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METHODOLOGY OF ASSESSING PATIENT SERVICE QUALITY IN INTEGRATED HEALTHCARE — A PRELIMINARY FRAMEWORK[*]

This paper presents the methodology for assessing patient service quality in the systemic concept named integrated healthcare. The author describes the background of integrated healthcare model and presents the patient-service provider relationship in this context. Next, patient service quality and its measurement methods have been discussed. Finally, the author presents the preliminary framework of a new approach to assessing patient service quality in integrated healthcare settings.

Keywords: *healthcare, patient service, quality assessment.*

Іга Рудавська

МЕТОДИКА ОЦІНЮВАННЯ ЯКОСТІ ПОСЛУГ У СФЕРІ ОХОРОНИ ЗДОРОВ'Я: ЗАГАЛЬНА КОНЦЕПЦІЯ

У статті представлено методологію оцінювання якості обслуговування пацієнтів у галузі охорони здоров'я. Описано модель інтегрованої охорони здоров'я, яка представляє взаємовідношення "пацієнт — персонал лікарні" в даному контексті. Вивчено якість обслуговування пацієнтів і методи його оцінювання, представлено базові параметри нового підходу до оцінювання пацієнтом якості обслуговування в рамках єдиної системи охорони здоров'я.

Ключові слова: *охорона здоров'я, обслуговування пацієнтів, оцінка якості.*
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МЕТОДИКА ОЦЕНКИ КАЧЕСТВА УСЛУГ В СФЕРЕ ЗДРАВООХРАНЕНИЯ: ОБЩАЯ КОНЦЕПЦИЯ

В статье представлена методология оценки качества обслуживания пациентов в области здравоохранения. Описана модель интегрированного здравоохранения, которая представляет взаимоотношение "пациент - персонал больницы" в данном контексте. Изучено качество обслуживания пациентов и методы его оценки, представлены базовые параметры нового подхода к оценке пациентом качества обслуживания в рамках единой системы здравоохранения.

Ключевые слова: *здравоохранение, обслуживание пациентов, оценка качества.*

Introduction. Health is an important element influencing human resources and having impact on the productivity of individuals, and thus on economic growth. These relationships have been a subject for discussions of Nobel Prize winners T. Schulz and G. Becker, and their heritage is now widely used for research on the economic development and the economies competitiveness. This is reflected in the recognition of health, in addition to education as one of the 12 pillars of competitiveness (Schwab, 2010), and investment in human health as one of the targets for growth in the new millennium (Millennium Development Goals), agreed by the ruling for the Millennium Summit in 2000 (IMF, OECD, UN, The World Bank, 2000).

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Burden of chronic diseases. The twentieth century in the countries of WHO European Region is the time of the domination of non-communicable diseases, including the strong predominance of chronic diseases as the causes of morbidity and mortality of the population. They are responsible for about 80% of death causes in both economically developed countries of Western Europe and developing countries of Central and Eastern Europe (The World Health Report, 2004). For comparison, on the global scale (whole world), non-communicable diseases cause 60% of deaths, including 32% from diseases of the cardiovascular system and diabetes, 13% - due to cancer and 7% - due to chronic respiratory diseases (Abegunde et al., 2007). WHO estimates for 2015 indicate a further increase in the proportion of noncommunicable diseases, upto 84% - as the cause of death in general (WHO, 2005).

Chronic diseases are the dominant cause for not only deaths but also a powerful determinant of quality of life, limiting the ability of the affected people to function independently. Although chronic diseases usually manifest themselves with age they affect young population as well. According to the representative survey of the European Union citizens and Croatia conducted by TNS in 2006, 29% of the EU population aged 15 and over declares health problems that are continuous, which means an increase of 5 percentage points to the year 2005, and 25% of the EU population has already been subjected to long-term treatment (TNS Opinion & Social, 2007). For comparison, the percentage of respondents in Poland, declaring suffering from chronic diseases in 2006 was 32%, so it was slightly higher than the average for the EU. On the other hand, percentage of Poles according to TNS undergoing treatment for chronic diseases is 24% (TNS Opinion & Social, 2007).

What is essential, the incidence for chronic diseases is associated with the aging of the population of European countries, including Poland. In 2000, the share of seniors (people aged 65 +) in the population of Europe was 15% (Lloyd, Wait, 2005). Forecasts to 2050 show an increase in this segment of the age to 18.5%. The number of coexisting chronic diseases increases with age. Many studies conducted in different European countries, including Poland, confirm this hypothesis (Fortin et al., 2005; GUS, 2011).

