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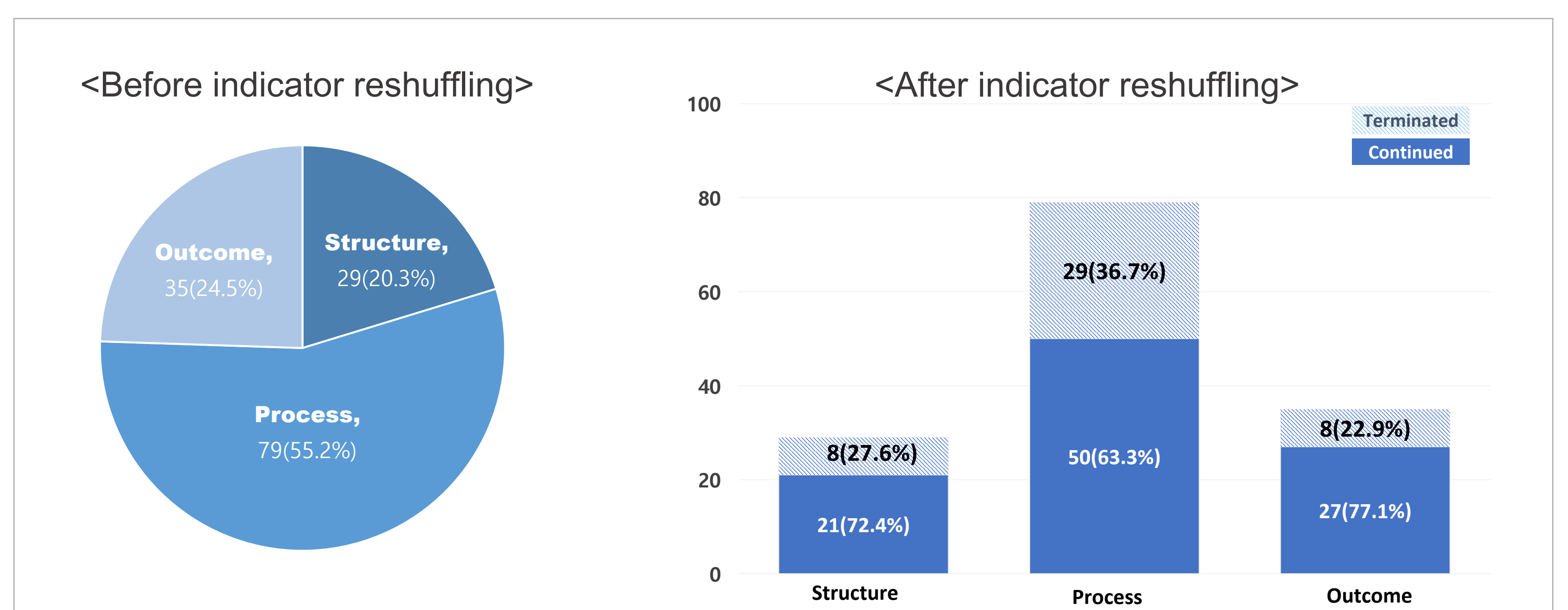
INTRODUCTION

- Health Insurance Review and Assessment Service has begun the national health insurance benefit quality assessment(QA) in 2001 with five assessment items, including antibiotic prescription rate and stem cell transplantation institutions, and the coverage has expanded to 37 items in 2022. The QA process has significantly contributed to improving healthcare quality and cost adequacy.
- However, a few assessment indicators exhibited ceiling effects, and questions rose as to the sustainability of QA due to increased administrative burden on providers and declining efficiency.
- As such, Korea began to reshuffling QA indicators in 2022 focusing on the key indicators* in order to upgrade QA system and enhance sustainability of assessment process.

* Key indicators: Indicators that are necessary for healthcare quality improvement, or those that can measure treatment results, such as outcome indicators and cost-effectiveness indicators.

RESULTS

- In 2022, the reshuffling was done on 143 indicators of 13 items, focusing on outcome indicators and QA indicators that have higher effectiveness in treatment outcome and quality improvement.
- Out of the 143 indicators, 45 indicators (31.5%) are terminated due to ceiling effects, duplication, or similarity, leaving behind 98 indicators of 13 items in place. Among the 98 indicators, 84(85.7%) were categorized as key indicators that can measure treatment outcome, and 14 non-key indicators (14.3%).



<Table> Indicator Status by type

<Before indicator reshuffling>				<After indicator reshuffling>				
Indicator	Sub-total			Indicator	Structure	Process	Outcome	
143 (100.0)	Structure	29	(20.3)	143(100.0)	29 (100.0)	79 (100.0)	35	(100.0)
	Process	79	(55.2)	Terminated	45 (31.5)	8 (27.6)	29 (36.7)	8 (22.9)
	Outcome	35	(24.5)	Continued	98 (68.5)	21 (72.4)	50 (63.3)	27 (77.1)

- In the perspective of indicator type (structure, process, outcome), more than 1/3 of process indicators (36.7%, 29 out of 79) were terminated. Around 20% of structure indicators (27.6%, 8 out of 29) and outcome indicators (22.9%, 8 out of 35) were terminated respectively.
- The reshuffling resulted in a reduction of survey questions to 25.7%(893 questions out of 3,469 in total). Providers are required to fill in the survey and submit it for QA.

