Quality management of occupational health services: The necessity of a powerful medical profession

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Over the past few years there has been a growing interest in quality management in occupational health services. In this article the central role of the medical profession in this area is highlighted from a personal point of view. It is argued that a powerful and active profession is needed as a countervailing power in the field of tension between employees and the company, and for balancing the interests of these two main clients. Therefore, the medical profession should develop a policy on quality and apply quality management on national and local levels to reach a high professional level. In this way the profession can maintain the clinical autonomy that is necessary to be a countervailing power. Elements of such quality management are national guidelines, local peer review and intercollegial visitation. These activities must be incorporated in the quality management of the occupational health services unit.

Key words: Medical profession; occupational health services; occupational medicine; quality management; quality of care.

Over the last two decades, all the industrialized countries have witnessed a growing interest in both quality and quality management in health care, and this interest has also been applied to occupational health services. However, occupational health services differ in some respects from general health care and these differences have consequences for the application of quality management. Besides differences in the kinds of the services provided, the most important difference in this context is that, in occupational health services, two main clients with divergent interests may be discerned — the employee and the employer — which has possible consequences for the clinical autonomy of the medical professional.

In this article the manner in which the professionals concerned — the occupational physicians — should apply quality management within occupational health services units will be examined, with account being taken of the various clients they serve. It will be emphasized from a personal point of view that occupational physicians have to develop their own quality policy in the interest of both their clients and society at large. Therefore, a powerful and active medical profession is needed to meet this task.

QUALITY MANAGEMENT IN OCCUPATIONAL HEALTH SERVICES COMPARED TO THE CURATIVE CARE SECTOR

Quality management may be defined as all activities applied to assess and improve the quality of care, and the principles are the same for both occupational health services and curative medicine. However, differences between these two domains of medicine can be discerned in three areas which have consequences for how quality management is applied in the daily practice of occupational health care. These differences are the...
type of client or customer, the type of services provided and the degree of professionalism, especially the degree of autonomy enjoyed by the physicians concerned.

The clients and services involved

Occupational health services can be considered as a rather broad discipline that is liable to continuous change and is delivered in diverse settings. Furthermore, there are wide differences between the various countries offering these services. However, the core of the discipline may be defined rather well. Table 1 shows the types of services that are provided by occupational health care and has been adapted from an article by Dutch physicians in 1995. The importance of this list lies in the conclusions that can be drawn from it. Although occupational health care places the emphasis on preventive aspects, it also has curative aspects. Furthermore, occupational health care is not only directed towards the individual employee but targets the population level as well. Lastly, contrary to the situation in the curative sector, most employees as clients do not ask for these services, and the main client could be the employee but could also be the company.

Table 1. Services in occupational health care

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<th>Service</th>
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<tr>
<td>Pre-employment medical examination</td>
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<tr>
<td>Periodic general health screening</td>
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<td>Sickness/absenteeism consultation</td>
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<td>Workplace inspection</td>
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<td>Health education</td>
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<td>First aid</td>
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Based on van Dijk and Prins (1995)

In quality management the first issues the occupational physician has to address are: who are my clients and which services do I provide? The occupational physician has two main clients with their own needs and demands and with divergent and sometimes conflicting interests: the employee and the company. Furthermore, additional clients may be labour unions, society at large or even the government.

The next step in quality management is to set goals which should be met or to develop standards which the services must fulfill. In this phase the professional, with his own expertise and responsibility, has an important contribution to make. He has the difficult task of taking account of the different interests of the various clients, as well as weighing up these various interests. To meet these demands practitioners and their professional societies have to develop their own quality policy and quality management from the perspective of clinical professional autonomy. However, it would appear to be easier to maintain clinical autonomy towards the employee as a client than towards the company. The conclusion can be drawn that, although there are many similarities between curative medicine and occupational health care, some fundamental differences are present which stem from the point of departure applied to quality management in either discipline. In any case, the occupational physician should be supported by his professional society in applying quality management.

Quality management by professional societies

Providing good quality of care can be described as ‘doing the right things right’. This means it regards what to do (the right things) and how these should be done (doing it in the right way).

There are many activities that have to unfold to ensure that physicians are ‘doing the right things right’, and these activities encompass the notion of quality management. Within the quality policy of professional societies, various elements can be discerned that are directed towards ensuring that individual members will deliver care of high quality, and that also take account of their responsibility to society at large. Recently, a survey of these elements of quality management of medical specialist societies was published in the Netherlands. The main elements are laid out in Table 2 and can be recognized in most health care professional societies. However, they are mainly still in a rather preliminary phase. A short description of these elements of the quality policy of Dutch medical specialist societies will be given because the coherent application of all these elements is of importance in quality management. Some activities are conducted on the national level, while others occur at the local level within hospitals or health care institutions.

Table 2. Main elements of quality management of medical societies in the Netherlands

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<tr>
<th>Prerequisites</th>
<th>Medical and speciality training</th>
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<tr>
<td></td>
<td>Continuing medical education</td>
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<td></td>
<td>Practice guidelines and protocols</td>
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<td>Evaluation</td>
<td>Committees</td>
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<td>Peer review</td>
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<td>Intercollegual visitation</td>
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<td>Accountability</td>
<td>Specialist registration and re-certification</td>
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<td>Disciplinary law</td>
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The first, and still the foremost, prerequisite for providing high quality of care is medical and speciality training, followed by continuing medical education. Developments in diagnostic and therapeutic procedures have been so rapid that guidelines have become necessary to support the individual care provider in his decision-making process at the individual patient level. In addition, care provision has become increasingly multidisciplinary, and this development also demands that protocols be set.

