"The bridge between research and care"

30 years of the aQua Institute, 30 years of being part of the history of German healthcare research in the service of "applied quality promotion and research in healthcare". That is the meaning of the acronym aQua, that is the commitment of the more than 75 employees who have gathered in Göttingen under the motto "From research to care". Founder and Institute Director Prof. Dr Joachim Szecsenyi and his two Managing Directors Dipl.-Kaufm. Björn Broge and Dipl.-Ges.w. (FH) Andreas Gutscher MPH unanimously: "We see ourselves as a bridge between research and healthcare: We don't just want to generate findings, we also want to make them usable in practice."



In the interview: aQua Director Prof. Dr Joachim Szecsenyi and the two aQua Managing Directors Dipl.-Kaufm. Björn Broge and Dipl.-Ges.w. (FH) Andreas Gutscher MPH

>> "The aQua Institute provides decision-makers in government, the healthcare system and local authorities with objective, realisable findings for tackling health policy challenges". Does this slogan roughly describe your self-imposed mission?

It describes an important part of our mission. However, our self-image goes beyond pure policy or decision-making advice. We see ourselves as a bridge between research and healthcare: We not only want to generate findings, but also make them usable in practice. This is why we actively promote quality development, for example by organising and supporting quality circles, implementing quality assurance programmes in care and rehabilitation

or developing practical software solutions that anchor quality work in everyday care.

You will probably have recognised this: This slogan is a translation from English, the original version of which reads as follows: "RAND Health provides decisionmakers across government, health care, and communities with objective, actionable evidence to address health policy challenges." Does the comparison between aQua and RAND honour or disturb you?

The comparison certainly honours us, because RAND stands for well-founded, evidence-based analyses that support decision-making processes in the healthcare system. At the same time, we are positioned differently: While RAND takes a more theoretical-analytical approach **ng"**, we consistently combine research with implementation. For us, "applied quality promotion" means that we do not leave scientific findings in the ivory tower, but work together with stakeholders from practice and self-administration to translate them into concrete improvements.

Let's go straight into the topic of implementation orientation, where many other institutes almost despair. Many produce papers, expert opinions and white papers, but when it really comes to the to-do list, they wave off the idea that others - usually politicians - are responsible for this.

Research is fun, it's in the blood of scientists. But in principle, research and evaluation is nothing more than the critical reflection of actions that can be improved and optimised with the results generated in this way. This presupposes that researchers become participants in the implementation by working towards the necessary transfer. We have already been criticised for the fact that there are sometimes conflicts of interest in this transfer work. But we will certainly continue this work, simply because it is easier to evaluate projects and models if you know the work and the conditions in the reality of care from your own experience and not just read about it somewhere. However, the following always applies: if there are conflicts of interest, these must be disclosed. It is crucial that both sides - research and translation - are methodologically sound and evaluate, develop and then help with implementation according to good scientific standards.

"Someone has to do this work: If all you ever do is research and evaluate, but don't actively support those working in healthcare

in what they do and how they do it, then you're always just standing still."

Helping does not mean doing it yourself!

We can provide those working in healthcare with important and helpful guidelines and explain to them how they can improve. However, we ourselves are not involved in providing care: We provide help, support and feedback and create the necessary foundations for this. Someone has to do this work: If all you ever do is research and evaluate, but don't actively support those working in healthcare in what they do and how they do it, then you're always just standing still and ultimately not making any progress in terms of better healthcare for patients.

Continuity is certainly one of the advantages of aQua, isn't it?

Most certainly. One of the secrets of our success is the long-term loyalty of our employees, who we are able to retain for many years thanks to a good working atmosphere combined with a high level of appreciation. The opposite is often the case with innovation fund projects, where employees change twice in a three- to four-year period.

Hand on heart: how often has your motto "From research to care" worked over the past 30 years?

It is by no means the case that all the projects we carry out or are involved in evaluating are always a success. Failure is also part of the reality for us. However, if you consider how complex the structures of the German healthcare system are, we have brought this motto to life surprisingly often. Examples of this are the QiSA quality indicator system and the development and implementation of initial assessment procedures, SmED/SMASS for short, to support emergency care. In addition, we have trained over 3,000 moderators for medical and dental quality circles and established quality circles for pharmacotherapy as a mainstay of successful GP-centred care. These show how evidence-based concepts can be translated into real care practice. It was and is crucial that we integrate research, the healthcare environment and users in equal measure - this is exactly what we mean by applied quality promotion.

Whereby the hat trick is the implementation in standard care.

That is true. However, it all comes down to the will of the stakeholders to want to improve care, even if only a little bit. For example, a few years ago we carried out a very successful innovation fund project to improve the use of antibiotics.

It was called "ARena - sustainably averting the development of antibiotic resistance".