The economic aspect of taking care of people with chronic diseases is of special importance if we take into account that in the countries where such research was conducted turned out that the treatment of patients from this segment in 1996 was 75% (Hoffman et al., 1996), and 10 years later, it raised to 84% of the total expenditures on health (Anderson, 2010). It is difficult to estimate the corresponding data in Poland, but it is expected that due to the convergent profile of health of the inhabitants of our country, this share is similar. The number of coexisting chronic diseases is escalating these expenses. Compared with the treatment of patients with acute conditions, therapy for patients with one chronic condition annually consumes 3 times more expenditures, the treatment of patients with 3 coexisting diseases - more than 7 times, and the therapy of patients with 5 or more chronic diseases - already more than 15 (own calculations based on Goodell et al., 2009).

The outlined above fluctuating health profile of the inhabitants of Europe, including Poland, will cause significant implications for healthcare systems. Demographical and epidemiological variables undoubtedly have an impact on the size and structure of the demand for health services reported. Chronic diseases make suffering people look

for ways not only for a complete recovery (cure), but for the care, raising their quality of life by reducing burdensome symptoms of disease, increased comfort in everyday functioning and prevention of possible side effects of pharmacotherapy.

On the other hand, simultaneous coexistence of many diseases will require to surround the patients suffering from it a complex medical care, taking into account the relationships and interactions resulting from complex medical conditions. These objectives do not appear feasible under the current dominant model of healthcare, oriented to individual therapy and individual episodes of diseases, often described as sharp, and the currently most widespread pattern of paternalistic patient-doctor relationship. This view is shared by the experts from WHO, just to mention the document Health 21 (Heath 21, 1999).

Patient-provider relationship in integrated healthcare. The above perspective clearly increases the role of the integrated healthcare as a model capable to meet the needs of an aging population with complex health needs while caring for the rational use of the limited resources of the healthcare system. For the patient-doctor relations it means stronger than in episodic medical conditions pressure on the reorientation of the role of the patient from the recipient of healthcare services towards the role of the "coauthor" of these services. Increasing the responsibility for patient's own health condition, it means registering into the so-called model of disease self-management (Newman et al., 2009), so the systemic activities from the patient himself oriented to obtain specific positive results of treatment.

Patient perceptions and satisfaction with care have become important indicators of the quality of services and the relationship of services to treatment outcomes. However, assessment of theses indicators continues to be plagued by measurement problems, particularly the lack of the proper measurement procedure and tools that could be adjusted to Polish situation (patient preferences in Poland, cultural differences, the environment of Polish healthcare system). Therefore, there is a need for validated patient self-report instrument to assess the factors, which are important for Polish patients while receiving chronic care. The important assumption of the proposed methodology is that the care received by patients with chronic illness should align with the Chronic Care Model (Wagner, 2004) - measuring care that is patient-centered, proactive, problem-solving and follow-up support.

In this paper, the author presents a new approach to better capture chronic patient perceptions of experiences in care. It is an indepth approach to defining and assessing chronic patients' perspectives at different junctures in care, including their decision about whether and where to seek care, the barriers encountered, and the treatment and services received. The proposed methodology considers also the perspective of healthcare provider and its impact on patients' experiences in care.

Patient service quality in integrated healthcare. Coordination and integration of healthcare is at the center of attention of many international bodies such as WHO, OECD or the World Bank. The expressions of this attention are numerous studies focused on the issue of coordination of the healthcare delivery process. WHO European Office for Integrated Health Care Services alone runs several projects devoted to this subject, just to mention here the "Linking Levels of Care", "Primary Health Care", "Hospital Management", "Home Health Care", "Human Resource Development" or "Telemedicine".

This paper seeks the ways to simultaneously achieve several objectives pursued by healthcare systems such as economic efficiency (according to the imperative of rational management of rare healthcare resources), improving the effectiveness of treatment (clinical quality) and improving patient satisfaction, which is indeed a major determinant of functional quality. The question of synergic achievement of the above objectives is the subject of many studies and theses, while Polish authors primarily emphasize on efficiency (Fraczkiewicz-Wronka, 2010; Suchecka, 2010, Hass-Symotiuk, 2011; Kowalska, 2009). Among foreign reports worth mentioning are the OECD documents as "Improved Health System Performance through better Care Coordination" (Hofmarcher et al., 2007) and "Health Care Systems: Lessons for the reform experience" (Docteur and Oxley, 2003), in which the main conclusion is saying that the basic problem of erosion of the healthcare quality are not low technical competencies of medical professionals, but organizational imperfections of the process of delivery of healthcare services. The integration of delivery processes of the healthcare appears as one of possible solutions to improve the quality of care through greater convergence of the relationship between the chain links of the process of sharing and to ensure its compliance with medicine based on scientific evidence.

