HQA
HEALTH QUALITY ASSESSMENT

PO Box 74960
Lynnwood Ridge
0040

Tel +27 (0)82 453 5130
Email lj.botha@iafrica.com
www.hqa.co.za

COMMUNIQUE FIRST QUARTER 2023

In the first quarter of 2023 HQA has made progress on various fronts. HQA is preparing for the 19th annual report back to its participating medical schemes, on a data set now representing more than 80% of all the insured lives in South Africa. HQA is pleased to welcome Thebemed as a new participant.

The CAB (Clinical Advisory Board) has met to review the indicators to be used for the 2023 reporting cycle. Certain changes and additions were recommended that are now being attended to by the TechSC (Technical Sub-Committee). The CRWG (Clinical Registries Working Group) convened and made progress with developing a registry for localised prostate cancer. A Practitioner Working Group (PWG) was formed aiming to develop a health quality report for doctors, using a selection of the existing list of indicators and data set. The standardised definitions working group and the TAC (Technical Advisory Committee) are due to meet in April. These working groups are open to all HQA members and individuals wishing to participate should not hesitate to contact Dr Jacqui Miot or myself to arrange for an invitation to participate.

Planning for the annual HQA Industry Results Presentation and Clinical Quality conference scheduled for 18th August 2023 is underway. Suggestions for topics and discussion points are herewith invited.

At a strategic level the HQA Board of Directors, at a recent meeting, decided to form a collaboration with Care Connect, an electronic health information exchange, with the aim of developing a complementary partnership in the long term. HQA's members will be kept informed as the situation unfolds. It can be expected to develop slowly and over a long period.

Although HQA has been in existence for many years, learning continues, helping to better understand the field, nuances, advantages, and risks of measuring health quality. Different stakeholders, for example, have different needs when it comes to measuring health quality. Some use quality measures as a measure of oversight while others use quality measures to empower those being measured to perform even better.

Health Quality information is a tool that is only as good as it's intended use and can have serious unintended consequences if used inappropriately. It is critically important to be aware of the limitations of quality measurement and to be cautious of using quality information incorrectly.

Most quality initiatives will focus, for reasons of practicality and data availability, on a limited set of indicators. This means quality measurement will always direct attention to those areas covered in the measurement, potentially at the expense of other important aspects of quality that are more difficult to assess through quality measurement.

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Directors: BA Dickson (Chairperson) Dr JHB Steenekamp (Vice Chairperson)
Prof MN Chetty*, S Collie, Dr V Gqola, Dr U Mahlati, M Marais, Dr PJ Matley, Dr N Naidoo, Dr U Pillay, Dr K Smith, Dr P Soko, G Timothy*
*(*Alternate Director)*

It is therefore important to consider some basic principles in one's approach to measuring quality:

-The choice of quality indicators should proceed from a clear definition of its intended purpose. Indicators designed with an external focus (i.e. oversight, accountability, identifying outliers, patient choice) will require different characteristics from those designed with an internal focus (i.e. continuous quality improvement).

-The reliability of quality measures relates to the quality of the data on which they are based and the robustness of the method used to construct them.

-Quality of care has different dimensions and one specific provider of care provides care via various processes involving many different professionals and technologies. Organisational context and local knowledge of confounding circumstances must be taken into consideration when interpreting even well-constructed indicators.

-The validity of outcome measures is often debatable as it is sometimes hard to determine whether differences found are indeed the result of differences in quality of care. One hospital may, for example, deal only with straightforward, uncomplicated patients whereas another hospital with specialist centres may treat the most complicated cases. A sound risk-adjustment approach is an essential component of such measures.

-Composite indicators offer the advantage of simplicity but can pose a weakness as the underlying indicators are often disguised and the weighting between the various constituent indicators is sometimes not based on empirical information or not reported at all.

-The same potential weakness inherent in composite indicators also applies to ranking tables. Without properly calculated confidence estimates ranking orders that imply absolute differences in quality may be interesting, but nothing more significant than chance.

-If indicators focus predominantly on major diseases like diabetes and heart failure it may lessen interest in diseases that are less prominent in reporting and rewarding systems. Reporting on negative outcomes should be balanced by reporting on positive outcomes.

HQA cannot exist in isolation and is grateful for the support it receives from its stakeholders, its member organisations and participants. Thank you also to HQA's Board of Directors for exercising stewardship and governance, to Dr Jacqui Miot and her team, Obaidiyah Mustapha, and Dr Martie Conradie, to Adam Lowe from NMG and Dr Johann van Zyl (Clinical Governance) and all those contributing to the CAB and other sub-committees and working groups.

I look forward to continuing our collaboration and to the next chapter of our journey towards continuous measuring and reporting of health quality in the interest of better-quality healthcare and a sustainable healthcare sector for all.

Prepared by: Louis Botha (CEO)
31st March 2023

"Coming together is a beginning, staying together is progress, and working together is success." Henry Ford