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Qualität und Sicherheit in der Gesundheitsversorgung / Quality and Safety in Health Care

Development of indicators for a nationwide cross-sectoral quality assurance procedure for mental health care of patients with schizophrenia, schizotypal and delusional disorders in Germany

Entwicklung von Indikatoren für ein bundesweites, sektorenübergreifendes Qualitätssicherungsverfahren zur Versorgung von Patienten mit Schizophrenie, schizotypen und wahnhaften Störungen in Deutschland

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ABSTRACT

Purpose: This paper describes the development of quality indicators for an external statutory and cross-sectoral quality assurance (QA) procedure in the context of the German health care system for adult patients suffering from schizophrenia, schizotypal and delusional disorders (F20–F29).
Methods: Indicators were developed by a modified RAND/UCLA Appropriateness Method with 1) the compilation of an indicator register based on a systematic literature search and analyses of health care claims data, 2) the selection of indicators by an expert panel that rated them for relevance and for feasibility regarding implementation. Indicators rated positive for both relevance and feasibility formed the final indicator set.
Results: 847 indicators were identified by different searches. Out of these, 56 were selected for the indicator register. During the formal consensus process the expert panel recommended another 45 indicators so that a total of 101 indicators needed to be considered by the panel. Of these, 27 indicators rated both relevant and feasible were included in the final set of indicators: this set included 4 indicators addressing structures, 19 indicators addressing processes and 4 indicators addressing outcomes. 17 indicators of the set will be reported by hospitals and 8 by psychiatric outpatient facilities. Two indicators considered to be cross-sectoral will be reported by both sectors.
Discussion: F20–F29 and its treatment show some specific features which so far have not been addressed by any procedure within the statutory QA program of the German health care system. These features include: Schizophrenia and related disorders a) are potentially chronic conditions, b) are mainly treated in outpatient settings, c) require a multi-professional treatment approach and d) are treated regionally in catchment areas. These specific features in combination with the peculiarities of some legal, political and organizational characteristics of the German health care system and its statutory QA program have strongly influenced the development of indicators. The result was a seemingly "imbalanced" set of indicators with a greater number of indicators for inpatient than for outpatient care despite the fact that clinical reality is otherwise.

Abbreviations: AQUA Institute, AQUA Institute for Applied Quality Improvement and Research in Health Care GmbH; DIMDI, German Institute of Medical Documentation and Information; F20-F29, schizophrenia, schizotypal and delusional disorders; FJC, Federal Joint Committee; HTA, Health Technology Assessment; ICD-10 GM, International Statistical Classification of Diseases and Related Health Problems, 10. Revision, German Modification; QA, quality assurance; QS, Qualitätssicherung; RAM, RAND/UCLA Appropriateness Method; RAND, international research network "Research and Development"; UCLA, University of California, Los Angeles.

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Conclusions: The circumstances of the German health care system that restricted the development of this cross-sectoral QA procedure addressing care for F20–F29 are also most likely to emerge with the development of cross-sectoral QA procedures for other (potentially) chronic conditions that are mainly treated in the outpatient setting by multi-professional teams or by networks of different providers. In order to be able to develop a QA procedure that mirrors the reality of service provision for (potentially) chronic diseases such as F20–F29 we need to explore further current and new data sources, diminish sectoral borders, and implement health care responsibility on the level of catchment areas.