Exactly. In this project, which ran for three years and had a funding volume of 6.1 million euros, we were able to show that the new form of care we trialled makes a significant difference. The Innovation Committee also recommended that the project be transferred to standard care. It did so on the grounds that our project had "successfully implemented and scientifically evaluated a new form of care to reduce the antibiotic prescription rate for uncomplicated infections". The sad result: the project was completed in September 2020 and has been fully and positively evaluated. Nevertheless, little has happened since the decision of 16 February 2022. None of the named recipients of the decision - the associations of health and long-term care insurance funds at federal level and the associations of statutory health insurance physicians as well as the Federal Centre for Health Education (now the Federal Institute of Public Health) and the Robert Koch Institute (RKI) - have reacted. Only the KV Bavaria, with the support of the Bavarian State Ministry of Health, has ensured that the website with many materials at www.antibiotika-alternativen.de is maintained. And we have taken the initiative with the AOK-Bundesverband and published a QISA volume with corresponding quality indicators at https://www.aok.de/gp/qisa as well as exploring the topic in more depth in the quality circles on pharmacotherapy in HzV in Baden-Württemberg. So everything is on the table for standard care, but apart from the aforementioned tender seedlings, it is not being utilised.

"Only the KV Bavaria, with the support of the Bavarian State Ministry of Health, has ensured that the website www.antibiotika-alternativen.de is maintained with many materials."

Why is that?

Often the so-called "window of opportunity". In other words, innovations are primarily or only implemented when either the need is great or a - often financial - benefit is seen by all those involved. However, we researchers must also learn to communicate better. When you talk to stakeholders, they often reflect back to you that they are completely unaware of many projects with the best evaluations and often high-ranking international publications.

Small spoiler: Publishing in "Monitor Versorgungsforschung" avoids this bias.

That's why this journal is so important. Together, we all need to keep emphasising that better healthcare can only succeed if we work together. However, one thing is always clear: it is entirely and solely the responsibility of the contractual partners in the healthcare system to decide whether or not they want to bring a demonstrably better form of care to the general public - there is no obligation to do so. We healthcare researchers can only ever encourage and show how it could work. However, it is usually the case that on the one hand there is often no motivation at all to want to change anything. Nevertheless, on the other hand, forms of care are introduced that appear to have been selected purely at random or are not based on any evidence at all. You can often only shake your head.

To spread a little positivism: What were your three absolute highlights in 30 years of aQua?

Among the research activities with successful implementation, the three projects mentioned above were certainly the highlights. However, our contribution to quality assurance in various contexts has been equally formative: initially from 2009 to 2015 for the G-BA, where we developed the foundations and initial projects for the use of routine data in quality assurance with QISA, for example. Since 2019, we have been working for the Care Quality Committee and supporting over 11,000 inpatient care homes in their quality assurance tasks. Finally, we have been working for the Federal Joint Committee in the field of rehabilitation since 2021 and, as an independent data analysis centre, are implementing one of the world's largest projects involving the collection of PROMS and PREMS data. Among our more recent activities, the establishment of the AI service centre KISSKI together with partners from science and practice and the pioneering work on the digitisation of guidelines together with the AWMF are particularly noteworthy.

With QISA, we encounter RAND again: the approach that the aQua-Institut has chosen for the development of quality indicatorsis based on the RAND methodology. What exactly is it?

The RAND methodology is a structured, internationally established procedure for consensus in the context of evidence generation. It combines a systematic literature review with expert assessment in several assessment rounds. We have transferred this approach to German healthcare conditions and expanded it to include practice-orientated and interdisciplinary perspectives. The result is an indicator system that is both scientifically sound, consensus-based and applicable in different care situations.



Prof. Dr Joachim Szecsenyi *is co-founder and director of the Institute for Applied Quality Promotion and Research in Health Care (aQua), which was founded in 1995. He studied social sciences and human medicine at the University of Göttingen. From 2001 to 2022, he was Medical Director of the Department of General Medicine and Health Services Research at Heidelberg University Hospital.*

The Federal Cabinet recently decided that, among other things, the funding volume of the Innovation Fund is to be reduced. How do you assess the reduction in Innovation Fund funding?

If the reduction cannot be offset by existing residual funds, it will be a step backwards for healthcare research as a whole. For example, the instrument for the initial assessment of patient concerns, SmED for short, was trialled in an innovation fund project together with the ZI. In 45 approved projects to date, the Innovation Fund has been a driving force for ideas that combine research and practice and sustainably improve the quality of care. If funding is cut, there is a risk of valuable innovations being lost and successful research networks being weakened. For us, the funding cuts may mean that we will have to design projects with an even greater focus on sustainability and implementation - and at the same time look for alternative funding channels to continue good concepts. Despite the understandable desire to make savings, we must not forget the positive impact the Innovation Fund has for all project partners and therefore for society as a whole: The network of relationships between all of us has expanded enormously. This cannot be overestimated for future projects.



Last but not least: you have been evaluating the results of GP-centred care (HzV) in Baden Württemberg for many years. Despite (or perhaps because of?) your clearly positive results, you have been repeatedly criticised for the difficulty of establishing causal links between the measures and the results of your evaluations. What do you say to the critics?

