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77 – European Practice Assessment (EPA): Practice Assessment and Quality Management With Indicators That Matter

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Quality management systems within healthcare aim to improve health outcomes, patient experiences, accessibility and efficiency of service delivery as well as the job satisfaction of all staff involved. EPA is an easy to use and self-explanatory system which can be used without specific training in quality management. With its educative and reflective approach, it has a high impact on the change of performance.

Objectives

The main objective of EPA is to develop an internationally validated tool for quality management for healthcare providers. It aims at enabling healthcare providers to assess and improve the quality of care they provide.

Quality indicators

Quality indicators play an important role in achieving these objectives. They are measurable elements of performance that can be used to assess the quality of care. Their development is based on evidence or consensus and they close the gap between expert knowledge and routine daily practice. Based on indicators, quality improvement starts with measurement according to the principle that you cannot change what you cannot measure. In order to assess the quality of care, indicators need to be well defined. They should be smart (specific, measurable, achievable, relevant and time-bound), valid, objective, and sensitive.

To assess the quality of care in general practice, indicators were developed that are comprehensive and relevant to general practice; to assure this, general practitioners and experienced researchers were closely involved in the development process. The current EPA version contains more than 200 quality indicators covering a wide range of quality issues relevant for practice management across Europe. Quality indicators are arranged thematically in 34 dimensions and 5 overarching domains covering all important aspects of practice management, like quality and safety, people, infrastructure, information and finances.

International development

The indicators used within EPA for general practice were developed in an international study in Germany funded by the Bertelsmann Foundation, Germany. Various countries like Switzerland, Austria, France, Great Britain, Italy, Slovenia and Israel took part in the project. The set of indicators was piloted in 50 general practices

for each participating country. National implementation of EPA nowadays lies with the responsibility of the individual countries.

Methodology

The set of indicators used within EPA was developed with science-based methods and instruments. A modified RAND/UCLA appropriateness method was used as the scientific basis. An expert panel consisting of international scientists and experts from daily practice rated the indicators according to clarity and relevance to generate a usable set of indicators. Expert knowledge as well as patients' perspectives were included to generate practical indicators.

Assessment process

The process of EPA is based on an assessment where indicators are measured and results are presented to the participating healthcare provider. There are five steps covering the whole process of assessment with EPA. In a first, initial step of the assessment, all staff involved are informed about EPA and the assessment process. As a second step, the situation of the healthcare provider is analysed to evaluate performance using a self assessment questionnaire, a patient survey and a staff survey. All three instruments are based on the indicators defined previously. In a third step, the healthcare provider is visited by an expert facilitator who collects more data using a check-list and an interview guide. In a subsequent team meeting, the facilitator presents the result from the assessment to the whole team. The team thus gets feedback for every indicator of the assessment of the healthcare provider and can also benchmark its result against all participating providers. As a last step, the team of the healthcare provider itself plans activities and measures to improve the quality of care provided.

By working with quality indicators, improvements can be recognized exactly where they are necessary and useful. Figure 1 shows the overall structure of EPA and the results of an assessment as seen by the healthcare provider during the feedback session. Our unique software Visotool® visualizes the results of the assessment via a pentagraph and allows benchmarking against all other participating providers.

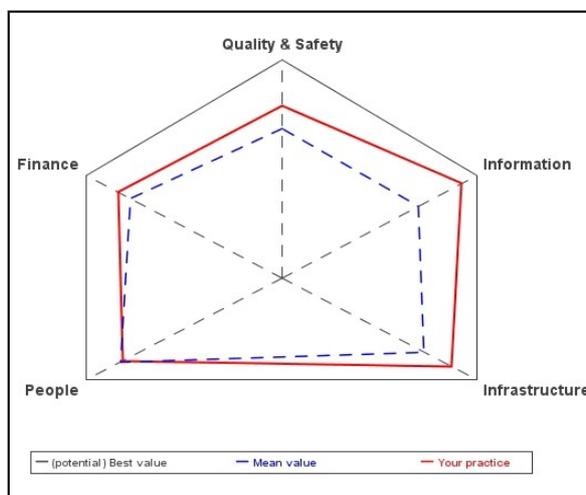


Figure 1: Pentagraph representing the results of the individual healthcare provider compared to the mean value of other participating providers in the five domains

The pentagraph shows;

- results of all indicators/data collected for an individual provider (continuous red line)
- mean value of all facilities which have so far taken part in the EPA process (dashed blue line)
- potentially best value to be reached by a provider and the benchmark group for this provider (black external line)

The closer the lines are to the edges of the five domains (the black external line), the better the results in each of these domains, dimensions and indicators. Each indicator is measured via items which are part of the instruments used during the assessment. To generate these lines, all indicators and items are transferred into degrees of goal achievement between 0% and 100% (e.g. yes = 100% and no = 0% goal achievement for a specific item).

Table 1: The overall structure of EPA shown with an example of the domain Quality and Safety

Domain	Quality and Safety
Dimension	Critical Incident Reporting
Indicator	There is a critical incident register
Item	Does the facility have a critical incident register? Instrument: Interview

Results

EPA has been successfully implemented in various European countries and is currently being tested in an international context. So far, the results have been encouraging. They show;

- improved quality of care and higher standards of service delivery
- increased transparency and competition among healthcare providers
- increased job satisfaction by staff
- improved confidence and experiences by clients/ patients
- motivation for practice teams for measurable change and improvement

Further perspectives

The strength of the EPA approach lies in the transparency it generates. A direct and detailed feedback and the possibility to benchmark against participating healthcare providers can be used in various settings and healthcare systems. It can be used to focus healthcare services provided by healthcare specialists or be tailored to illuminate health system aspects such as health financing, leadership, drugs, human resources as well as clinical areas. It may, furthermore, be adapted to special fields of interest.

Take home messages

- Improvement starts with measuring (indicators).
- Motivates healthcare providers for measurable change and improvement.
- Shows strengths and weaknesses to providers.
- Initiates quality improvement activities where they are necessary and useful.
- Has a high and scientifically well proven impact on change of performance.

Original abstract

<http://www.woncaeurope.org/content/ws-56-european-practice-assessment-epa-practice-assessment-and-quality-management-indicators>

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