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# Key issues for quality management in primary care

## The role of EPA

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# **EPA: the start**

**Bertelsmann Foundation**



# **“Receiving high quality of care is fundamental right of every individual”**

**(Council of Europe 1998)**

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This includes:

- Good access to health care facilities
- Effective care in line with latest evidence
- Efficient, well organized and safe care
- Care directed to needs of patients and populations

Sporadic activities to improve care are not enough, systematic and continuous approaches to evaluate and improve the quality of care needed

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# Quality improvement system (Council of Europe 1998)

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- “governments , professional bodies, authorities, etc. have to create policies and structures that support systematic and continuous quality improvement at all levels of health care”
- quality improvement system is defined as: “” set of related and planned activities and measures at various levels in the health care organisation, aimed at continuously assuring and improving the quality of patient care”

# QI system: longstanding commitment

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- Leadership in QI
  - Laws and regulations on quality improvement
  - Resources, staff for QI
  - Support structures for QI
  - Education on QI to professionals
  - Systems for evaluating and monitoring care
  - Tools, interventions, programmes for improvement
  - Guidelines, indicators, criteria for quality
  - etc
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## Strong primary care is basic for every effective and efficient health care system

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- Strong primary care system is related to:
  - better health outcomes
  - lower health care costs
  - less use of health care
  - more satisfaction in patients

*(Macinko/Starfield: study in 18 OECD landen; Atun, WHO report; Health Council Netherlands report 2004)*

- Primary care now under pressure in many countries; major changes in the next decade
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# Improvement in primary care

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- Ad hoc quality improvement is not enough to guarantee optimal primary care in the future; systematic approaches for assessment and improvement of quality are needed
- Good news: many good old and new tools to achieve this; broad expertise throughout Europe (e.g. in EquiP)

## Crucial element of quality improvement: evaluation of care

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- Internal assessment (self-regulation):
  - to identify aspects in need of improvement,
  - to define goals for change
  - and to assess progress
- External assessment:
  - public accountability and transparency
  - comparison with others
  - facilitating choice for consumers

Tension between two approaches: *trust versus control*

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**Quality improvement: a European watchdog?**

# Balance between external control and self-regulation

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- Change now often driven by external pressure and demands for accountability/transparency
- Challenge is to get quality improvement felt:
  - not as external pressure, but as part of normal work, something that is internalized in the heads and hearts of professionals, and in the normal routines
  - as part of the professional identity
  - thus as something that is felt as part of a moral code or moral motivation (M. Marshall)

# Evaluation of care: the need for indicators

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“Measurable elements of practice performance for which there is evidence or consensus that they can be used to assess quality and thus change in quality of care provided” (Lawrence et al 1997)

Systematic and rigorous development needed to make them valid, reliable, feasible, and credible:  
e.g. Delphi or RAND Appropriateness method

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## What type of indicators?

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System is often responsible for bad quality, but professionals are usually responsible for this system

Assessment needed at the level of both professionals and practices

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# European Practice Assessment

## The EPA instrument

(Grol et al 2005)

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- Researchers from 6 European countries ( grant Bertelsmann Foundation) developed set of European indicators for management of primary care.
  - Six national panels rated indicators and achieved European consensus on large set of indicators
  - Pilot test in 9 countries: data collection in 30 practices per country with different instruments (GP, staff and patient questionnaires, observations, interviews)
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# Pilot 270 practices and > 8000 patients (Engels et al, WOK 2005)

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- Patients positive about doctor 87% (80-93)
- Patients positive about organisation 80% (67-91)
  
- Doctors positive about work 77% (64-88)
- Staff positive about work 75% (23-91)

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- At least one audit last year 48% (11-96)
  - Critical incident register 32% ( 3-89)
  - Patient satisfaction survey done 44% ( 3-85)
  
  - System for recalling diabetics 51% (0-100)
  - System for recalling CVD patients 35% ( 0-96)
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## Methodology: next steps

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- Revision of EPA and EUROPEP on the basis of data from 270 practices
  - Development and use of tools for monitoring and feedback (e.g. VISOTOOL)
  - Experimenting with new indicators and instruments (e.g. clinical indicators, Maturity Matrix, culture instruments)
  - Development and testing methods for improvement and follow-up
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# The challenge



Implementation of EPA

# The challenge: continuous evaluation of primary care

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Advice Health Council Netherlands to Dutch government as chair of European Union:

“International comparative studies are to be given greater attention as Europe moves towards a situation characterised by care provision that does not recognise internal borders..... this comparative and evaluative research should preferably organised on a continuous basis, so as to provide a steady flow of new insights and pointers to possible ways of achieving improvements”

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# A new structure: TOPAS-Europe Association

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- Formal collaboration of research groups and organizations on assessment of practices and professionals (starting with 7 partners)
  - Association under Dutch law (with a board and membership)
  - Under umbrella of and in close collaboration with EQuiP (European Association on Quality in Primary Care)
  - Main aim: comparative data and studies on primary care quality in European countries; contributing to transparency and improvement of primary care
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# TOPAS-Europe: aims and ambitions

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- Development, revision, maintenance of indicators, instruments and tools for assessing primary care performance (different topics)
  - Supervising the correct use of indicators and instruments for assessing performance
  - Supporting and training users of EPA and other tools
  - Collecting internationally comparative data on primary care performance
  - Maintenance of database (Nijmegen)
  - Providing reference data to policy makers, researchers and practices in Europe
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# Comparative studies: learning from abroad?

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Beware of “policy tourism” (Alain Maynard)

- context bias
- compatibility bias
- holiday romance effect

“We cannot assume that approaches that worked in one place will work in the same way when transplanted to another system” (Sheldon 2004)

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