

Implementing clinical audits to improve standards of care in Turkey

Overview

In 2011, following feedback from both the Social Security Institute of Turkey and patients on the suboptimal delivery of services, the Ministry of Health conducted a review of medical services. The review brought to light evidence of the overprovision of care, particularly minor operations, radiological exams and hospital stays. In response, the Ministry devised a national auditing initiative in conjunction with stakeholders, to address this problem. The Ministry implemented Audits of Compliance with Medical Indication (ACMI) to increase government oversight of health services in alignment with care standards in place. While health care institutions initially resisted the proposed changes, discussions were eventually successful in gaining their support by explaining the aim of the initiative as improving the quality and performance of

services, without imposing penalties on providers or facilities. With stakeholders on board, a literature review was conducted to identify priority targets for the initiative and a multidisciplinary committee of experts was convened to help plan the initiative, design auditing tools and guide the implementation process. The plan put forward was to conduct annual peer-led audits across medical specialties to improve providers' adherence to national guidelines. A pilot audit of intensive care units helped refine the initiative's design prior to scaling up. Audits for 10 specialties have been conducted on approximately 50 000 patient records in over 1000 institutions to date. Auditors are providers that are considered experts in the services being audited; using their clinical knowledge, they are asked to assess a random selection of files from institutions

across the country to determine whether national guidelines are appropriately being followed. Once an audit is complete, results are reported back to institutions, who are held accountable for performance improvements via an annual reassessment process overseen by Provincial Health Directorates. Standard of care and adherence to clinical guidelines are reported to have improved and reductions in contraindicated services have been described. At present, the Ministry of Health is looking to expand the initiative to implement audits for all medical specialties across all levels of care. The Ministry is also considering refinements to the initiative, such as the inclusion of financial incentives for auditors to increase efficiency, as well as public reporting of audit results to increase accountability and further encourage performance improvements.

Problem definition

In 2010, patient feedback on health services indicated suboptimal services delivery. Complaints were concentrated around the unnecessary performance of minor operations and radiological exams, as well as unwarranted hospital stays. Utilization data reviewed by the Ministry of Health confirmed the trend of overprovision of services beyond that clinically recommended,

as did health insurance reimbursement data reviewed by the Social Security Institute. This weak adherence by providers to standards and clinical guidelines appeared to stem, in part, from a lack of monitoring and evaluation.

Box 1

What problems did the initiative seek to address?

- Overprovision of medical services, particularly minor operations, radiological exams and hospital stays.
- Inconsistent adherence of providers to care standards and guidelines.

- Weak monitoring and evaluation systems resulting in a lack of accountability for providers.

Health services delivery transformations

Timeline of transformations

In 2011, after becoming aware of the overprovision of select medical services, the Ministry of Health met with stakeholders to devise a solution. In 2012, a decision was made to implement medical auditing and a scientific commission was convened to help develop necessary tools. Following a pilot audit of intensive care units, actions were taken to routinize auditing across several medical specialties. Today, the auditing initiative is being expanded across medical specialties and the Ministry of Health continues to devise improvements for the initiative.

Description of transformations

Selecting services. The initiative, while not altering the selection of services, has worked to ensure that services across facilities are being provided optimally to patients, eliminating unnecessary procedures.

Designing care. The initiative supports increased attention and adherence to existing protocols and care guidelines, particularly for selected priority improvement areas where auditing has already been introduced.

Organizing providers. Secondary and tertiary level institutions across public and private sectors are randomly chosen for auditing. Auditors are experts in their field and are asked to complete audits on a voluntary basis, with the exception that a provider acting as an auditor is prohibited from auditing their own institution.

Managing services. Implementation of audits has served to increase the management function of executives

Table 1

What were the chronological milestones for the initiative?

