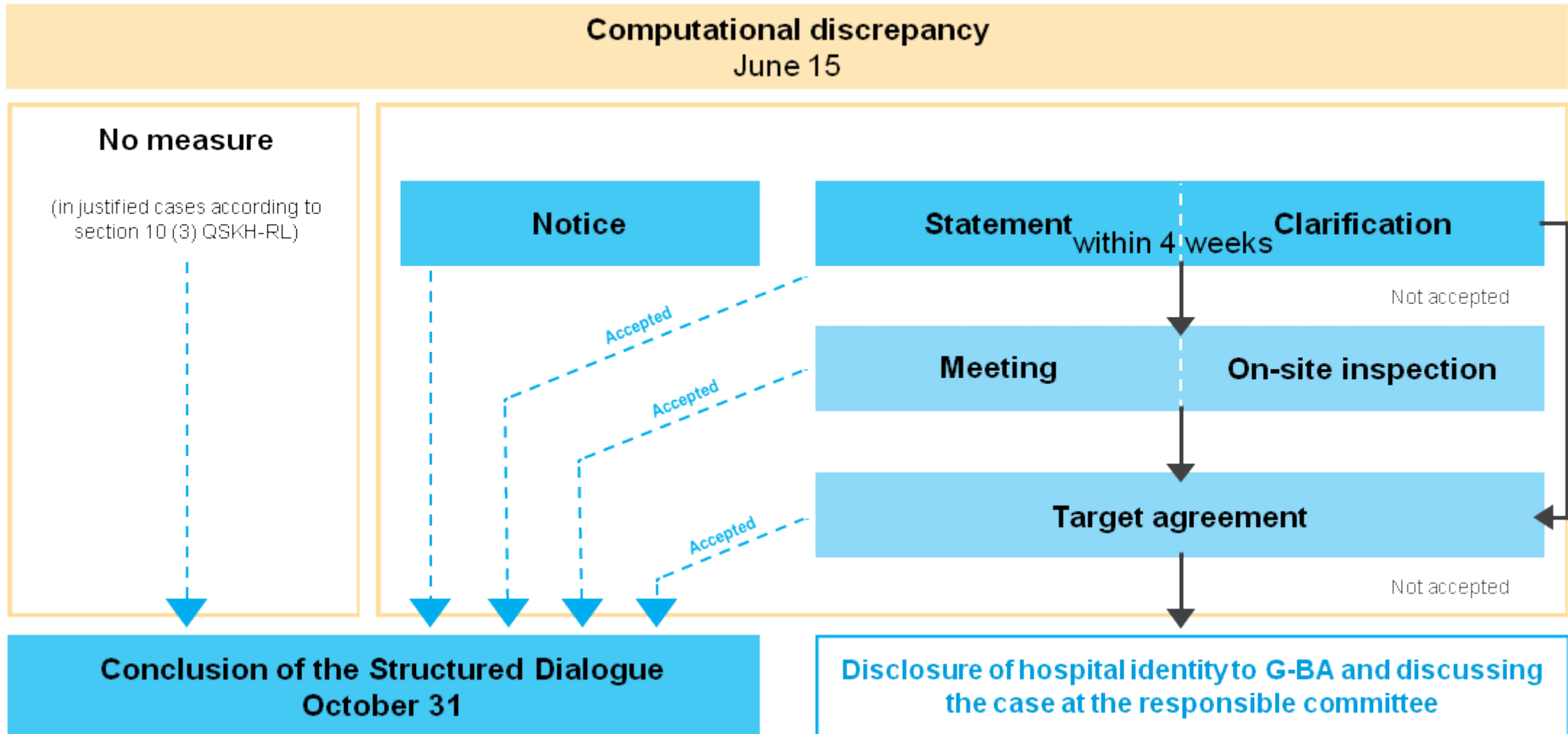
# Structured Dialogue – participants and responsibilities

