HQIP Case study:

Development of quality commissioning metrics to improve the quality of rheumatoid arthritis care through routine implementation of best clinical practice

This submission demonstrates:

- Developing and implementing standards
- Piloting data collection methods
- Multi-disciplinary group workshops to assist the project

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Summary

Commissioning for Quality in Rheumatoid Arthritis (CQRA) has successfully developed clinically-relevant, patient-driven and meaningful key commissioning metrics and an associated data collection form which have been piloted, refined and are available for wider use. A key lesson learned is the need to embed metrics into routine clinical practice to ensure regular use and monitoring of RA management. As demonstrated by two publications (BSR 2011 and 2012), the metrics are robust, practical and can be used to measure and monitor RA treatment against a national best-practice standard. Implementation of the metrics can facilitate improvement of quality of care and allows areas for service improvement to be identified and specific goals to be set by rheumatology units and commissioners to monitor and measure service delivery. These metrics can be used by commissioners as indicators to ensure they are commissioning a high quality RA service and to drive early development and implementation of quality metrics in RA services. The implementation of commissioning metrics will assure consistent quality of RA patient services and improved outcomes for patients.

Background

Rheumatoid Arthritis (RA) is a chronic, progressive and disabling auto-immune disease, and the most common form of chronic joint inflammation. This is a painful condition which can cause severe disability and ultimately affect a person's ability to carry out everyday tasks, substantially impacting quality of life. Around 690,000 people in the UK live with the disease. RA is also a significant health burden and is associated with substantial long-term morbidity, mortality and healthcare costs, and forms a major workload for any rheumatology department.

Current NICE clinical guidelines offer best practice advice on care of adults with RA. An NAO Report (2009) highlights that there is variation in treatment approaches and quality of care, namely:

- there is variation in implementation of NICE guidelines in the NHS
- that people with RA are not being diagnosed or treated quickly enough
- co-ordination of services is suboptimal.

Commissioning for Quality in Rheumatoid Arthritis (CQRA) represents a multidisciplinary group of stakeholders covering representatives from the DH, patients and patient groups, industry, RA clinicians and researchers and commissioners. In order to improve and standardise the quality of RA services it is essential to have a dataset of key metrics, available and used at the national level. We set out to develop clinically-relevant, patient-driven and meaningful key commissioning metrics which can be used by commissioners and providers to drive up and maintain quality of care and management of RA. The metrics are based on current best evidence (NICE clinical guidelines). RA service providers can use the metrics to demonstrate their high quality of service, provide evidence of resource level need and to facilitate prioritisation of resources.

Commissioners can use the metrics as indicators to ensure they are commissioning a high quality service and for on-going quality monitoring.

Aims

The aim of the CQRA initiative was to develop and drive implementation of standardised, clinically-relevant key commissioning metrics to improve the quality of RA care in the UK.

Objectives

1. Develop an achievable number of clinically-relevant commissioning metrics, based on the NICE clinical guidelines for RA, with standardised data collection and analysis
2. Use data to benchmark existing service delivery, identify areas for improvement in the quality of RA service provided
3. Disseminate the metrics to RA service providers to encourage widespread use and facilitate embedding of metrics into routine clinical practice.

Approach

The CQRA commissioning metrics and associated data collection forms were developed through a series of 12 workshops with national experts and patient partners. Published evidence on quality measures was analysed in conjunction with NICE guidelines to produce a manageable number of simple, meaningful and clinically-relevant quality commissioning metrics.

The four metrics chosen reflect clinically important outcomes that indicate adherence to NICE guidelines resulting in good clinical practice and key issues important to patients. They cover:

- Metric 1: speed of referral
- Metric 2: regularity of disease activity assessment
- Metric 3: rapidity of treatment escalation to achieve clinical remission or low disease activity
- Metric 4: regularity of comprehensive patient review.

Data collection forms were developed to facilitate standardised data collection. To ensure management of the full spectrum of RA patients was captured, CQRA metrics and data collection forms include patients with established disease and patients with recent onset disease. Throughout the development process, the commissioning metrics and data forms were tested by clinicians in the real-life setting, feedback presented to all CQRA members at the workshops, and revisions were made. The metrics and data collection forms were then taken into an initial pilot study to assess the feasibility of routine data collection and metrics application on a larger scale from a practical perspective. The metrics and associated data collection forms are now available for wider use.

Throughout the project, workshops were used to monitor and evaluate the metrics, with agreement of key project milestones. These were:

- Agreement of overall project objectives, scope of metrics (including structure, process and outcome and the identification of clinical metrics which translate into improved patient outcomes) and approach to metrics development
- Definition of metrics and testing through user validation
- Refinement and piloting of metrics to provide an evidence base prior to wider implementation
- Communication plan development and implementation – to ensure dissemination of findings to relevant healthcare providers and to facilitate implementation of the metrics at all levels of the NHS.

Challenges

One challenge was prioritising and agreeing on the metrics to ensure they included those deemed important by the patients involved. The importance of patient-user involvement in projects with the ultimate aim of improving patient care and outcomes is also highlighted by the CQRA project.

Another challenge was learning the importance of truly collaborative initiatives–a challenge that was overcome and is reflected in the inclusive nature of the CQRA project which involves providers, commissioners, patient representatives and industry. CQRA had to establish a partnership approach for development, review and refinement of the metrics and the success of the CQRA project has been facilitated by the innovative approach that this joint working allows.

A further challenge was ensuring that outputs from the initiative would have tangible value and clinical relevance; the value of the CQRA metrics for commissioners has already been demonstrated. The biggest challenge, that of driving routine use of the metrics and implementation of best practice, remains and dissemination is now a major focus for CQRA.

Outcomes

The success criteria based on key project milestones have been achieved. Metrics were successfully identified and reflect the overarching objectives of CQRA project partners to develop patient-focused quality commissioning metrics that are easy to use, validated and clinically meaningful. Dissemination of the metrics to promote wider use and uptake through targeted communication has been achieved through identification of opportunities for dissemination and engagement both nationally and internationally.

Results of the metrics pilot study were presented at the British Society for Rheumatology (BSR) annual conference in 2011 and demonstrated that the metrics are easily administered in existing rheumatology units. One year later, a follow-up study was undertaken to assess whether implementation of the metrics can improve RA management in line with best clinical practice.

Results, presented at the BSR annual conference in 2012, demonstrated that implementation of the metrics can facilitate improvement of quality of care as assessed by measuring alignment of actual clinical practice to best practice, as defined and advocated by NICE. Furthermore, the metrics were able to serve as indicators and to identify areas of focus for further improvement. Currently 7 RA centres across the UK have adopted the RA commissioning metrics.

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