

# Quality Indicators in Feedback to Prescribers: Theory into Practice

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Euro DURG

June 2005

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Health  
Improvement  
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# The gentle Art of saying “Tries hard, could do better” in a caring way

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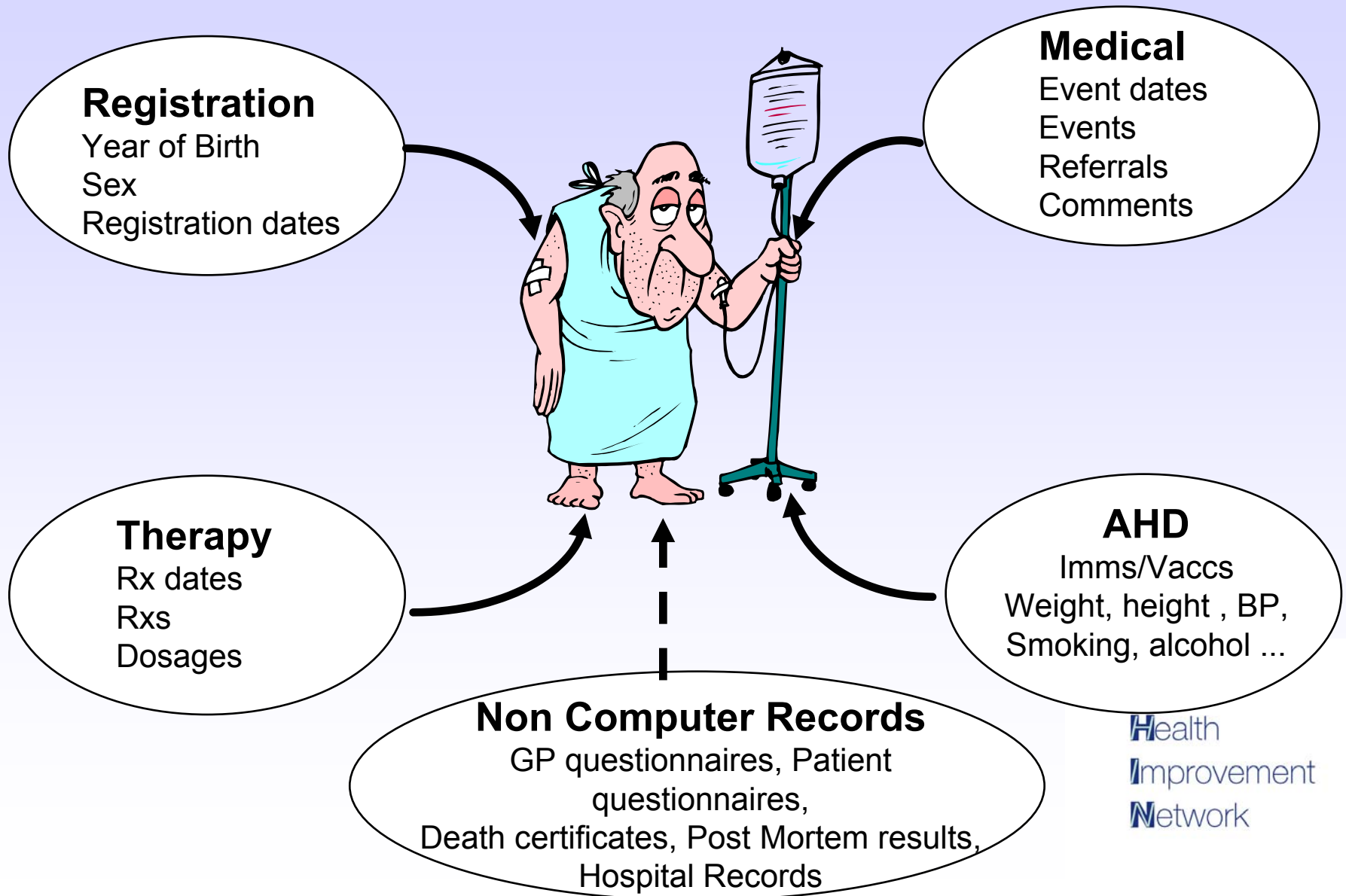
# Improve Recording of Quality Indicators

