

Measuring and managing quality – A cornerstone for improvement

Many studies show that the process of patient treatment is not always ideal which may considerably affect outcome [1, 2, 3]. Vice versa, quality management may considerably contribute to further improve medical outcome [4, 5, 6]. However, a precondition is a reliable method to measure outcome in order to recognize and address possible problems. New forms of managed care also require empirical verification if they are to improve quality. Furthermore, for the establishment of pay for performance systems better methods to measure outcome are needed. Last but not least the public demands better information about provider quality.

All these approaches need reliable methods for measuring outcome which are applicable with a reasonable consumption of resources. Meanwhile the use of medical data gathered for administrative purposes is an accepted approach. The question is no longer **if** but **how** such data can be used and developed for example by refining the classification systems where necessary. For a continuous measurement of long-term results outside clinical studies, the use of longitudinally linked administrative data may be the only applicable method. A nationwide, sufficiently complete follow-up of an increasing number of defined diseases and/or procedures using other methods based on separate data collections would cause so much effort that it would hardly be feasible and also not be accepted by professionals who would have to deliver the additional information.

The QMR conference 2011 presents the current state of using administrative data for quality measurement. The latest developments in the US Agency for Healthcare Research and Quality, the strategies of Switzerland and Austria which use indicators derived from German Inpatient Quality Indicators [7], as well as developments in Germany for inpatient, outpatient and integrated, cross-sectoral measurements are presented by developers and managers first hand. The discussion of methods and strategies is complemented by the parallel presentation of quality management schemes as well as peer review or audit procedures which – based on the measurement of results – are targeted to improve daily clinical practice.

New forms of managed care and disease management require continuous monitoring with regard to their effects on treatment quality. Indicators based on administrative data are used for

this purpose, too, which is why we include this issue in our conference for the first time. The use of long-term insurance data for outcome measurement (QSR) [8] as established by the largest German statutory health insurance fund, the AOK, shows that quality measurement is no longer only an internal matter for providers but increasingly performed and further developed externally, for example by health insurance funds.

With its multi-institutional approach, our conference aims at bridging the gap between providers and payers as well as between scientists and management, supporting the exchange of views and thus contributing to a further improvement of quality measurement instruments and most of all medical outcomes.

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Bibliografie

DOI 10.1055/s-0031-1286072
Dtsch Med Wochenschr 2011;
136: S43 · © Georg Thieme
Verlag KG Stuttgart · New York ·
ISSN 0012-0472

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