

**Workshop santésuisse vom
23.11.2005**

**Erfahrungen in
Grossbritannien:**

Outcome-Messung im NHS

Referat von Robert Dobler

PHD im NHS

Outcomemessung im NHS - England

- Meine Arztpraxis
- Geschichte der Qualitätsmessung im NHS
 - PMS Praxen
 - The New Contract (GMS)
- Honorarabhängigkeit
- Qualitätsindikatoren
- Wie funktioniert 'Qualität' und dessen Nachweis in der Praxis?

Outcomemessung im NHS – England (2)

- Nicht klinische Indikatoren
- Probleme
- Aussicht

Nuffield Road Medical Center

- Praxis in Cambridge (City)
- Wir versorgen 11.000 Patienten
- In einem eher sozial schwachen Teil von Cambridge (keine Studenten)

Personal

- **6** Partner
- **5** angestellte Ärzte
- **1** Practice Manager
- **6** Administatoren,
Sekretärin
- **8** Receptionists
- **3** Krankenschwestern
- **2** Schwestern
helferinnen

Ebenfalls:

- **4** Gemeindeschwestern
- „Child and Family Team“

Struktur der Konsultationen

- 10 Minuten Termine
- 15 Termine pro Halbtage
- Plus Telefon
- Plus Hausbesuche
- Ungefähr **200** Termine am Tag auf alle Ärzte verteilt
- Advanced Access
40% Vorher Buchen
60% freie Termine am Morgen

Patienten Kartei

- 100% Paperless
- Alle Korrespondenz ist eingescannt
- Alle Blutwerte, BP Werte, PFR, Lungenfunktion, EKG, Sehvermögen..... sind codiert
- Jede Konsultation muss wenigstens einen oder mehrere ‚headings‘ / ‚probleme‘ codiert haben
- Jeder Patient hat alle seine Probleme codiert in einer Zusammenfassung
- Alle Medikamente sind im Computer erfasst.

