Interviews with experts

Czech Republic
Interviews with experts

Interviews performed by Judit Csiszar

Persons interviewed:

- **Bohumil Seifert** Head of the Department of 1st Medical Faculty at Charles University Prague,
- **Svatopluc Byma**, Hradec Kralove, president of GP Society,
- **David Marx** Head of the National Accreditation Committe, Head of Department at 3rd Medical Faculty at Chareles University

I. Examples of the most important successful projects in QI In the Czech Republic.

1. Guideline development work: the college of GP's has a board which is responsible for the systematic development and update (every 3 years) of guidelines. Examples include: A.) **Prevention of CVD** guidelines for GP's based on systematic risk assessment using score system. B.) **Guideline for lipid level control in General Practice**. C.) **Guideline on the Control of Hypertension in General Practice**. D.) **Guideline on IHD in Primary care**. E.) **Guideline on Type Two Diabetes Care in Primary Care**. These guidelines are developed by interdisciplinary teams and regularly updated, published electronically as well as through print media and regularly shared in congresses and regional seminars held every month in another region of the country. There are up to 10 meetings in a year nationally.

2. MOET = Measuring the Effectiveness of Treatment of Peripheral Ischemic disease (PID) . The program started in 2008 and lasted through 2009. 100 GP's were given a tool to measure the Ankle-Brachial Index and follow up patients with the treatment of the disease. This program teaches GP's to detect PID through a specific educational

module dedicated to the use of the tool and the evaluation of the information gained through the measurement. The program also improve practice management and uses the information gained for the development of a new guideline on the management of PID.

3. Improvement of dietary choices of patients with CVD. The program aims at influencing eating habits, provides nutrition advice and promotes regular self control.

II. What are the necessary factors for a successful QI project?

1. Strong GP Society

According to all respondents the most important factor behind the success of a QI programs is a strong society of General Practitioners which provides ownership to the most important issues in quality and promotes the broad participation of its members in the identification of solutions.

2. Good leadership

Good leadership is crucial for advocating for change at all levels of the system, provide good stakeholder management and to mobilize resources in order to implement the changes.

3. Good infrastructure and portfolio for CME

Continuing medical education is the means by which the knowledge, skills and attitudes of the membership could be improved. The development of a good system and infrastructure of continuous education is a necessary prerequisite of a successful QI system.

4. Financial support and the likage of Reimbursement schemes with Quality outcomes

Without financial resources even th best QI efforts are doomed to fail. However in the presence of the above factors, e.g. strong GP society, good leadership and a solid structure content and system of CME in place the mobilization of finacial

resources is possible. The linkage of outcomes with reimbursement schemes provide a good foundation for the succes of QI efforts.

III. Could you please suggest topics for the Guidebook?

- The importance of preventive checks and their proper organization periodically as well as their proper and complete implementation, and documentation could be a possible topic.
- MOET as an example of an innovative approach to screening and detection of PID in general practice and how the results could inform the development of a new guideline.
- Patients responsibility in CVD prevention.

Slovenia
Interviews with experts

Interviews performed by Marija Petek-Ster and Zalika Klemenc-Ketis

Persons interviewed:

- assistant professor **Mateja Bulc**, MD, PhD, family doctor in Health Centre Ljubljana and the president of EUROPRE,
- professor **Igor Švab**, MD, PhD, Chair of Department of Family Medicine, Medical School, University of Ljubljana,
- **Jana Govc-Eržen**, MD, national coordinator for cardio-vascular prevention,
- **Alenka Hafner**, MD, specialist in epidemiology, Institute of Public Health Kranj
- **Marjana Grm**, MD, general practitioner and Regional Coordinator for Prevention for Gorenjska region

I. The most important IQ project in CVD according to the opinion of the interviewed person in the last three years

The most important IQ project in CVD according to the opinion of the four interviewed person (MB, AH, MG, JGE) in the last three years is the national program "Prevention of CVD and other chronic diseases", which was started in 2002 and is still going on. The first results of the project show us that the efforts to reduce the cardiovascular risk factors are really important in reducing cardiovascular morbidity and mortality. Cardiovascular mortality in Slovenia is as in the most of the EU countries in decreasing, but it is still high (36 %) and is still the leading cause of premature mortality in man (on the second place). Men in the age group from 35 to 65 have estimated cardiovascular risk more than 20% according to the cardiovascular risk chart two times more frequent than women in at the same age. Early detection of risk factors for cardiovascular disease and active educational and treatment strategies (non-pharmacological and pharmacological) could reduce predominantly premature death in male population.

