



MARQuIS:

Methods of Assessing Response to Quality Improvement Strategies

Abstract

The project “Methods of Assessing Response to Quality Improvement Strategies” (MARQuIS), funded as part of the component on “Scientific Support to Policies” of the Union's 6th Framework Research Programme, was launched on January 2005 by some of the European leading organizations on the Healthcare Quality field, and will last for 3 years.

This project has high policy relevance since it is focused on the issue of Patient Mobility, an important subject for a European Union with growing movement of citizens and goods.

MARQuIS is coordinated by Prof. Rosa Suñol, from Avedis Donabedian Foundation, in Spain. Other participants on the study are the Standing Committee of the Hospitals of the European Union (Belgium), the European Society for Quality in Healthcare (Ireland), The Centre for Research and Advanced Training (Italy), the Department of Social Medicine, Academic Medical Centre / University of Amsterdam (The Netherlands), the Dutch Institute for Healthcare Improvement (The Netherlands), the Manchester Centre for Public Policy and Management (United Kingdom) and the National Centre for Quality Assessment in Health Care (Poland).

Added to these participants, the position of country coordinators is intended to coordinate the development of the MARQuIS field-test on a national level. There is one country coordinator in each of the six countries involved on the field-test: École de Santé Publique, Université Libre de Bruxelles and Katholieke Universiteit Leuven (Belgium), Spojena akreditacni komise Ceske republiky (Czech Republic) Agence Nationale d'Accréditation et d'Evaluation en Santé (France), Foundation for Accreditation and Health Care Development (Spain), Nederland's Instituut voor Accreditatie van Ziekenhuizen (The Netherlands) and The Health Quality Service, (United Kingdom).

Background and rational:

In the European Union, borders are increasingly disappearing and the citizens and participants in the economic and social sectors are seeking more cross-border cooperation. On the healthcare sector, convergence has also started in several issues, as professional qualifications and regulation, and approval of drugs and medical devices.

Movement of citizens within the European Union is increasing. Many of the citizens move for reasons unrelated to healthcare, but, whatever the reason, all these movements have a potential impact on health services, creating new needs and demands.

At the same time, there is a recognized need to define, measure and improve the quality and performance of health care. Many European countries have tackled this problem with a wide range of structural reforms, programs and activities. But quality is also an important feature of cross-border trade in health services when patients are able to more across borders to obtain care. At this point, neither governments nor citizens have an explicit basis for comparing health care delivery or for making choices about where to go for their health care on a European level.



Policy relevance:

Based on the decision taken by the Health Council during the Spanish presidency of the European Union, a high level process of reflection started on 2002 involving all European ministers to discuss a range of issues related to the occurrence of growing patients in specific situations, including border regions, highly specialized care, tourists and people with residence in another country. This group led to the establishment, in 2003, of the High Level Reflection Process on Patient Mobility.

On the research site, several projects have already been launched into the 6th Framework Research Programme of the European Union to push the operational evolution of this issue: “Europe for Patients”, which is focused on policies on patient mobility, “Health Basket”, focused on the baskets of services of European Countries, and “Sympathy”, about safety in healthcare.

Thus, the issue of patient mobility is a relevant policy issue for the European Union and MARQuIS will provide advice on this subject.

Project objectives:

The strategic objective addressed, according to research call, is:

Research to assess and compare different quality strategies (accreditation of health care institutions, implementation of clinical guidelines, performance indicators, patient satisfaction surveys...), and their potential use in health services when patients move across borders to obtain care; it should provide a first basis to assess the need and the development of formal, quality procedures at EU level for primary and secondary care institutions.

The objectives of this study are:

- To identify, compare and assess the formal adoption by EU member states of different quality strategies at a national level (including accreditation, certification, peer review (visitation)), clinical guidelines, performance indicators, patient surveys etc).
- To identify and synthesise the quality requirements of care provided to cross-border patients as expressed by European regulation, jurisprudence, guidance and research, and other sources as insurance contracts and patients' expressed needs.
- To describe in a sample of states how hospitals have applied national quality strategies, how far they meet the defined requirements of cross-border patients and what variables of organisation and methodology are associated with meeting these requirements.
- To use these data to draw general conclusions about the association of various national quality strategies and compliance with defined requirements and the need for developing formal quality procedures at EU level.



Methodology:

The stages of this research will be as follow:

- **First stage:** Review of the present situation.
 - A. Policy analysis of existing quality strategies: Review of existing regulatory mechanisms, for quality improvement and to relate these to the values, policies and directives of the European Union with respect to patient safety, empowerment and access across borders.
 - B. Identify, compare and assess the formal adoption by Member States of different quality strategies at national level to define measure and improve standards of quality and safety.
 - C. Review of national health and payment statistics to identify quantity and type of cross-border care occurrence in Europe.
- **Second stage:** Definition of key requirements for securing patient empowerment and safety in hospital care:
 - D. Identification of quality requirements for patients when moving across border to seek care.
 - E. Identification of quality requirement for healthcare professionals regarding treatment of foreign residents, with representatives of health financiers, managers of health facilities and health professionals (doctors and nurses).
- **Third stage:** Development and application of a framework and a set of measures to evaluate the compliance of hospitals with these requirements and relate that to their use of external and internal quality strategies.
 - F. All the previous information will be used to develop a set of measures to evaluate the use of quality strategies and the compliance of hospitals with key requirements for quality and safety when patients move across borders.
 - G. Application of the measures for evaluating the compliance of institutions with these requirements and relate that to their use of quality strategies (execution of a questionnaire survey and an in-depth audit).
- **Fourth stage:** Aggregation and analysis of the findings of the first three stages
 - H. Aggregate and analyse the findings in order to make conclusions and develop recommendations to the EU.



Results:

Results of this project will help to assess the value of different quality strategies and to provide much needed information for members when contracting care for patients moving across borders and for individual hospitals when reviewing the design of their quality strategies.

The results will provide a basis to assess the need for development of formal quality procedures at EU level for health care institutions or the possibility of developing existing approaches.

It will also encourage the harmonization of assumptions (by patients, providers and purchasers) of health care delivery amount member states.

PARTICIPANTS

Coordinator

Prof. Rosa Suñol
Avedis Donabedian Foundation
Phone: +34-932 076 608; Fax: +34- 934 593 864
www.marquis.be ; E-mail: marquis@fadq.org

Partners:

- Standing Committee of the Hospitals of the European Union, Belgium
- European Society for Quality in Healthcare, Ireland
- CEREF, Centre for Research and Advanced Training, Italy
- Avedis Donabedian Foundation, Spain
- Department of Social Medicine, Academic Medical Centre / University of Amsterdam, The Netherlands
- Dutch Institute for Healthcare Improvement, The Netherlands
- Manchester Centre for Public Policy and Management, United Kingdom
- National Centre for Quality Assessment in Health Care (NCQA), Poland

Country coordinators:

- École de Santé Publique, Université Libre de Bruxelles, Belgium
- Katholieke Universiteit Leuven, Belgium
- Spojena akreditacni komise Ceske republiky (SAK CR), Czech Republic
- Agence Nationale d'Accréditation et d'Evaluation en Santé (ANAES), France
- Foundation for Accreditation and Health Care Development (FADA), Spain
- Nederland's Instituut voor Accreditatie van Ziekenhuizen (NIAZ), The Netherlands
- The Health Quality Service (HQS), United Kingdom
- Irish Health Services Accreditation Board, Ireland.