Professorship Anthroposophic Healthcare

Development and validation of the “Consumer Quality Index - Anthroposophic Healthcare” to measure patient experiences systematically

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INTRODUCTION: The evidence based medicine (EBM) development and the shared decision making (SDM) development urges healthcare providers to measure patient experiences scientifically. In the Netherlands, the Dutch government and stakeholders have chosen the Consumer Quality Index as the instrument to measure patient experiences with healthcare practices. The professorship Anthroposophic Healthcare (AH) constructed and validated a Consumer Quality Index Anthroposophic Healthcare (CQI-AH) questionnaire to measure patient experiences with their AH professionals and practices. The future perspective of the CQI-AH is its use for quality measurements and in addition for benchmarking of patient experiences between conventional and anthroposophic healthcare.

METHODS: CQI-AH construction:
• Use of existing, valid CQI-GPs with general questions in eight domains (Accessibility, Assistant, Attitude GP, Communication GP, Tailored care, Cooperation with other healthcare professionals (HCPs), Attitude other HCPs, Tailored care other HCPs)
• Qualitative construction of additional, specific AH-related questions by focus groups of patients and AH workers.

Research population: random sample of 6.000 patients (300 patients x 20 Dutch GPs).

RESULTS:
• Validating the quality of anthroposophic healthcare towards governments, politics and health insurance agencies
• Monitoring by researchers, patient organisations and government
• Improvement of healthcare by healthcare workers
• Consumer choices

With this instrument AH is able to meet the increasing demand for transparency of the quality of healthcare and the future requirements concerning the quality of healthcare, set by the Dutch government. The results of these measurements can be used for specific societal and political demands, for example as information for: consumer choices, improvement of healthcare by healthcare workers, monitoring by researchers, patient organisations and government, looking after the interests of the anthroposophic healthcare, validating the quality of anthroposophic healthcare towards governments, politics and health insurance agencies.

REFERENCES:

CONCLUSIONS
• Conclusion 1: The CQI-AH has good psychometric properties.
• Conclusion 2: Patient experiences with anthroposophic GPs are a little bit better than with conventional GPs.
• Conclusion 3: The new ‘anthroposophic items and scales’ demonstrate positive experiences with anthroposophic aspects of treatment. The ‘Information’ and ‘Treatment approach’ scales provide the lowest score.
• Conclusion 4: Patients of anthroposophic GPs are overall more satisfied with their GP practice than conventional patients.

DISCUSSION
With this instrument AH is able to meet the increasing demand for transparency of the quality of healthcare and the future requirements concerning the quality of healthcare, set by the Dutch government. The results of these measurements can be used for specific societal and political demands, for example as information for:
• Consumer choices
• Improvement of healthcare by healthcare workers
• Monitoring by researchers, patient organisations and government
• Looking after the interests of the anthroposophic healthcare
• Validating the quality of anthroposophic healthcare towards governments, politics and health insurance agencies.