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ZUSAMMENFASSUNG

Ziel: Dieser Artikel beschreibt die Entwicklung von Qualitätsindikatoren für ein externes gesetzliches und sektorenübergreifendes Qualitätssicherungsverfahren (QS-Verfahren) für volljährige Patienten und Patientinnen mit Schizophrenie, schizotypen und wahnhaften Störungen (F20-F29) in Deutschland.
Methode: Die Indikatoren wurden mithilfe einer modifizierten RAND/UCLA Appropriateness Method entwickelt: 1. Zusammenstellung eines Indikatorenregisters basierend auf einer systematischen Literaturrecherche und Analysen von Routinedaten einer Krankenkasse, 2. Auswahl und Bewertung der Indikatoren durch ein Expertenpanel, das die Indikatoren hinsichtlich ihrer Relevanz und Praktikabilität bewertet. Alle als relevant und praktikabel bewerteten Indikatoren bilden das finale Indikatorenset.
Ergebnisse: 847 Indikatoren wurden in verschiedenen Recherchen identifiziert. Daraus wurden 56 Indikatoren in das Indikatorenregister übernommen. Während des formalen Konsensusprozesses empfahlen die Experten 45 weitere Indikatoren, sodass insgesamt 101 Indikatoren im Expertenpanel bewertet wurden. Davon wurden 27 Indikatoren als relevant und praktikabel bewertet und in das finale Indikatorenset aufgenommen. Das finale Set beinhaltet: 4 Strukturindikatoren, 19 Prozessindikatoren und 4 Ergebnisindikatoren. 17 Indikatoren werden von Krankenhäusern berichtet und 8 Indikatoren von niedergelassenen Fachärzten. 2 Indikatoren sind sektorenübergreifend und werden von beiden Sektoren berichtet.
Diskussion: F20-F29 und deren Versorgung weisen einige Besonderheiten auf, die bisher noch nicht von einem externen QS-Verfahren in Deutschland adressiert wurden. Diese umfassen, dass F20-F29 und ähnliche Erkrankungen a) potenziell chronische Erkrankungen sind, b) hauptsächlich ambulant versorgt werden, c) eine multiprofessionelle Versorgung benötigen und d) in regionalen Zusammenhängen versorgt werden. Diese Besonderheiten, in Kombination mit rechtlichen, politischen und organisatorischen Gegebenheiten des deutschen Gesundheitswesens und seiner gesetzlichen QS, beeinflussten die Entwicklung von Indikatoren stark. Das Ergebnis scheint ein „unausgeglichenes" Indikatorenset mit mehr Indikatoren für Krankenhäuser als für ambulante Fachärzte, obwohl F20-F29-Patienten vorwiegend ambulant versorgt werden.
Schlussfolgerungen: Die Gegebenheiten des deutschen Gesundheitssystems, die die Entwicklung dieses sektorenübergreifenden QS-Verfahrens für F20-F29 eingeschränkt haben, können auch die Entwicklung von QS-Verfahren für andere (potenziell) chronische Erkrankungen, die vorwiegend ambulant durch ein multiprofessionelles Team oder Netzwerk versorgt werden, entscheidend beeinflussen. Um ein QS-Verfahren entwickeln zu können, das die Versorgungsrealität für (potenziell) chronische Erkrankungen wie beispielsweise F20-F29 abbilden kann, sind folgende Schritte notwendig: Ausbau bzw. Erschließen von vorhandenen und neuen Datenquellen, Überwinden von Sektorengrenzen und Etablieren von Einrichtungen, die für die regionale Gesundheitsversorgung verantwortlich sind.

Introduction

Mental health care is a clinical area of interest in many international quality assurance (QA) programs that assess quality of care routinely [1–8]. Additionally, there are many QA initiatives that include indicators for QA in mental health care both internationally [8–31] and nationally in Germany [8,32–36]. Until 2012, however, mental health care was not considered in statutory QA in Germany. In 2012, the Federal Joint Committee (FJC), the highest decision-making body of the joint self-government of physicians, hospitals, dentists and health insurance funds in Germany, commissioned the AQUA Institute for Applied Quality Improvement and Research in Health Care GmbH (AQUA Institute) to develop a conceptual framework for an external statutory QA procedure in mental health care. Within this framework options for a QA procedure regarding patient population, service providers and assessment instruments were to be suggested by the AQUA Institute. Based on this concept, the FJC commissioned the development of a QA procedure for patients with schizophrenia, schizotypal and delusional disorders (F20-F29) in June 2014.

The present paper describes the development of this QA procedure. It thereby aims at highlighting and discussing the specific challenges of developing a cross-sectoral QA procedure in the context of the German health care system.

Background

External statutory QA in Germany strongly relies on the specific characteristics of the German health care system. To better understand why certain methods were used and specific outcomes achieved in the development of this cross-sectoral QA, it is important to highlight some features of the German health care system first [37].

Since 2001 all German hospitals have been legally required to report data on special clinical areas for nationwide comparative quality measurement. Even though in 2007 the FJC decided to expand QA cross-sectorally and include health care provided in outpatient care [38], until now, QA focuses on the inpatient sector. Cross-sectoral QA aims at making performance of health care providers in inpatient and outpatient care comparable, following

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