While the issue of economic efficiency and clinical quality in the perspective of the integrated healthcare has been already raised in many theses, especially in English-language literature (Armittage et al., 2009; MacAdam, 2008), whereas the issue of patient service quality in the context of this existing model of functioning of care is poorly understood. The accomplishments of the literature both in Poland (Mruk, 2009; Czubala et al., 2006; Otto, 2004) and abroad (Devaraj, 2001), although not referring directly to the customer-provider relations stands in the opposition to the assumption that the patient-provider relationship is a set of interactions resulting in a single episode of disease. Thus, the existing models of quality in healthcare services are focused on several approaches:

- direct transmission of knowledge on quality management of products in the realm of healthcare, which inevitably leads to ignoring the perspective of the customer (patient) and his needs (Brucks et al., 2000);

- building models based on determinants of quality, for example, the perceived service quality model based on 2 types of factors - technical quality, referring to the traditionally understood quality in manufacturing and process quality (functional), concerning the manner in which a service is delivered (Gronroos, 1984; Gronroos, 1982);

- analysis of the emerging gaps between how the quality of service is perceived by a provider and a recipient - the model of 5 gaps (Parasuraman et al., 1985; Zeithaml et al., 1988).

The considerations accompanying the above concepts over the determinants of service quality, including healthcare allowed us outline a number of key elements such as material sphere, reliability, responsiveness, assurance and empathy (Zeithaml et al., 1988). The above list has inspired other researchers, who on the basis of the study suggested different sets of determinants of service quality. C. Gronroos found that customers perceive service as good, if accompanied by professionalism, attitude and behavior, availability and flexibility, reliability and security, compensation, material elements, reputation and credibility (Gronroos, 2000). Another - quite wide - list

of factors that determine the perception of service quality developed by R. Johnson has 18 components (Johnson, 1995).

The above approaches both to the concept of customer service quality (here: the patient) - but worth the attention and the reference in the proposed solution systemic (the integrated healthcare) do not correspond to the end of its assumptions based on Chronic Care Model (Wagner, 2004) and Innovative Care for Chronic Care (WHO, 2002). Both models highlight the strong points that may be divided into 3 groups:

1) the role of disease self-management, educate, inform and motivate patients;

2) the impact of local environment (management of complex services, mobilizing and coordinating resources, strengthening the results of care through leadership and support, building a community care teams);

3) the impact of the healthcare organization system (coordination and promotion of continuity of care, utilization of information systems).

In this perspective, patient service quality takes on a slightly different dimension than the one promoted by the classic models based on an episode of a disease. In the context of the integrated healthcare patient services and therefore, their quality are considered as a continuum, where significant importance gets the continuity of care provided to patient, his involvement and participation in shaping the results of treatment and the creation of therapeutic teams (horizontal and vertical integration). Adopting this interpretation would require a reassessment of existing approaches to examine patient service quality and the concept of its evaluation and measurement. This implies the need to introduce - based on primary research, quality - new variables, corresponding to the Chronic Care Model and verification, including through empirical and quantitative studies.

Measuring the quality of healthcare. Previous approaches to assessing and measuring the quality of healthcare services used two basic tools: SERVQUAL and SERVPERF. Developed by Zeithaml's team, SERVQUAL method is the most powerful way to measure the service quality and it is based on the theory of expected noncompliance (Zeithaml et al., 1988). The developed survey instrument is based on the separated by the researchers frames of the service quality (tangible elements, reliability, responsiveness, assurance and empathy), which have been described in 22 statements with the seven-point Likert scale. Despite its popularity among researchers, this model also lived to see its wider criticism (Cronin and Taylor, 1994). An alternative model explaining the formation of perceived quality - named SERVPERF (Woodside et al., 1989; Babakus et al., 2004; Bell et al., 2005) is based on several assumptions: perceived quality is best expressed through the concept of "attitude", the optimum way of managing attitudes is to use a model of "the adequacy-significance", the current performance of service is capable of adequately capturing the way in which purchasers perceive the offered quality by a given service provider.

