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Development of a Starter Set of Ambulatory Quality Indicators

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Quality is an increasingly competitive factor in the public health sector in Germany.

In order to measure, analyse and assess quality, reliable quality indicators are necessary. Therefore, developing a set of reliable quality indicators for the outpatient care sector was the objective of the "AQUIK® - Ambulatory Quality Indicators and Key Measures" project, carried out by the National Association of Statutory Health Insurance Physicians (NASHIP) between 2006 and 2009.

The AQUIK® project consists of four milestones. We first conducted a systematic review of international and national indicators which are relevant to the outpatient care sector in Germany. From those we selected a sample according to criteria such as prevalence of the disease pattern, variety of care and cost of care. This sample then underwent a structured rating process according to the RAND/UCLA appropriateness method by medical experts who evaluated the quality indicators regarding the criteria relevance and feasibility. In a further step, data availability and accessibility were tested in medical practices within a feasibility analysis. The AQUIK® project was supported by international and national experts such as medical doctors, scientists, professional organisations, scientific-medical associations and representatives of Associations of Statutory Health Insurance Physicians.

The project provides three main results. A data base of more than 2000 international quality indicators. A pattern of how to systematically develop and assess a set of quality indicators, and finally the AQUIK®-Set itself of 48 structurally developed and reliable quality indicators which focuses on chronic diseases of primary care (hypertension), internal medicine (rheumatoid arthritis), neuropsychiatrics (depression) as well as prevention (vaccination) and patient centered care (home visits).

The AQUIK®-Set opens up improved possibilities for the demonstration of quality in health care. The study furthermore provides important methodological basics for the future development and assessment of quality indicators. It raises questions, especially regarding the creation of a supportive IT infrastructure in order to implement the quality indicators in medical practices as well as the most appropriate field of implementation (e.g. P4P, public reporting, quality management).