Expanded abstract

Measuring quality in public health services. The case of Osakidetza – Basque Health Service

This article deals with the measurement of quality in public health services in the Basque Country, which are provided by the public body Osakidetza - Basque Health Service (OSK). General quality methods and tools in the field of business and health management are described, together with others specific to OSK, the latter being analysed in greater depth. Specifically, the concept of quality has been studied from a multi-faceted perspective, which includes different aspects of the term, such as contracted quality versus financed quality; certified, compared, perceived and evaluated quality.

Objectives

The main objective of this article is to learn about and list the quality methods and tools of one of the Spanish autonomous public health systems. Specifically, it will deal with the case of OSK, contextualised with other quality tools and indicators in the national context. Therefore, it will include quality aspects specific to OSK, together with other general aspects, applicable to any health service and geographical area. As a secondary objective and by way of conclusions, we will try to estimate the influence between the implementation of quality policies, health and demographic results, as well as the satisfaction perceived by patients and users of OSK.

The secondary objective, and by way of conclusions, will be to estimate the influence between the implementation of quality policies, health and demographic outcomes, as well as the satisfaction perceived by patients and users of OSK.

Methodological Approach

In coherence with the objectives of the article, a list and description has been made of a large part of the methods and tools for measuring quality in the Spanish National Health System (SNS), together with others specific to OSK in order to frame the study. This has been developed in the sections of the article entitled: contrasted quality vs. financed quality; certified quality; comparative quality and perceived quality.

On the other hand, the section prior to the conclusions of the article, referring to assessed quality, has an empirical design, where demographic indicators corresponding to all the Spanish autonomous communities and their two autonomous cities have been analysed. These are life expectancy at birth and average population age, obtained from the Spanish National Statistics Institute (INE). At the same time, other sources have been used, with the same scope and

similar validity, now in the health field, such as the surgical waiting list of the SNS, from the Ministry of Health, (several years).

With all of this, a double study has been carried out. Firstly, statistical analysis by means of a simple regression analysis, complemented with graphs, at autonomous community level, which include each of the trend lines of the parameter represented, as well as the linear equation of the straight line that best adjusts to the trend of the data.

In short, the methodological approach of the article has been descriptive and empirical, and within the latter, statistical and graphical, with the particularity that the data of the empirical analysis are up to date, and beyond the worst moments of the COVID-19 pandemic.

Results

The main results of the study are the consequence of the empirical analysis carried out in the evaluated quality section. With regard to the comparison of surgical waiting lists in the Spanish Autonomous Regions (ACs), the result for OSK / Basque Country was the best of all the SNS, with the shortest average waiting time, which, however, during the pandemic period and as in the rest of the ACs, worsened notably. As regards the evaluation of quality through demographic indicators such as life expectancy at birth and average age of the population, all the Autonomous Regions are moving towards a greater ageing of their population, albeit with very different starting points. The Autonomous Regions of the Cantabrian coast, including the Basque Country and the northern plateau of Spain, have a higher average population age.

On the other hand, apart from the starting point of life expectancy at birth, which is high in all the Autonomous Regions and somewhat lower in the Spanish North African autonomous cities, the impact of COVID-19, quantified by the adjusted excess mortality rate, means that the Basque Country would be at an average value with respect to other Autonomous Regions.

Therefore, the impact of mortality in relation to COVID-19, despite the fact that many causal aspects are still unknown, has generally been greater in the Autonomous Regions in the north of the peninsula, bordering or close to France (Navarre, Catalonia, Aragon, Rioja, in addition to the Basque Country) and those Autonomous Regions in the north of the peninsula, bordering or close to France (Navarre, Catalonia, Aragon, Rioja, as well as the Basque Country) and those with a resident population in areas of high population density (Madrid, Catalonia and also, in this case, the Basque Country) and finally, in Autonomous Regions close to Madrid with a significant population flow with the latter, for work, education, health reasons, etc. , the latter being the case of the two Castillas.

The best results were obtained by the two archipelagos (Canary Islands and Balearic Islands), as well as Galicia and Cantabria, and this is perhaps due to the fact that once the State of Alarm was declared, the restrictions on mobility allowed for greater and better isolation of the population. Some due to their insularity and others due to their dispersion and low population density, in addition to their peripheral location within the peninsular territory.

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Limitations to the research

Two main limitations have been encountered when undertaking the research. Firstly, the difficulty in comparing the different regional health services of the SNS. In part, this limitation could be avoided by using homogenised information from the same source (Ministry of Health and the Spanish National Institute of Statistics). The second difficulty is that during the COVID-19 pandemic, although there have been numerous studies and hypotheses that can be compared, to date, the unknowns are even more numerous than the verified evidence.

Practical conclusions

The main conclusion is the confirmation of the importance of objectives aimed at the quality of the health service and management quality in the Basque Health Service. These are achieved, among other things, through knowledge of the perception of patients and users of the health care received through satisfaction surveys, as well as the establishment of contracted quality commitments which, when achieved, receive specific funding through the formula of formalising programme contracts.

The second conclusion, applicable not only to the field of quality or health, but in general, is the need to know the reality of the environment in the shortest possible time. To this end, it is necessary to have synthetic and robust indicators that allow us to extrapolate each specific situation prospectively in order to be able to make decisions with the best possible knowledge of the facts. Especially in crisis or risk situations.

Original value

The main original value of the article, especially with regard to its empirical analysis, is that the data sources are very recent, practically obtained in real time with respect to the health crisis under study and its subsequent consequences on demographic indicators. Moreover, the methodology can be extrapolated to other critical scenarios where, even more important than the refinement of the results, is the possibility of having them available in a short period of time.