

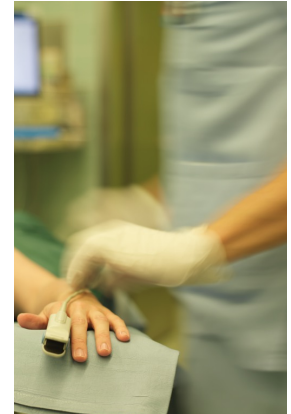


HEALTHCARE QUALITY ASSESSMENT IN AUSTRIA: CONTEXTS, DISCOURSES AND PERFORMANCES

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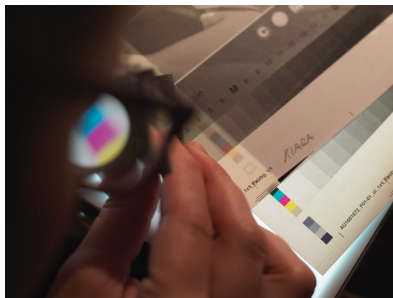
AUSTRIAN INPATIENT QUALITY INDICATORS A-IQI

- In 2013, a compulsory outcome quality assessment system for all Austrian hospitals was implemented.
- “Routine data” from hospital reimbursement (DRG system) are combined with outcome quality data, e.g., mortality rates, re-admissions, complications.
- In case of significant deviations from the national average, a 2-stage process is started:
 - Hospitals report on the issue and explain deviations, usually referring to individual case characteristics.
 - Peer Review visit by team of expert physicians who analyse cases and suggest measures for improvement if report is deemed insufficient
- Results of the A-IQI exercise are published in 2 ways:
 - Report of aggregated data; includes comparison with aggregated data from Germany and Switzerland;
 - Website “kliniksuche.at” publishes data of individual hospitals mainly on treatment volumes and available surgical techniques to provide prospective patients with decision-relevant information for choosing a hospital.



PROJECT 1: EMERGENCE AND INSTITUTIONALISATION OF A-IQI

- Based on a discourse analysis, we investigated **how A-IQI emerged and became institutionalised**. We trace its history back to predecessors in the US, Germany, and a local version of A-IQI in Lower Austria.
- When the mostly well-accepted Lower Austrian A-IQI is transferred to the national level, we find that:
 - It is no longer perceived as learning and improvement tool by medical professionals and hospital administrators;
 - Previous between-hospital transparency of results in Lower Austrian A-IQI is abolished;
 - The quality assessment exercise becomes more and more a mere ritual.
- The inherent idea of quality competition and empowering patients is explicitly rejected by the Health Ministry.



PROJECT 2: “DOING A-IQI” IN HOSPITAL PRACTICE

- Based on ethnographic and interview data of two in-depth cases studies, we investigated **how A-IQI is influencing actual quality assurance practices in hospitals**.
- We find that:
 - A-IQI is only dealt with by high-level administrators and physicians and that many medical professionals do not even know that A-IQI exists;
 - A-IQI is mostly a “box-ticking exercise” with no significant influence on clinical practices.



CONCLUSIONS

- Contrary to previous research, we find that ideas of competition, patient-as-consumer empowerment, and budgetary incentives for increasing healthcare quality inherent in the logic of IQI systems are intentionally not implemented.
- A-IQI developed into a ceremonial exercise signalling systematic quality improvement without significant impact on healthcare practice.
- The specific political-institutional context of Austria prevents neoliberal agendas connected to New Public Management initiatives prevalent in many other countries taking hold in the Austrian healthcare system.
- Preserving the image of “the world’s best healthcare system” may be identified as leitmotif in official Austrian healthcare discourse.