



Zavod za zdravstveno
zavarovanje Slovenije
Miklošičeva cesta 24
1507 Ljubljana



INSURANCE QUALITY AS A PART OF THE TOTAL QUALITY OF GENERAL PRACTITIONER'S WORK

Olivera Masten Cuznar, M.D., M.Sc.
Head of the Appointed doctors in Medical Supervision Department
of regional unit Ljubljana on Health Insurance Institute of Slovenia

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Health care reforms around the world are supporting the role of the general practitioner (GP) as a coordinator of optimal health care

- first contact
- unlimited access
- partnership with the patient
- cooperation with other experts
- efficiency and equity of health care
- **with only necessary diagnostic and therapeutic measures to the cheapest effective treatment**



Health insurance should be interested not only in the quantity but especially in the quality of health care services provided by GPs

- initial and subsequent medical examinations
- home visits
- referrals
- prescribing medications
- performed interventions (medical procedures)
- temporary inability to work up to 30 days
- temporary inability to work for a period longer than 30 days



GPs in Slovenia

- “chosen” personal physicians
- paid by a combined system of capitation and health care services
- additional financial incentives for preventive services and reduction of referrals
- additional financial incentives for rational prescribing, ...?



The total quality of GP's work is in the interest of

- **users** of health care services
- **planners** of health care services
- **other experts** in health care services
- **payer** of health care services



The information system provides data

capitation, health care services, referrals, prescribing medications, performed interventions, temporary inability to work

- **collecting**
- **processing**
- **monitoring and supervising**
- **feedback** - to providers of the health care services
- **financial incentives** - rewarding good practice



The purpose and objectives

- impact of physician's characteristics and properties of GP clinics
- impact of capitation

on the **structure** and **quality** of the work of GPs

- comparison of GPs in Slovenia



Hypothesis

- higher **capitation** affects the quality of work of GPs
- **quality indicators** relevant to health insurance are more sensitive to higher capitation



Sample - physicians and general practices

- **51** from 80 Slovenian GPs in EPOKSA
- **36** female, **15** male
- up to 42 years: **17** ; between 42 – 50 years: **26**;
50 years and more: **8**
- big (**31**), medium (**12**), small general practices (**8**)
- urban (**39**), rural general practices (**12**)



Methodology

- **qualitative**

Delphi consensus (qualitative border)

- **quantitative**

statistical methods(χ^2 test, Sperman's koefficient, rank correlation, Mann-Whitney and Kruskal Wallis test)



Quality of GP's work (value from 0 to 6)

- the share of first and subsequent medical examinations
- the share of home visits
- the share of referrals
- the share of antibiotics
- the share of benzodiazepines
- the share of antidepressants in relation to benzodiazepines considering the number of DDD



Insurance Quality (value from 0 to 4)

- the share of performed interventions
- the average prescription value covered by the obligatory health insurance
- temporary inability to work up to 30 days
- temporary inability to work for a period longer than 30 days



The share of initial and subsequent medical examinations

(the limits of quality by Delphi method from 0,33 to 1,5)

- 78% good quality
- 22% poor quality



The share of home visits

(the limits of quality by Delphi method from 0,5 to 3%)

- 67% good quality
- 33% poor quality



The share of referrals

(the limits of quality by Delphi method from 5 to 15%)

- 37% good quality
- **63% poor quality**



The share of prescriptions for antibiotics

(the limits of quality by Delphi method from 4 to 11%)

- **86% good quality**
- 14% poor quality



The share of prescriptions for benzodiazepines

(the limits of quality by Delphi method from 2 to 5,5%)

➤ 72,5% good quality

➤ 27,5% poor quality



The share of antidepressants in relation to benzodiazepines considering the number of DDD (the limits of quality by Delphi method from 30 to 60%)

- 55% good quality
- 45% poor quality



The share of performed interventions

(the limits of quality by Delphi method from 1 to 4%)

- 39% good quality
- 61% poor quality



The average prescription value covered by the obligatory health insurance

(the limits of quality by Delphi method from 18,78 EUR to 29,21 EUR)

- 59% good quality
- 41% poor quality



Temporary inability to work up to 30 days

(the limits of quality by Delphi method from 5 to 10 days)

➤ 72,5% good quality

➤ 27,5% poor quality



Temporary inability to work for a period longer than 30 days

(the limits of quality by Delphi method from 15 to 60 days)

- 78% good quality
- 22% poor quality



Quality of GP's work

Value	Number	Percentage	Valid percentage	Cumulative percentage
2,00	5	9,8	9,8	9,8
3,00	13	25,5	25,5	35,3
4,00	17	33,3	33,3	68,6
5,00	11	21,6	21,6	90,2
6,00	5	9,8	9,8	100,0
Total	51	100,0	100,0	



Insurance quality

Value	Number	Percentage	Valid percentage	Cumulative percentage
0,00	2	3,9	3,9	3,9
1,00	4	7,8	7,8	11,8
2,00	19	37,3	37,3	49,0
3,00	19	37,3	37,3	86,3
4,00	7	13,7	13,7	100,0
Total	51	100,0	100,0	



Total quality

Value	Number	Percentage	Valid percentage	Cumulative percentage
2,0	1	2,0	2,0	2,0
3,0	1	2,0	2,0	3,9
5,0	11	21,6	21,6	25,5
6,0	13	25,5	25,5	51,0
7,0	13	25,5	25,5	76,5
8,0	10	19,6	19,6	96,1
10,0	2	3,9	3,9	100,0
Total	51	100,0	100,0	



Results

- **The characteristics of physicians and properties of general practitioner clinics** have no statistically significant impact on quality of work.
- **The capitation burden** has no statistically significant impact on quality of work of general practitioner clinics.