On the other hand, measurement and evaluation of quality patient service in the integrated healthcare has a short tradition. Available studies (Glasgow et al., 2005; Glasgow et al., 2003, Kroger et al., 2007) present a methodology adapted to the conditions of American system, largely based on the experience of Kaiser Permanente - the largest organization combining the functions of insurer and healthcare provider in the USA. Developed by the US researchers, two measurement tools such as Patient Care Perception and the Patient Assessment of Chronic Illness Care, refer to the

experiences of patients and evaluate the patients' perceived quality of healthcare services in the integrated model. These tools and the entire methodology of proceedings - even though worthy of attention and scientific consideration - are characterized by several elements that prevent the direct transfer and application in European healthcare, including Polish one.

First, they involve different healthcare system, which organizations differ from the proposed for Europe, including Poland by the WHO. The main aim here is to integrate financing and delivery of healthcare services current in the US system, and only integration of the process of services provision proposed by the WHO in Europe.

Second, the methodology developed in the US grounds on evidence-based practices collected by local service providers. Methodology proposed in the application will be based on heuristics (Martyniak, 2001), and therefore will be reduced to identify methods to help solve the problem (here: service quality assessment by a patient) under conditions of insufficient information and compensate for its lack with intuition and imagination. This will be closely linked to lateral thinking and a way of creative thinking in search of solutions to difficult problems with unorthodox methods and using items normally ignored by traditional logic.

Third, the distinctive feature of the proposed methodology of assessing quality patient service in an integrated model of healthcare is the relational approach, taking into account not only the perspective of main beneficiaries of services (patients), but also service providers. The latter, as the creators of the components of quality of service (capacity, process and outcome) are responsible for conscious, thoughtful and cost efficient quality management of individual medical centers and their networks integrated around the needs of patients. Hence it is incorporation into service quality assessment model of the integrated healthcare, patient elements dependent on the service provider, projecting in a quality management system. It is important to move away from the most popular models in healthcare such as a model of European Foundation for Quality Management (EFQM) model of Total Quality Management (TQM) in healthcare or ISO standards for healthcare. These models, although worth a literature review (Opolski and Modzelewski, 2008; Baylin and Moreira, 2011), already partly made by the author (Rudawska, 2005; Rudawska and Prause, 2007) may not be directly applied in the integrated healthcare due to the nature of the relationship between supply chain partners. The author assumes there will be new elements resulting from a network approach, which will need to be taken into consideration while designing the methodology for assessing patient service quality. The author in made so far surveys in Polish literature came upon no achievements in this area. This suggests that the proposed methodology will be pioneering in Polish literature. However, the existing achievements of other authors (Batterham et al., 2002; Opolski and Modzelewski, 2008) in similar but not identical problems, will require a review and critical evaluation. It is particularly to summon documented evidence from other healthcare systems concerning the relationship between the quality of patient service, treatment outcomes and costs of care (Rapkin, 2008; Ouwens et al., 2009). The first, brief review of these publications leads to the conclusion that the high quality of service allows chronically ill patients to achieve improved patient reported outcomes at lower cost in the long run. This is mainly a derivative of effective communication in the patient-provider relationship, the reduction of unneces-

sary and often duplicate medical tests and reduction of medical errors. These issues, although not in the perspective of integrated healthcare, have already been considered by the author (Rudawska, 2006).

Methodology of assessing patient service quality. In the above perspective the proposed in the paper methodology for assessing patient service quality uses in fact the subject literature and refers to the earlier author's achievements, but also introduces new elements. In the author's intentions they are:

- setting of the proposed methodology in the concept of integrated healthcare, primarily intended for patients with chronic diseases;
- bipolar approach to the analyzed issue (patient service quality);
- the construction of a new research tool that takes into account both patient perceived quality as well as indications of quality which are the direct responsibility of the service provider (for example, entrepreneurship, delivery system, patient-centeredness, staff commitment);
- empirical confirmation of the above research tool in order to verify its validity and reliability.

The subject of the research is a procedure aiming ultimately to assess the quality of patient service in the integrated model of healthcare. The element directly related to this is to develop measurement tools for service quality, taking into account the assumed bipolarity of the approach, i.e., the perspective of patient and the perspective of provider.

The study will provide a comparative-descriptive analysis enabling the summary of current knowledge in the field with new relationships, expert analysis of a qualitative nature and statistical analysis of quantitative nature. The theoretical part of the research will involve literature studies, a review of national and international statistics and source documents. They will be helpful to build specific research tools. Search area will include secondary sources in the form of information available, e.g., via WHO, World Bank, Eurostat, OECD and in Polish perspective - GUS, National Health Fund, Ministry of Health, PZH etc. In addition, the author traces the data centers of public opinion surveys such as CBOS, OBOP, and the reports of "Social Diagnosis". The empirical part will provide a survey sent to managers of healthcare and indepth interviews with chronically ill patients. The research methodology has been divided into several stages.