According to the opinion of professor Švab, the most important IQ in CVD in Slovenia in the last period of time is EPA cardio project. It is international research project of European countries, which could offer us a complex insight into quality of process of cardiovascular prevention and outcomes of CVD preventive activities. The leading institution of the project was Department of Quality of Care Research Radboud University Nijmegen Medical Centre and Department of family medicine Medical School of Ljubljana was one out of 11 partners in the project. The main strength of this project is that it was performed in general practitioners offices and gave us insight into situation in every clinical work. Multicentricity of the project enables us to compare the results of quality in CHD prevention with other participating countries. International research was awarded from »European Health Forum Gastein« as one of the best research project in 2009.

II. What are the necessary factors for a successful QI project?

The factors, important for a successful QI projects could be divided into some categories:

1. **Scientific value:** All successful projects should be based on scientific data about the prevalence and importance of the problem. Also the interventions should be based on the research finding. National quality indicators in the field of CVD prevention and follow up should be developed on a scientific way (like in a project EPA cardio)

2. **Local adaptation:** All the interventions should be adapted to the national level. We should take into account the health care system organisation (macro and micro organisation), the resources (number of doctors and nursed per 1000 inhabitants, the availability of information technology, money available for the project...). National quality indicators in the field of CVD prevention and follow up should be developed.

3. **Acceptance by policymakers, funders and practitioners:** The project could include partners from different fields of health care and could be interested for politics and funders. On the level of general practitioner teamwork (family doctor, nurse, nurse-educator, and administrative worker) is of the outmost importance.

4. **Appropriate implementation in the work with regular feedback:** Continuous education of health professionals in the field of CVD prevention and reporting about the gain of the CVD prevention with the examples of good clinical practices is necessary. The implementation should be fostered by Local health education/health promotion team. Financial stimulation of the practitioners for the preventive activities is also important part of successful implementation of the IQ project. The financial stimulation should base on quality of work (measured by using Quality indicators). Proper feedback of the project enables doctors to find out the results of their work and try to improve their work.

Slovenia
Interviews with experts

Original interviews:

Interview with assistant professor Mateja Bulc, MD, PhD, family doctor and the president of EUROPREV

1. **Which of the QI projects in CVD should be considered as the most important on the national/local level within the last 3 years?**

Slovenian most important project in prevention of cardiovascular diseases (CVD) on the national level within the last 3 years is certainly the national program "Prevention of CVD and other chronic diseases", which is mandatory for all family doctors in Slovenia.

It consists of family and personal history (genetic and lifestyle risk factors), clinical examination and blood glucose and serum cholesterol checking. The result is risk for CVD assessment:

1. Healthy (no risk factors, low CV risk) – regular check-up after 5 years
2. Healthy with risk factors, CV risk below 20% – intervention to diminish risk factors follows (non-pharmacological), check-up in 1 year
3. Non-pharmacological and pharmacological treatment, check-up according to guidelines

All results are automatically (computer networks) sent to National register of patients, at risk for CVD and other chronic non-communicable diseases, which enables self-audit and national prevalence data.

2. **What are the necessary factors for a successful QI project?**
    a. Team-work (family doctor, nurse, nurse-educator, administrative worker)
    b. Information technologies
    c. Local health education/health promotion team
    d. Good cooperation with specialists in the field
    e. Reimbursement
    f. National quality indicators in the field of CVD prevention and follow up
    g. Protected time for auditing

h. Continuous education of health professionals in the field of CVD

Interview with professor Igor Švab, MD, PhD, Chair of Department of Family Medicine, Medical School, University of Ljubljana.

1. **Which of the QI projects in CVD should be considered as the most important on the national/local level within the last 3 years?**
   EPA-Cardio project.
2. **What are the necessary factors for a successful QI project?**
   a. Scientific value
   b. Local adaptation
   c. Acceptance by policymakers, funders and practitioners

Interview with Alenka Hafner, MD, Institute of Public Health Kranj

1. **Which of the QI projects in CVD should be considered as the most important on the national/local level within the last 3 years?**
   The national program "Prevention of CVD and other chronic diseases".

2. **What are the necessary factors for a successful QI project?**
   a. Motivation of doctors
   b. Personal engagement of doctors

Interview with Marjana Grm, MD, Regional Coordinator for Prevention for Gorenjska

1. **Which of the QI projects in CVD should be considered as the most important on the national/local level within the last 3 years?**

In my opinion, the most important thing, which medical professionals can do to reduce the specific mortality in a given field, are the activities in which doctors are involved.