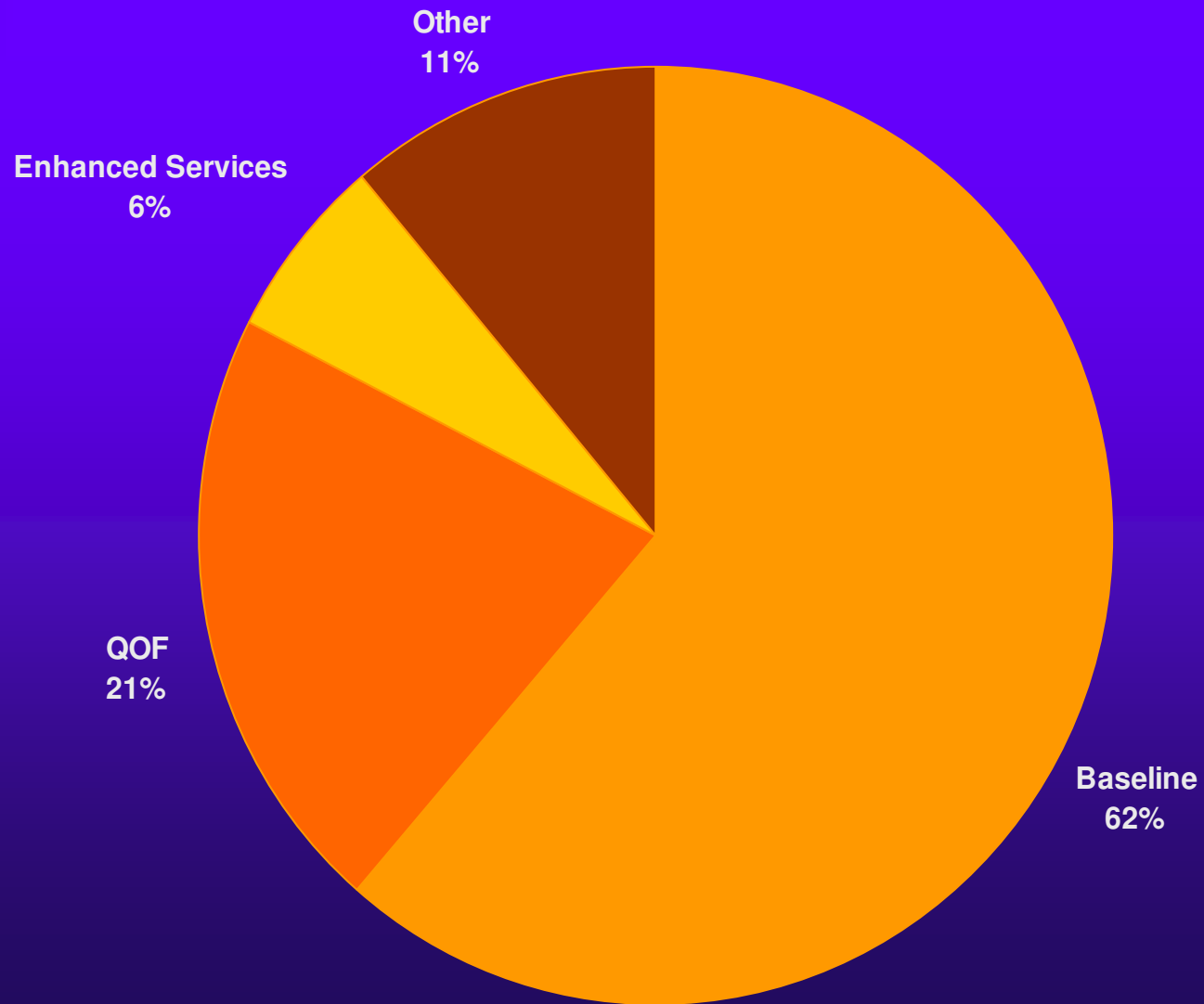
Geschichte der Qualitätsmessung im NHS

- Früher: Keine Möglichkeiten, Qualität zu belohnen, stattdessen Geld pro Kopf und „Schäfchen zählen“ war die Praxis
- Einführung von PMS Praxen:
- Selbst vorgeschlagene Targets, die mit dem lokalen NHS verhandelt wurden
- Kontrolle erfolgte mit einem jährlichen, ausführlichen Bericht, der an das lokale NHS geschickt werden musste.
- (Das NHS hat direkten Zugang zu unseren Computer Daten)

“The New Contract”

- Seit April 2004 in Kraft
- Verbindlich für alle niedergelassenen Allgemeinärzte
- Das NHS unterstützt die Praxen mit neuen Computern und Ausbildung
- Prinzip jetzt: Evidence Based Allgemeinarztpraxis
- Messung von Qualität nicht Nummern (QOF)
- Seitdem is Outcome - Qualität direkt mit unserem Honorar gekoppelt

