



Universität St.Gallen

School of Medicine

IQTIG-Symposium

Public Reporting als Handlungsanschluss?

Wo steht die Schweiz aktuell?

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06. September 2024, Berlin

From insight to impact.

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Wo steht die Schweiz hinsichtlich
Public Reporting?

Qualitätstransparenz in der stationären Krankenhausversorgung der Schweiz

Public Reporting of Quality in Inpatient Hospital Care in Switzerland

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Schlüsselwörter

Qualitätstransparenz, Krankenhausversorgung, Krankenhausplanung, Schweiz

Key words

quality transparency, public reporting, inpatient hospital care, hospital planning, Switzerland

Bibliografie

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ZUSAMMENFASSUNG

Qualitätstransparenz ist eine entscheidende Grundlage für den Abbau von Informationsasymmetrien im Gesundheitswesen. Doch welche Informationen zur stationären, akutsomatischen Versorgung sind in der Schweiz vorhanden, wie können diese genutzt werden und welche Folgen ergeben sich daraus? Für diese Fragestellungen wird ein Review des Datenangebots vorgenommen, systematisch aufbereitet sowie Stärken und Schwächen aufgezeigt. Auf dieser Grundlage sowie internationalen Vergleichen folgen gesundheitspolitische Empfehlungen für eine Verbesserung der aktuellen Bedingungen. Die Studie zeigt auf, dass Qualitätstransparenz in der Schweiz trotz des bereits im Jahr 2011 vereinbarten nationalen Qualitätsvertrags nur begrenzt gegeben ist. Dies erschwert die Stärkung eines Qualitätswettbewerbs, die informierte Entscheidung über die Krankenhauswahl von Patienten sowie das selektive Kontrahieren. Eine Weiterentwicklung der in der Schweiz verfügbaren Daten und Messinstrumente in Krankenhäusern ist daher angezeigt und bedarf einer priorisierten Umsetzung.

Roadmap für Qualitätstransparenz



2

Initiative des Gesetzgebers

Bundesrat gründet die Eidgenössische Qualitätskommission (EQK)

Ausserparlamentarische Expertenkommission mit 15 Mitgliedern aus verschiedenen Bereichen des Gesundheitswesens. Sie wurde 2021 im Rahmen einer Änderung des Bundesgesetzes über die Krankenversicherung (KVG) eingesetzt. Ihre Aufgabe ist die Unterstützung des Bundesrats bei der Qualitätsentwicklung in der medizinischen Leistungserbringung.

Schwerpunkte (Auswahl)

- Nationale Programme zur Qualitätsentwicklung entwickeln
- Ein Qualitätsdashboard und ein Monitoringsystem
- Den Einbezug von Betroffenen (Patientinnen und Patienten, Angehörige und die Bevölkerung) fördern
- Die Entwicklung der Sicherheitskultur