Stage one (theoretical) will include literature studies, both published domestically and internationally in the field of health economics, healthcare management and health services marketing. The first task of this research stage is the identification of background of the undertaken methodological considerations, which is the determination of the nature and mechanisms for integrated healthcare and determinants of its development in European perspective, focusing on Poland. The diagnosis of this issue will provide the foundations for the construction of the path of conduct in the assessment of the central conceptual category of this paper, the patient service quality. The second task of this research stage involves interpretation and development of patient service issues, its quality and methods of measurement in an integrated healthcare in the light of the earlier achievements in economic sciences and international experience. The first stage will aim to conceptualize the basic conceptual cat-

egories of the undertaken issues (i.e., an integrated healthcare patient service and its quality), which will be operationalized in the next stages of research.

Stage two (research, qualitative) will include 2 groups of qualitative research: rounds of surveys of healthcare managers, selected purposefully (where the main criterion will be experience in organizing healthcare, including the integrated one) it is therefore proposed to reach the pilot program participants with GPs as fund-holders (the program was introduced in the province West Pomerania in 2002). The purpose of the rounds (estimated to be 3 anonymous Delphi rounds) is to determine the groups of variables and the corresponding to them statements (a set of items for each factor), which can be considered when assessing patient service quality from the provider's perspective. The collected data are also to indicate what are the views, and expectations of healthcare managers on its organization on the integrated basis and the potential impact of the organization on the customer service quality.

Next, focus group interviews with chronically ill patients will be conducted. The study will include patients from West Pomerania Region I Poland, so as to ensure the possibility of references to the study from the part of service providers. The purpose of these interviews is to establish the groups of variables and the corresponding to them statements (a set of items for each factor), which can be considered when assessing patient service quality from the perspective of recipients.

Stage three (statistical) will involve the submission of the empirical materials to the appropriate statistical treatment in accordance with the description of methods contained in the methodological part of the application. The applied methods will verify in the quantitative terms the accumulated data, and in the qualitative term will form the basis of inference and evaluation in subsequent stages of the research. The key objective of this research stage will be to build a measurement tool used for comprehensive assessment of patient service quality in the integrated healthcare, considered as a target solution, recommended for Polish healthcare system.

Stage four (research, quantitative) focuses on the quantitative survey. It will include the task of verification (on the sample of patients with chronic diseases in West Pomerania Region) the applicability of the measuring tool the constructed in Polish conditions, taking into consideration the relational context of the proposed methodology. The purpose of this research stage will therefore establish the reliability and validity of the measurement scales used. The study will include the sample of chronically ill patients. Gathered at this stage data are also to point out what are the deficits of needs, values and preferences of the patients with chronic diseases in terms of healthcare. Development of the accumulated source material will be made using available statistical packages.

Conclusions. The presented research framework demonstrates the validity and reliability of the proposed methodology. Inventories in this assessment will be designed to identify potential deterrents and difficulties encountered in chronic care in Poland. It will demonstrate the component structure and help to explain satisfaction with chronic care.

The proposed methodology for assessing patient service quality will contribute to the promotion of an integrated healthcare in Poland. The author's procedure and tool will be designed to be a flexible, integrated measure to determine individual's salient service needs, and experience in chronic care. The most important strengths of the

proposed assessment methodology is its focus on specific problems in context, thus providing a more sensitive and informative way to understand service quality in chronic care from two perspectives simultaneously - the patient's perspective and the healthcare provider's perspective. The elements that will be identified will provide a basis for a comprehensive service quality management model for integrated care in Polish healthcare. The author's model will differ from other models (Assessment of Chronic Illness Care used in the United States) with respect to its general approach to multiple patient categories, its broad definition of integrated care and its specification into different clusters. The methodology furthermore accentuates conditions for effective collaboration in healthcare settings.

The theoretical model of patient service quality assessment in integrated settings (the main, expected result of the proposed methodology) will contribute thus to the discipline of health economics and customer service management in healthcare sector. From the practical point of view, the proposed methodology could serve evaluation and improvement purposes in integrated care practices in Poland. It might be also associated - in the broad sense - with subsequent change in the quality of life of chronic patients.

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