Direct procedure

Indirect procedure



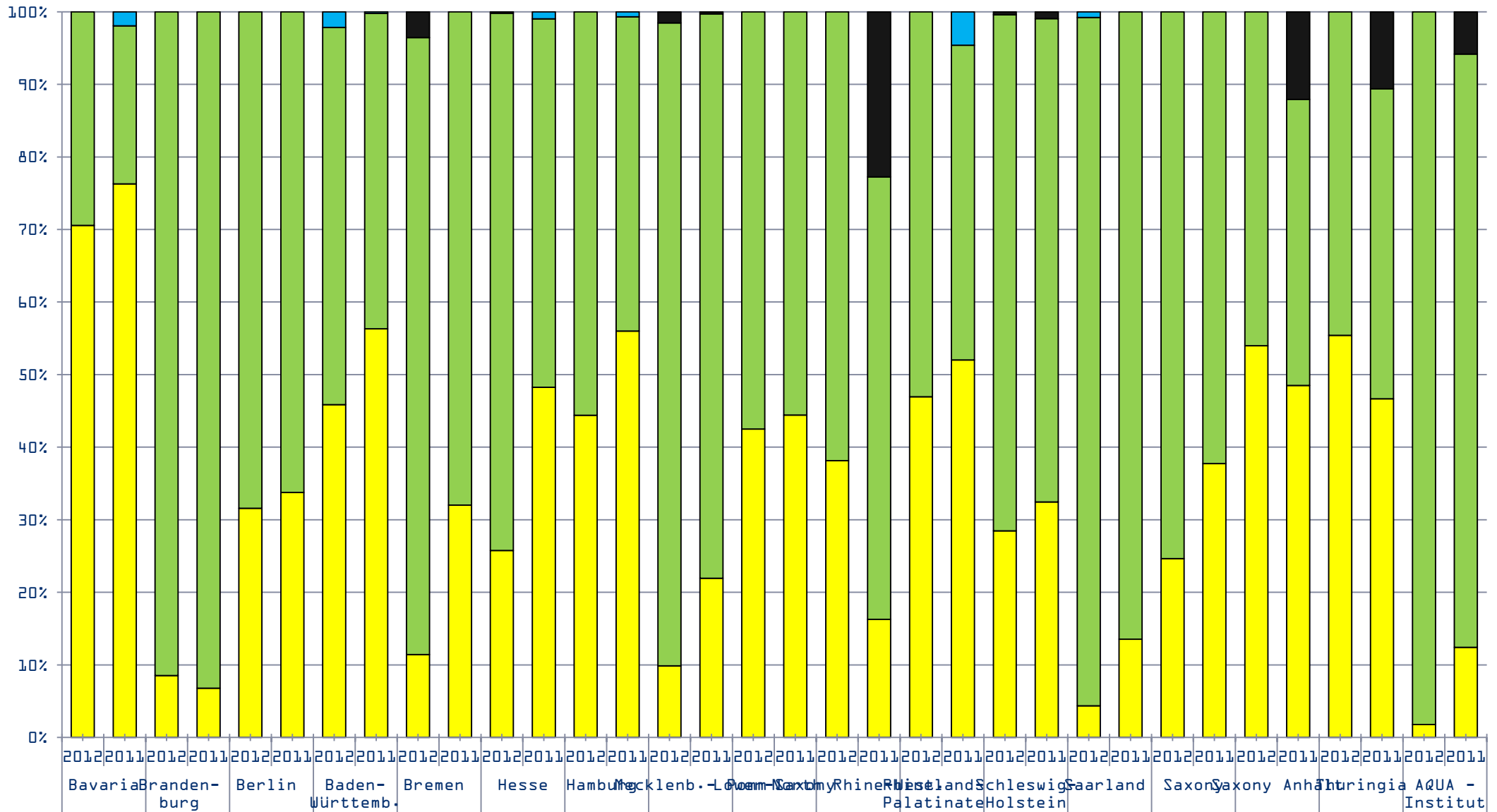
# Structured Dialogue: work flow



- Last data in - feedback to hospitals: 6 months
- Last data in - conclusion of Structured Dialogue: 9 months
- Last data in - report to G-BA: 17 months

# Measures taken for computational discrepancy according to Land (+AQUA)

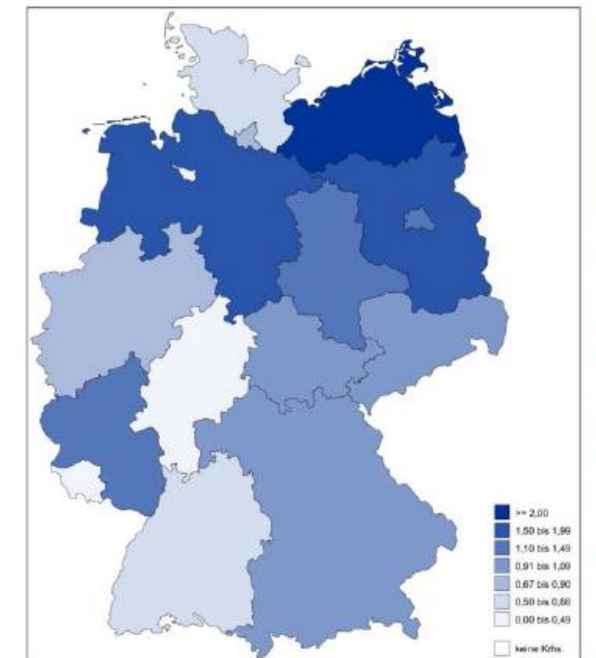
■ Notification     
 ■ Response demanded     
 ■ No measures     
 ■ Other