2010	Ministry of Health receives feedback from patients and the Social Security Institute about overprovision of contraindicated medical services.
2011	Ministry of Health convenes stakeholders to strategize solutions to observed problems; idea for an initiative to introduce auditing proposed.
2012	Literature review conducted to identify priority areas to audit; Ministry of Health convenes a scientific commission to help develop necessary auditing tools and guide implementation; pilot audit of intensive care units conducted.
2013	Actions taken to routinize auditing processes and extend auditing to other medical specialties; Provincial Health Directorates called upon to conduct audits under Ministry of Health supervision.
Present	Ministry of Health planning further expansion of audits across all medical specialties.

at secondary and tertiary institutions across public and private sectors. Through the mandatory collection and analysis of health services data, audits ensure that managers have sufficient oversight of services delivery, as well as the necessary information to adjust the organization of services to increase efficiency and effectiveness; recommendations provided to managers as part of the audit process support these functions.

Improving performance. Annual audits have been introduced across a number of priority service areas in all public and private, second and tertiary level institutions. Audited clinical specialties include intensive care units, radiological imaging services and coronary angiography units. Plans in place intend to extend audits to cataract operations, knee and hip prostheses, lumbar disc herniation operations, hysterectomies, caesarean sections, medical laboratory examinations and family physician interventions. Patient records are selected for audit through random sampling

and necessary data is collected through an online portal where selected institutions are required to upload requested patient files, including scans, test results and utilization data. Collected information is then compared with current national guidelines for each service. Institutions receive performance results privately from the Ministry of Health and are required to make necessary improvements based on feedback. Provincial Health Directorates monitor performance improvements through annual reassessment audits of institutions. “We [government] share the outcome with them [institution] and inform them of the specifics of their situation, whether it is positive or negative, and inform them of the fact that their situation will be reassessed to monitor progress.”

Health system enabling factors

The mandatory collection and analysis of services delivery data that is required for the audits, help

Table 2

How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Recent health system reforms increased comprehensiveness of available services.	Reduction of contraindicated services provision.
Designing care	
Evidence-based guidelines and care standards in place, but poor adherence observed.	Improved adherence to guidelines and standards.
Organizing providers	
Focus on strengthening primary care and gatekeeping to higher-level services.	Expert providers within each audited specialty conduct audits on a voluntary basis; providers do not audit their own institutions.
Managing services	
Recent health system reforms allowed infrastructural investments and modernization.	Strengthened management capacities and increased oversight over services delivery within audited institutions.
Improving performance	
No auditing of health care services carried out.	Auditing for several priority service areas now carried out; audit performance results reported back privately to institutions; performance improvements monitored through annual reassessment audits.

to ensure that institutions adhere to national care standards and guidelines. Furthermore, annual reassessments hold institutions accountable for making necessary improvements in response to performance feedback. While feedback is currently confidentially reported and privately returned to institutions, the Ministry is considering an open reporting process which would make performance rankings publicly available to further increase transparency and accountability.

An online portal was created to allow required audit information to be conveniently gathered and accessed as needed. Both institutions and auditors access the portal through specially designated usernames and passwords. Institutions are required by the Ministry to upload medical records and other documentation for auditing. Auditors access and review this information to complete evaluations according to standardized assessment forms. While auditors currently perform evaluations on a voluntary basis, financial incentives are currently being considered by the Ministry to increase productivity.

Table 3

How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	<ul style="list-style-type: none"> Institutions accountable to the Ministry of Health and Provincial Health Directorates for performance.
Incentives	<ul style="list-style-type: none"> Auditors perform evaluations on a voluntary basis at present; financial incentives currently being considered to increase productivity.
Information	<ul style="list-style-type: none"> Institutions required to upload necessary data for auditing; regular monitoring and evaluation of this data performed. Publicly available ranking system based on audit results currently under consideration as a tool to further motivate performance improvements.
Innovation	<ul style="list-style-type: none"> Online auditing tools and a web-based auditing portal developed.