In the field of cardiovascular disease, we have achieved this in any case, since the specific mortality has decreased substantially and reached the mortality rate of EU countries. The last

data were collected and published in 2007 and they showed that the standardized mortality rate for ischemic heart disease in all ages, even lower than in the EU countries. Also standardized mortality due to cerebro-vascular diseases was considerably reduced, but has not yet reached the mortality in the EU. It is a project that was initiated already in 2002 in Slovenia, and in which we participate at all levels of the chain of the disease:

1. cardiologists with rapid and appropriate action in the case of already developed disease, with appropriate and rapid intervention
2. the emergency services, which includes mainly the doctors of primary health care (the appropriate treatment of patients, appropriate as a faster route of patients to appropriate centres which carry out the treatment)
    - family doctors, who manage the chronic patients and actively search for individuals at risk for developing the diseases
    - health educational workshops.

    So far, we have included more than 400,000 people in the project, which means one-fifth of the total population of Slovenia. The project is excellent and offers many files that are not fully used and could be improved.

2. What are the necessary factors for a successful QI project?

- The appropriate implementation of the program in the work of all the providers of health activities, both with the requirements of the work carried out and with the appropriate stimulation.
- Proper feedback of the project to enable doctors to find out the results of their work.
- Proper feedback of the project to enable doctors to find out the results of their work.

Poland
Interviews with experts

Interviews performed by

Persons interviewed:

- **Maciej Godycki-Ćwirko,** M.D., Ph.D., Head of the Department of Family and Community Medicine Medical University Lodz, President of the College of Family Physicians in Poland,
- **Jan Wolańczyk**, M.D., Chief of Centre of Family Education in Wroclaw, practicing family physician,
- **Beata Modlińska,** M.D., practicing family physician,
- **Tomasz Sobalski,** M.D., practicing family physician,
- **Michał Bedlicki,** M.D., Ph.D., Chief of Standardisation Department of the Centre of Quality Monitoring for Health Care in Poland.

Summary:

The most important IQ project in CVD according to the opinion of the interviewed person in the last three years in Poland.

The most important IQ project in CVD in Poland according to the opinion of the interviewed experts in the last three years is *"Peer review" Groups Project* run by the College of Family Physicians in Poland. In this project are involved about 400 family physicians gathered in 40 working groups. The meetings' topics include also care in CVD. Every meeting is organized according to the precise scenario and based on up-to-date publications.

The second important programme is - *Provision of the hypertension screening programme* (realised within broad range of educational activities in the POLKARD Programme). Other important project is *Diabetes screening programme focused on early detection*. All interviewed persons have emphasized the crucial role of the development of

guidelines/recommendations of disease management in diabetes, hypertension and organization of trainings based on these guidelines.

What are the necessary factors for a successful QI project in GP practice?

Factors necessary for a successful QI project indicated by Polish interviewed experts are as listed below:

- stable system-related conditions: adequate financial compensation of family physicians work, rational work burden (number of patients per 1 GP - patients' population per 1 physicians should be limited to 2200 patients), clear description of GP role within the heath care system, provision of QI incentives within PHC settings;
- family physicians' motivation;
- increased adherence through the financial incentives programme;
- continuous and providing comprehensive feedback cooperation with other medical professional (GP practice staff, specialists);
- the education process should be adjusted in the terms of both – form and content – to the learners needs:

- provision of benchmarks – standardized quality parameters adjusted for particular aspects of GP activities (management of acute cases, chronic diseases, prevention, vocational educational training);
- politics support provided by the politicians regarding the need of Family Medicine development, both at the specialization level and afterwards;
- the QI programme should be combined with adequate financial mechanism - family physicians should be gratified for acquired quality improvement;
- a multiprofessional team from the planning and start of the programme – especially cooperation of the highly qualified nurses is crucial (training for nurses);
- combining financing of the QI programmes with assessment of the efficiency of their realization (the assessments should be carried out during the accreditation visits as well as systematic monitoring of the QI factors at the PHC level);

- monitoring of the accuracy and frequency of the prophylactics test within the high risk patients groups;
- verification of the 'active counselling' realization among PHC population;
- confirmation of the efficiency of realized interventions;
- development of the CVD QI projects realized at the local level database;
- broadening the range of diagnostics test carried out within the PHC settings.

