



Hrvoje Tiljak, PhD, MD, GP  
tiljak@gmail.com

## ***54 – Am I a good doctor? Education about Quality Assurance in Family Medicine in Croatia 15 Years On***

*Hrvoje Tiljak, PhD, MD, GP  
Associated Professor,  
Department for Family Medicine,  
University of Zagreb Medical  
School  
Co-authors  
Zlata Ožvačić Adžić, Venija  
Cerovečki*

At the turn of the century, education on quality assurance (QA) in family medicine (FM) in Croatia was organized through several minor local projects. It was a time of primary health care (PHC) reorganization involving the privatisation of FM service. FDs who had worked in an already established network of FM teams were offered to run private practices as long as they remained under contract to the national health insurance fund (CHIF). This process was gradually introduced to eventually establish over 1000 privately run FM practices all over Croatia. During the process, several flaws appeared. One of the most prominent was the omission to define FM's vocational education financing framework. This problem resulted in delays and a diminishing number of FDs vocational training posts lasting for longer than 5 year periods.

Practising FM teams felt the need for additional education and under these circumstances, local educational projects started to expand in response. The "Am I a good doctor" educational programme for QA in FM was organized by local PHC centres supervised by experts from the Department of Family Medicine, University of Zagreb Medical School. The programme consisted of six to ten one-day workshops held monthly in the cities of Čakovec, Karlovac and Slavonski Brod. Topics of workshops were audit methodology, data gathering and registration, quality improvement options, malpractice prevention and sanction, etc. The programmes were well accepted by participating FDs and were certainly effective in raising awareness on the importance of QA in PHC.

Many changes have occurred since then. The most significant positive movement was reanimation of the FDs vocational training framework. The national project "Harmonisation of Family Medicine according to EU standards through introduction of Family Medicine Specialization" was introduced in 2003. The project offered in-service and regular vocational training and attracted almost 300 FDs to join specialised educational programmes in the first two years of its existence. One part of the educational programme consisted of a theoretical course organized by the Department of Family Medicine, University of Zagreb Medical School. The content and format of this course has changed over the last 10 years, but it has become a permanent component of specialization in FM. Topics for QA were incorporated into this course and by this time, the specific subject "Improving quality in FP" had been introduced as one of the mandatory subjects for FD trainees within the educational programme offered at the University of Zagreb Medical School. Based on previous experience, the educational programme consisted of basic information on QA and practising audit and peer review. Each student had to perform an audit of his/her practice and present it to his peers. This format allowed practical training in QA procedures. Aside from this, it also offered a broad database of Croatian FDs' practice

due to the obligation of students to submit written audit reports. “Improving quality in FP” was welcomed by trainees and resulted in the publication of many articles in national medical journals as well as two doctorate theses by FDs.

The next positive step was to establish a National Agency for Accreditation and Quality in Health Care in 2007. The Agency defined quality indicators (QI) for FM offering a variety of indicators covering common chronic diseases and prevention procedures. QI promoted by the Agency were largely based on international standards rather than on experience and research results produced in Croatian FM. The Agency has not yet succeeded in establishing any kind of accreditation scheme for FM and therefore weak affirmation of the Agency still exists among Croatian FDs.