Outcomes

Approximately 50 000 audits across over 1000 health care institutions covering 10 medical specialties have been conducted to date. As a result of increased government oversight of services delivery, contraindicated service provision is reported to have decreased; for example, stays in intensive care units decreased by 5%.

Box 2

What were the main outcomes of the initiative?

- Approximately 50 000 patient medical records have been audited across over 1000 institutions to date.
- Contraindicated service provision is reported to have decreased; access to services for patients with indicated medical need is reported to have increased.
- Reductions in contraindicated service provision have resulted in reported cost savings.

Change management

Key actors

The Ministry of Health led the initiative in response to concerns brought forward by the public about the overprovision of certain services. The Social Security Institute, motivated by rising expenditures, played a key role in pushing the act. A scientific commission – composed of ministry representatives and experts in proposed audit areas from universities and non-governmental organizations – was established by the Ministry to collectively design the initiative and provide guidance throughout its implementation. While the Ministry continues to provide oversight for the initiative, activities have been increasingly devolved to Provincial Health Directorates who are responsible for managing annual reassessment audits at the local

level. Auditors are expert providers within audited fields and perform this work on a voluntary basis. While the Ministry of Health was able to convince auditors that performing audits “was their civic duty,” financial incentives are now being considered to motivate efficiency improvements.

Box 3

Who were the key actors and what were their defining roles?

Initiating change

- **Ministry of Health.** Conceived and implemented the initiative through the audit and evaluation department; continues to provide oversight and monitoring of audit data at the national level; continues to work on strengthening and expanding the initiative.
- **Scientific commission.** Composed of ministry officials and experts from non-governmental organizations and universities; helped plan the initiative and develop necessary auditing tools.
- **Provincial Health Directorates.** Manage annual reassessment audits at the local level under Ministry of Health supervision.

Feedback from patients reporting the overprovision of certain medical services, supported by evidence from the Social Security Institute, prompted the Ministry of Health to initiate action on the issues brought forward. Policy-makers agreed that a systematic method to assess the quality of services, with attention to controlling health costs, was needed. While health care institutions' initial response to proposed changes was unfavourable, lengthy discussions, meetings and presentations with representatives explained the goal of the initiative was not to impose penalties or sanctions, but to

generate information on how to improve the system. Once this was understood, these stakeholders were more supportive and willing to cooperate.

Implementation

A pilot audit to test the initiative was launched with support from the scientific commission and, following refinement to processes, auditing was gradually phased in across 10 medical specialties. The time it took to complete an audit was two to three times longer than expected – taking 12 to 18 months versus the anticipated six – due to the lack of incentives in place for auditors and competing demands on their time. However, for the most part the audit process ran smoothly and the necessary information was made available by institutions and uploaded to the online portal as required. Responsibility for reassessment audits has been devolved to Provincial Health Directorates and the Ministry of Health is working with these agencies to strengthen their capacity to fulfil this role.

Moving forward

Adjustments to the initiative based on results achieved to date are currently being deliberated. To accelerate the implementation process, the Ministry of Health is considering providing financial incentives to auditors. The Ministry is also considering publically ranking institutions based on audit results in an effort to drive further improvements in services delivery through competition. The Ministry plans to extend services covered by audits to all medical specialties and continue to provide strong support and oversight for the initiative moving forward. However, it is anticipated that Provincial Health Directorates will play an increasing role in the auditing process.

Highlights

- Auditing was implemented as a means to improve adherence to national guidelines through increasing transparency and accountability in services delivery across health care institutions.
- Lengthy discussions with stakeholders and clear

communication of the initiative's aims were essential for establishing sufficient buy-in to begin implementation.

- Establishment of data collection and analysis systems was a critical step in improving and optimizing services; strong data collection with corresponding monitoring and evaluation was

paramount to the initiative's success.

- While the initiative was led by the Ministry of Health, regional health authorities played an important role in supporting the auditing process and providing oversight of institutions as the initiative expanded.