



**Gemeinsamer  
Bundesausschuss**

# **The Federal Joint Committee (G-BA) and Quality Assurance in Health Care**

**HOPE Study Tour Berlin “Quality assurance in  
German Hospital Care”**

30./31. October 2014

**Markus Wörz**

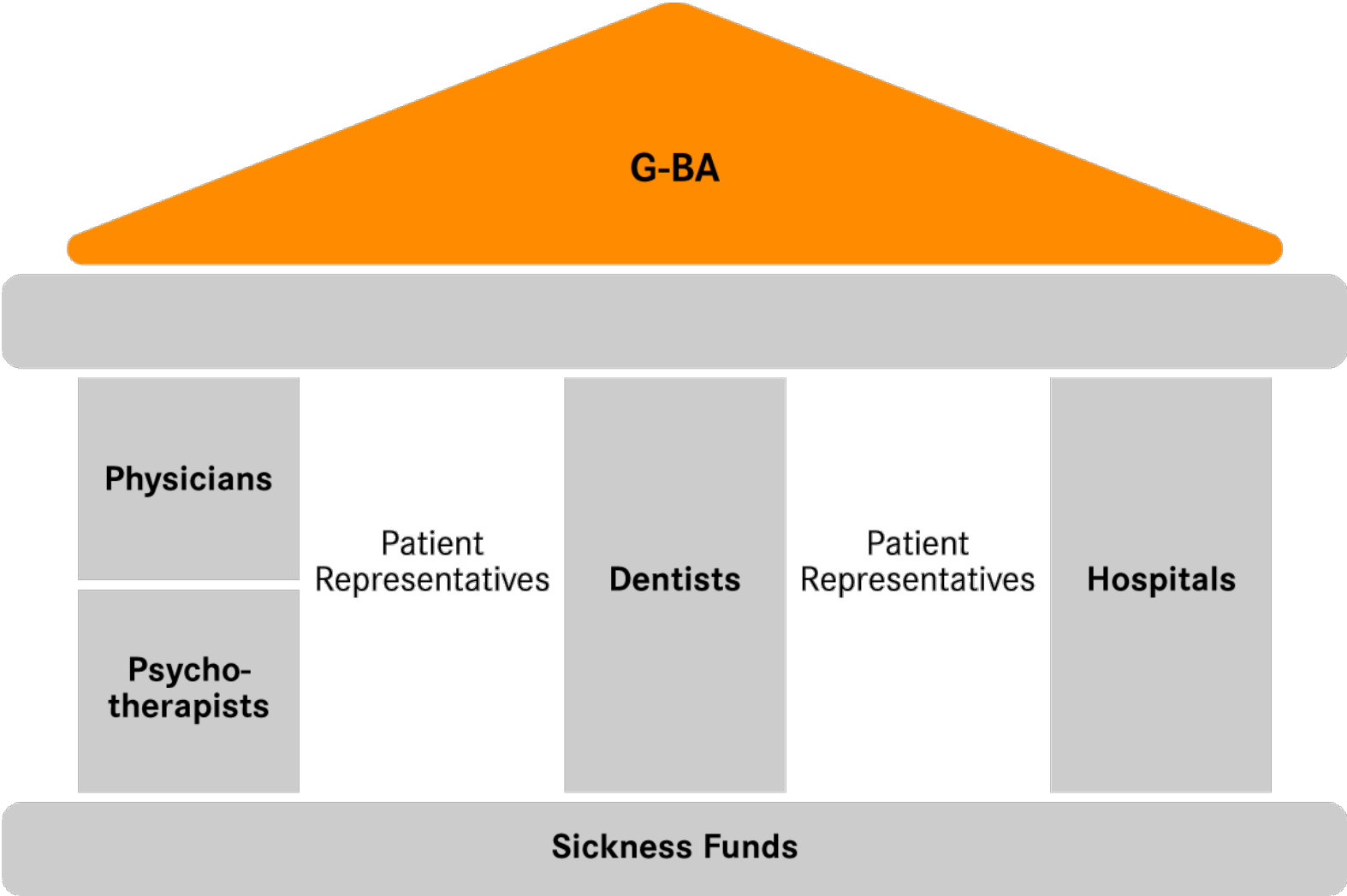
Department of Quality Assurance in Healthcare  
and Cross-sectoral Health Services

Federal Joint Committee (Healthcare), Staff Office Berlin, Germany

# Outline

- I. **G-BA: Composition and working methods**
- II. Directives for quality assurance
- III. Directive for quality report of hospitals and external quality assurance

# Members of the G-BA



# The Federal Joint Committee (G-BA)

- **Established 2004, but predecessor committees dating back to the 1920s**
- **Main decision-making body of the self-governing German health care system**
- **Charged with health policy-making and regulation-making within a legal framework**
- **Commissioned by law to issue legally binding directives**
- **Service providers (physicians, dentists, hospitals), statutory health insurance funds, and patient representatives are members of the G-BA.**

