Health Policy 120 (2016) 1256–1269

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Mandatory national quality improvement systems using indicators: An initial assessment in Europe and Israel

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ARTICLE INFO

Article history:
Received 23 June 2015
Received in revised form
27 September 2016
Accepted 30 September 2016

Keywords:
Quality assurance
Health care
Quality indicators
Health care
Health care systems
Quality of health care
Health services research

ABSTRACT

Introduction: Quality improvement systems (QIS) that are based on empirical performance assessment have increasingly been implemented as a mandatory part of health systems across countries. This study aims to describe national mandatory QIS in Europe in 2014.
Materials and methods: Relevant national agencies for national mandatory QIS in Europe were identified through online searches and key informants. A questionnaire was compiled during a workshop with these agencies and filled out by representatives from these particular agencies.
Results: Agencies in charge of national mandatory QIS in seven countries (Denmark, France, Germany, Israel, Scotland, Sweden and Switzerland) were included in the study. An analysis of QIS revealed similarities, such as the use of routine data for performance assessment and the aim to hold healthcare providers accountable. Differences relate to the different forms of feedback systems and improvement mechanisms used. Trends include the development towards greater implementation of QIS within health systems, the inclusion of the patient's perspective in performance assessment, and experiments with pay for performance-related measures.
Conclusion: On a country level, for health systems striving for newly implementing QIS it is recommended to start where routine data is available, add qualitative methodologies once the QIS is getting more complex, report performance data back to service providers and be patient centred.

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http://dx.doi.org/10.1016/j.healthpol.2016.09.019

On the inter-country level exchange of information between agencies commissioned with implementing national QIS is very much needed for

1. Better understanding the other systems;
2. Gaining inspiration;
3. Working towards obtaining better evidence on the impact that the different tools used and measures taken by national QIS have on the quality of care at health system level.

1. Introduction

Quality improvement systems (QIS) which aim to encourage healthcare organisations to improve quality and performance [1] and that are based on empirical performance assessment, are increasingly being implemented on a national level as an integral and mandatory part of a country's health system [2]. Being based on empirical performance assessment means that data is systematically collected for indicators on healthcare structures, processes and outcomes.

Across Europe and also globally, there is awareness that the quality of healthcare does not always meet expected standards and that inequalities remain in access, delivery and outcomes. Value for money and the level of spending on healthcare is often felt to be unsatisfactory [3]. Moreover, the use of empirical performance assessment also highlights an increasing demand for transparency and accountability in all public processes, including healthcare to which all citizens are exposed, and which are also vital to them. Despite the growing interest in QIS that are based on indicators, little is known about the actual status and activities of national QIS in Europe. While there are numerous publications that deal with the challenges of QIS by considering their contents and conceptions [4,5], hardly anything has been published on the operational issues arising from implementing QIS at national and health system level.

National QIS reflect historical developments and traditions of health systems and they consider local requirements as well as specific responsibilities in healthcare. These differ in each country [6]. As a result, each national QIS is unique and varies by status and measurement [7]. However, the challenges that national QIS face are often similar: for instance, finding performance indicators that are meaningful, distinguishing between "good" and "poor" quality while being technically implementable, communicating results in a way that is understandable to lay persons, including patients' perspectives, and translating results of performance assessment into quality management. The approach to these and any other challenges may differ across countries but the purpose of national QIS are similar, i.e. to address inequalities in healthcare provision by creating external motivation for healthcare organisations to change and in doing so achieve better performance. Furthermore, what some national QIS have in common is that they are mandatory. Mandatory means that healthcare providers cannot opt out of providing data to the QIS. Therefore, data assessment methods need to be applicable to all health services in a country and mandatory QIS need to respect and adhere to regulations and legal constraints of the respective health system and country. This legal and operational framework is what distinguishes national and mandatory QIS from voluntary QIS. It leaves its mark in their governance and how they are embedded in the respective health system.

Despite the common challenges of national QIS and despite their aims being similar, there is very little exchange of information between national QIS. This is even more relevant as the differences between national QIS might not only be a result of the different health and legal systems and traditions, but might also be related to a lack of evidence regarding the consequences of such different approaches at national level and the lack of exchange of experiences between countries [8].

Against this background, the study presented here aims to explore the status and functioning of QIS in Europe that are nationwide, use indicators for performance assessment and are mandatory. It describes the practice of these national mandatory QIS in 2014 from an operational point of view. The interest lies particularly in documenting the characteristics of national QIS, in exploring what these programmes have in common and in which way they differ with regard to governance structures, organization of information systems and regulation of performance improvement.

2. Materials and methods

2.1. Study design

Online survey with key informants, supported by a group meeting.

2.2. Sample

Included were agencies in Europe tasked to develop and implement mandatory, nationwide QIS in healthcare, using indicators for empirical performance assessment.

Relevant agencies were identified through the website of the European Union Network for Patient Safety and Quality of Care, PaSQ Joint Action, the list of attendees of the European Commission's Working Group on Patient Safety and Quality of Care, the OECD Health Care Quality Indicators Project, and the 2013 conference of the International Society for Quality in Healthcare (ISQua). Once an agency or individual had been identified, they were contacted via e-mail to verify that they were indeed operating a