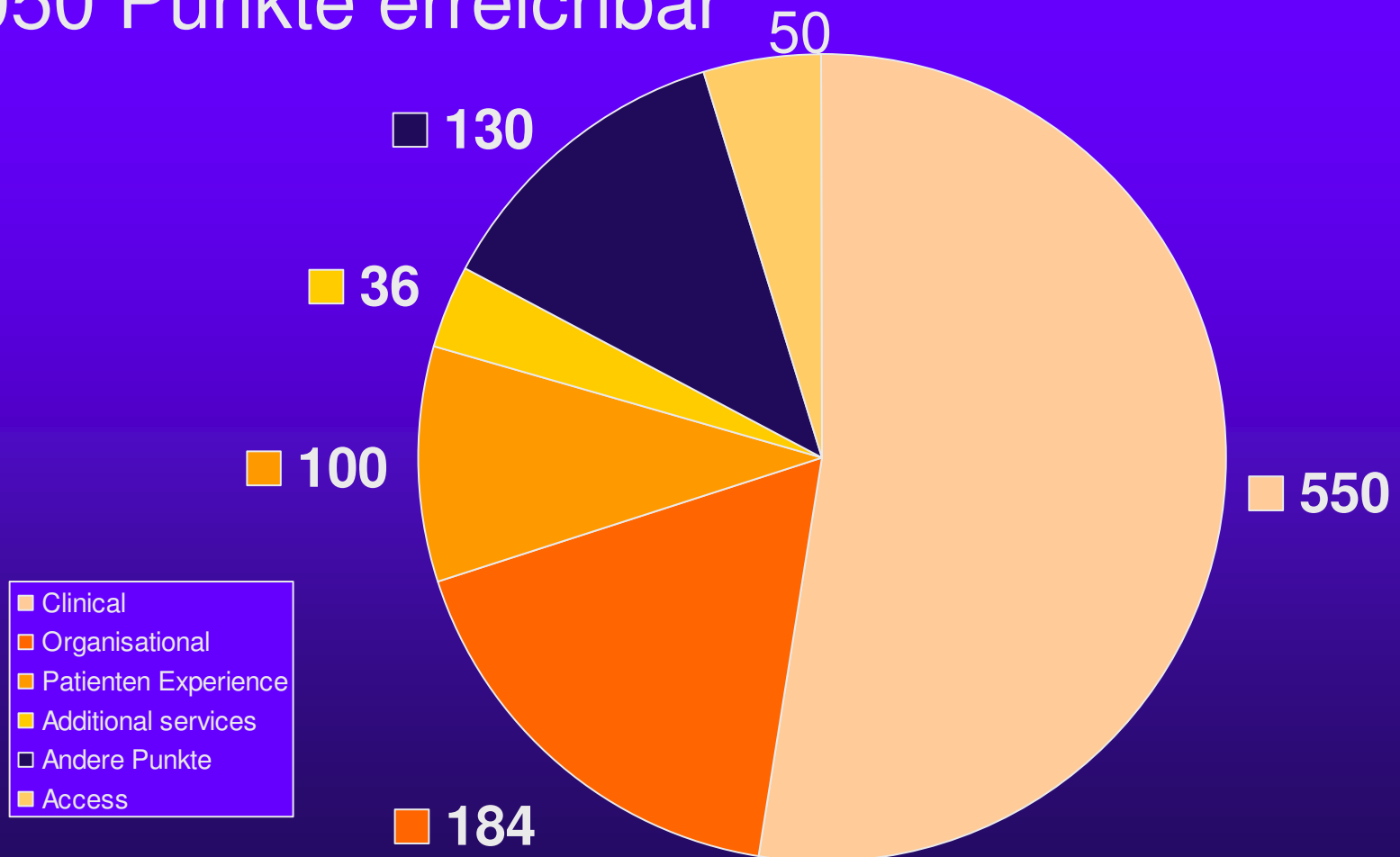
Honorarabhängigkeit



QOF

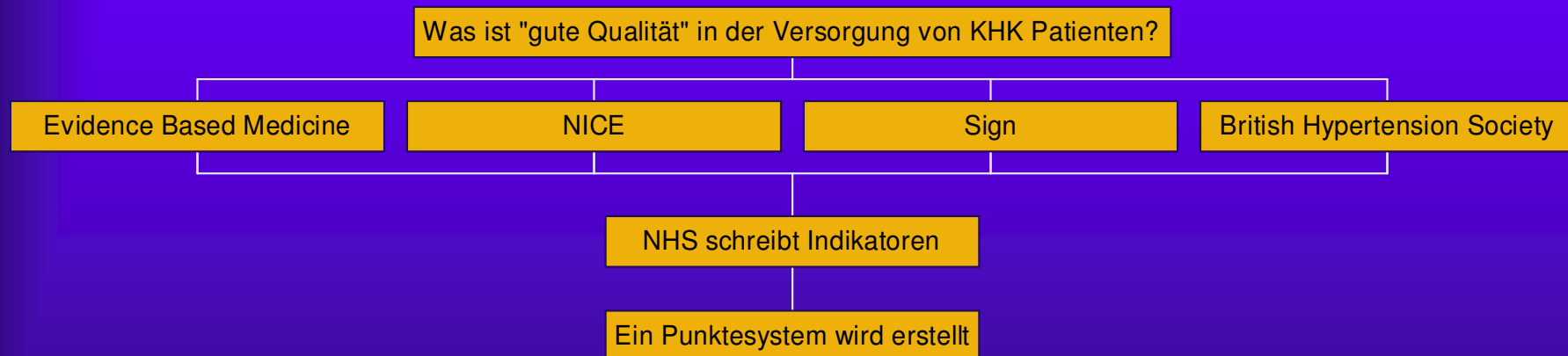
Quality Outcome Framework

- 1050 Punkte erreichbar



Qualität ja, aber wie messen? Qualitätsindikatoren!