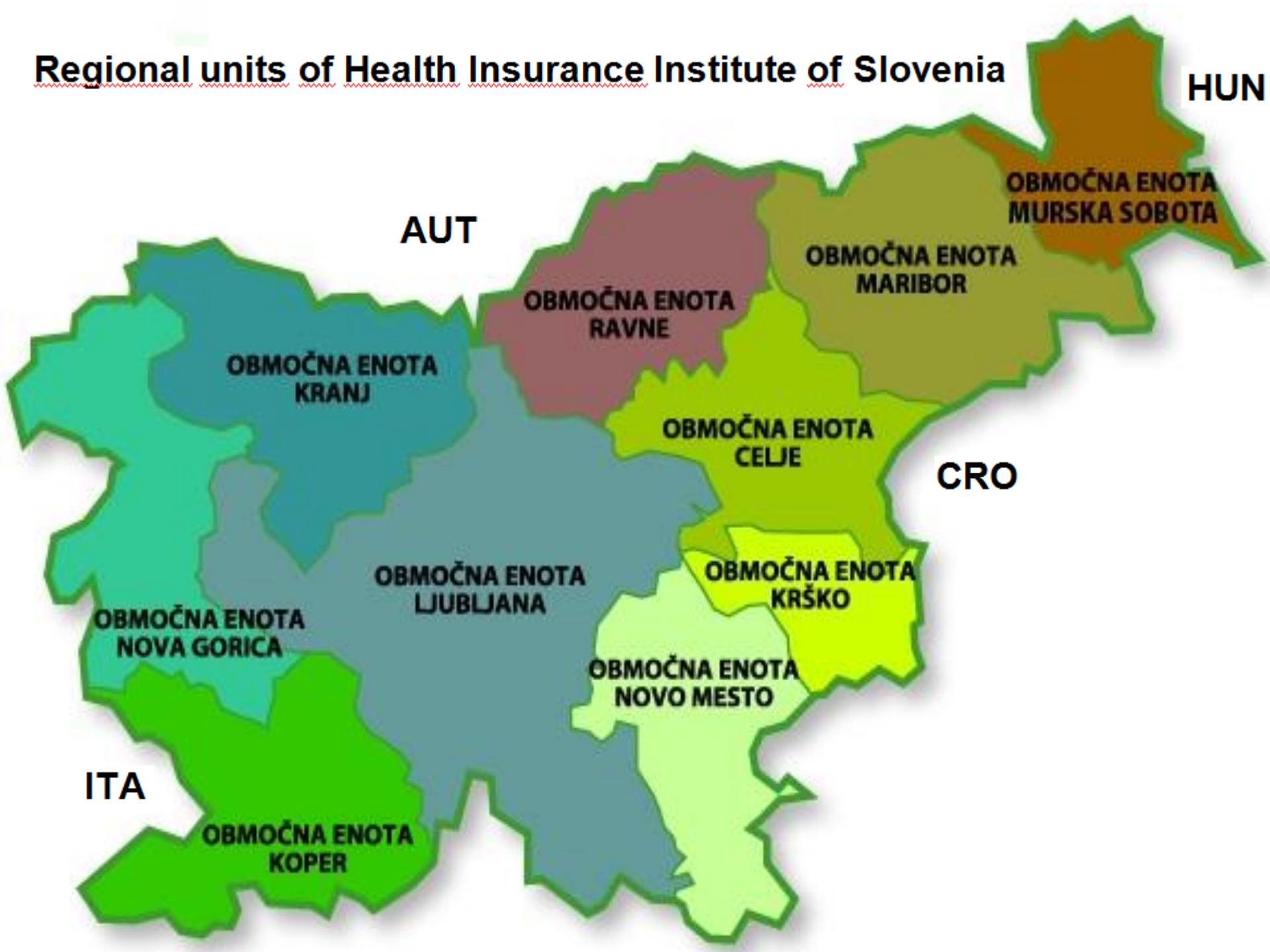
THE BEST:

- in Quality of GP's work - Goriška in Gorenjska region,
- In Insurance Quality – Dolenjska and Štajerska region,
- In total Quality - Kopraska in Goriška region.

There was no statistically significant connection between quality of GP's work and insurance quality but there was a connection between total and insurance quality.



Regional units of Health Insurance Institute of Slovenia



Proposals

- a study and comparison of the total population of general practitioners in Slovenia
- further analyzes of work and searching for the right quality indicators
- evaluation of quality in the light of overall quality

patient

profession

payer