# 3. Reporting

Annually:

1. Hospital-specific data published on health insurance websites
2. German Hospital Quality Report, free download of 2009–2012 reports in English, <http://www.sqg.de/quality-report/index.html>
3. Report: Analysis of Länder Results
4. Report on Structured Dialogue
5. Comparative public report



Hospital mortality, community-acquired pneumonia, data 2012

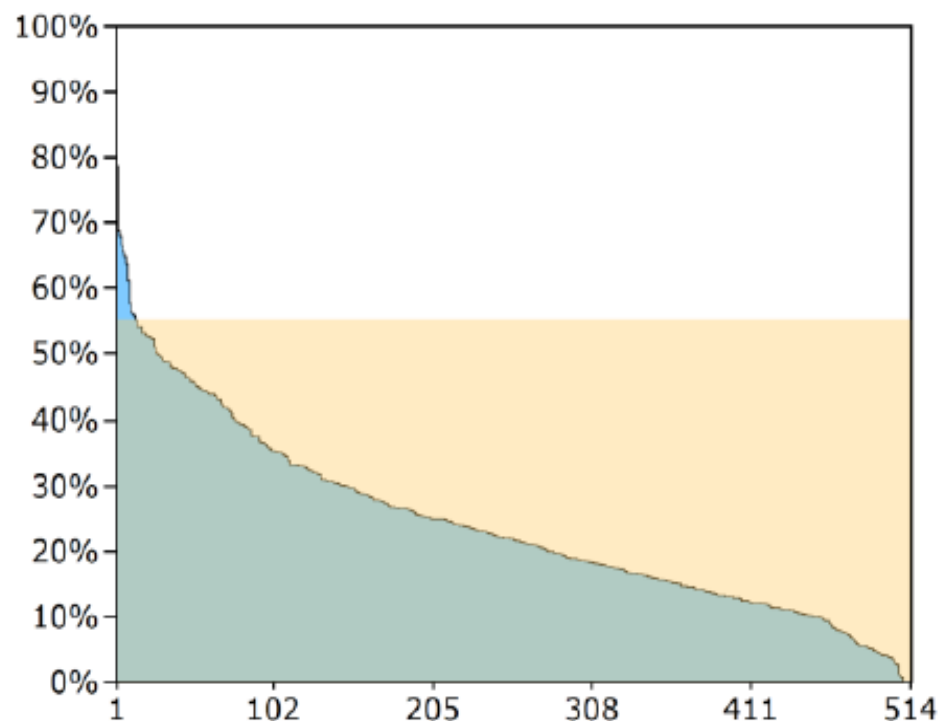
# Example Reporting: breast surgery

2013: 62,766 cases of breast-cancer surgery in 745 hospitals

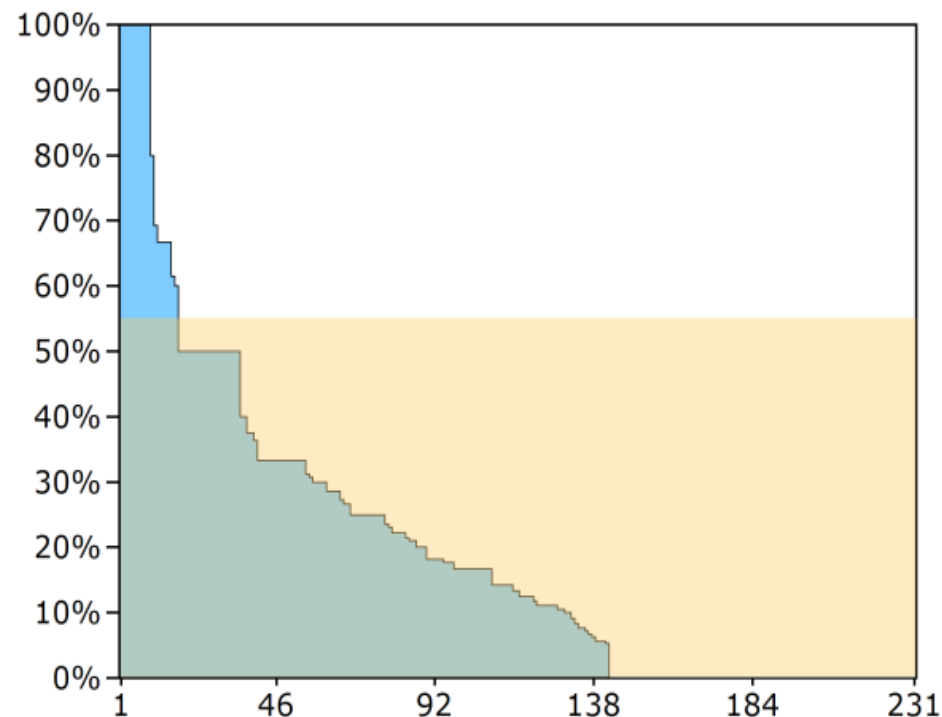
Subject	Indicator	Reference range	Result 2013	Result 2012	Trend
Pre-therapeutic diagnostics	1. Pre-therapeutic diagnosis histologically verified	≥ 90,0 %	96,1 %	95,9 %	=
Intra-operative diagnostics	2. Intra-operative specimen x-ray with mammographic wire marking	≥ 95,0 %	96,7 %	97,1 %	=
	3. Intra-operative specimen sonography with sonographic wire marking	Not defined	66,7 %	63,5 %	+
	4. Primary axillary dissection in DCIS	≤ 5,0 %	1,1 %	1,7 %	=
	5. Lymph node removal with DCIS and breast conserving therapy	≤ 29,8 %	16,0 %	18,1 %	+
	6. Sentinel lymph node biopsy	≥ 80,0 %	93,9 %	87,7 %	+
	Time: diagnosis - surgery	7. Less than 7 days between diagnosis and surgery	≤ 42,1 %	10,5 %	12,3 %
8. More than 21 days between diagnosis and surgery		≤ 55,1 %	27,0 %	23,8 %	-