Beispiel: Koronare Herzkrankheit



Qualitätsindikatoren

- **Klinische Indikatoren**
 - 76 Indikatoren
 - 10 Klinische Gebiete (KHK, Schlaganfall, Tumor, Hypothyreose, Diabetes, Bluthochdruck, Mental Health, Asthma, COPD und Epilepsy)
 - **550 points**
- **Organisatorische Indikatoren**
 - 56 Indikatoren
 - 5 Gebiete (Krankenakte, Extrahierbare Informationen, Patienten Kommunikation, Ausbildung und Training, Management und Verschreibungen - Management)
 - **184 points**

Qualitätsindikatoren 2

- **PPatienten Zufriedenheit**
 - 4 Indikatoren
 - 2 Bereiche (Patienten Umfrage und Konsultations - Zeit)
 - **100 points**
- **AAdditional services**
 - 10 Indikatoren - 4 Gebiete (Abstriche, "U" Untersuchungen bei Kindern , Versorgung von Schwangeren und Verhütung)
 - **36 points**

Secondary Prevention in Coronary Heart Disease

All minimum thresholds are 25%

Indicator	Points	Maximum threshold
Medical records		
CHD 1. The practice can produce a register of patients with coronary heart disease	6	
Diagnosis and initial management		
CHD 2. The percentage of patients with newly diagnosed angina (diagnosed after 01/04/03) who are referred for exercise testing and/or specialist assessment	7	90%
Ongoing Management		
CHD 3. The percentage of patients with coronary heart disease, whose notes record smoking status in the past 15 months, except those who have never smoked where smoking status need be recorded only once	7	90%
CHD 4. The percentage of patients with coronary heart disease who smoke, whose notes contain a record that smoking cessation advice has been offered within the last 15 months	4	90%
CHD 5. The percentage of patients with coronary heart disease whose notes have a record of blood pressure in the previous 15 months	7	90%
CHD 6. The percentage of patients with coronary heart disease, in whom the last blood pressure reading (measured in the last 15 months) is 150/90 or less	19	70%
CHD 7. The percentage of patients with coronary heart disease whose notes have a record of total cholesterol in the previous 15 months	7	90%
CHD 8. The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the last 15 months) is 5 mmol/l or less	16	60%
CHD 9. The percentage of patients with coronary heart disease with a record in the last 15 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken (unless a contraindication or side effects are recorded)	7	90%
CHD 10. The percentage of patients with coronary heart disease who are currently treated with a beta blocker (unless a contraindication or side-effects are recorded)	7	50%
CHD 11. The percentage of patients with a history of myocardial infarction (diagnosed after 1 April 2003) who are currently treated with an ACE inhibitor	7	70%

“What is the evidence??”

Indikatoren
und deren
Nachweise



SIGN

Secondary prevention of CHD following myocardial infarction

SIGN Publication Number

41

Quick Reference Guide

CARDIAC ASSESSMENT immediately following MI	B Exercise tolerance test	
	<i>If positive, consider coronary angiography (See SIGN guideline on coronary revascularisation)</i>	
	B Echocardiography	
	<i>(See SIGN guideline on heart failure due to LVSD)</i>	
DRUG THERAPY	A Aspirin	
	A β -blocker	
	A ACE-inhibitor	
	A Pravastatin and simvastatin are drugs of choice for lipid lowering in patients following MI	
	C Drug choice should be made on the balance of trial evidence, safety and cost-effectiveness considerations	
LIFESTYLE MODIFICATION	B Stop smoking	
	A Increase fruit and vegetables	
	B Restrict alcohol ≤ 3 units/day (men) or ≤ 2 units/day (women)	
	B Regular exercise	
RISK FACTOR MANAGEMENT	B Measure serum cholesterol within 24 hours of acute MI Repeat (ideally fasting) after 6-12 weeks	
	C Reinforce dietary advice	
	total cholesterol < 5.0 mmol/l	C Lifestyle measures and reassess in 6-12 weeks: consider lipid lowering drug therapy if cholesterol remains > 5.0 mmol/l
	5.0-6.0 mmol/l	A Consider lipid lowering drug therapy Titrate as necessary to reduce total cholesterol to < 5.0 mmol/l
	≥ 6.0 mmol/l	C Treat hypertension
		B Encourage obese patients to lose weight
CARDIAC REHABILITATION	<i>(SIGN guideline in development)</i>	
A B C indicates grade of recommendation		

© Scottish Intercollegiate Guidelines Network, 2000

Derived from the national clinical guideline recommended for use in Scotland by the Scottish Intercollegiate Guidelines Network (SIGN)
Royal College of Physicians, 9 Queen Street, Edinburgh EH2 1JQ
Available on the SIGN website: www.sign.ac.uk