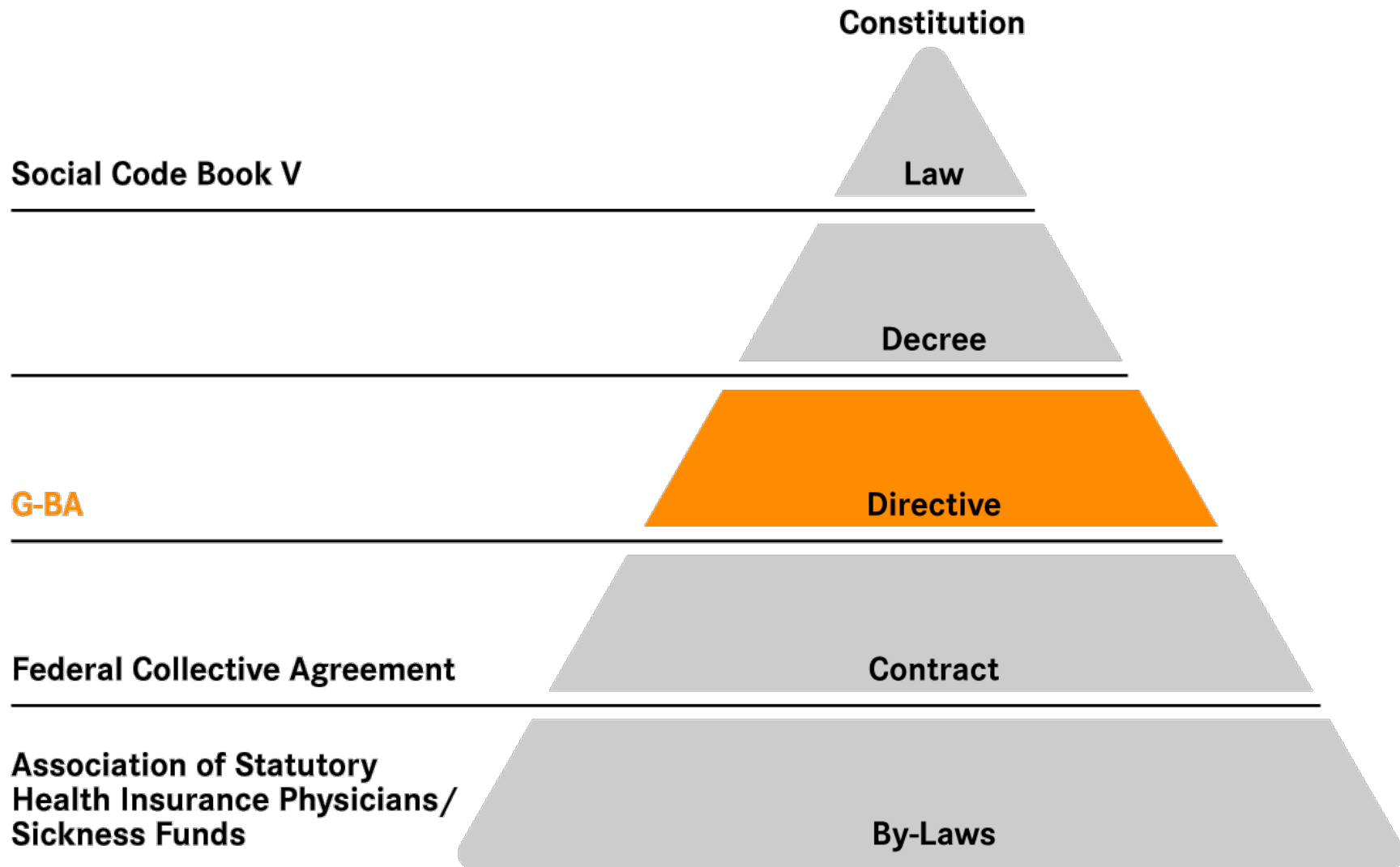
# What does the G-BA do?

**The G-BA issues directives and thus determines the benefit package of the statutory health insurance covering about 70 million people:**

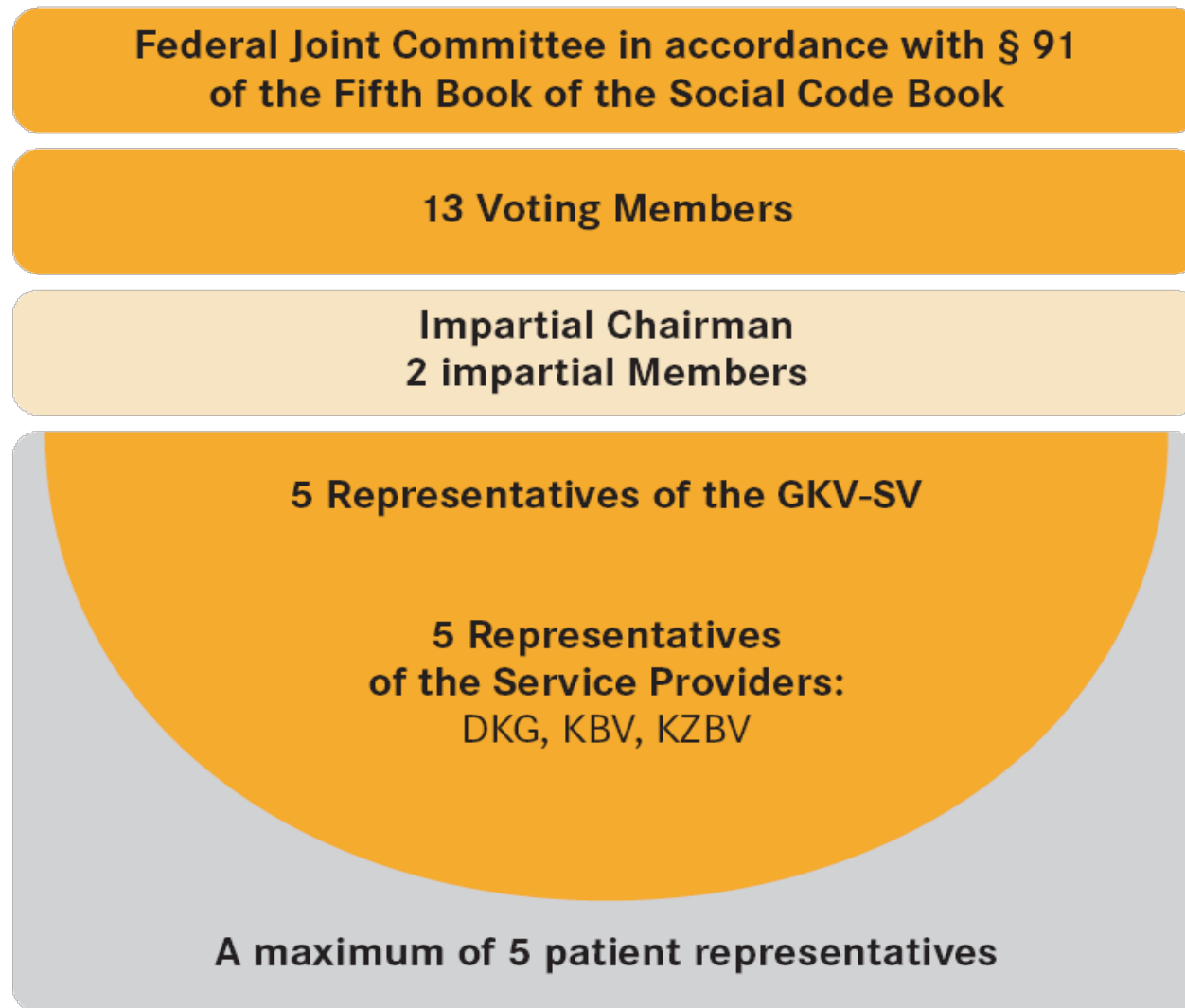
- Ambulatory and hospital care**
- Dental care, psychotherapy**
- Diagnostic and therapeutic procedures and interventions**
- Pharmaceuticals, vaccines and medical devices**
- ...**