INGP INQI
"Innovative continuous education of family physicians in Quality Improvement supported by information technology"

Education and Culture DG
Lifelong Learning Programme
Leonardo da Vinci

The Netherlands
Interviews with experts

QI Perspective in the Dutch Healthcare System: A Summary

Katarzyna M. Czabanowska, Amanda M. Potter

Note: *Due to time and language restrictions, we were not able to conduct interviews directly with practicing general practitioners. Instead we have prepared a summary about quality improvement in the Dutch Healthcare System with particular emphasis on general practice.*

Summary: The Netherlands has a private healthcare system in which primary care practices and other organizations and practitioners negotiate contracts and budgets with various health insurers. The insurance companies are nationally regulated and must provide a minimum level of care at a mandate rate to all Dutch citizens. In return, all residents of the Netherlands are required to have health insurance.

General Practitioners (GPs) are the major deliverers of primary care, as well as gatekeepers to (most) specialist providers. GPs share their primary care delivery work with dentists, midwives, physiotherapists, pharmacists, psychotherapists, and various types of nurses. In many cases nurses are playing a greater role in primary care due to the reshuffling of physician tasks to non-physicians. The primary drivers for quality improvement are care for the elderly, care for chronic patients, the increasing complexity of patient needs, and the increasing cost of healthcare. There is good communication between health professionals, insurers, and consumers/patients organizations.

At the national level there are several mandates in support of quality improvement. A national platform, LOVE, is intended to foster primary care improvement in finance, transparency, support, accessibility, and patient documentation. Several national guidelines have been developed, but they do not cover all areas of primary care. These guidelines are being translated to the regional and local levels by various stakeholders to create the basis for “care standards” and quality evaluation and improvement.

Due to the switch from public to private healthcare, more public health policy is being centralized on the Meso (regional) level, however there is concern that this will result in a lack of coordination nationally. Most professionals are focused on their local and day-to-day needs and responsibilities rather than the regional ones.

Local level quality evaluation and improvement is guided by local guidelines and "care standards" developed based on national guidelines. The primary focus is on developing good self-management support for patients, as well as collaborations to address specific health needs (chronic pain, addition, etc). ICT, electronic prescriptions, and shared patient records are common to the majority of Dutch GP practices. There remains, however, fragmentation of primary care across several caregivers and disciplines, a relatively low level of professional development focus, and lack of resources to invest in quality improvement.

HJM Vrijhoef, Michel Wensing, Country Case Study: Primary care in the Netherlands, *Conference: Improving primary care in Europe and the US: Towards patient-centered, proactive and coordinated systems of care*. The Rockefeller Foundation Bellagio Study and Conference Center, Italy, April 2 to 6, 2008.

Denmark
Interviews with experts

Tina Eriksson

Persons who were interviewed

We interviewed five persons: Leader of DAK-E IT, GP, PhD **Henrik Schroll *(HS)***, GP in Helsinge, Member of the Danish College and EQuiP representative **Ynse de Boer *(YB)***, GP, former head of the Danish Quality Unit and of the Danish College **Søren Friborg *(SF),*** GP and board member of the Danish Association **Anna Mette Nathan *(AMN),*** and professor **Bo Christensen** of the Department of Family Medicine, Aarhus University.

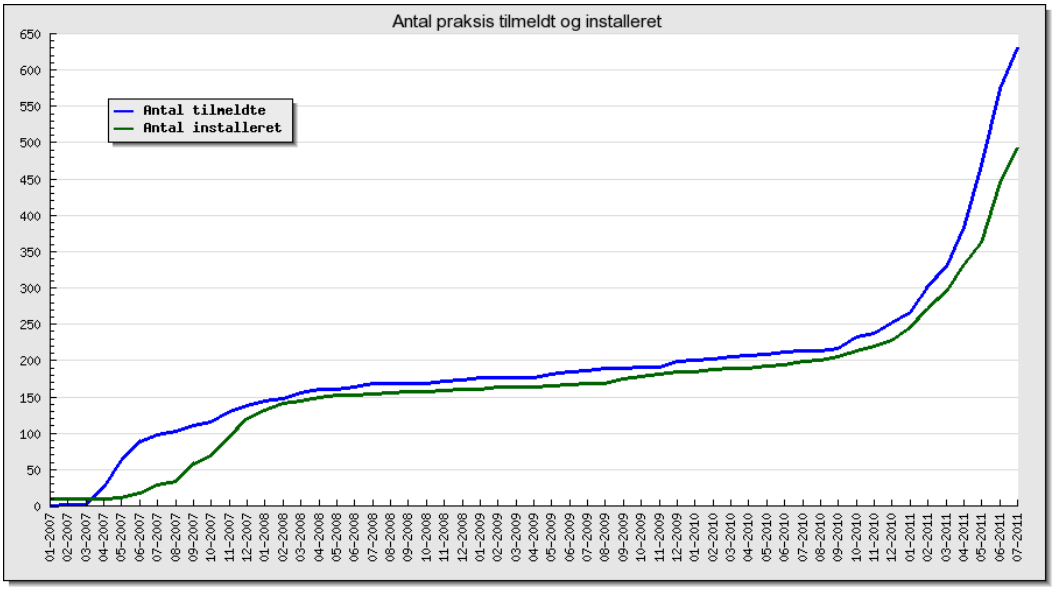
The most important IQ project in CVD according to the opinion of the interviewed persons in the last three years