This guideline was issued in January 2000 and will be reviewed in 2002

Beta Blocker nach Herzinfarkt



5.2 Beta-blockers

Early studies consisted of the use of oral beta-blockers initiated 5-28 days after myocardial infarction. The Norwegian Multicentre Study using timolol resulted in a 39% reduction in overall mortality and a 28% reduction in re-infarction at 33 months,⁶⁹ with an absolute risk reduction of 4.6%. Similar results were reported in the beta-blocker heart attack trial (B-HAT) using propranolol, in which a 28% reduction in mortality was found in the propranolol group, with an absolute risk reduction of 2.6%. Rates of mortality from cardiovascular cause and sudden death were lower in the propranolol group.⁷⁰ *Evidence level Ib*

A meta-analysis of 25 randomised trials involving over 20,000 patients on long term beta-blocker therapy after myocardial infarction showed a 23% reduction in total mortality (NNT = 51) and a 32% reduction in sudden death.⁷¹ *Evidence level Ia*

A

Beta-blocker therapy should be considered for patients following myocardial infarction unless there are contraindications.

⁶⁹ Timolol-induced reduction in mortality and reinfarction in patients surviving acute myocardial infarction. *N Engl J Med* 1981; 304: 801-7.

⁷⁰ A randomized trial of propranolol in patients with acute myocardial infarction. I. Mortality results. *JAMA* 1982; 247: 1707-14.

⁷¹ Held PH, Yusuf S. Effect of β -blockers and calcium channel blockers in acute myocardial infarction. *Eur Heart J* 1993; 14 (suppl F): 18-25.

Berechnung von "Belohnung"



“Gewichtung”

- Carr Hill Formular:
- Alter und Geschlecht Struktur
- Pflegeheime
- Besondere Herausforderungen
- Liste “turnover”
- “Ländlichkeit“
- Praxis Grösse

Qualitätsindikatoren in der täglichen Praxis

- Mein Computersystem macht mich auf Indikatoren aufmerksam
- Meine Sachbearbeiterinnen erstellen Listen von Patienten, die nicht “punkten”
- Unsere Sekretärin verschickt Einladungen zu Asthma Sprechstunden oder für die Influenza Impfung.

LV for Windows (C) 2001 EMIS
 File Edit View Macros Settings Favourites Help
 Modules Links Drug Explorer Favourites Alerts NHS

nGMS Registers : 2 Alerts: 2 EDI: 7 PN: 16 Email: 0 Repeats Req: 0

No. 5072 Chesterton Cambr Age 84 years AF MR-C

Consultations

A Add E Edit D Delete P Print
 F Filter

Patient Alert

Patient is on these GMS Disease Registers (at last run of the population manager)

Ischaemic Heart Disease Left Ventricular Dysfunction

These items are absent from this record

'Flu Vaccination
 Recent Betablocker Usage

OK

0:dipstix
 blood+H
 not well
 Rx:Cefale

25.10.2005 Home Visit
 Review E:Urinary
 S:Says re
 ago-dys
 haematu
 O:Abdo-na
 Mstix-l
 Rx:Trimet
 P:Abi.sec

26.10.2005 Telephone Dr Robert Dobler

<F2-help> <PgUp><PgDn><Home><End>

Network link NUM Thu 27 Oct 2005 16:08 RD-Dr Robert Dobler

Page 1 Sec 1 1/1 At 13.3cm Ln 3 Col 1 REC TRK EXT OVR English (U.K.)

Start 2 In... 2 Mi... LV5.2... Drug ... Docu... 16:08

Quality Management Analysis System (QMAS)



- Automatisierter Datentransfer von unserem Praxiscomputer zum Zentralen QMAS Computer für alle klinischen Indikatoren
- Manueller Bericht für Nicht Klinische Indikatoren: „On Line“ Formulare werden Von unserem Praxis Manager ausgefüllt

Population Manager for LV (v 2.5)

F - Find P - Print S - Save As C - Check Patient
 U - Show Parent/Child Populations Z - Refresh V - View (How Am I Driving)