**In addition, the G-BA has important responsibilities regarding quality assurance for in- and outpatient care and in developing disease management programs for chronic diseases.**

# Legal status of the G-BA – legal status of its directives



# Structure of the Plenum of the G-BA

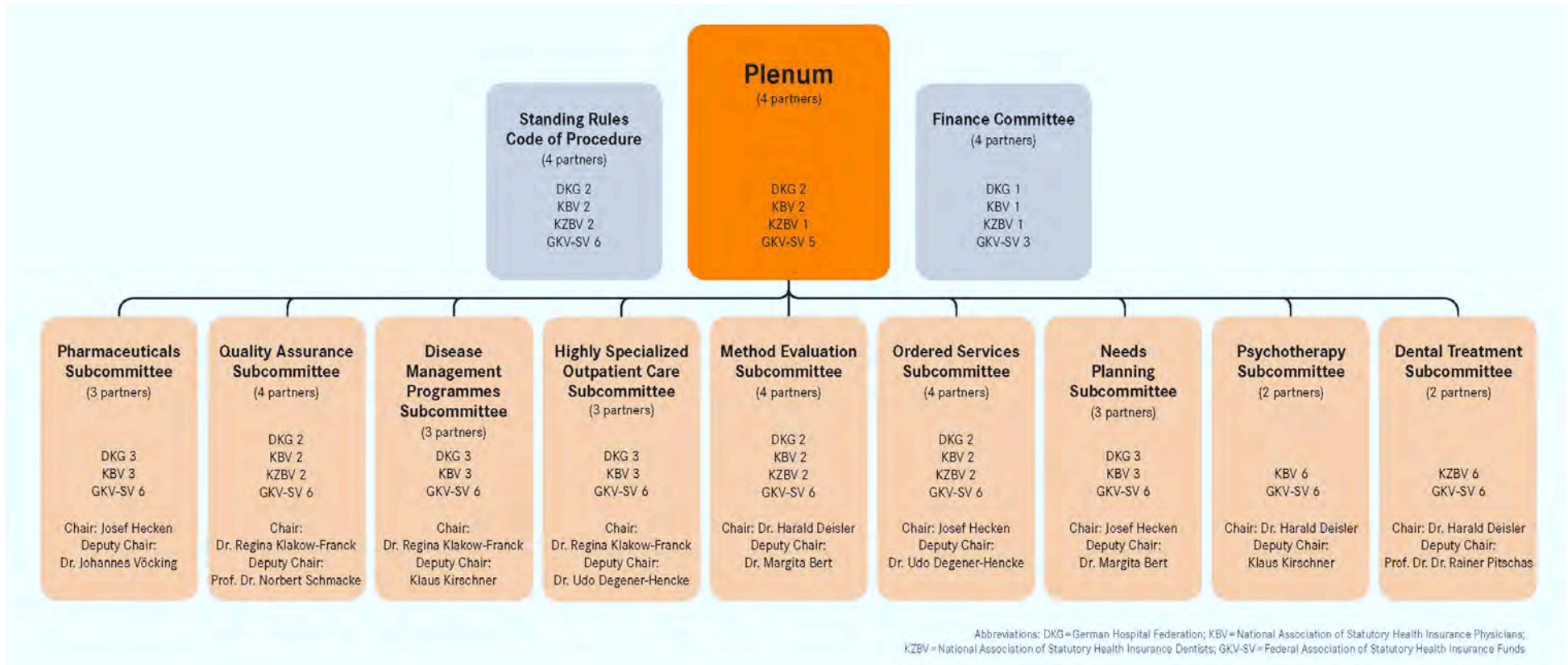


Abbreviations: DKV=German Hospital Federation; KBV=National Association of Statutory Health Insurance Physicians; KZBV=National Association of statutory Health Insurance Dentists; GKV-SV=Federal Association of Statutory Health Insurance Funds





# G-BA and its subcommittees



# Application of the quality assurance directives

**Binding directives that apply to all**

- **Physicians**
- **Dentists**
- **Hospitals**

**for services in the Statutory Health Insurance**

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# What does the G-BA do in quality assurance?