- THIN
- Background
- Objective
- Methods
- Results
- Next Steps

# THIN

- The Health Improvement Network
- Anonymised primary care data collected from Vision sites
- THIN Objectives
  - Create a new primary care ‘Real Life’ database
  - Improve quality of data recording
    - Feedback service to GPs
    - Help GPs to recognise value of their computer system with training

# What We Collect



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# Background

- The new GMS GP contract focuses on the concept of practices receiving rewards for delivering clinical and organisational quality
- Therefore practices must record and retrieve high quality information from practice clinical systems
- Quality targets = 1/3 rd income

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# Objective

- Can we assess quality recording?
- To investigate the feasibility of independently assessing and reporting on specific measures based on General Practice data
- Implement a Feedback and Training system

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# Quality

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.”

Author: William A Foster

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# Methods

- Regional free training seminars
- Reduced cost inhouse training
- Newsletter
- Data quality award
- Feedback Reports

# Methods – Feedback Reports

- Anonymised patient records collected from participating practices
- Data analysed to ascertain the level of recording of key quality indicators (GP contract, PING and NSFs)
- Results with benchmarks and national comparisons fed-back to practices
- >300 practices in the THIN scheme

# Big Brother is Watching You!



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# Methods

## Objectives of reports

- Non threatening
- Clear
- Concise
- Attractive
- Informative
- Relevant
- Useful

# Feedback Reports

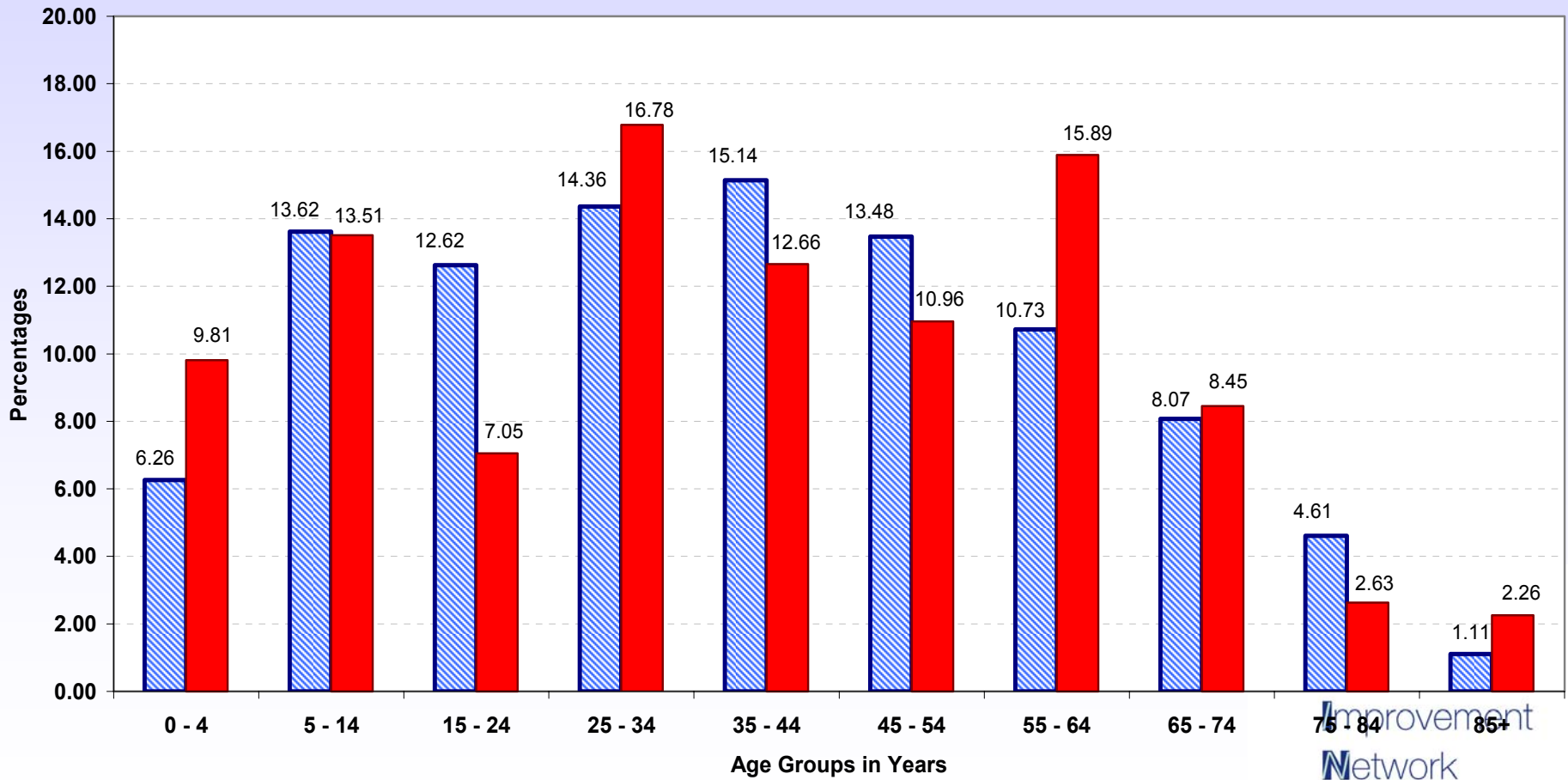
- **Mortality and Morbidity - June 03**  
Demographics  
Cause of Death Recording
- **Diabetes Mellitus - October 03**  
Diabetic Prevalence  
Diabetic Management Recording
- **Asthma - January 04**  
Asthma Prevalence  
Asthma Monitoring

