

## HOW TO MEASURE THE QUALITY OF CARE?

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### **The quality of care: a comprehensive concept encompassing satisfaction, effectiveness, and safety**

Quality of care aims at achieving the best possible outcome for the patient and is a fundamental objective of the healthcare system. It is underpinned by three dimensions. Firstly, patient satisfaction. Secondly, effectiveness, which is measured by generic tools developed for specific pathologies. And finally, safety, which involves not harming the patient and making the correct diagnosis. Quality of care is assessed from a holistic perspective that includes patients and users of healthcare and social welfare facilities, as well as healthcare professionals and entire healthcare teams. It also implies ending the segmentation between hospitals, outpatient care, and community-based care, and aiming for continuous patients' care pathways. Quality of care cannot be discussed without considering the stakeholders and organizations in charge of measuring it and the appropriate level of evaluation. Thus, it must be evaluated at the local level involving all relevant stakeholders.

### **The French healthcare system still poorly accounts for the issue of quality of care**

The patient care pathway in France remains sub-optimal and there is a lack of coordination among healthcare professionals. Patient follow-up is poorly developed: only 2% of patients are contacted following an intervention. The lack of empathy towards pain is noteworthy: out of 20 million patients suffering from chronic pain in France, 70% believe their pain is not adequately relieved, thus indicating that quality of care is still insufficiently accounted for.

### **French decision-makers can be inspired from certain practices abroad**

Quality of care is systematically measured in the United Kingdom, particularly in Scotland, combining evaluation, training, and progression towards improvement of the overall system. It is already measured at the level of patients, who receive satisfaction surveys. The level of coordination is high: before a surgical operation, patients are also seen by all practitioners at the same time. The quality of care is also assessed at practitioner and medical team level, hence the introduction of continuous training for practitioners, their annual independent assessment, and the revalidation of their medical licence every five years by the General Medical Council.

The medical teams are also continually audited, especially regarding coordination. Lastly, the National Health Service (NHS) keeps a record of all procedures performed, making it possible to compare data between hospitals and practitioners, and to identify areas for improvement.

**Tools for measuring the quality of healthcare already exist, their usage needs to be systematized**

Quality of care is mainly measured by quality and safety indicators designed by the French National Authority for Health (HAS). There are also pathway indicators, developed by the HAS and the National Health Insurance Fund (CNAM), to assess pathways followed by patients suffering from chronic diseases. Likewise, vigilance indicators aim at alerting the Regional Health Agency (ARS) when they exceed a certain threshold. The financial incentive for quality improvement (IFAQ) is paid to hospitals when they meet quality and safety indicators.

Other tools also exist. The HAS certifies healthcare institutions by involving patients in the process and bringing field experts. They make use of digital tools, using data from the French National Health Data System, which enables the listing of reimbursement information, thereby facilitating the calculation of quality indicators. The HAS uses the “e-Satis” indicator, which measures the satisfaction of hospitalized patients by sending them a survey by e-mail.

**These instruments can be improved and must have direct impacts on real life.**

In general, the appropriateness of care and procedures, coordination between outpatient and hospital care, and the safety of procedures are not fully accounted for and are not interconnected. The existence of indicators and tools should not prevent action in real life through concrete initiatives. For example, over a thousand nursing practices have integrated a quality improvement approach, aiming at creating a supportive environment for the concept of healthcare quality. However, these local initiatives must gain overall visibility.

The French government acts on several levers to give substance to these indicators. First, through healthcare professionals, who must be involved by receiving accreditation and undergoing continuous training through the periodic certification process. Financial leverage is also effective, but needs to be reformed, as the IFAQ is perceived as lacking in transparency and comprehensibility. Finally, the emphasis should be on enhancing patient engagement, both in terms of satisfaction and effectiveness of the care provided. Appropriateness of care must also be worked on, a procedure should be performed when it is beneficial for the patient. Finally, digital tools, such as “*Mon Espace Santé*” (My Health Space) enable patient targeting by sending follow-up messages.