## Section 137 SGB V\*

External Quality Assurance Programme (outcomes)	Quality Report (hospitals)
Minimum Requirements for Structure and Process (in- and outpatient care)	Continuous Medical Education (hospital doctors)
Requirements for internal Quality Management	Minimum Volume Requirements

\*: German Social Code Book V

# Directives for Quality Assurance (1)

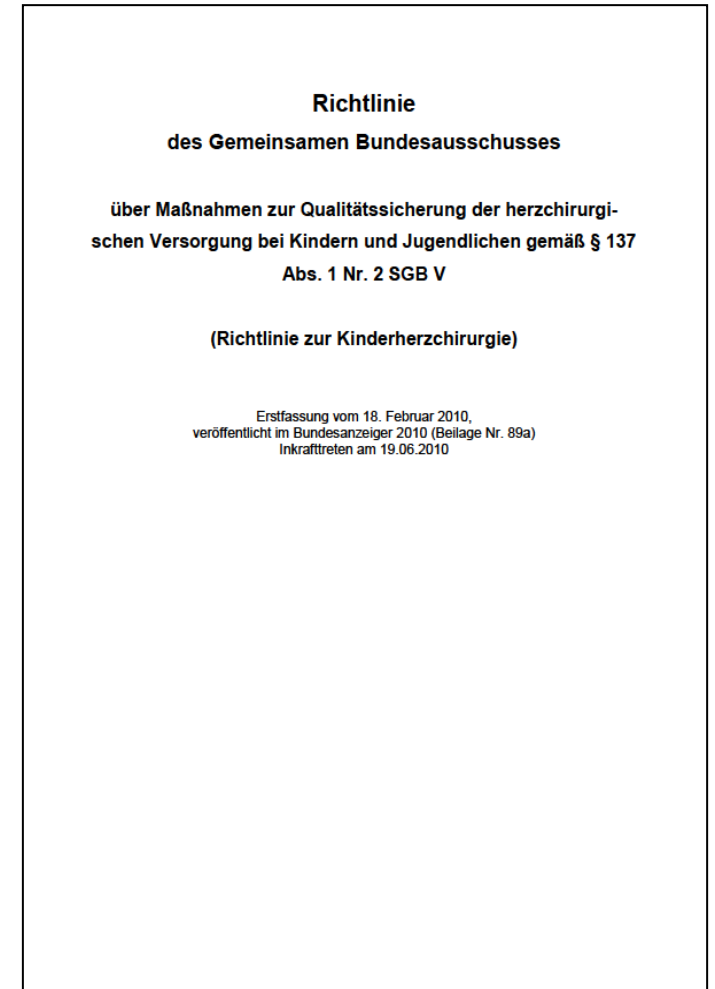
1. **Paediatric cardiac surgery**
2. **Minimum volume requirements**
3. **Quality assessments magnetic resonance tomography (MRT)**
4. **Quality assessment radiology**
5. **Quality assessment arthroscopy**
6. **Quality management for hospitals**
7. **Quality management for medical practice (office-based doctors)**
8. **Quality management for dentists**
9. **Quality audits / inspections for medical practice (office-based doctors)**
10. **Chronic renal dialysis**

# Directives for Quality Assurance (2)

13. **External Quality Assurance Programme in hospitals**
14. **Abdominal aortic aneurysm (structure/process)**
15. **Paediatric oncology/haematology (structure/process)**
16. **Positron Emission Tomography (PET) in Non-Small Cell Lung Cancer**
17. **Proton Therapy of Rectum/Rectal Carcinoma**
18. **Neonatal intensive care services**
19. **Hospital quality reports / public reporting**
20. **Continuing Medical Education (hospital doctors)**
21. **External, data-based follow-up quality assurance**
22. **Directive for specialised outpatient services in hospitals**
23. **[Directives which regulate Disease Management Programs – (Quality assurance indicators for disease management programs)]**

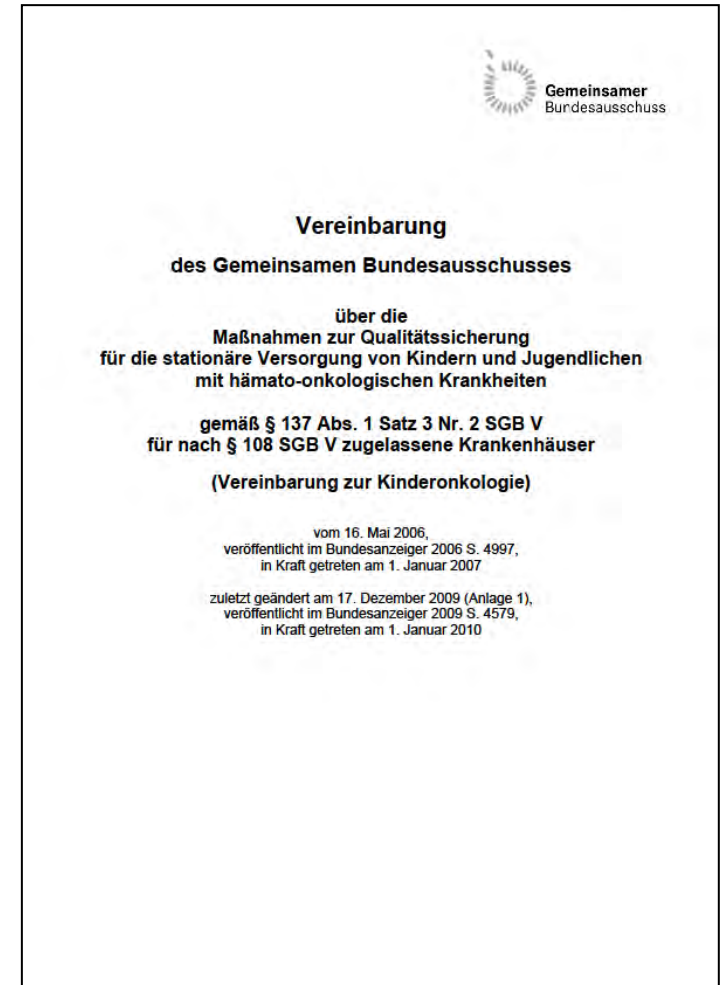
# Paediatric Cardiac Surgery

- **Patients up to the age of 18 suffering from congenital or acquired cardiac diseases**
- **Requirements for hospitals such as**
  - **Number and qualification of staff (e.g. physicians, nurses, other therapists)**
  - **Infrastructure (e.g. Imaging, diagnostics, intensive care unit,...)**
  - **Availability of services (e.g. daily, on weekdays)**
  - **Frequency and tasks of team meetings and quality circles (e.g. patient information, recommendations for standard operating procedures, ...)**