# Feedback Reports

- **CHD Part 1- August 04**  
CHD Prevalence and Management  
Review of Cause of Death
- **CHD Part 2- December 04**  
CHD Treatment & MI  
Review of Diabetes
- **Epilepsy - March 05**  
Epileptic prevalence, seizure frequency & medication  
Review of Asthma

# Demographics

Male Population Spread for England and Wales (2001) Compared With Data from Your Practice



■ Males In England & Wales ■ Males From Your Practice

# Cause of Death

For research purposes the “cause of death” is vital

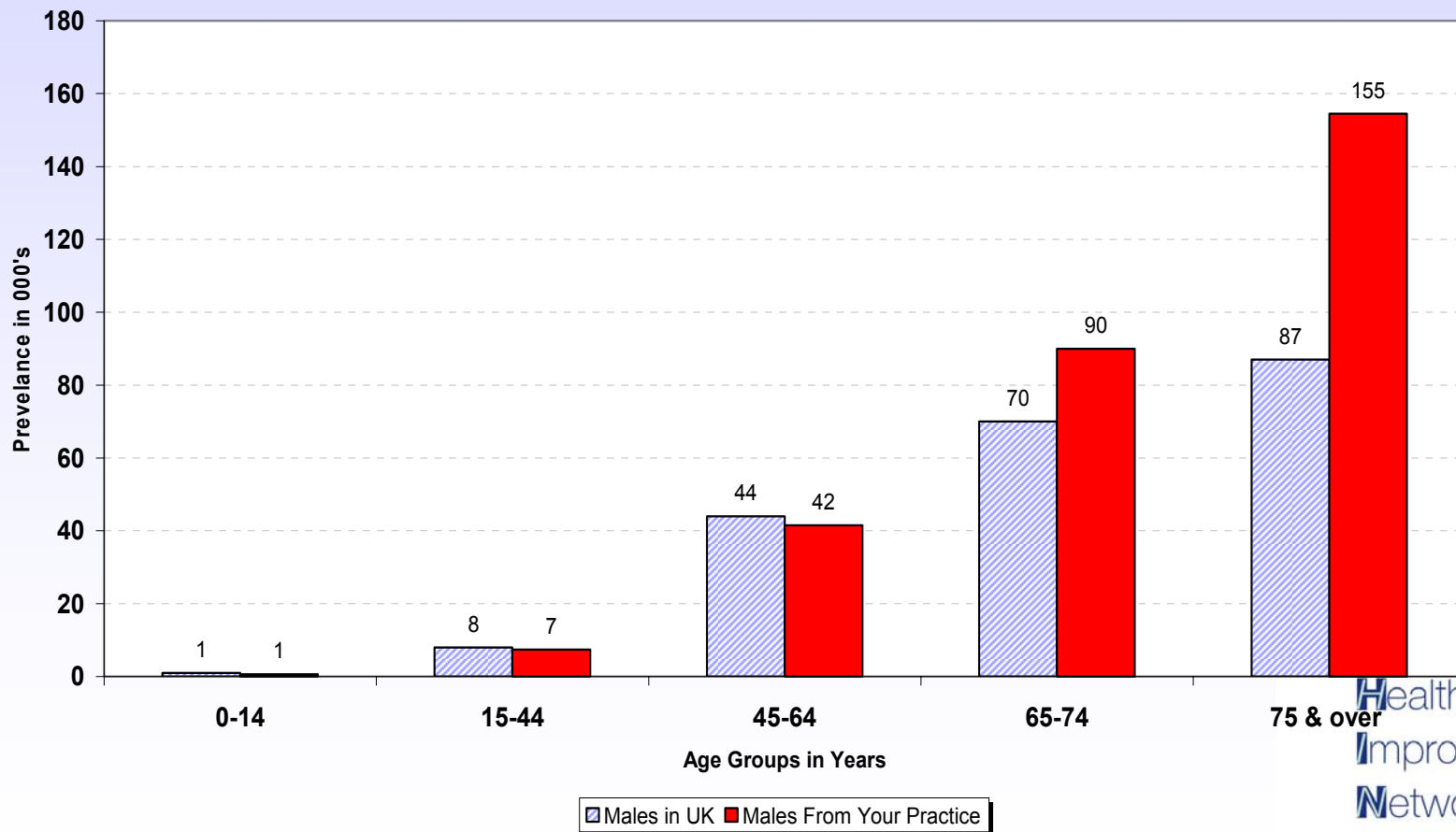
Search for an entry for “death”, together with a  
Read code signifying the cause of death

Present the number of patients who died with a  
record of a cause of death, example

<b>Patients registered Dead</b>	<b>184</b>
<b>Patients with cause of Death</b>	<b>73</b>

# Diabetic Prevalence Comparison

Estimated National Prevalence of Diabetes Mellitus in Males in the UK (1999)  
Compared to Your Practice