CONCLUSIONS

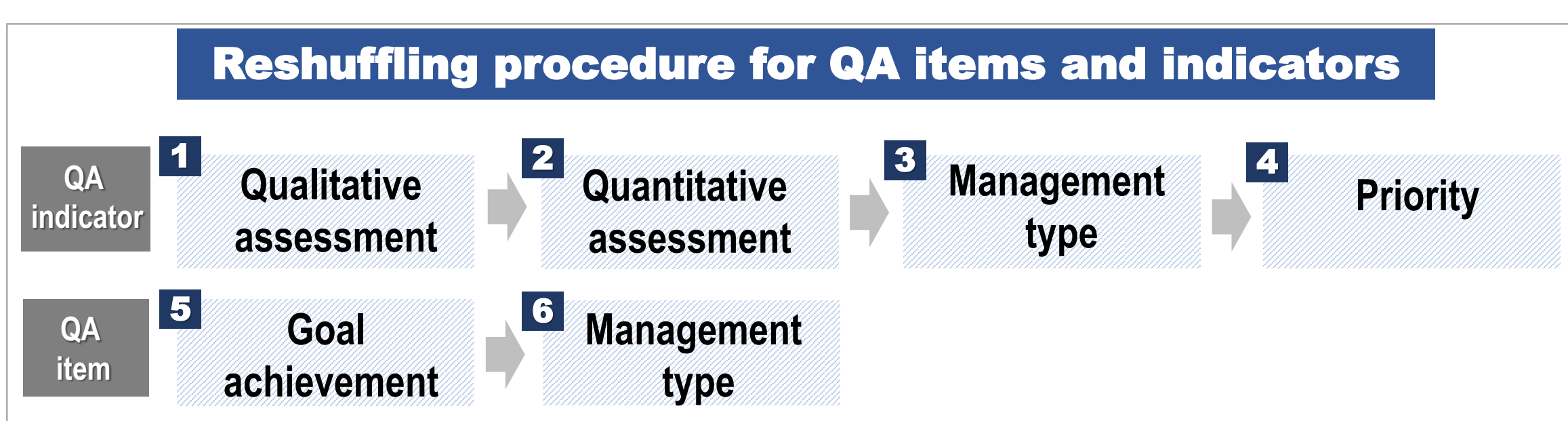
- Based on participation and communication with stakeholders, QA indicators were reshuffled focusing on key indicators. (key indicator 85.7%, non key indicator 14.3%) As the reshuffling of QA indicators contributed to higher efficiency of assessment operation, it is expected that the administrative burden of providers to submit additional data will dramatically decrease.
- Starting from 2023, all QA indicators are subject to re-assessment on a regular basis. Along with the regular re-assessment, quality management measures will be prepared through post-management and monitoring of indicators to be terminated.

REFERENCES

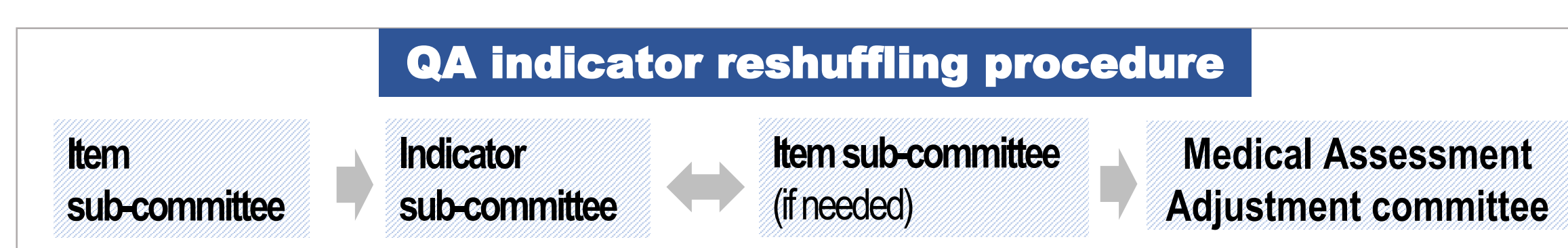
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METHOD

- The target of reshuffling includes 25 assessment items (228 indicators) excluding 12 items (new items, suspended items, etc.) out of 37 items in total. In consideration of conditions, 143 indicators of 13 assessment items were selected for reshuffling in 2022.
- The reshuffling process for assessment indicators consisted of selecting key indicators based on the ①qualitative and ②quantitative standards, and deciding ③the type of indicator management (maintenance, termination, improvement, conversion) and ④the order of priority. For assessment items, ⑤mid and long-term objectives were set, and ⑥ the type of item management (maintenance, termination, suspension) was decided.



- The reshuffling procedure begins with a discussion based on management criteria in the sub-committee by assessment item and sub-committee by assessment indicator respectively, followed by the final review of the Medical Adjustment Assessment Committee.
- The reshuffling was done through collaboration among experts from each sub-committee (by item and indicator) and operation of a working group between indicator reshuffling team and quality assessment team.



* Item sub-committee: Consists of clinical specialists and leads the overall discussion of QA planning, result sharing, goal and criteria setting, etc.

* Indicator sub-committee: Consists of members of diverse background, including medical field, consumer, academia, and policy experts and conducts reshuffling and re-assessment on indicators based on management principles and criteria.