# Paediatric Oncology

- **Patients up to the age of 18 suffering from paediatric-haemato-oncological diseases**
- **Requirements for hospitals such as**
  - **Number and qualification of staff (e.g. physicians, nurses, other therapists)**
  - **Organisation (interdisciplinary tumour conferences)**
  - **Technical equipment and facilities (availability of laboratory, imaging diagnostics, pharmacy...)**
  - **Participating in studies to optimize therapies**






# Minimum Volume Requirements

- **Minimum volumes per year and hospital:**
  - **Liver transplant:** 20
  - **Renal transplant:** 25
  - **Complex oesophageal surgery:** 10
  - **Complex pancreatic surgery:** 10
  - **Stem cell transplant:** 25
  - **Total knee replacement:** 50
  - **Non-applicable directives**
  - **Coronary surgery:** not yet
  - **Neonatal care for very low birth weight neonates (< 1250g):** 15
  - **Non-applicable directives**

- **Evaluation of the directive**



## Regelungen

des Gemeinsamen Bundesausschusses  
gemäß § 137 Abs. 3 Satz 1 Nr. 2 SGB V für nach  
§ 108 SGB V zugelassene Krankenhäuser

(Mindestmengenregelungen, Mm-R)

in der Fassung vom 20. Dezember 2005  
veröffentlicht im Bundesanzeiger 2006 (S. 1373)  
in Kraft getreten am 20. Dezember 2005

in der 1. Neufassung vom 21. März 2006  
veröffentlicht im Bundesanzeiger 2006 (S. 5389)  
in Kraft getreten am 21. März 2006

zuletzt geändert am 4. Dezember 2013  
veröffentlicht im Bundesanzeiger (BAZ AT 18.12.2013 B5)  
in Kraft getreten am 1. Januar 2014

Mindestmengenregelungen, Mm-R, Stand: 4. Dezember 2013

# Neonatal Intensive Care Services

## Neonatal Intensive Care Levels

- **Level 1: birth weight <1,250 g or/and gestational age < 29+0 weeks**
- **Level 2: birth weight 1,250 – 1,499 g or/and gestational age 29+0 to ≤ 32+0 weeks**
- **Level 3: birth weight >1,500 g and/or gestational age 32+1 to ≤ 36+0 weeks**
- **Level 4: obstetric clinics for neonates with gestational age > 36+0 weeks and without risks**

## Defines quality requirements concerning:

- **Staff qualification**
- **Admission criteria (e.g. birth weight, diseases in the mother or congenital malformations)**
- **Technical equipment (e.g. respirator, cerebral function monitor, laboratory)**
- **Facilities (e.g. distance to operation theatre, neonatal intensive care unit and maternity ward)**
- **Publication of results (e.g. survival rate), ...**

## Richtlinie



des Gemeinsamen Bundesausschusses  
über Maßnahmen zur Qualitätssicherung der  
Versorgung von Früh- und Reifgeborenen  
gemäß § 137 Abs. 1 Nr. 2 SGB V in Verbindung  
mit § 92 Abs. 1 Satz 2 Nr. 13 SGB V

(Qualitätssicherungs-Richtlinie Früh- und  
Reifgeborene/QFR-RL)

in der Fassung vom 20. September 2005  
veröffentlicht im Bundesanzeiger 2005 S. 15 684  
in Kraft getreten am 1. Januar 2006

zuletzt geändert am 19. Dezember 2013  
veröffentlicht im Bundesanzeiger BAnz AT vom 9. Januar 2014 B2  
in Kraft getreten am 1. Januar 2014

