Primary care quality indicators: a prerequisite for improving performance of the health care system in Latvia

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Outline of the study

**Objective:** objective of the study is to assess the use of primary care quality indicators in GP practices and evaluate the progress since the introduction of the PC bonus system

**Methods:** The study assesses the attainment level of 13 quality indicators in 1302 GP practices in Latvia and compares the results between year 2013 (the system was introduced) and year 2014

**Data source:** National Health Service, Latvia
Context: Changes in public health care spending during economic crisis, %, European region, 2007-2011

Source: Thomson, S. et al., 2014
Context: Health care policy response to economic crisis in Latvia (2009-2012)

- Annual public spending on HC ~ 3% GDP
- HC budget dropped from 12% to 9% of the state budget
- OOP payments: ~ 40%
- An average 20% reduction in the salaries of health professionals
- Reduction of the number of employees of the MoH and its agencies by 55%
- Reduction of in-patient care facilities
- Introduction of home care service

Result:
- Increase in reported un-met need for health services
- Increase in waiting times

Source: Eurostat, 2014
Health policy priority areas

- Focus on prevention, life style and habits
- Access to HC services
- Health system performance and efficiency
- Health service quality
- Sustainable PHC services (second nurse in the practice, tele-help line service, information exchange with the Emergency Medical service)
- Primary care quality indicators: Quality Bonus System introduced in 2013
  - Payment based on capitation + fee for service + outcomes (quality bonus system)
Aims of Quality Bonus system in Latvia for PHC introduced since 2013

- To increase **accessibility of GP**
- To promote the GP active involvement **in disease prevention**
- To ensure more effective management of patients with **chronic diseases**
- To tackle the spread of **infectious diseases**
- To motivate GPs to provide **broader range of health services** to patients
# Quality Indicators

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health check-up in 3 months for new patients</td>
</tr>
<tr>
<td>2</td>
<td>Annual Health check-ups for adults</td>
</tr>
<tr>
<td>3</td>
<td>Children vaccination</td>
</tr>
<tr>
<td>4</td>
<td>Annual Health check-ups for children (from 2 to 18 years)</td>
</tr>
<tr>
<td>5</td>
<td>Surveillance of mammography and cervical cancer screening</td>
</tr>
<tr>
<td>6</td>
<td>Surveillance of colorectal cancer screening</td>
</tr>
<tr>
<td>7</td>
<td>Glycohemoglobin measurement for type 2 diabetic patients</td>
</tr>
<tr>
<td>8</td>
<td>Quantitative measurement of microalbuminuria for type 2 diabetic patients</td>
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<tr>
<td>9</td>
<td>Cardiovascular risk evaluation (SCORE)</td>
</tr>
<tr>
<td>10</td>
<td>LDL cholesterol tests</td>
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<tr>
<td>11</td>
<td>Peak expiratory flow measurement</td>
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<tr>
<td>12</td>
<td>Cost efficiency of emergency and urgent care service calls</td>
</tr>
<tr>
<td>13</td>
<td>Diversity of procedures and interventions</td>
</tr>
</tbody>
</table>
Fulfilment level of QB indicators, 2014

1st Health check-ups for children
2nd Emergency and urgent care service calls
3rd Glycohemoglobin measurement for type 2 diabetic patients

Source: NHS, Latvia
GPs that have reached concrete amount of indicators

N=1315
n=1250 (96%) partial fulfillment
n=2 (12 criteria out of 13)

Source: NHS, Latvia
Percentage of General Practitioners that have reached Concrete Number of Criteria in Regions, 2014

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<tbody>
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<tr>
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</tbody>
</table>

Source: NHS, Latvia
### Number of fulfilled Indicators in Regions higher than the average in Latvia, 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of reached criteria that is higher compare with average in Latvia</th>
</tr>
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<tbody>
<tr>
<td>Kurzeme</td>
<td>9</td>
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<tr>
<td>Latgale</td>
<td>11</td>
</tr>
<tr>
<td><strong>Riga (capital city)</strong></td>
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</tr>
<tr>
<td>Vidzeme</td>
<td>13</td>
</tr>
<tr>
<td>Zemgale</td>
<td>11</td>
</tr>
</tbody>
</table>

*Source: NHS, Latvia*
Fulfilled indicators

Check-ups of Children Age 2 – 18, %

Mammography and Screening of Cervical Cancer, %

Measurements of Sugar Level for Diabetes Patients (2nd Type), %

Percentage of Check-ups of New Registrated Patients within 3 in the Practice

Source: NHS, Latvia
Annual bonus in EUR, number of GPs, 2014

Source: NHS, Latvia
Findings

- Improvement in the attainment of quality indicators between GP practices in 2014
- By 19% has increased the number of GPs who have fulfilled more than 5 indicators out of 13, reaching the average ratio of 34% per country.
- Substantial differences in regional data, the best performing region is Vidzeme, but the least – the capital city Riga region.
- The number of GPs, who have not reached none of the indicators, has decreased from 4.2% in 2013 to 2.6% in 2014.
Conclusions

- Study results support the relevance of the Quality Bonus system by showing the overall improvement in up-take of by GPs and fulfilment of the criteria.
- Although the differences in fulfilment between practices have decreased, there still exist great variations, especially between regions.
- More detailed analysis should be performed to reveal the real causes of the differences in up-take: methodological issues, organizational, indicator interpretation and reporting, data availability challenges.
- QBS should be supported by other quality assessment instruments as introduction of PROs measurement and others.
Thank you!

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