Measuring, an essential enabler for improving quality in healthcare

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There are many definitions of quality in healthcare – almost as many as the different contexts in which it is measured. But what most will agree on is that if you don't measure, you won't know how to improve the quality of care that you're delivering. At the heart of health quality measurement is the fundamental right of all people to have access to affordable, quality healthcare (section 27 (1) of the SA Constitution).

There are many reasons to measure quality, including improving access to and outcomes of healthcare, quality improvement within organisations, empowering and informing consumers and driving overall improvement through benchmarking. In a setting with limited resources, measuring the value of care provided (i.e. maximising health outcomes for each rand spent) becomes critical.

It is also important to understand what poor quality of care is, in order to direct actions for improvement. Poor quality of care typically occurs because of overuse, misuse or even underuse of healthcare services. The consequences are widespread, with the impact felt not just in the individual, but also within organisations and nationally, creating enormous financial and economic pressures through disability, impairment and lost productivity.

Health quality is commonly measured through a standardised set of indicators that provide a quantitative, documented measure of quality of care, and can be used as tools to monitor quality improvements over a period of time. Many quality indicators follow the typical Donabedian definition of structure (e.g. health systems, facilities, staff), process (e.g. access to cholesterol tests, HIV testing in antenatal care, prescribing statins in diabetes) and outcomes (mortality, morbidity and patient satisfaction). Improvement in outcome measures is the gold standard of healthcare quality, although process measures are equally important, and commonly used as an accurate and immediate measurement of improvements in care.

Measuring indicators for quality of care remains an academic exercise, however, until the information is used to action improvements. This is easier said than done, with many hurdles to achieving measurable improvement. The desire to improve healthcare quality can be driven by the intrinsic motivation of healthcare practitioners, providers or funders to act in areas where they see a potential for improvement. Further motivation to improve is driven by an informal selection process in which patients or funders select healthcare practitioners or service providers based on their perception of the quality of care provided. Comparative, systematic and transparent measurement is the highest motivator of all, where results comparing performance and benchmarks are published either in the public domain or within specific organisations.

[C] Health Quality Assessment

The Health Quality Assessment (HQA) aims to*"Develop a health audit report for the healthcare industry in SA that focuses on quality, with the goal of becoming the SA national standard for objective quality performance measurement*."

Founded in 2000, HQA is a non-profit organisation that was established by the private healthcare funding industry in SA. HQA routinely collects data from medical schemes representing just over 80% of the beneficiaries covered, analysing trends going back more than 9 years. The quality and quantity of data based on member demographics and claims for services provides a rich dataset for measuring quality. Over the years, HQA has developed and refined a set of just under 200 health quality indicators, the results of which

are used to create benchmarks across the industry so that schemes can compare themselves with the top performers (anonymised), as well as internally by benefit option. Key to the success of HQA has been the overarching desire of all its members to continually strive to improve healthcare quality.

The HQA Clinical Advisory Board (CAB) develops the indicators, with input from members representing medical schemes, administrators, managed care organisations, pharmaceutical companies, doctor groups and hospitals, including representation from the Office of Health Standards Compliance and the Council for Medical Schemes. The ethos of HQA has always been inclusive and collaborative, so that development of indicators is driven by the priorities, expertise and input of CAB members. Rigorous development and continuous improvement of indicator metrics and methodologies provides a high level of confidence in the validity of the indicator results. Increasingly, schemes are using HQA reports to engage with their providers to drive improvements in the quality of care they provide to scheme members.

In 2019, the health market inquiry (HMI) released their recommendations for the private healthcare industry, and proposed that an independent organisation, the Outcomes Monitoring and Reporting Organisation (OMRO), should be established to measure and report on quality of care, with a particular focus on clinical and financial outcomes for patients. They recommended that existing structures should be used to develop the initial OMRO, and specifically mentioned HQA, as it has more than 20 years of experience and infrastructure to expand on to include other stakeholders and to move toward measuring outcomes, as described in the HMI report.

Following this recommendation, the HQA board in 2020 amended HQA's memorandum of incorporation to include healthcare practitioners and facilities as participating members, and in its governance structures. Dr Angelique Coetzee, national chair of the SAMA board, was appointed to the HQA board last year. More such developments can be expected in the near future.

Currently, the HQA indicator set is made up of process, utilisation and proxy outcome measures across four categories of care: prevention and screening; maternal and neonatal; hospitalisations; and chronic conditions. In order to include measures that are relevant and applicable to healthcare practitioners, HQA proposes a step-wise process starting with analysis of the current HQA dataset to reflect indicators that are of direct value to the doctor. Discussions with medical practitioner groups and the Clinical Advisory Board have resulted in a draft set of indicators for preliminary analysis.

It is important that HQA is not viewed as merely an organisation for medical schemes, and collaborations are actively being sought with healthcare practitioner groups and healthcare facilities to further develop the quality indicators in a way that is relevant, actionable and appropriate for these stakeholders. Although still in the early stages of development, there is strong commitment and drive to move towards ultimately measuring outcomes for indicators that have been developed and measured by healthcare practitioners and facilities themselves. In future articles, we will discuss key clinical indicators, their results and the impact on quality of care.

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The right diagnosis followed by the right treatment in the right setting at the right time at the right price delivering the right outcome, every time!