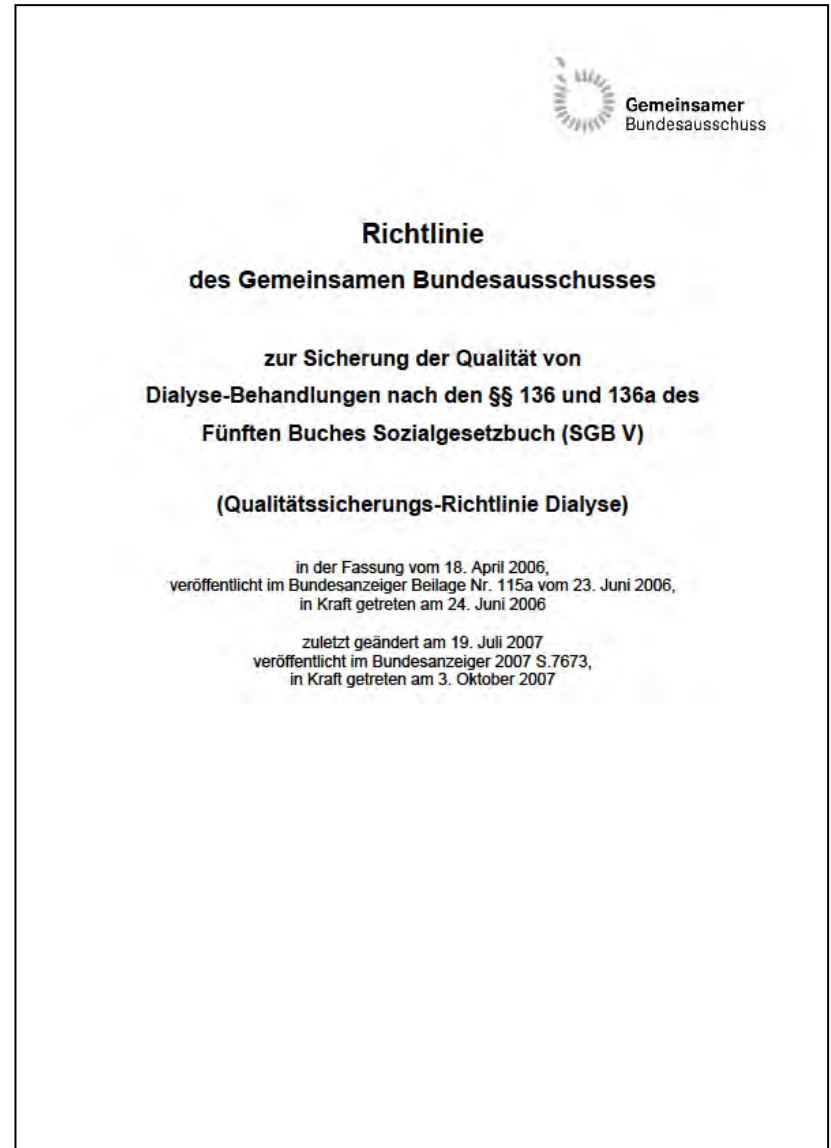
# Chronic Renal Dialysis

## Objectives:

- **Transparency and evaluation of quality assurance data in institutions for chronic dialysis treatment**
- **Benchmarking**
- **Quality assurance and control**

## Defines:

- **Evaluation criteria for dialysis treatment**
- **Sampling (documentation, data security, analysis and evaluation)**
- **Duty to participate in a quality assurance programme (benchmarking)**



# Abdominal Aortic Aneurysm

## Requirements for hospitals, e.g.:

- Rules for admission/transfer
- Number, qualification and availability of staff (doctors, nurses, other therapists)
- Technical equipment
- Facilities (operation theatre, distance between intensive care unit and operation theatre, laboratory, imaging procedures)
- Duty to enable continuing medical education
- Declaration of compliance



**Richtlinie**  
**des Gemeinsamen Bundesausschusses**

über  
**Maßnahmen zur Qualitätssicherung**  
**für die stationäre Versorgung**  
**bei der Indikation Bauchaortenaneurysma**

**(Qualitätssicherungs-Richtlinie zum**  
**Bauchaortenaneurysma, QBAA-RL)**

vom 13. März 2008,  
veröffentlicht im Bundesanzeiger 2008 S. 1706,  
in Kraft getreten am 1. Juli 2008

zuletzt geändert am 17. Dezember 2009,  
veröffentlicht im Bundesanzeiger 2009 S. 4576,  
in Kraft getreten am 1. Januar 2010

# Continuing Medical Education for Hospital Doctors and Psychotherapists

**Defines the requirements for continuing medical education e.g.:**

- **Scope and time frame (250 points within 5 years (thereof at least 150 points in areas specific to actual patient care))**
- **Certificates**
- **Duties of hospital administration (documentation and reporting)**



**Regelungen  
des Gemeinsamen Bundesausschusses  
zur Fortbildung der Fachärztinnen und Fachärzte,  
der Psychologischen Psychotherapeutinnen und  
Psychotherapeuten sowie der Kinder- und  
Jugendlichenpsychotherapeutinnen und  
-psychotherapeuten im Krankenhaus**

in der Fassung vom 19. März 2009  
veröffentlicht im Bundesanzeiger 2009, Nr. 63, S. 1540,  
in Kraft getreten am 29. April 2009

# Quality assurance across health care institutions and cross-sector

**Defines the requirements for measuring quality using quality indicators followed by a peer review process and the various steps in the process**

**Following patients over „space and time“:  
quality data from all treatment episodes and all service providers regarding the specified quality assurance programme**

**Working on:**

**Cataract surgery,**

**Percutaneous coronary intervention**

**Colorectal carcinoma**



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# Quality report of hospitals (Public Reporting)