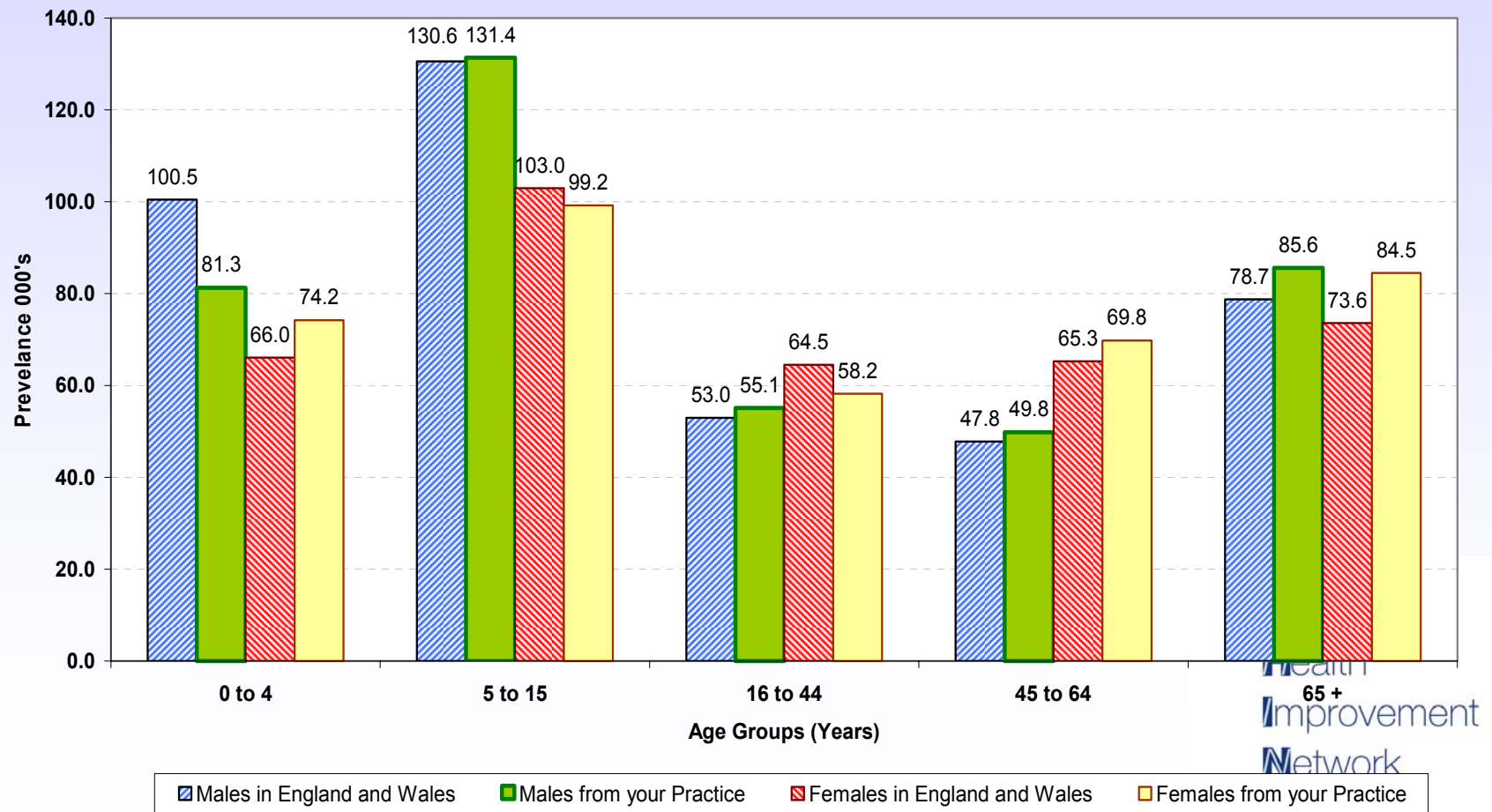


# Diabetes

	<b>Patients</b>	<b>Percent</b>	<b>THIN Average</b>
<b>Patients with diabetes</b>	465	<b>3.06%</b>	<b>3.16%</b>
<b>Patients receiving diabetic treatment without diagnosis</b>	103	<b>0.68%</b>	<b>0.26%</b>
<b>Diabetic patients with a HbA1c test record in past 15 months</b>	421	<b>90.54%</b>	<b>79.70%</b>
<b>Diabetic patients with a BP record in past 15 months</b>	450	<b>96.77%</b>	<b>89.01%</b>
<b>Diabetic patients with a BMI record in the past 15 months</b>	401	<b>86.24%</b>	<b>71.49%</b>
<b>Diabetic patients with a Cholesterol test record in the past 15 months</b>	321	<b>69.03%</b>	<b>75.73%</b>