Instrumente

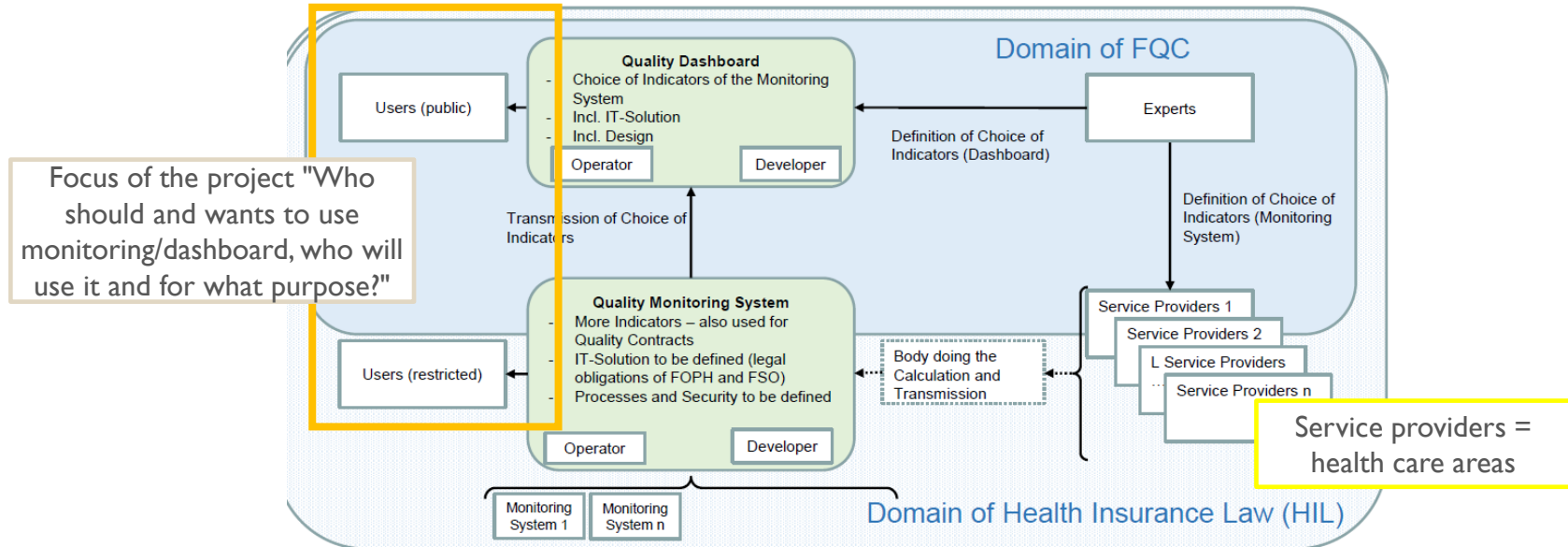
- Mandatierung von Dritten (Abgeltungen)
- Nationale Programme, Indikatorenprojekte und Studien
- Sprechen von Finanzhilfen
- Nationale und regionale Projekte zur Qualitätsentwicklung finanziell unterstützen (max. 50%)
- Empfehlungen aussprechen

3

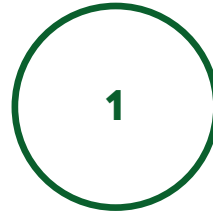
Grundlegende Vorarbeiten

Learn from existing systems and clarification of stakeholder needs

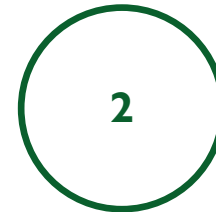
 Focus of the project



Aim | Clarify "Who should and wants to use a monitoring system, who should use the dashboard, and for what purpose?"



Information
collection



Stakeholder
Dialogues

Aim | Clarify "Who should and wants to use a monitoring system, who should use the dashboard, and for what purpose?"



Information collection

Aim of information collection: to establish a knowledge base of what and how quality information can be used in a monitoring system and/or quality dashboards with different target audiences and user groups.

"[...] should present and compare national quality monitoring systems/ dashboards that are as interesting as possible, with their objectives, target audience, form, content (indicators), and where possible the structure and processes of data collection and processing."

Information collection | Goals are clearly defined – Information to be collected from the literature, websites, and experts

Goals

Collect information on “the objectives, target audience, form, content (indicators), and where possible the structure and processes of data collection and processing” of national quality monitoring systems/ dashboards

Sources

Websites, possible starting points are Improving Healthcare Quality in Europe, OECD Patient Safety Indicators and websites of national health ministries

Literature search for grey literature and scientific contributions

Discussions with experts using the consortium’s network (e.g., European Observatory on Health Systems and Policies)

Literature search strategy

Keywords (examples)

Quality program, quality initiative, quality monitoring, quality indicator system, quality information, etc.

General practitioner, outpatient care, inpatient care, psychiatric care, rehabilitative care, long-term care, etc.

