The OECD Health Care Quality Indicators Project

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Health Systems Working Party
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Broad aims of the OECD’s HCQI Project

- To develop a set of key indicators of the quality of health care (including prevention) for strategic international comparisons

- Confining attention (provisionally) to indicators of the technical quality of health care (=effectiveness)
  - NOT responsiveness (at this stage)
  - NOT disparities/inequities (at this stage)

- To be population-based, representative of the main disease and risk groups

- To be targeted at around 50 key indicators
## Proposed conceptual framework – Effectiveness of Care

<table>
<thead>
<tr>
<th>Stages of disease</th>
<th>Concepts of technical quality of healthcare</th>
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<tbody>
<tr>
<td></td>
<td>Safety</td>
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<tr>
<td>Staying healthy</td>
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<tr>
<td>Getting better</td>
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<td>Living with illness and disability</td>
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<td>Coping with the end of life</td>
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Adapted from the classification matrix proposed by the US Institute of Medicine
How, in principle, should quality of care be measured (1)?

- By developing mainly process and outcome indicators of health care

- Proposed criteria for selecting indicators
  - Importance of what is being measured
    - Impact of disease or risk on health and on health expenditure
    - Policy importance
    - Susceptibility to interventions
  - Scientific soundness of the measure
    - Validity
    - Reliability
    - Explicitness of evidence base
How, in principle, should quality of care be measured (2)?

Proposed criteria for selecting indicators (continued)

- Feasibility of obtaining internationally comparable data
  - Existence of prototypes
  - Availability of data
  - Cost of measurement/collection
HQCI Work To-Date

- Review of conceptual frameworks, and other HCQIs already in use in member countries.
- Preliminary Report on availability and comparability developed for 17 initial indicators.
- Expert panels convened to recommend indicators for 5 priority areas (see next)
- These reports have been released as Health Technical Papers (Numbers 14-18) [www.oecd.org/health]
HCQI Work to Date

**Phase 1**

Analysis of available measures, e.g.:

*The Nordic Group*

**Phase 2**

Full report on broader measure set

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Conceptual work, Indicator review

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Indicator Areas

**Preliminary Report/Phase 1**
- Cancer screening rates and survival
- Vaccination rates for children and elderly
- Mortality rates for asthma, heart attack and stroke
- Waiting times for surgery (hip fracture)
- Diabetes control and adverse outcome rates
- Smoking rates

**Phase 2**
- Phase 1 indicators, plus:
  - Promotion, prevention and primary care
  - Mental health care
  - Patient safety
  - Cardiac care (additional indicators)
  - Diabetes care (additional indicators)
Overall data availability is good...
....but full comparability is not always given

- Minor issues: age ranges, time periods
  - Can be dealt with by appropriate footnotes
- Major issues that can be addressed: Age standardization, inclusion criteria

- Major issues that cannot be addressed in the short run: data sources, patient vs episode-based calculation, sampling
Future Work – OECD HCQI Work Plan for 2005-06

Work plan approved by the project steering group in October 2004:

2005
- Finalizing the Conceptual Framework and Preliminary Report on Phase 1 Measures
- Starting the process to collect readily available data in the 5 priority areas

2006
- Completing collection of available data in 5 priority areas
- Work with member countries to examine existing data collection on key indicators to improve international data comparability
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