# Prevalence of Asthma

Prevalence of Asthma among Patients in England and Wales (1994 - 1998)  
Compared to Your Practice

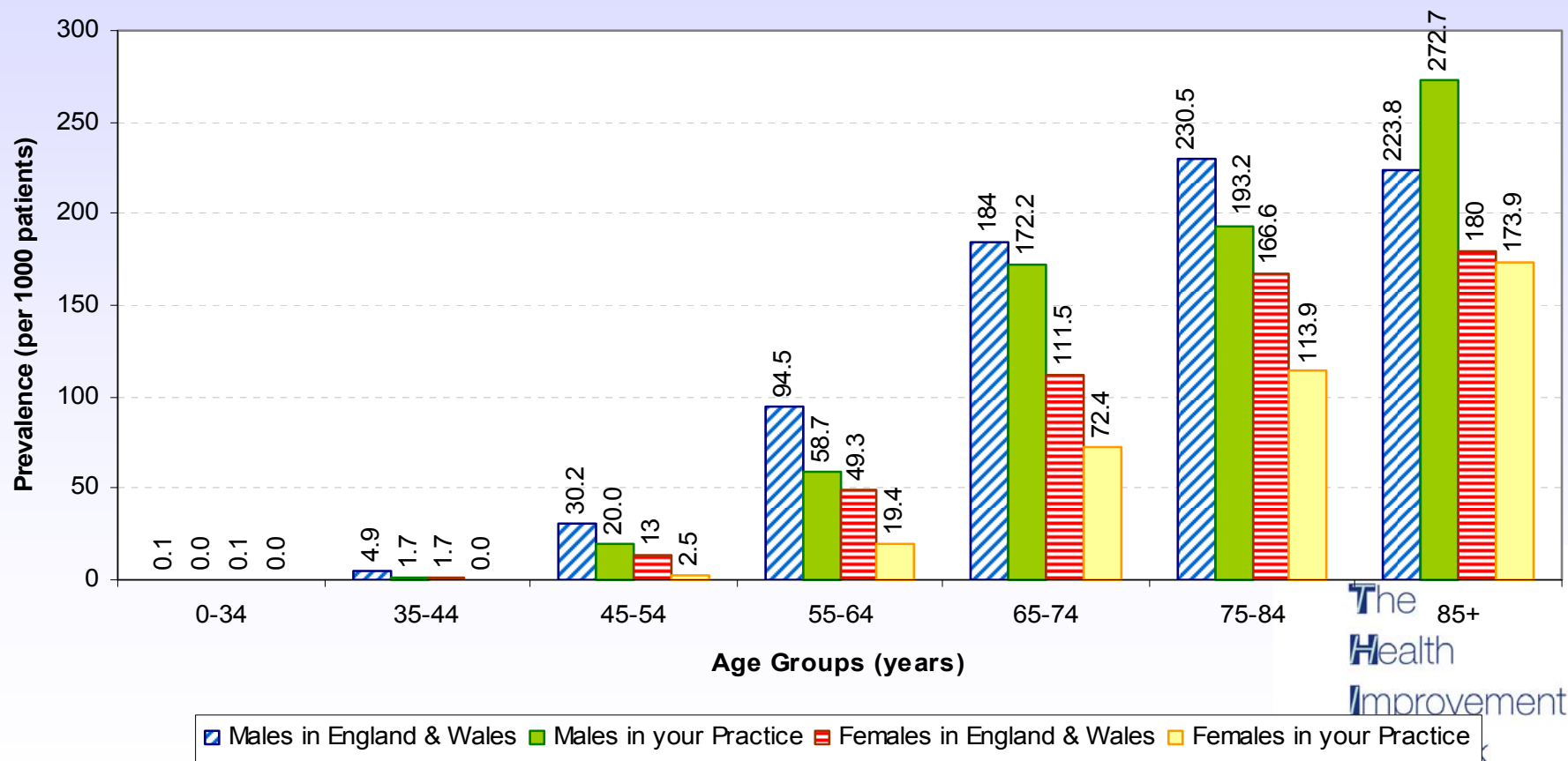


# Asthma

	<b>Total</b>	<b>%age</b>	<b>THIN Average</b>
<b>Number of patients with Asthma</b>	275	<b>10.90%</b>	<b>6.37%</b>
<b>Number of patients aged 8 years and over with newly diagnosed Asthma in the past 12 months</b>	43	<b>15.64%</b>	<b>4.86%</b>
<b>Number of patients with asthma aged 14 to 19 years where smoking status recorded in last 15 months</b>	4	<b>21.05%</b>	<b>32.06%</b>
<b>Number of patients with Asthma who smoke and has a smoking cessation advice entry recorded in last 15 months</b>	12	<b>14.63%</b>	<b>37.28%</b>
<b>Number of patients with Asthma with Rx for 4 or more short acting B2 agonists in the last 12 months, who also have Rx inhaled corticosteroids</b>	130	<b>47.27%</b>	<b>33.40%</b>

# Comparison of CHD Prevalence

Prevalence of Coronary Heart Disease in England and Wales (1998)  
Compared to Your Practice



# CHD Criteria

	<b>Total</b>	<b>%age</b>	<b>THIN Average</b>
<b>Patients with CHD</b>	185	4.11%	3.85%
<b>Patients with newly diagnosed Angina since 1/4/2003</b>	9	4.86%	3.54%
<b>Patients with newly diagnosed Angina since 1/4/2003 who have a referral for exercise testing and/or specialist assessment</b>	1	14.29%	30.94%
<b>Patients with CHD who smoke and who have a smoking cessation advice entry recorded within last 15 months</b>	9	22.50%	69.41%