The most important IQ project in CVD according to the opinion of the four interviewed person (HS, YB, SF, AN) in the last three years is the Danish data-capture program and the chronic care initiatives on diabetes, CVD and COPD attached to that. None of the interviewed found that any other programs were remotely as important. However, BC mentioned the Danish Addition study as an important mixed research and quality improvement program.

The data capture program was launched at a larger scale in 2007 through a contract between the National Health Insurance and the General Practitioners' Organisation. The system comprised a new fee concept linked to quality measurement of diabetes care. The data capture system made it possible to capture data from all the 12 electronic patient journal systems in use in the Danish primary care sector. The data comprised ordered data (ICPC codes, UPAC codes for medications, fee for service codes etc.) The data are stored in a primary care specific database. The use of the data is QI, benchmark, shared care initiatives and research.

Figure 1: Enrolment by practices in the Danish data-capture system – by Henrik Schroll

The blue line represents the clinics enrolled and the green line the actual instalment of the module



Diabetes was selected as "model disease" in 2007 and it was planned to include other chronic disease entities if the system proved successful. However, the enrolment stagnated in 2008 due to a widespread dissatisfaction among GPs with the fee systems for diabetes care introduced in the 2007 contract. It was not possible to enrol in the data-capture system without accepting the specific fee. However, in the new contact in 2010, the specific fee was abandoned; enrolment in the data-capture system was made obligatory for all practices by end 2012 and data for the following chronic conditions in addition to diabetes was introduced: CVD, heart failure, COPD – but data on minor conditions such as uncomplicated hypertension etc. are also available for practices.

Practices can access weekly updated reports on the handling and performance of their practice on a wide range of conditions and preventive measures online. Patients suffering from a chronic condition can also access their own data and reports on their treatment can med printed out and discussed during the consultation.

According to Henrik Schroll it is now shown that the access to the data do improve care, but of course only for the practices that actually log themselves in and view the data. However, not all practices do. Therefore, it is crucial that the data-capture is followed up by tutorials

and facilitation in order to ensure that practices do make use of the data in order to improve care.

Prof. Bo Christensen stated that the cardiovascular morbidity and mortality has been reduced in Denmark in the last 15 years. The reduction is due to changes in lifestyle, as well as primary and secondary prevention, so cancer is now the leading cause of death. Cardiovascular mortality in Denmark however is decreasing at a lower rate than in other EU countries. That is especially true for low income groups and among women, probably due to a higher smoking ration among those groups in Denmark compared to other western countries. Approximately 20% of Danes aged 25–64 years can be categorized as having a high risk for fatal CVD, so there is still plenty of room for preventive measures. Recent research from the GP research unit in Aarhus demonstrates that optimal BP control is achieved in around 30% of a general practice population. The majority of all patients were treated with one or two antihypertensive drugs, and the choice of drugs could also be improved. These data were obtained throug data-capture, which shows the significane of the data-capture system, also for research. - http://www.ncbi.nlm.nih.gov/pubmed/21596691

What are the necessary factors for a successful QI project?

The factors, important for a successful QI projects could be divided into some categories:

1. **Practical applicability:** A QI project should be culturally acceptable, make sense to the practitioners and give them real clinical value that makes the GP feel that the gain of the project equals or exceeds the effort.

2. **Implementation, feedback, CME, facilitation:** It is important that Continuous Medical Education (CME) of GPs in CVD prevention and in general should be integrated with the collection and feedback of the quality data on practice level.

3. **Financial support** of the GPs for preventive activities is also beneficial and can take the form of pay for performance.

4. **Support from health care authorities and GP organisations:** The project should include partners from different fields of health care and also aim at improving shared care and care coordination.

5. **Scientific value:** It is important that QI projects are based on relevant scientific data and best practice. However, it is equally important that the QI projects entails that data are collected on the health problem at hand, and that those data and results of the project are published so that others may benefit from the results.