Population Manager

Populations	No. Patients	Actual %	Target %	Points	Last Run	Run Status
GP Contract (December 2004 - Ruleset V5 r8a)				670.72/742		
Clinical Indicators (inc. 85.69 Holistic Pts.)				594.80/650		
CHD				113.57/121		
CHD1 - Patients on CHD Register	413	N/A	N/A	6.00/6	20/10/2005	✓
CHD2 - Recent Angina and Exercise Test	32	89%	90%	6.88/7	20/10/2005	✓
CHD3 - CHD with smoking history recorded	378	95%	90%	7.00/7	20/10/2005	✓
CHD4 - CHD who smoke given advice	50	94%	90%	4.00/4	20/10/2005	✓
CHD5 - CHD and BP check in last 15 months	406	99%	90%	7.00/7	20/10/2005	✓
CHD6 - CHD and BP 150/90 or less	352	88%	70%	19.00/19	20/10/2005	✓
CHD7 - CHD and Cholesterol check in 15 mon...	362	92%	90%	7.00/7	20/10/2005	✓
CHD8 - CHD and Cholesterol 5.0mmol/l or less	319	85%	60%	16.00/16	20/10/2005	✓
CHD9 - CHD taking Aspirin or equivalent	368	92%	90%	7.00/7	20/10/2005	✓
CHD10 - CHD on Betablockers	189	56%	50%	7.00/7	20/10/2005	✓
CHD11 - MI since 1/4/2003 on ACEi	19	83%	70%	7.00/7	20/10/2005	✓
CHD12 - CHD given flu jab in last season	85	24%	85%	0.00/7	20/10/2005	✓
LVD1 - Patients on LVD Register	70	N/A	N/A	4.00/4	20/10/2005	✓
LVD2 - LVD since 1/4/2003 and echo confirm...	13	87%	90%	5.69/6	20/10/2005	✓
LVD3 - LVD taking ACEi	51	81%	70%	10.00/10	20/10/2005	✓
CHD Denominator Populations						
Stroke & TIA				28.88/31		
Hypertension				104.77/105		
Diabetes				94.98/99		
COPD				38.56/45		
Epilepsy				15.36/16		
Hypothyroidism				8.00/8		
Cancer				11.63/12		
Mental Health				33.36/41		
Asthma				60.00/72		
Organisational Indicators				65.00/81		
Additional Services				10.00/11		

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CHD				113.57/121		
Stroke & TIA				28.88/31		
Hypertension				104.77/105		
Diabetes				94.98/99		
COPD				38.56/45		
Epilepsy				15.36/16		
Hypothyroidism				8.00/8		
Cancer				11.63/12		
Mental Health				33.36/41		
Asthma				60.00/72		
Organisational Indicators				65.00/81		
RECORDS10 - 55% have Smoking Status recorded	7198	89%	55%	6.00/6	20/10/2005	✓
RECORDS11 - 55% have BP checked age 45 or o...	3553	88%	55%	10.00/10	20/10/2005	✓
RECORDS15 - 60% have up to date summaries	8136	76%	60%	25.00/25	20/10/2005	✓
RECORDS16 - 75% have Smoking Status recorded	7198	89%	75%	5.00/5	20/10/2005	✓
RECORDS17 - 75% have BP checked age 45 or o...	3553	88%	75%	5.00/5	20/10/2005	✓
RECORDS18 - 80% have up to date summaries	8136	76%	80%	0.00/8	20/10/2005	✓
RECORDS19 - 80% of new notes are summarised	533	95%	80%	7.00/7	20/10/2005	✓
MEDICINES5 - Medication Review of Patients on...	1848	95%	80%	7.00/7	20/10/2005	✓
MEDICINES9 - Medication review for Patients on...	3984	79%	80%	0.00/8	20/10/2005	✓
Organisational Denominator Populations						
Additional Services				10.92/11		
QOF Assessor Pilot Populations						
EMIS						

Nicht - Klinische Indikatoren

[Change Password](#)

[Logout](#)

[Contact Us](#)

[Help](#)

Non-Clinical Achievement

Save Working Version

Review Answers

Current Submission Details

End of QOF Period : 31/03/2005 ?

Report Date : 01/12/2004 ?