Professional skill is not enough for providing a high quality of care. The quality of care has to be assessed
in a practical setting and, if necessary, improved. One method by which this goal may be achieved is the medical audit or peer review. Other types of evaluation designed to assess and improve the quality of care provided are the activities of a number of committees which focus on specific areas of care. A final type of evaluation which deserves to be mentioned are the visitation programmes of scientific societies. In this programme, a partnership of medical specialists in one hospital is visited by colleagues from another who address the question of whether quality management in the department visited is being effectively applied by the specialists.

The last elements of the quality management of medical professionals are related to the need to give account to other interested parties such as government, patients, insurers and society at large. These oversee the system of re-certification every three years based on practice performance, and the application of disciplinary law by the profession itself.

It must be emphasized that it is not the separate elements, but rather a combination of all these elements within one system, which determines whether a profession is applying quality management. For example, guidelines may be based on the criteria used in peer review, while intercollegial visitation might focus on the question of whether protocols are used and peer review applied.

While quality management should primarily be viewed as the responsibility of the profession itself, it does have an element of external accountability. Quality management can, in fact, be regarded as a professional obligation and as such, serves to maintain professional autonomy through self-regulation. Considered from this perspective, the link between applying quality management and being a professional can be clearly seen. Without quality management, a practitioner cannot claim the status of a real professional. Therefore, every professional should apply, or have the right to apply, quality management. Not only is the application of quality management a characteristic and obligation of a professional, it is also a privilege. Therefore, for optimal and adequate quality management, a powerful and active professional body is required. This is also in the interests of both individual clients and society at large for which clinical autonomy based on professional quality management is of utmost importance. Health care providers (in this case, the occupational physicians) must strive towards becoming a professional body by applying quality management themselves in the broadest sense of the word.

In the literature, for which a Medline search from 1990 till May 1996 has been conducted, some quality management activities in occupational health care has been described. These include external auditing by physicians of the consultation process based on record review, and the evaluation of clinical records kept by nurses. In addition, employee and company satisfaction with the services provided by the occupational health care units have been assessed. However, a comprehensive quality management programme occupying a central position in the medical profession could not be found in the literature.

PROFESSIONAL vs. INSTITUTIONAL QUALITY MANAGEMENT

The situation surrounding quality management in health care is, however, more complex. The occupational physician is not only a member of his profession on a national level and applies quality management from this perspective, he is also part of an organization or institution. In this institution other health care providers such as nurses and hygienists apply quality management of their own, but most importantly the institution itself applies the concept of total quality management or continuous quality improvement — taken from industrial quality management — even with the purpose of being certified in due course. From the professional perspective, the main goal of quality management is to meet, as far as possible, the national professional standards based on scientific evidence. At the organizational level, in contrast — and in this case the level of the occupational health services unit — other goals will be more important. In this quality management approach, the management of the unit, and not the individual professional, holds the final responsibility. Furthermore, this approach is client-oriented although the client, as viewed from the perspective of the unit, may be different when viewed as the patient of the occupational professional. Therefore, ethical dilemmas can arise between the interests of the worker and corporate goals. Additionally, in total quality management, the emphasis lies in trying continuously to improve the quality of care instead of simply meeting professional standards.

The challenge for the unit management and the individual occupational physician is to integrate both approaches of quality management.

THE OCCUPATIONAL HEALTH CARE UNIT AND THE COMPANY

The company that is served by the occupational health services unit has its own quality system, in addition to systems governing working conditions and environment management. In industrialized countries, management is made more explicitly responsible for the health and safety of employees, and there is a tendency to integrate these three management systems in one comprehensive system. The occupational health services unit may contribute towards the development of such integrated management systems in companies both through offering advice and by measuring some of the effects of this integrated system, e.g., the health and safety of employees. As this task requires an autonomous professional, the occupational physician...
should be independent of the company.

CONCLUSIONS

For the quality management of occupational health services to be effective, a powerful and active medical profession with its own quality policy is required as this would form a countervailing force in the field of tension between employees, the company and government, as well as balancing the interests of various clients. Not only is quality management in the interest of individual employees, the company and society at large, it is also in the interest of the profession itself. The profession has an obligation to implement quality management. This would require that, among other matters, professionals develop guidelines based on both their own views and scientific evidence. Examples of these guidelines would cover such fields as pre-employment medical examinations and health screening. They would be developed on a national level by the professional's society. Furthermore, they should apply peer review in their unit following explicit criteria based on these guidelines. Additionally, intercollegial visitation between professionals of various units would reinforce the quality policy of the occupational profession. Thus would activities on both a national and local level be correlated. These quality management activities undertaken by the professional must be incorporated in an institution-wide quality system approach. Occupational physicians would, therefore, participate in multidisciplinary teams directed towards satisfying the needs of various clients while simultaneously maintaining their own professional standards.

REFERENCES