## Information on services and outcome data of hospitals:

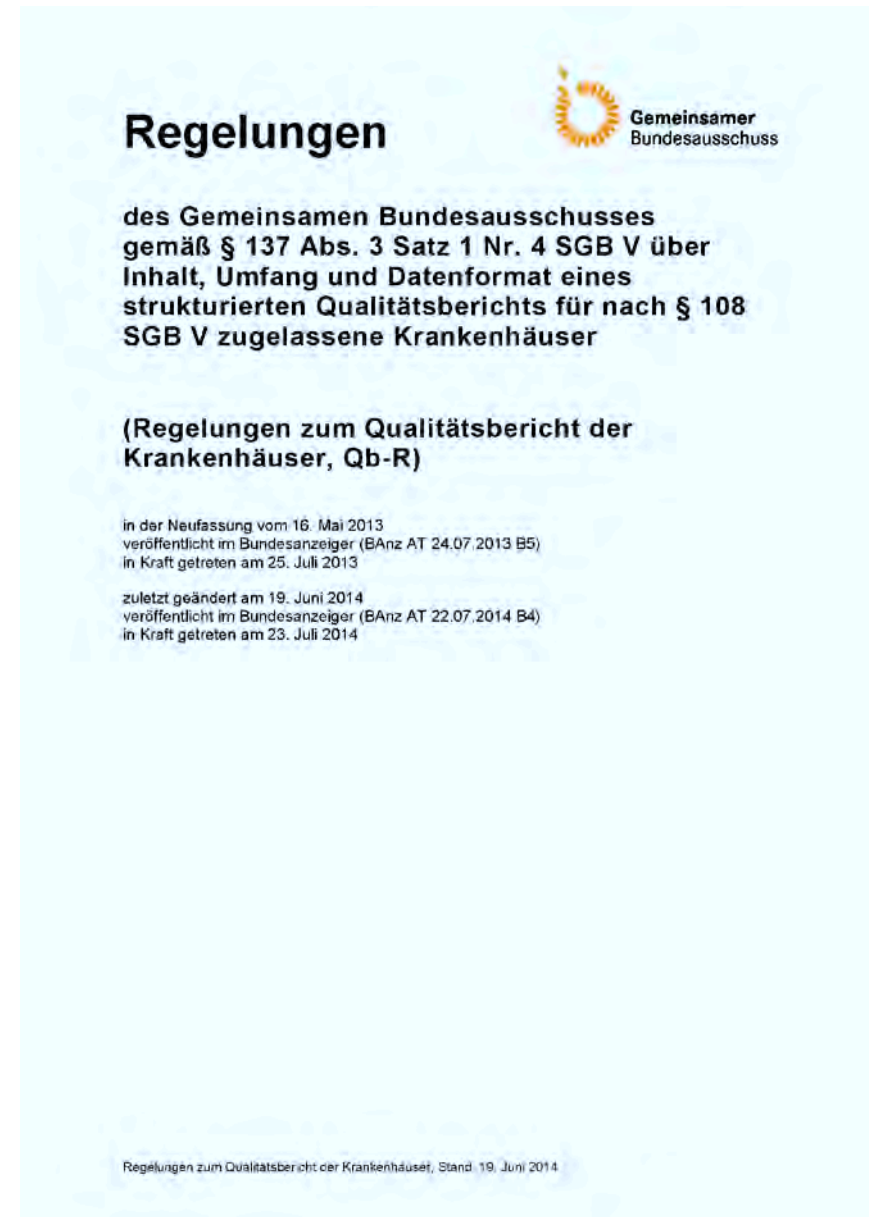
Since 2005 all 2.000 hospitals in Germany have been required by law to publish a quality report every two years.

## Aims of these reports are e.g.:

- to inform patients and doctors about hospital specialties and capabilities,
- to present hospital performance and quality data to the public,
- to provide a basis for benchmarking,...

## The directive defines:

- the procedure of report preparing and publishing
- the content, scope and data format of these quality reports (e.g. kind and number of medical services provided, continued medical education, ...)





# External quality assurance programme in hospitals

Measuring quality using quality indicators followed by a peer review process for 30 services/diseases [“Leistungsbereiche”], e.g.:

- Pneumonia
- Aortic valve surgery
- Cholecystectomy
- Obstetrics
- Gynaecological operations
- Implantation of pacemakers
- Heart transplants
- Hip replacements
- Carotid artery reconstruction
- Breast cancer surgery
- Liver transplants
- Renal transplants
- Combined heart- and lung transplants
- Neonatal care

 **Overall: 434 quality indicators relating to these 30 services/diseases in 2013**

## Richtlinie



des Gemeinsamen Bundesausschusses  
gemäß § 137 Abs. 1 SGB V i.V.m. § 135a SGB V  
über Maßnahmen der Qualitätssicherung für  
nach § 108 SGB V zugelassene Krankenhäuser

(Richtlinie über Maßnahmen der  
Qualitätssicherung in Krankenhäusern –  
QSKH-RL)

in der Fassung vom 15. August 2006  
veröffentlicht im Bundesanzeiger Nr. 178 (S. 6 361) vom 20. September 2006  
in Kraft getreten am 1. Januar 2007

zuletzt geändert am 20. Juni 2013  
veröffentlicht im Bundesanzeiger (BAnz AT 05.11.2013 B1)  
tritt in Kraft am 1. Januar 2014