Review, meta-analysis, quality report card, country names

Databases

PubMed (MEDLINE), PsychINFO (EBSCO), Cochrane, Google Scholar, and Science Direct



Information collection: results snapshot

- 5 healthcare areas: outpatient care, inpatient somatic care, psychiatric care, rehab and non-physician services, home and long-term care
- 18 dashboards, 8 monitoring systems
- 8 countries: Australia, England, France, Germany, the Netherlands, Sweden, Switzerland, USA

Hospitals (somatic care)

Countries / Criteria	Source	Type	Regional coverage	Methodology													Visualization and use							
				Data type	Collection frequency	Timeliness of data	Data validation	Statistical comparisons	Sample sizes shown	Small sample size limitation handling	Risk-adjustment (RA) factors - AGE	RA factors - SEX	RA factors - COMORBIDITIES	RA factors - DRGS	RA factors - OTHER	RA not assessable	Methodology explained	Comments	Raw data available	Tables	Graphs	Filters	Comparisons featured	Drill down options
Switzerland	CH-ID	Dashboard	National	Secondary	Annually	t-2	Yes	Yes - some	Yes	Correctly excluded	Yes	Yes					Yes - detailed	Yes	Yes	Yes	Yes	Yes	Yes	Low
	Weiches-spital	Dashboard	National	Primary & Secondary	Annually	t-2	Yes	Yes - some	Yes	Correctly excluded	Yes	Yes					Yes - superficial	Yes	Yes	Yes	Yes	Yes	Medium	
	ANQ	Monitoring & Dashboard	National	Primary & Secondary	Continuous	t-1	Yes	Yes - many	Yes	Correctly excluded	Yes	Yes					Yes - detailed	Yes	Yes	Yes	Yes	Yes	High	
England	The Care Quality Commission	Monitoring	National	Primary & Secondary	Continuous	t-0	Not available	Not available	No	Not assessable						Yes - superficial	Yes	Yes	Yes	Yes	Yes	Yes	Low	
	NHS Choice	Dashboard	National	Primary & Secondary	Continuous	t-0	Not available	Not available	Not relevant	Not relevant						Yes - superficial	Yes	Yes	Yes	Yes	Yes	Yes	Low	
	PHIN	Dashboard	National	Primary & Secondary	Continuous	t-1	Yes	Yes - many	Yes	Not assessable						Yes - detailed	Yes	Yes	Yes	Yes	Yes	Yes	High	
	MyNHS/ medical registries/ Natio	Dashboard	National	Primary & Secondary	Annually	t-1	Yes	Yes - some	Yes	Correctly excluded	Yes	Yes				Yes - superficial	Yes	Yes	Yes	Yes	Yes	Yes	Low	
France	QualiScope	Dashboard	National	Primary & Secondary	Annually	t-2	Yes	Yes - many	Yes	Correctly excluded	Yes	Yes				Yes - detailed	Yes	Yes	Yes	Yes	Yes	Yes	Low	
	La certification des établissements	Monitoring	National	Primary	Continuous	t-0	Yes	Not assessable	Not relevant	Not relevant						Yes - detailed	Yes	Yes	Yes	Yes	Yes	Yes	Low	
	Le Guide Santé	Dashboard	National	Primary & Secondary	Continuous	t-2	Yes	Not available	No	Not assessable						No	Yes	Yes	Yes	Yes	Yes	Yes	Low	
Germany	Weisse Liste	Dashboard	National	Primary & Secondary	Annually	t-2	Yes	Yes - some	Yes	Correctly excluded	Yes	Yes				Yes - detailed	Yes	Yes	Yes	Yes	Yes	Yes	Low	
	Externe stationäre Qualitätssicher	Monitoring	National	Primary	Annually	t-2	Yes	Yes - many	Yes	(Partially) adjusted	Yes	Yes				Yes - detailed	Yes	Yes	Yes	Yes	Yes	Yes	Medium	
	AOK-Gesundheitsnavigator	Dashboard	National	Primary & Secondary	Annually	t-2	Yes	Yes - some	Yes	ends on data source/ indi	Yes	Yes				Yes - detailed	Yes	Yes	Yes	Yes	Yes	Yes	Low	
Netherlands	Ziekenhuischeck	Dashboard	National	Primary & Secondary	Annually	t-2	Yes	Yes - some	Yes	Correctly excluded	Yes	Yes				Yes - superficial	Yes	Yes	Yes	Yes	Yes	Yes	Low	
	Zorgkaart Nederland	Dashboard	National	Primary	Continuous	t-0	Yes	Yes - some	Yes	(Partially) adjusted	Yes	Yes				Yes - superficial	Yes	Yes	Yes	Yes	Yes	Yes	High	
	Dashboard package for providers	Dashboard	National	Primary	Continuous	t-0	Yes	Not assessable	Yes	(Partially) adjusted	Yes	Yes				Yes - superficial	Yes	Yes	Yes	Yes	Yes	Yes	Medium	
USA	Zorginstituut	Monitoring	National	Primary & Secondary	Annually	t-1	Not available	Not available	Yes	Not relevant						No	Yes	Yes	Yes	Yes	Yes	Yes	Medium	
	Medicare: Dashboard	Dashboard	National	Primary & Secondary	Continuous	t-0	Yes	Yes - many	Yes	Correctly excluded	Yes	Yes				Yes - detailed	Yes	Yes	Yes	Yes	Yes	Yes	High	
	CMS.gov	Monitoring	National	Primary	Annually	t-1	Not available	Not available	No	Not relevant						Yes - detailed	Yes	Yes	Yes	Yes	Yes	Yes	High	
Australia	MyHospitals	Dashboard	National	Primary & Secondary	Continuous	t-0	Yes	Yes - some	Yes	Correctly excluded	Yes	Yes				Yes - superficial	Yes	Yes	Yes	Yes	Yes	Yes	Low	
Canada	Civil	Dashboard	National	Primary & Secondary	Continuous	t-0	Yes	Yes - some	Yes	Correctly excluded	Yes	Yes				Yes - superficial	Yes	Yes	Yes	Yes	Yes	Yes	Low	

