
Executive summary

Health Council of the Netherlands. Public indicators for quality of curative care. The state of the debate. The Hague: Health Council of the Netherlands, 2013; publication no. 2013/29

Health care quality must become visible

The ‘visibility’ of health care quality is considered crucial within the Dutch health care system. Publication of quality indicators – measurable aspects of care that are considered likely to give an indication of the quality of care – are generally considered the appropriate way to realise visibility of care quality. In 2006, the Health Council and the Council for Public Health and Health Care (RVZ) examined the issue in a report published by their joint Centre for Ethics and Health. The report that lies before you looks back on said report, briefly describes the developments since, summarises the current state of the debate and shows how further progress can be achieved.

Responsible visibility demands time

Seven years ago, the Health Council and the RVZ concluded that publication of quality indicators is a ‘social experiment’, in which forms of social capital are at stake – such as the motivation of professionals and the public’s trust – which are easier to destroy than rebuild. The councils therefore recommended ‘caution’ and a ‘stepwise approach’, with ‘solid effect studies’ and a ‘fact-based debate’ on the advantages and disadvantages of publishing indicators.

The Court of Audit described the fate of the Visible Care programme in its March 2013 report *Quality indicators in health care*. The Court of Audit notes

that the Minister of Health, Welfare and Sport's ambition to primarily use this programme to make health care outcomes – such as mortality, health and quality of life – visible has not succeeded. The indicator sets developed contain numerous structure and process indicators, and hardly any outcome indicators. Furthermore, the quality and usability of the indicator sets is limited. It would be wise, concludes the Court of Audit, to align expectations about the term within which the visibility of quality of care can be realised 'with the complexities of reality'.

The debate rages on in 2013

This complex reality, the Committee shows, is reflected by the various positions held now, in 2013, in the debate about measuring and publication of quality indicators. The starting point in this debate is the broad political and social consensus that quality of care should be visible. Realising visibility, however, is proving particularly difficult. Quality of care is a complex concept, and its measurement must focus either on a specific goal – such as care improvement, choice of doctor, care purchasing or supervision – or all groups who use the results should agree on a limited number of quality aspects that are worth measuring. The Visible Care programme shows just how difficult this is. Furthermore, reviews of the research performed show no evidence for the efficacy of publishing quality indicators.

Outcome indicators are controversial

Nonetheless, there is now broad agreement about the fact that certain structure and process indicators, including treatment volumes for complex surgery, have proven their worth in daily practice. It is also clear that standardised mortality figures – disease-specific or per hospital – can reveal significant quality issues. However, it is equally clear that public quality indicators can lead to serious adverse effects.

The most important differences of opinion pertain to measuring and publishing health care outcomes. Some swear by outcome indicators: nothing else provides insight into what health care is ultimately about. These proponents consider Patient Reported Outcome Measures (PROMs) to be extremely important. Others point out that differences in outcome indicators may also be due to chance or caused by differences in patient populations. According to them, outcome indicators require careful interpretation. Wrangling surrounding routine outcome monitoring (ROM) in mental health care show what these

differences of opinion can lead to. The Hospital Standardized Mortality Ratio (HSMR) – the ratio between the actual number of deaths in a hospital and the number that could be expected based on a number of patient and hospital characteristics – does not escape scrutiny, as illustrated by the recent case of the Ruwaard van Putten hospital. The situation is complicated further by serious worries about the validity of much of the publicly available quality information.

Clinical registries offer hope

Are clinical registries a way out? Many believe so. They expect that registries maintained by care providers who want to monitor and improve the care they provide can also deliver valid information that external parties need, including data on outcomes and case mix variables. However, clinical registries also have limitations: they do not cover all important aspects of quality; they tend to be monodisciplinary and do not encompass multidisciplinary care chains; they do not automatically result in public outcome indicators; and above all: they place significant demands on scarce means and manpower.

The latter argument is significant, considering the perspective of increasing shortages in health care. Will it – eventually – be possible to address this by investing in standardised recording and exchange of patient data, allowing quality data to be retrieved from digital patient records at the press of a button? There are serious reasons to doubt this. After all, is standardised recording of care information – in the Netherlands – feasible? Is privacy sufficiently guaranteed? And will the expected cost-effectiveness gains actually be as large as anticipated?

What next?

In conclusion, the Committee outlines the path it sees laid out:

- Care providers set up new quality registries and expand existing ones.
 - Quality registries publish robust structure and process indicators.
 - Care providers, administrators, care insurers, patient organisations and the Health Care Inspectorate will jointly examine the possibilities for outcome indicators, based on quality registries, and make agreements on their use.
 - With joint forces, an attempt will be made to lower the costs of quality registries.
 - The Netherlands Organisation for Health Research and Development (ZonMw) and the Quality Institute will jointly – in cooperation with other parties and facilitated by the Ministry of Health, Welfare and Sport – develop
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initiatives to create the knowledge infrastructure necessary for taking the monitoring, improving and accounting for care quality to the next level.