Organisational Domain

Indicator Groups	Yes	No
Records	15	0
Patient Communication	8	0
Education and Training	9	0
Practice Management	10	0
Medicines Management	9	1

Patient Experience Domain

Indicator Groups	Yes	No
Length of Consultations	1	0
Patient Survey	3	0

Additional Services Domain

Indicator Groups	Yes	No
Cervical Screening	0	5
Child Health Surveillance	1	0
Maternity Services	1	0
Contraceptive Services	2	0

QOF Access Bonus

Indicator Groups	Yes	No
QOF Access Bonus	1	0

Save Working Version

Review Answers

Patientenzufriedenheit

- Einmal im Jahr wird ein Fragebogen in unserer Praxis ausgeteilt.
- Es sind mehrere Fragebögen auf den entsprechenden Websites erhältlich
- Wir in unserer Praxis bezahlen unsere lokale Gesundheitsbehörde, die Umfrage bei uns durchzuführen
- Von dieser bekommen wir Feedback: Praxis allgemein, Termin Management, Gebäude, aber auch: Persönlicher Feedback:

GPAQ 2005

Report on questions relating to individual doctors

Dr Dobler



Cambridge City and South Cambridgeshire
Primary Care Trusts

Question	Good / Excellent rating		
	Individual Doctor %	Practice	Overall average
11. Thinking of the doctor you saw today, how do you rate the following:			
11a. How thoroughly your doctor asks about your symptoms and how you are feeling?	73% (11/15)	90%	91%
11b. How well your usual doctor listens to what you say?	80% (12/15)	92%	94%
11c. How well your doctor puts you at ease during your physical examination?	79% (11/14)	93%	93%
11d. How well your doctor explains your health problems or any treatment that you need?	73% (11/15)	90%	92%
11e. How well your doctor involves you in decisions about your care?	73% (11/15)	88%	91%
11f. Your doctor's patience with your questions or worries?	73% (11/15)	92%	93%
11g. Your doctor's care and concern for you?	80% (12/15)	92%	93%
11h. The amount of time your doctor spends with you?	73% (11/15)	89%	87%
	Never or almost never		
12. How often do you leave with unanswered questions after seeing the doctor you saw today?			
	60% (9/15)	75%	78%
	Much more than before the visit		
13. After a visit to the doctor you saw today, would you			

„QOF Visit“

- Einmal im Jahr werden wir von einem QOF Team besucht. Dieses Team besteht aus:
 - PCT (Gesundheitsbehörde) Management Representator , normalerweise ein Allgemeinarzt
 - Patienten Representator – „lay assessor“
 - Andere relevante Personen wie z.B. Data Analyst
- Diese schreiben einen Report an die Gesundheitsbehörde und geben Feedback auch zu uns und gegebenenfalls auch Unterstützung

Probleme

- Das ganze System wird immer mehr auf die Gebiete konzentriert, die „punkten“ und damit ,Geld bringen.
- Kleinere, auch sehr bedürftige Gebiete, werden relativ gesehen vernachlässigt.
- Für kleinere Praxen ist das sehr viel Aufwand, oft braucht es neue Sachbearbeiter, die das „punkten“ übernehmen.

Ausblick

- Immer mehr klinische Gebiete bemühen sich nun, einen Konsensus für „Best Praxis“ zu finden, um auch Teil der klinischen Indikatoren zu werden.
- Immer mehr neue Gebiete werden eingeschlossen.
- Die erwarteten Targets steigen, aber auch die Bezahlung für den einzelnen Punktwert steigt

Government spending

Expenditure England (in Million Pounds) 2005/06

Global sum payments	2,674
Quality payments	1,022
Enhanced primary care services	631
Premises	711
IT	109
Other PCT administered funds	355
MPIG adjustment	293
Other (R&R & OOH DF	90
Demand Management	5
Dispensing	917
Total expenditure	6,806

- Ia* Evidence obtained from meta-analysis of randomised controlled trials.
- Ib* Evidence obtained from at least one randomised controlled trial.
- IIa* Evidence obtained from at least one well-designed controlled study without randomisation.
- IIb* Evidence obtained from at least one other type of well-designed quasi-experimental study.
- I* Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies.
- I*
- I*
- I* Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities.

Grades of Recommendations

- A** Requires at least one randomised controlled trial as part of a body of literature of overall good quality and consistency addressing the specific recommendation. (*Evidence levels Ia, Ib*)
- B** Requires the availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation. (*Evidence levels IIa, IIb, III*)
- C** Requires evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities. Indicates an absence of directly applicable clinical studies of good quality. (*Evidence level IV*)