



PRESS RELEASE

International Research on Quality in Healthcare “Spend no more but smarter”

Brussels, 24 April 2014 – Closing Conference of the InterQuality Project: Since December 2010, the InterQuality project investigates the effects of financing systems on the quality of healthcare. The knowledge gained from the 4-year research provides input for European countries to choose the right financing mechanisms in different areas of their healthcare systems, according to their needs and resources, and to pay not more, but smarter.

Based on administrative and survey data, InterQuality seeks answers to how the healthcare systems are financed in Europe, what are their shortcomings and strengths, and how the healthcare financing reforms are communicated to the public by the main actors, namely the governments.

The project examined ways of funding and incentive systems affecting the quality, effectiveness and equity of access to healthcare in four areas: pharmaceutical care, hospital care, ambulatory care and integrated healthcare

The consortium has identified two directions for the future development of the recommended pharmaceutical benefit financing model. The first direction consists in the inclusion of progressive reimbursement schemes with the introduction of deductibles. Secondly, professional third-party administrators should be included as they have enough power to negotiate pharmaceuticals prices and gain rebates from producers which would improve the transparency of distribution process and transfer profits to payers and patients.

It also emerges from the project research that hospitals financed through Prospective Payment Systems (PPS) tend to be more efficient and to offer better quality of care than those financed through global budgets. Despite the effects of such payments are not all desirable, the project partners encourage decision-makers to move forward on their optimal design with the classification system based on diagnosis related groups.

The research emphasised that there should be financial incentives to improve outpatient care, which is the quality of care delivered outside the hospital setting; either provided by General Practitioners or community support services. These incentives must be specific to the type of health system and the current health policy context in a particular country.

InterQuality finally proved that the fragmentation of healthcare provision should ideally be abolished in favour of a coordinated and integrated care model that contributes to spend less in healthcare. The project leaders suggest learning from Accountable Care Organisations (ACOs) that have proved to be an effective method of improving the performance of the US healthcare system. These organisations pay providers in a way that encourages them to provide coordinated services and discourage supplier induced demand.

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More information about the InterQuality Project

The project is led by the **Medical University of Warsaw** and implemented by a consortium of eight partners from the European Union and the United States.

- Medical University of Warsaw, Poland (WP2: Values/Benefits, WP3: Pharmaceutical care, WP8: Scientific coordination & Conclusion development, WP9: Management)
- Hanover Medical School, Germany (WP6: Integrated care)
- The Research Unit of Health Economics, University of Southern Denmark, Denmark
- University of Catania, Italy (WP4: Hospital care)
- Urban Institute Washington, USA (WP1: Incentives and payment models)
- University of York, UK (WP5: Outpatient, Home care)
- SOPHARM, Poland
- Standing Committee of European Doctors
- European Patients' Forum (WP7: Dissemination)

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