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Secondary use of mystery visitor data from a consumer organisation to assess general practitioners performance

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Content
Mystery visitor secondary data for HSR

- Background
- Methods
- Results
  - Appraisal
  - Own Analysis

- Limits / Conclusion

Background
increment HSR = EBM + QM + CO

- Mystery Shoppers -> quality in service industry: QM
- Consumer Organisations (CO) -> decades experience
- Austria -> explizit new programme for annual Periodic Health Examination (PHE) in 2005
- 2008: Austrian CO constructs 2 „severe“ clinical cases -> tests 21 GPs in Vienna unanounced
  - usual report punblished (judgements ad personam)

Methods
Appraisal of data followed by analyses

- We were provided with (anonymised)
  - Gender & insurance status (I) of 21 GPs (14 full I, 7 private)
  - 42 judgment sets on them (including coding system)
  - 34 completed medical proformas (screening results)
- One of us (blinded) extracted proformas

- We appraised quality of
  - data collection mechanism and detection
    - by interviews and analysis of standard procedures at CO
  - sampling, by comparing to official GP distributions
- We analysed (Panel designs and multilevel models in Stata 9.1)
  - Plausibility of time distributions
  - Medical history taking performance

Results of our appraisal of CO data

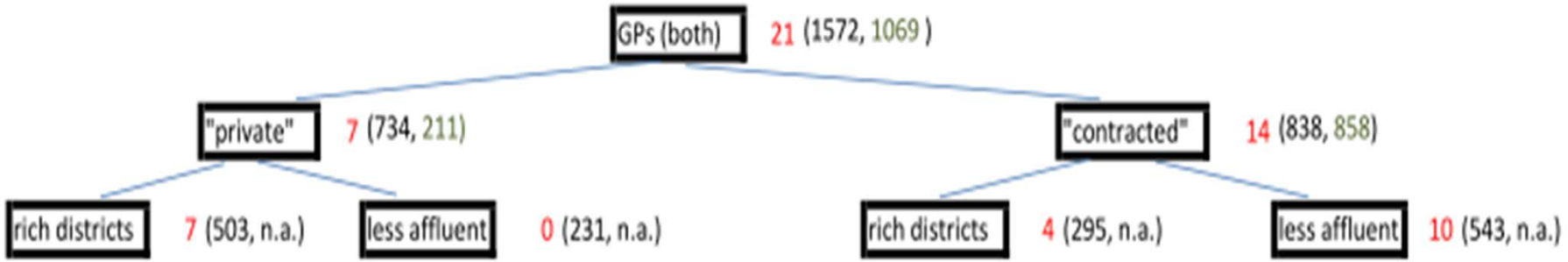
- Data collection and detection: Valid, precise
  - Certified, automated protocol- and judgement system
  - Mystery visitors had decades of experience and cases were medical plausible (age, sex, fake-laboratory data, rehearsal)
  - No incognito standardized patient (ISP) visit detected
- Sampling of GPs: compared to other GP data
  - Wealth and GP insurance distribution as expected
  - we re-simulated the CO´s double stratified random sample
    - » our Vienna district and insurance distribution very similar

Summary: Results of appraisal of sampling: Representative

Table - Sampling Distribution of GPs

Analysis of the outcomes of VKI sampling in Vienna 2008

GPs n (N, NS) / # in sample (2002 workforce, VKI lists 2008 with PHE contract)



Simulation sampling among private GPs based on 2002 data, unknown PHE contract status

rich districts 6 (503) less affluent 1 (231)

Results: own (secondary) data analysis

- Surprise: GPs counseled longer than expected
  - 46 Minutes (95% CI 37- 54)
    - » Private 60 (50-71)/ Full I 38 (26-49)
  - Practice style dominates waiting time; consultation time less
- Medical history: GP performance falls short of guideline
  - 38% (95%CI 19%-56%) of visits reach guideline care level
  - 30% (12-48%) were below minimal standard
    - standard care includes at least touching the alcohol domain verbally
- Outlook: Preliminary CVD data shocking
  - 1 out of 17 records “highest risk class possible” in male ISP

Limitations / Conclusion

- Limitations
  - Small sample size (n) : *well in range of a recent ISP Syst. Rev.*
    - » *Confidence intervalls report on n !*
  - Clustering at GP level : *benefit for a multilevel model*
  - Measurement error: *ISP training & detection excellent*

- Conclusion
  - Interesting and pricy source of data for a poor HSR setting
  - Direct observation of GPs is valid and avoids response bias
  - First data published in Austria on “real” GP performance within a hughe prevention programme could help to improve quality
  - Further analysis on 60 performance variables planned

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