

## Measuring Quality in Primary Health Care – EQuIP Position Paper 2018

The EQuIP position paper on measuring quality in primary health care is a statement for all partners in health care.

**EQuIP wants to refrain from using quality indicators for funding primary care. Instead we propose that quality improvement work should be promoted. This includes, in addition to measurements, reviewing measurement results, preparation and implementation of improvement plans, and evaluation of changes made. Quality indicators are useful tools in this context.**

**EQuIP wants to emphasise the following concerning measurements of quality in primary health care:**

### **Privacy and confidentiality**

- Use of personal health data from patient records should always be used in way that **guarantees patients' privacy and confidentiality** in the doctor-patient relationship.

### **Quality indicators have limitations**

- Quality indicators reflect simplified measurable dimensions of more complex phenomena. Many of the goals and values in primary care can't be measured, e.g. ethics and humanism in consultations or if priorities are set right in everyday practice.
- Quality indicators are useful as starting points for discussions about the complex reality as a part of a process to initiate, stimulate and support local improvement work.

### **Quality indicators are useful tools for quality improvement**

- Primary care quality depends on each employee's competence, responsibility, initiative and sense of context. It is therefore important to support internal drivers for improvement.
- Quality development must be an integrated part of all primary care. GPs are urged to monitor systematically the quality of their own and their team's work as well as their working environment. The measurements should cover the different aspects of quality e.g. patient centeredness, equity in care, process and clinical outcomes measurements and work satisfaction of physicians and other personnel.
- Comparisons with other primary care settings (bench-marking) can be useful, e.g. by using national quality indicators. These comparisons can form the basis for deeper analysis of reasons for differences in working methods and resource use.
- Electronic patient records should be developed so that it is easy to extract data for quality work on a local basis.

### **Administrative use**

- Quality indicators should not be used as a basis for payment. Payment for quality (payment for performance, P4P) has not shown to be beneficial to patients. When payments are made for some aspects of the health care these will be in focus, and other aspects than the measured tend to be ignored while internal motivation for good quality is declining.
- External reporting should be performed in a way that in no way identifies individuals, i.e. in an aggregated form.
- External quality measurements should be limited to a reasonable number of indicators and should concentrate on the aspects of care that contribute most to better and safer patient care.
- Data collection should not demand time, staff or financial investment beyond the benefits that may be attained in quality improvement and/or increased patient safety.
- Indicators that are used for any kind of external evaluation should be discussed and approved by health professionals before their use. The different conditions (e.g. different populations) may impact more on results than quality on GP practices.

This document, when referring to quality in health care, refers to the degree to which health care systems, services, and supplies for individuals and populations increase the likelihood for positive health outcomes and are consistent with current professional knowledge (definition from the Institute of Medicine, USA).

When referring to quality measurement of health care, the document includes the collecting, storing and comparing of any data on health care performance and patient health.