# 2013 results for indicator More than 21 days between diagnosis and surgery

Time Diagnosis- Surgery 2013: Median 15 days



Hospitals > 20 cases, n= 514  
Median: 22 % (range 0-79%)



Hospitals < 20 cases, n= 231  
Median: 13 % (range 0-100%)

# Reporting on Structured Dialogue: Results breast surgery 2012

Indicator	Computational Discrepancies n/%	Qualitatively non- discrepant n/%	Qualitatively discrepant n/%	Dokumentatio n Problem n/%	No collaboration n/%
Ind. 7+8: time diagnosis - surgery	131	126/86.2%	2/1.5%	1/0.8%	0/0.0%

# **New development: Comparative public reporting - Premature Neonates**

- [www.perinatalzentren.org](http://www.perinatalzentren.org)

# New development: Comparative public reporting

## Perinatalzentren

Startseite Information Krankenhäuser Hintergrund

Suche

Sie befinden sich hier: Start >Krankenhäuser

### Ergebnisse Ihrer Krankenhaussuche

In der Tabelle sehen Sie das Ergebnis ihrer Suche. Dies ermöglicht Ihnen, Krankenhäuser in Bezug auf die Entfernung, die Anzahl behandelter Frühgeborener und das Überleben von Frühgeborenen unter 1500 g zu vergleichen. Weiterhin können Sie die Ergebnisse in auf- oder absteigender Reihenfolge sortieren oder eine neue Suche starten.

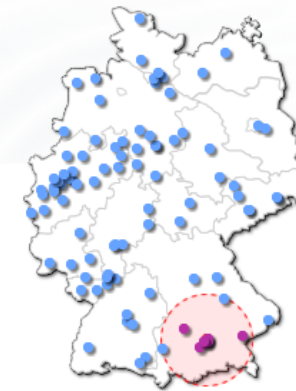
Krankenhaussuche

Ihre PLZ / Ort  Gewünschter Umkreis

Wählen Sie in der angezeigten Übersicht ein Krankenhaus aus, um weitere Ergebnisse zu erhalten.