Information collection: fact sheet examples

Country:  Healthcare area:  Type: Dashboard Form: Open Website

HAS
HAUTE AUTORITÉ DE SANTÉ

Objectives:
 Monitor performance
 Inform provider choice
 Provider benchmarking
 Other

Target audience:
 • General public, patients, caregivers/ relatives
 • Providers (adjacent sector)
 • Medical professionals

Number of data sources: 3 Visualization and use:

Funding: Raw data Tables Comparisons
 Filters Graphs Drill down

Ownership: Monitor performance
 Inform provider choice
 Provider benchmarking
 Other

Regulation: General public, patients, caregivers/ relatives
 Providers (adjacent sector)
 Medical professionals





Methodology explained in detail:



Primary data
 Secondary data
 Data is validated

Timeliness (How old is the data?):
 t-0 t-2 t-3

Collection frequency:
 • Data collected annually

Included
 Not included

 GPs and outpatient specialist
 Hospitals (somatic care)
 Psychiatric Care
 Rehabilitation and "non-physician" health services

Country:  Healthcare area:  Type: Dashboard Form: Open Website

ziekenhuischeck.nl
cijfers over de kwaliteit van zorg

Objectives:
 Monitor performance
 Inform provider choice
 Provider benchmarking
 Other

Target audience:
 • General public, patients, caregivers/ relatives
 • Research community

Number of data sources: 2

Funding: Funded publicly
 Funded by foundation

Ownership: Monitor performance
 Inform provider choice
 Provider benchmarking
 Other

Regulation: General public, patients, caregivers/ relatives
 Providers (adjacent sector)
 Medical professionals





Methodology explained in detail:



Primary data
 Secondary data
 Data is validated

Timeliness (How old is the data?):
 t-0 t-2 t-3

Collection frequency:
 • Data collected annually

Included
 Not included

 GPs and outpatient specialist
 Hospitals (somatic care)
 Psychiatric Care
 Rehabilitation and "non-physician" health services

Country:  Healthcare area:  Type: Dashboard Form: Open Website & upon request

Medicare

Objectives:
 Monitor performance
 Inform provider choice
 Provider benchmarking
 Other

Target audience:
 • General public, patients, caregivers/ relatives
 • Health insurances
 • Providers
 • Research community

Number of data sources: >20

Funding: Funded publicly
 Funded by foundation
 Funded by members
 Funded by insurance(s)

Ownership: Private non-profit

Regulation: No regulation

Methodology explained in detail:






Primary data
 Secondary data
 Data is validated

Timeliness (How old is the data?):
 t-0 t-3

Collection frequency:
 • Data collected continually

Explanations:
 • Statistical comparisons available
 • Sample sizes shown
 • Small samples excluded
 • Detailed explanation of methodology

Included
 Not included

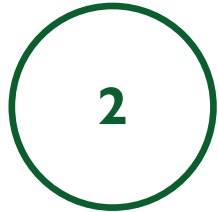
 GPs and outpatient specialist
 Hospitals (somatic care)
 Psychiatric Care
 Home and long-term care
 Rehabilitation and "non-physician" health services

Content

Composite ¹	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Structural quality	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process quality	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Outcome quality	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Patient-reported outcome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient-reported experiences	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

1) Composite measure for overall quality of a provider combining/ summarizing all quality dimension

Stakeholder Dialogues | Various stakeholder groups have an interest in the Swiss healthcare system – and different information needs



Seven workshops between May and July 2023. One for each healthcare area and two with patients, relatives, and the general public (Lausanne and St. Gallen).

Who has a need for quality information?

- Health policy makers and authorities
- Insured persons
- Patients
- (Health) insurances
- Service providers
- Medical staff
- Research community
- Industry partners, e.g., pharmaceuticals and med-tech

What are each stakeholder's information needs?

- 1) What "quality dimensions" are relevant for the respective stakeholder group?
- 2) At which (medical) level should quality information be collected for each stakeholder group?
- 3) What criteria for selecting quality indicators are how important to each stakeholder group?

Stakeholder Dialogues

Insgesamt: Sieben Empfehlungen

1. Das Qualitätsmonitoring sollte ein **Kooperationsprojekt zwischen Leistungserbringern und Regulierungsbehörden** sein, mit dem gemeinsamen Ziel, die Qualität der Leistungen in allen Bereichen des Gesundheitswesens weiterzuentwickeln und zu verbessern.
2. Das Qualitätsmonitoring sollte sich auf **Ergebnisqualität und gegebenenfalls auch auf Prozessqualität** konzentrieren, wobei sektorübergreifende Interdependenzen zu berücksichtigen sind.
3. Im Rahmen des Qualitätsmonitorings sollten **aktuelle Daten mit einem hohen Detaillierungsgrad** verwendet werden.
4. Für das Qualitätsmonitoring und die öffentliche Berichterstattung sollten **bestehende Datenquellen und Initiativen genutzt werden**. Zudem sollte eine Bestandsaufnahme bestehender Quellen und Aktivitäten erfolgen.
5. Es sollte ein **Dashboard für die öffentliche Berichterstattung** erstellt werden, das sich spezifisch an Patientinnen und Patienten und deren Angehörige richtet, die gegebenenfalls von den überweisenden Ärztinnen oder Ärzten unterstützt werden können. Ziel eines solchen Dashboards sollte es sein, eine **fundierte Wahl der Leistungserbringer sowie einen einfachen Zugang zum Gesundheitssystem** zu ermöglichen.
6. Im Rahmen der öffentlichen Berichterstattung sollten nur für Patientinnen und Patienten **relevante und gut nachvollziehbare Angaben zur Qualität** gemacht werden.
7. Ein Schlüsselement des Dashboards sollte eine **personalisierte Suchfunktion** sein, die sich gegebenenfalls durch den **Einsatz neuester Technologien** optimieren lässt.

3

What`s next?

EQK Indikatorenprojekte: Aufträge 2024

Trennung des Vorgehens für Monitoringsystem und öffentliches Navigationssystem («Dashboard»)


