

S21

Updates of quality improvement strategies in the Nordic countries - retrieval and analysis of data in changing the processes of care

Jörgen Månsson (1), Klas Winell(2), Janus Laust Thomsen(3), Tor Carlsen(4), Malin André(5)

(1) Department of Community Medicine and Public Health, Sahlgrenska University, Gothenburg, Sweden

(2) Conmedic, Espoo, Finland

(3) University of Southern Denmark, Odense and Danish Quality Unit of General Practice, Denmark

(4) Norwegian Medical Association Oslo, Norway

(5) Department of Public Health and Care Science & Family Medicine, Uppsala University, Sweden

Corresponding author: Professor Jörgen Månsson, Sahlgrenska Akademin, Allmänmedicin, GÖTEBORG, Sweden. E-mail: jorgen.mansson@carlanderska.se

Background: There is a need for continuous and systematic quality improvement in general practice using data retrieved from patient records and registers. Several initiatives in the Nordic countries are examples on strategic efforts in order to improve quality of care in different diseases, but there is also a need for a more general perspective e.g. drug prescription, chronic diseases with comorbidity and continuity. The aim is to present examples from the Nordic countries and how a more general perspective is supported from the national authorities.

Methods and Results: Finland is heading for a major change in health care system; 15 regions will organize care instead of over 200 health centers today. The change calls for good data management in patient records and systematic follow-up of quality of care. In Denmark data capture has been in use since 2006 and became mandatory for specific chronic diseases in 2013. There is an on-going debate in Denmark concerning use of data collected from primary care. Data offers large opportunity for research in chronic conditions and may give raise to health care improvements, but may however induce strategic coding and affect the quality of data. The Norwegian Medical Association established the SKIL center in 2015 in order to make quality improvement an integrated part of clinical practice. To achieve this, customized reports from the EMR are combined with group activities to help doctors plan quality improvement strategies within central clinical themes. This model used on revision of medication lists in GP's offices will be presented. In Sweden the strategies of 20 years work of Strama for prudent antibiotic use with decreased antibiotic prescribing will be presented. A national system for primary care quality has now been launched using data from the patient record and evidence based indicators, where experiences from Strama can be used.