Based on the mutual interest of FDs and the Croatian Health Insurance Fund (CHIF), a new movement was launched in 2012. The CHIF substantially changed its contract with FM teams by the introduction of a combined remuneration system which included performance payment and stimulation for practice quality improvement. In this way, quality of care became rewarded or related to contract obligations and payment systems as laid out by the UEMO statement in 2010. In the beginning, CHIF introduced Key Performance Indicators (KPI) and a ‘five-star practice scheme’ in an annual contract with FM teams. KPI comprised issues of “created care” resulting from the FD’s gate-keeping role: total prescription costs, sick-leave rate, referring rate etc. Five-star practice scheme comprised of the FDs’ service offer profile: electronic and telephone communication friendly approach, possibility of taking blood samples in practice etc. It was evident that both innovations in the CHIF contract were not main-stream of quality improvement in FM. KPI aimed for optimization of CHIF costs and *five-star practice scheme* did not go further than proposal – did not concern performance quality. In the 2013 contract, CHIF introduced Quality Indicators (QI) composed of well-known QIs in the British Quality and Outcome Framework (QOF). Newly introduced QI by CHIF consist of a target population and values for defined health problems as well as stimulus for target achievement. Health problems covered by QI are arterial hypertension, diabetes mellitus, COPD and cardiovascular prevention. This aside, CHIF also recognised peer-review as part of the quality improvement process in FM. Peer-review performed monthly in groups of not less than three FDs and related to specific patient problems can be registered in monthly reports and rewarded by CHIF. At the same time, such peer-review is awarded continuous medical education (CME) points within the accreditation scheme covered by CME. It is important to note that CHIF did not support FDs in performing any kind of CME activity until 2013 and such a movement represents a small but important step in promoting QA and CME in FM.

Although the described process is not ideal, does not represent epic movements and needs refining, there are reasons to be satisfied when looking back on the last 15 years. In 2014, Croatian FM has a well-established structured education for QA as a mandatory subject in the specialization of FM, numerous QA activities throughout Croatia and the support of CHIF in performing QA activities and improving quality of PHC. Currently, Croatia is suffering from economic recession and achievements are expected to improve in the future.

## Take home messages

- Family Doctors themselves feel a need for quality improvement.
- Family Doctors have a capacity to promote quality assurance.
- Basic educational package on quality of care is imperative for every FD early in their career.
- Quality assurance activities should be related to everyday work of FDs.
- Quality assurance activities should be rewarded and stimulated by health policy stakeholders.

## Original abstract

<http://www.woncaeurope.org/content/am-i-good-doctor-teaching-qa-general-practice>

## References

1. Hebrang A, Henigsberg N, Erdeljic V, Foro S, Vidjak V, Grga A, Macek T. Privatization in the health care system of Croatia: effects on general practice accessibility. *Health Policy Plan*. 2003 Dec;18(4):421-8.
2. Vrcić-Keglević M, Katić M, Tiljak H, Lazić D, Nekić VC, Petricek G, Ozvacić Z, Soldo D. [Specialization in family medicine--has all the planned been achieved?]. *Acta Med Croatica*. 2007 Feb;61(1):95-100. Croatian.
3. *Towards transparency on quality in general practice*. UEMO statement UEMO document 2010/065 <http://www.uemo.eu/images/stories/publicdocs/2010-065Towardstransparencyonqualityofcareingeneralpractice.pdf>
4. National Institute for Health and Care Excellence. *About the Quality and Outcomes Framework (QOF)*. <https://www.nice.org.uk/proxy/?sourceUrl=http%3A%2F%2Fwww.nice.org.uk%2Faboutnice%2Fqof%2Fqof.jsp>

5. Tiljak H, Đaković S, Katić M, Ožvačić-Adžić Z. [Quality Indicators in Family Medicine – comparison between United Kingdom and Croatia] *Medix* 2011; 94/94: 241-254.Croatian
6. Hrvatska agencija za kvalitetu i akreditaciju u zdravstvu i socijalnoj skrbi. O agenciji. [*Croatian Agency for accreditation and Quality in Health and Social Care*] <http://aaz.hr/o-agenciji>
7. HZZO vodič kroz ponudu novog modela prihodovanja PZZ OM. [*CHIF guide for new contract model in PHC- Family Medicine*] [http://www.hzzo.hr/wp-content/uploads/2014/01/HZZO\\_Vodic\\_kroz\\_ponudu\\_NM\\_za\\_OM\\_v31012013.pdf](http://www.hzzo.hr/wp-content/uploads/2014/01/HZZO_Vodic_kroz_ponudu_NM_za_OM_v31012013.pdf)