<b>Patients with CHD who have a BP entry recorded within last 15 months</b>	156	87.15%	91.94%
<b>Patients with CHD who have a BP reading (measured within last 15 months) &lt; or = 150/90</b>	115	67.65%	75.82%

# Review of Cause of Death recording

In June last year Cause of Death entries were analysed and reported in the 1<sup>st</sup> feedback report

To help monitor the progress of your practice's recording we have reanalysed your recent data collection

	<b>Patients Registered Dead</b>	<b>Patients with Cause of Death</b>	<b>Percentage</b>
<b>Results from first Data Collection</b>	<b>71</b>	<b>4</b>	<b>5.63%</b>
<b>Results from last Data Collection</b>	<b>51</b>	<b>11</b>	<b>21.57%</b>

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# Response from Practices

“The THIN Feedback Report was very clear...looking forward to the next report to help us to continue improving our use of Vision 3”  
*Dr Ridge, Carlton House Surgery*

“It is refreshing to have an outside perspective in relation to our data collection that is non-threatening and designed to help us improve ...highlighted some very important issues”  
*Pam Hudders, IT Manager, Kirton Lindsey Surgery*

“... very informative report”  
*Dr Rai, Honicknowle Green Medical Centre*

“...what a beautiful report so clear and concise - we are very impressed!”  
*Dot Hippel, IT Manager Brookside Health Centre*

“...very well presented...could read it very easily”  
*Dawn Leonida, Jenner Practice*