Anyone who analyses the reality of healthcare inevitably works with complex survey conditions. Randomised designs are hardly feasible because quasi-experimental approaches reflect reality best. It is no coincidence that the benefits of GP-centred care, particularly in Baden-Württemberg, have been demonstrated over the years in data and results that have been published extensively by partners at the universities of Frankfurt and Heidelberg. It shows that structured, coordinated primary care actually works and improves quality in the long term.



Dipl.-Kaufm. Björn Broge *has been Managing Director of the aQua Institute since 2017. He has worked as a scient. As a research associate at the aQua-Institute from 1996 to 2004, he managed various quality assurance projects, including the evaluation of GP-centred care. His work focusses on quality management, the development of quality indicators and the evaluation of new forms of care.*

Why isn't the better care provided by the HzV becoming standard care everywhere? Shouldn't there be an obligation to provide better, evidence-based care?

Actually, yes - structurally and medically there is a lot to be said in favour of this. But changes in the healthcare system require time, consensus and the courage to prioritise. GP-centred care has been showing measurable benefits for years, but the framework conditions for standard care follow different financing and responsibility logics. We see it as our task to prove, through scientific monitoring and evaluation, that better care can also be systematically scaled.

Wouldn't an interprofessional, cross-SGB primary care model like the one in Austria be better?

Such interprofessional models are undoubtedly trend-setting. But they cannot simply be imported - they have to be adapted to the local structure, the legal framework and the density of our healthcare systems. We are already working with partners to evaluate interprofessional networks and develop concepts that bring doctors, healthcare professionals, nursing and social

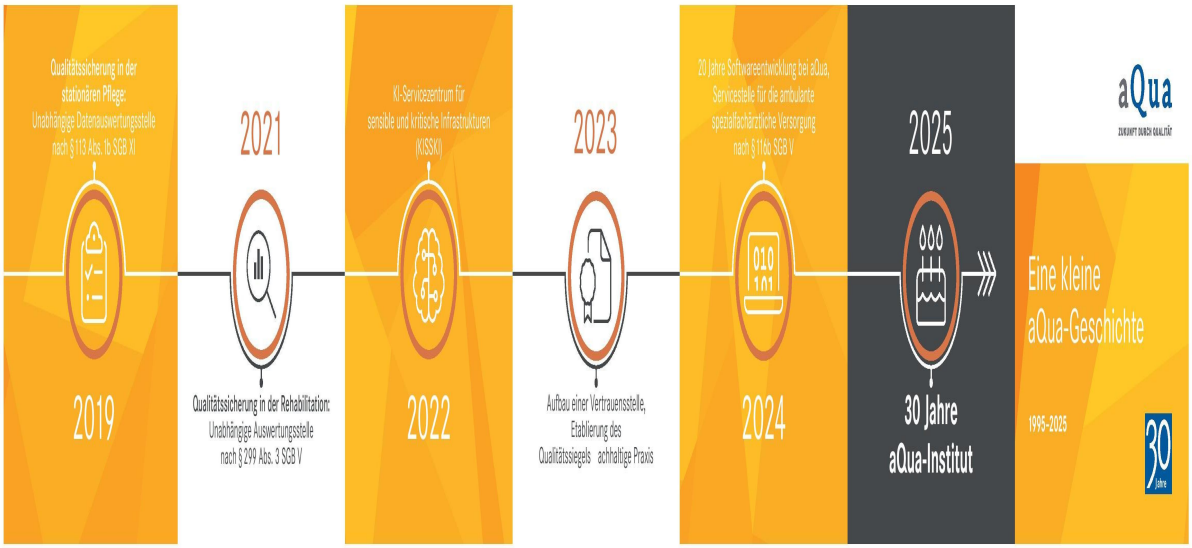
services closer together. The goal remains clear: more continuity and coordination for patients.

What projects do you definitely want to realise with aQua over the next 30 years?

We want to organise quality in the healthcare sector even more strongly as a joint, data-based learning process. This includes digital platforms that support quality development, facilitate feedback processes and network across sectors. We see particular priorities in the further development of our digital tools, the consistent integration of AI - for example through KISSKI - and the digitalisation of guidelines in order to bring knowledge directly into practice. At the same time, our goal remains to make quality promotion ever more interactive - for example through more modern quality circles, new formats in care and rehab and the strengthening of regional quality networks. Our guiding principle remains unchanged: Future through quality.

When you think of the aQua Institute, you don't automatically think of IT and software.

But you should. Our institute is certified in project management and information security and is actually largely a software company for the entire healthcare sector. Digitality is central if you want to promote quality, conduct healthcare research, e-learning, project accounting, feedback processes or documentation quickly and effectively. Or, for example, to provide quality assurance support to over 11,000 care facilities in the inpatient care sector, as we do. For all of this, we invested in high-quality IT at an early stage - triggered by a long history in quality assurance - and were able to acquire a high level of expertise that benefits us in many projects today.





Dipl.-Ges.w. (FH) Andreas Gutscher MPH *has been Managing Director of the aQua Institute since 2022. He studied health promotion and health management as well as health sciences in Magdeburg and Dresden. His main focus is on organisation and project management.*

Gentlemen, thank you for the interview. <<

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