# Collaboration through a contract



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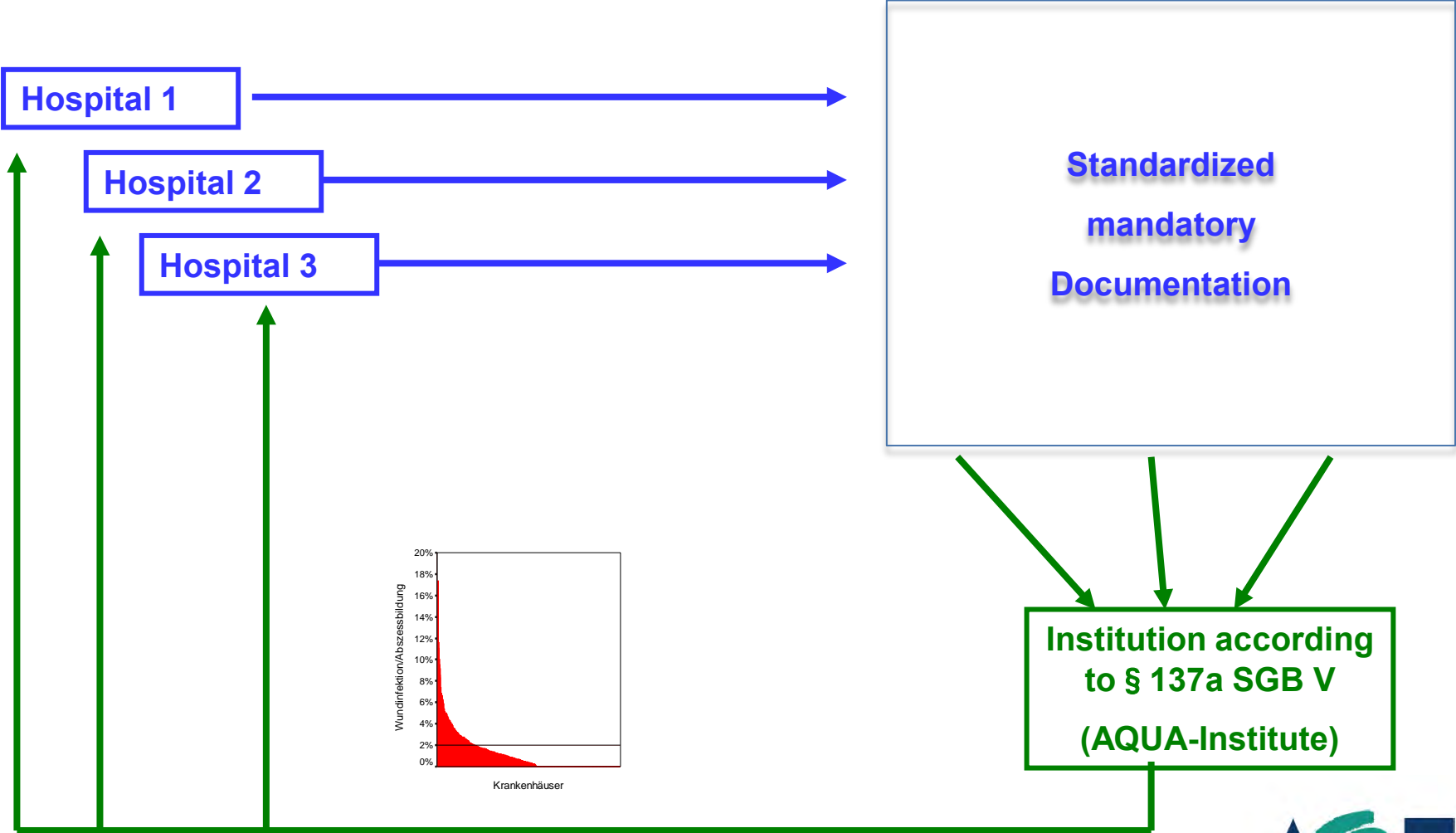
ZUKUNFT DURCH QUALITÄT

**AQUA-Institut** (AQUA - Institut für  
angewandte Qualitätsförderung und  
Forschung im Gesundheitswesen  
GmbH)

## *The G-BA commissions the AQUA-Institute:*

- **Development of Quality Indicators, Instruments and Documentation**
- **Execution of the External quality assurance programme in hospitals and Quality assurance across health care institutions and cross-sector**
- **In 2013: 434 quality indicators (167 of them risk adjusted)**

# External quality assurance programme in hospitals



**Comparative statistical Analysis (Feedback-, Benchmark-report)**



# External quality assurance programme in hospitals (Liver transplantation)

Quality-Indicator: 1-year survival (with known status)

## Case-based results (patients)

	2009	2010	2011	2012
Aggregate result	76.5 %	77.4 %	75.5 %	76.6 %
Confidence interval	73.5 - 79.4 %	74.7 - 80.0 %	72.9 - 77.9 %	73.8 - 79.2 %
Total number of cases	814	1,002	1,109	957

## Aggregate result of all patients



## Hospital-based results

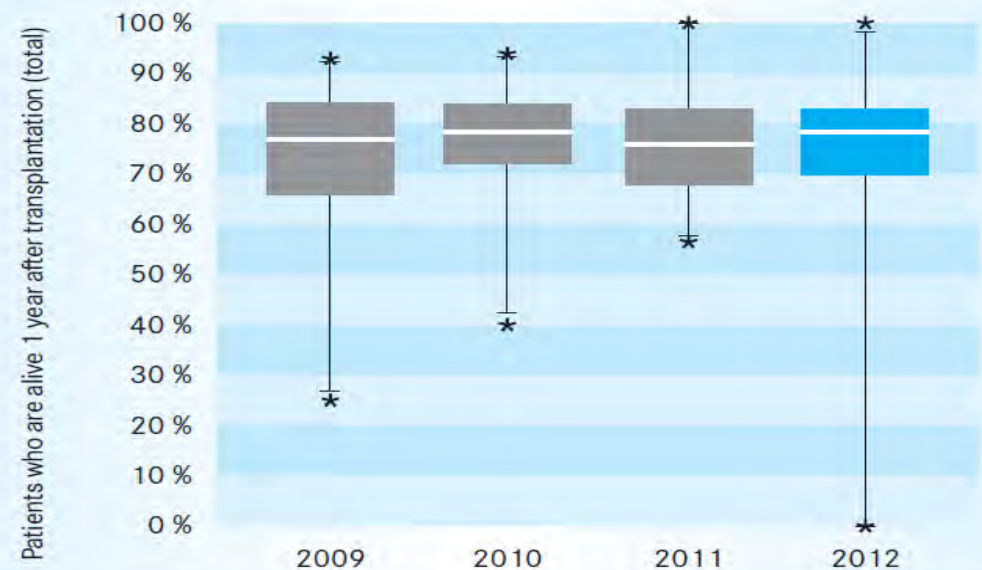
Target population of all hospitals	24
Number of hospitals with 0 cases	0

### 16 Hospitals with $\geq 20$ cases

Median	80.0 %	Number of computationally discrepant hospitals	0 of 16
Range	69.3 - 92.3 %		

### 8 Hospitals with 1 to 19 cases

Median	55.0 %	Number of computationally discrepant hospitals	0 of 8
Range	0.0 - 100.0 %		



# Thank you!

**Dr. Markus Wörz, M.A. (Desk Officer)**

**Department of Quality Assurance in Healthcare  
and Cross-sectoral Health Services**

**Federal Joint Committee  
Wegelystr. 8  
10623 Berlin**

**E-Mail: [markus.woerz@g-ba.de](mailto:markus.woerz@g-ba.de)**

**Internet: <http://www.g-ba.de>**