

## Quality Management in Primary Care: Guidelines, Indicators and Quality Systems

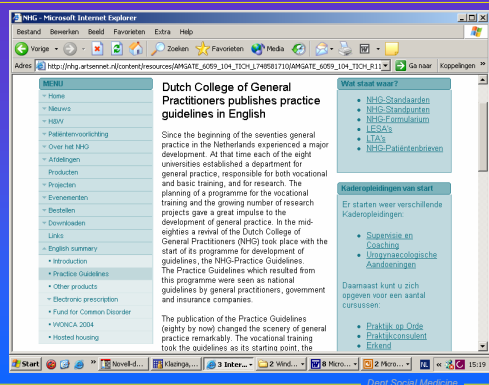
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## Primary Care

- general practitioners
- specialists
- midwives
- pharmacists
- allied health professionals
- social care / community workers

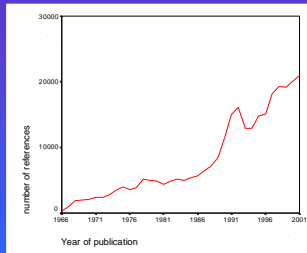
## General practitioners

- specific training
- CME/re-registration
- professional organization
- university departments

*Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.*

IOM 1992



A number of references in MEDLINE according to year of publications using MESH term "guidelines or practice guidelines"

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## Three generations of practice guidelines

- based on consensus conferences
- based on EBM
- based on EBM and CEA

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## Reasons for CPP development

- professional (*professionalization*)
- manager (*planning and control*)
- financier (*efficiency, cost control*)
- government (*accountability, priority setting regulated markets*)
- patient / citizen (*empowerment, transparency, consumer choice*)

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## Practice Guidelines Dutch College of GP's

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| • Acute otitis media               | • Intrauterine devices                |
| • Acute sore throat                | • Irritable bowel syndrome            |
| • Adult Asthma: treatment          | • The Menopause                       |
| • Ankle sprains                    | • Peripheral arterial diseases        |
| • Cervical smears                  | • Refractive disorders                |
| • COPD and adult asthma: diagnosis | • Shoulder complaints                 |
| • COPD: treatment                  | • Vaginal bleeding                    |
| • Gout                             | • Venous leg ulcer                    |
|                                    | • Viral hepatitis and liver disorders |

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## Indicators Health Promotion, Preventive Care and Primary Health Care: OECD panel

Sheila Leatherman (co-chair)	Soren Mattke
Charlie Hardy	Elizabeth Cote
Niek Klazinga	Peter Hussey
Eckart Bergmann	Jan Mainz
Enrique Regidor	Martin Marshall (co-chair)
Luis Pisco	

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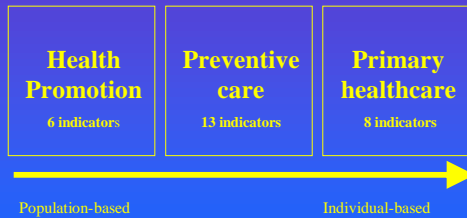
## Development of the indicator set

1. Identify sources of indicators – 270 indicators
2. Preliminary reduction – 109 indicators
3. Rating by panel members
4. Final selection – 27 indicators

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## Classification of final set



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## Highly ranked indicators

1. Obesity prevalence
2. Smoking rate
3. Low birth weight rate
4. Hep B immx for high risk groups
5. Influenza immx for high risk groups
6. Pneumococcal immx for high risk groups
7. Blood pressure measurement

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## Plus....

Selected primary care-oriented indicators from:

- Diabetes set
- Cardiac care set
- Mental health set

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## Low ranked indicators

1. Physical activity
2. Abortion rates

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## Medium ranked indicators

1. Diabetes prevalence
2. Gon/Chlamydia rates
3. Antenatal blood type
4. Antenatal HIV screen
5. Prenatal bacteruria
6. Immunisable conditions
7. Adolescent immx
8. Antenatal anaemia screen
9. Hospitalisation for ambulatory conditions
10. Antenatal gonococcal
11. Antenatal Hep B
12. Perinatal Hep B
13. CHF readmission
14. Visit in first trimester
15. Smoking for asthmatics
16. Re-measurement of BP
17. Lab inx for raised BP

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## Quality Systems

- ISO/EFQM
- visitatie

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## **Pilot project**

- assess what exists
- identify indicators
- agree on reporting towards  
insurers-policy makers