Monitoringsystem


- Inhalte und Nutzerkreis festlegen
- Mandat über zwei Jahre vorgesehen

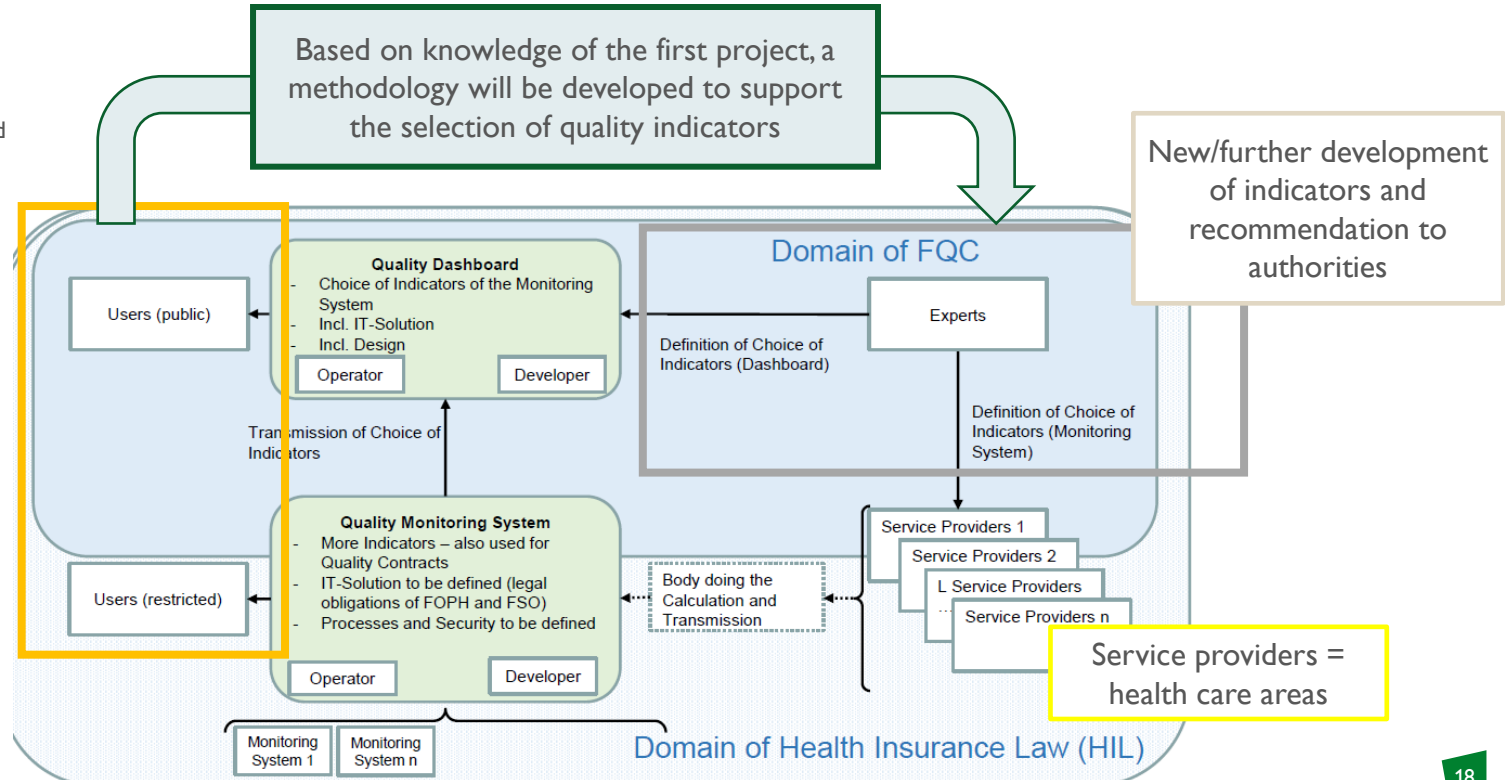
Navigationsplattform

- Aufbauen und Betreiben
- Mandat über sieben Jahre vorgesehen
- Soll bestehende Indikatoren enthalten – Auswahl validiert durch EQK
- Weitere Inhalte, die die Navigation im Gesundheitssystem erleichtern

EQK first step: learn from existing systems and clarification of stakeholder needs

 Focus of the first project

 Focus of the second project to develop, refine and select quality indicators



Objectives of the project follow clear expectations from the FQC

Major aims:

- 1 Recommendations on the user group of a national monitoring system
- 2 Proposal with a balanced selection of indicators for all dimensions of quality in all healthcare areas and across areas
- 3 Process for reviewing and adapting the selection of indicators over the coming years



Expectations on process steps:



- Based on a definition of purpose and target audience and considering the elements of the elements of the SLHS report
- Set of quality indicators should be selected for each of the types of service provider mentioned in the KVG (Art. 35)
- Definition of cross-sectoral indicators that describe the patient pathways across all areas
- Indicators present a balanced picture of the various dimensions of the quality
- Definition of process for reviewing and adapting the selection of indicators

➤ **Project duration:** 01st of Oct. 2024 until 30th of Sep 2026

20 researchers from 13 institutions across Switzerland, plus well balanced sounding board

WG1: Central consortium


 Universität St. Gallen
Prof. Alexander Geissler

 Swiss Learning Health System
Dr. Sarah Mantwill


 Universität St. Gallen
Dr. David Kuklinski

 UNIVERSITÄT LUZERN
Dr. Dr. Michael Havranek


 Universität St. Gallen
Dr. Justus Vogel

WG2: Inpatient somatic care


 UNIVERSITÄT LUZERN
Dr. Dr. Michael Havranek

Prof. David Schwappach

 Universität St. Gallen
Prof. Alexander Geissler

 unisanté
Dr. Marie-Annick Le Pogam

WG3: Outpatient somatic care


 unisanté
Dr. Chantal Arditi

 unisanté
Prof. Isabelle Peytremann
Bridevaux

 Universität Zürich
Prof. Jakob Burgstaller

 UNIVERSITÄT LUZERN
PD Dr. Patrick Beeler

WG4: Psychiatric care


 UPK
Prof. Christian Huber

 Bärner Fachhochschule
Prof. Sabine Hahn

WG5: Rehabilitative care


 Schweizer Paraplegiker-Forschung
Prof. Carla Sabariego

 INSELSPITAL
 UNIVERSITÄT ZÜRICH, BASEL
 HOSPITAL UNIVERSITAIRE DE BIENNE
PD Dr. Anke Scheel-Sailer

WG6: Community care


 Universität Basel
Prof. Samuel Allemann

 unisanté
Dr. Damien Cateau





 GTA
 Genève
 Toulon
 Ambulances
Loric Stuby




WG7: Long-term care





 SUPSI
 Scuola universitaria professionale della Svizzera Italiana
Prof. Carlo de Petro



 SUPSI
 Scuola universitaria professionale della Svizzera Italiana
Prof. Laurie Coma

Sounding board – composed of stakeholders with vested interests in quality monitoring within Switzerland


 ANQ (confirmed)

 EQUAM (confirmed)

 H+ (confirmed)

 pharmaSuisse
pharmaSuisse (confirmed)


 SPITEX
Spitex Schweiz (confirmed)

 CSS (confirmed)

 Stiftung Patientensicherheit (confirmed)


 curafutura
Curafutura (in contact)

 santésuisse
Santésuisse (in contact)

 frc
Fédération romande des consommateurs (in contact)


 FMH (to be contacted)

 GDK (to be contacted)
 Further organizations to be contacted

Central consortium

Healthcare area working groups

Sounding board (Stakeholders)

Overarching work packages

WP A: Central project management

WP B: Stakeholder involvement and dissemination of results

WP C: Report preparation

Specific work packages

WP 1: Purpose and user groups of the quality monitoring system



Prior project (report/data)
Literature review
Expert interviews

WP 2: Evaluation framework for selecting quality indicators



Prior project (report/data)
Literature review
Expert interviews

WP 3: Existing quality initiatives and indicators in Switzerland



Methods

Literature review
Expert interviews

WP 4: Quality initiatives and indicators from abroad with potential for Switzerland



Methods

Literature review
Expert interviews

WP 5: Quality indicator selection and prioritization



Methods

Evaluation and pre-selection
Survey with practitioners & patient organizations
Delphi panel

WP 6: Cross-sectional quality indicators selection and prioritization



Methods

Synthesis
Literature review
Delphi panel

WP 7: Process for the continued selection, evaluation, and adaptation of quality indicators



Methods

Synthesis
Best practices review
Expert interviews

Central consortium Healthcare area WGs Shared responsibility

Milestone

Stakeholder involvement (Sounding Board) & FQC



Methods



Interim/ final report

Auf zur Diskussion...

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Akkreditierungen

