Quality indicators (QIs) as a valuable evaluation and quality improvement tool in the implementation of the German National Disease Management Guidelines Program

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Background of the National Disease Management Guidelines (NDMG) Programme

• Set up in 2002 by the German Medical Association

• Since 2003 joint project of German Medical Association, National Association of Statutory Health Insurance Physicians and the Association of the Scientific Medical Societies

• Special focus on the various aspects of healthcare coordination

• Since 2008 development of quality indicators

• Organized by the German Agency for Quality in Medicine (ÄZQ) (Berlin)
Key objectives of the NDMG

Cross-sectoral health care

- prevention
- outpatient care
- inpatient care
- rehabilitation

Cross-sectoral quality management (QM)

- QM in prevention
- QM in outpatient care
- QM in inpatient care
- QM in rehabilitation

Quality Management → Quality Indicators !!!
Development Process of QIs for NDMG

- **Information/ Education** about QIs for guideline authors

- **Translation** of guideline key objectives and corresponding recommendations into potential QIs

- **Comparison** with international QIs

- **Assessment** of preliminary list of QIs according to 5 specific criteria (QUALIFY)

- **Final selection** and integration into the NDMG

Susanne Weinbrenner, Helsinki, 3rd October 2008
NDMG on Diabetic Neuropathy

Definition of 18 objectives for the guideline according to the classification of Donabedian

- Quality management of structures: \( n = 4 \)
- Quality management of processes: \( n = 6 \)
- Quality management of outcomes: \( n = 8 \)
NDMG Diabetic Neuropathy –Topics for QIs

• **Structures**
  1. Interdisciplinary cooperation (referral to specialist)

• **Processes**
  1. Screening
  2. Perioperative management
  3. Information: improve knowledge about various therapeutic options

• **Outcomes**
  1. Decrease complication rates of diabetic neuropathy
  2. Decrease hospital admission rate
Diabetic Neuropathy – existing national and international QIs

- Quality management of structures: n = 1
  → referral to specialist

- Quality management of processes: n = 1
  → screening

- Quality management of outcomes: n = 2
  → lower extremity amputation rate
  → hospital admission rate for longterm complications
1. Key objective
Increase of proportion of patients who receive regular and efficient screening measures

2. Key recommendation
In patients without diabetic neuropathy, a neuropathy screening should be performed once a year (medical history and clinical examination with 10g monofilament). [Diabetes Care 2007, ADA 2005]. Grade of recommendation : A

3. Process Indicator
Nominator: Number of patients with annually screening
Denominator: All patients with Typ-2-DM without neuropathy
Assessment of Quality Indicators

Assessment according to 5 criteria derived from the German QI appraisal instrument QUALIFY

1. **Importance** of the quality characteristic captured with the quality indicator for patients and the health care system
2. Consideration of **potential risks / side effects**
3. **Clarity** of the definition (of the indicator and its application)
4. **Strength** of the indicator (scientific evidence plus expert consens)
5. Indicator **expression can be influenced** by providers
Conclusions - Perspectives

• Conclusive assessment of QIs can only be done after finishing the guideline

• First experiences show the benefit of considering QIs during guideline-development in terms of precise formulation of objectives and recommendations

• Presumably improvement of acceptance of QI because interdisciplinary clinical expert group assumes ownership of 'their' selected QI.
Thank you for your attention!