Comprehensive systems for quality improvement: a challenge for general practice

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Health care in general and general practice care in particular are becoming increasingly complex. Reasons for this include the ongoing development of technical equipment, growing consumption in health care, the debate on rising costs, transfer of tasks from secondary to primary care and the increasing number of (older) patients in practice, presenting multiple or serious health problems and demanding the involvement of different disciplines. In many cases the GP is only one of the actors in a complex process of providing care. Managing quality in such situations demands a shift in the direction of comprehensive systems for assuring, monitoring and improving the quality of patient care. Many valuable approaches to quality improvement in general practice can be seen in the different European countries today.[1] Positive experiences are being gained with small group continuous medical education (CME) and peer review or quality circles. Programmes for national guideline development have been set up in the Netherlands, France, Finland, Spain, Scotland and England. Intelligent methods for auditing practice performance are used in the UK, Sweden, Denmark and Portugal, while experience with practice visits, recertification plans and patient surveys is also increasing. Experiments with fundholding, budgeting and managed care are being undertaken in various countries.

A problem with these valuable initiatives is that often they do not act as a complement to other actions, due to the fact that collaboration between the different promoting groups is not always optimal. In general, professional organisations focus on CME programmes; clinical researchers on evidence-based guideline development; managers in health care on restructuring care or organisational conditions; patient organisations on complaint systems and patient involvement in decision making; economists on budgeting, incentives and rationing; and health authorities on legal or regulatory approaches to improving quality as well as on equity and accessibility to health care services.

The challenge is to bring these different approaches to quality improvement in line and integrate them into comprehensive 'quality improvement systems'. In such systems direct links can be found, for example, of (evidence-based) guideline development:

- to CME courses;
- to quality circles and clinical audit activities;
- to the development of tools for education of patients and shared decision making;
- to computerised systems for quality monitoring and managing diseases;
- and to structural, organisational and financial arrangements (such as arrangements for the division of tasks between disciplines).

This challenge to develop comprehensive systems for quality improvement is also expressed in a recent report of the Council of Europe; a draft recommendation will soon be issued in all European countries.[2] An international Committee of Experts has developed a set of statements and recommendations on implementing quality improvement systems in all European countries. Good quality of care is seen as an essential and indispensable component of health care, a fundamental right of every patient and each community. Internal as well as external systems for assuring such a quality of care are necessary and governments should create the policies and structures needed to support this process.

Quality improvement systems are defined as 'sets of related and planned activities and measures, at various levels in the health care organisation, aimed at continuously assuring and improving the quality of patient care'. Identifying problems in the quality of care, setting guidelines and criteria for high-quality and cost-effective care, systematic monitoring of actual care provision, as well as effective strategies and mechanisms for changing care, are all part of such systems and should fit well together. They should be set up at practice, team, group and institution levels, as well as at the interface between them. Information on the needs, priorities and experiences of patients should be gathered, ensuring an active participation of patients in improving quality. Public accountability of the systems should be examined through objective external assessments by independent bodies; the results should also be used to support internal evaluation and improvement. Structural, organisational and financial conditions for setting up these systems should be guaranteed. This demands effective and efficient management.

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Developing such integrated, comprehensive systems for quality improvement will pose new challenges for general practice in most European countries. Some steps have already been taken, but integrating the different activities will demand new discussions and collaborative actions by all involved. New creative approaches and new developments in the methodology of quality improvement are needed. For instance, guideline development can no longer be performed as a separate entity from other quality improvement activities. Establishing local guidelines should be linked to guideline setting, which includes scientific evidence on best practices, and to implementing these guidelines at all levels of care provision. It is also necessary to adapt guidelines for use in doctor-patient contact, decision making and education of patients, and to integrate them into systems for disease management and for monitoring and improving the quality of patient care. This may include extending the guidelines to complex care processes in which different disciplines are involved. So, we also need to make the following steps:

- from assessing the quality of professional performance of doctors to a focus on the quality of (multidisciplinary) teams and the interface between primary and secondary care;
- to improving the quality of care in complex care processes in which various disciplines play a role and patients are involved as partners in implementing changes;
- from continuous medical education and clinical audit as the main quality improvement activities to improvement of patient care as a normal part of daily work and management in general practice (Total Quality Management).

Such developments in quality improvement have been addressed at the first international open conference of EQuiP, the European Working Party on Quality Practice, in Zurich, November 1997. EQuiP's aim is to support general practice in Europe in setting up quality improvement systems by exchanging experiences and methodologies, and by establishing a network of interested family physicians and researchers in the field of quality improvement. More than 20 countries participate in EQuiP. They differ in history, health care systems and cultures, so their quality improvement systems may well differ in the end. Nevertheless, this conference is to be seen as a major step in working together to find the best approaches to assuring that patients in general/family practice get the best care possible. ■

References

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