Ihre Suche ergab 7 Ergebnisse im Umkreis von 100 km um 80331 München

Krankenhaus	Entfernung	Fallzahl	Behandlungs-routine risikobereinigte Anzahl	Überleben von Frühgeborenen Gesamt	Überleben von Frühgeborenen ohne schwere Erkrankung
Klinikum rechts der Isar der TU München Kinderklinik Schwabing	2 km	33	Krankenhaus: 38,36 Bundesmaximum: 255,85 Bundesminimum: 0,70 Bundesdurchschnitt: 39,55	Krankenhaus: 1,02 Bundesmaximum: 1,06 Bundesminimum: 0,93 Bundesdurchschnitt: 1,00	Krankenhaus: 0,95 Bundesmaximum: 1,12 Bundesminimum: 0,84 Bundesdurchschnitt: 1,00
Städtisches Klinikum München GmbH - Klinikum Schwabing	2 km	46	Krankenhaus: 26,52	Krankenhaus: 0,95	Krankenhaus: 0,94
Städtisches Klinikum München GmbH, Klinikum Harlaching	7 km	33	Krankenhaus: 30,53	Krankenhaus: 1,02	Krankenhaus: 1,08
Klinikum der Universität München	9 km	126	Krankenhaus: 144,13	Krankenhaus: 1,02	Krankenhaus: 0,93



#### Begriffserläuterung (Glossar)

- » Behandlungsroutine
- » Bundesdurchschnitt
- » Bundesmaximum
- » Bundesminimum
- » Entfernung
- » Ergebniskarte
- » Fallzahl
- » Frühgeburt
- » Wert des Krankenhauses
- » Überleben von Frühgeborenen
- » Überleben von Frühgeborenen ohne schwere Erkrankung

# Looking forward

- 10 years mandatory QA in Germany
- QA meanwhile firmly implemented in health care system
- Future:
  - The use of more claims data for indicators
  - QA for outpatient services
  - Assessing quality cross-sectorally along service pathways
  - Longer follow-ups
  - Patient questionnaire
  - More public reports

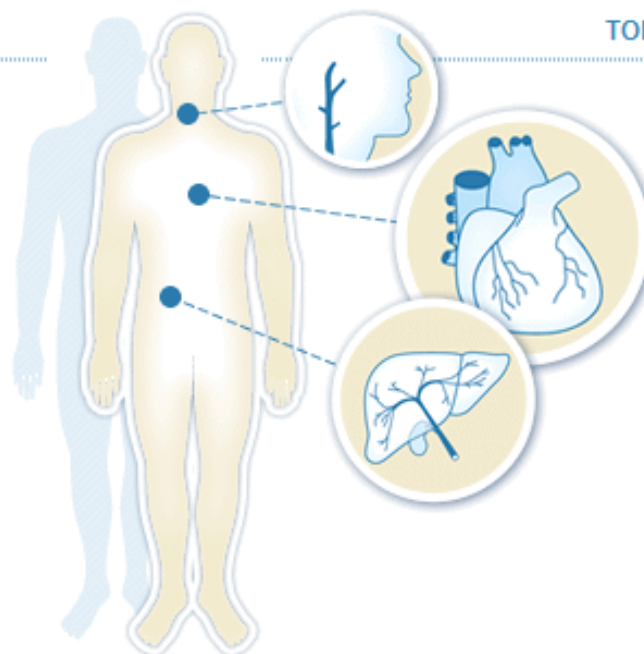
QA can point to problems in health care. It can not solve these problems

# Please visit our website [www.sqg.de](http://www.sqg.de)

AQUA Institute Project information

## Cross-sectoral quality in health care

SQG brings the quality assurance of the inpatient and outpatient sector in Germany together - these have, up until now, been separate. The goal: to meaningfully coordinate the quality requirements of both of these sectors in the future in order to reach a better and more efficient quality of care in the interests of both patients and health care providers. The AQUA Institute undertakes these tasks in accordance with the requirements on § 137a SGB V (German social code book).



### TOPICS

### INFORMATION

#### Task within the framework of the German social code book (§ 137a SGB V)



Download  
(PDF, 0,5 MB)

# Thank you for your kind attention!



**AQUA – Institute for Applied Quality  
Improvement and Research  
in Health Care GmbH**

Maschmühlenweg 8–10  
37073 Göttingen

Phone: (+49) 551 / 789 52-0

Fax: (+49) 551 / 789 52-10

[office@aqua-institut.de](mailto:office@aqua-institut.de)

[www.aqua-institut.de](http://www.aqua-institut.de)

[www.sqg.de](http://www.sqg.de)