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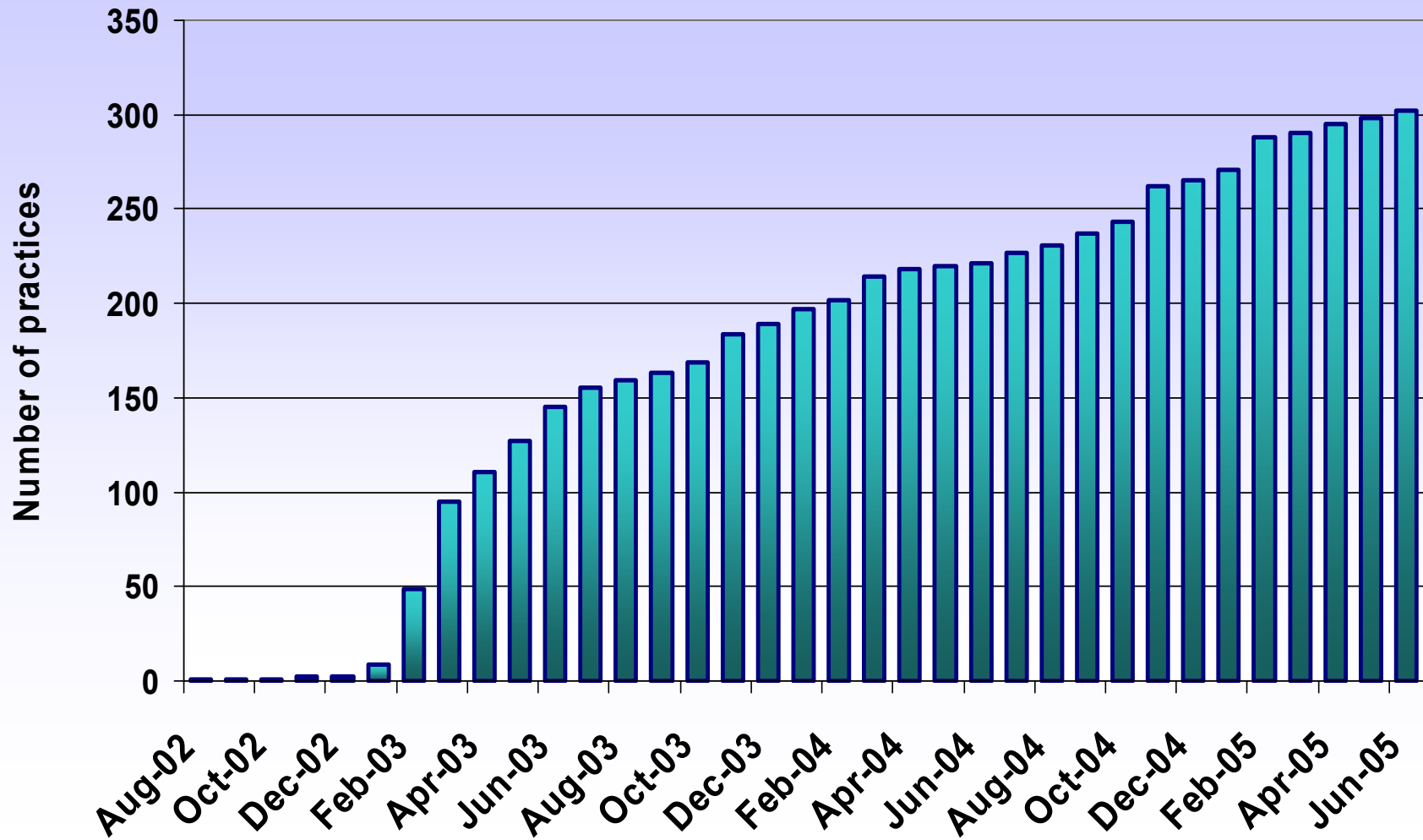
## Quantitative research

Consistently said the reports were:-

- Clear and easy to read
- Not condescending
- Not too technical
- Helpful

Average score (lowest 1-5 highest) = >4

# Recruitment of THIN practices



# Not!



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# Achieved

Partnership –

working together to improve quality for

- Research
- Recognised reward
- Improvement of clinical care

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# Next Steps

- More reports are being developed with reviews of previous topics
- Practices canvassed on Quality Indicators required
- Further research being undertaken to determine effectiveness of the Feedback Reports
- University Course on Data Quality in October 2005

# Contact.....

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