

THE MODEL OF QUALITY INCENTIVES

19 YEARS OF JOINT EFFORTS FHL-CNS

Visit from Prof. Hirobumi Kawakita – 6th October 2017



Presentation plan

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- ▶ History of the Inciting Quality model
- ▶ The EFQM
- ▶ Quality / performance indicators
- ▶ The Inciting Quality model today
- ▶ The future strategies of the "Commission d'Evaluation" (assessment commission) for the development of quality

History

- ▶ Basis: FHL-CNS Framework Agreement (CNS = National Health insurance)
- ▶ Established in 1996 and reviewed in 2012
- ▶ Starting Objectives:
 - ▶ Patient Orientation
 - ▶ Sensitization of all hospital actors to the quality approach
 - ▶ Helping in order to develop the quality of hospital services
 - ▶ Consensus between Hospitals-FHL-CNS

History

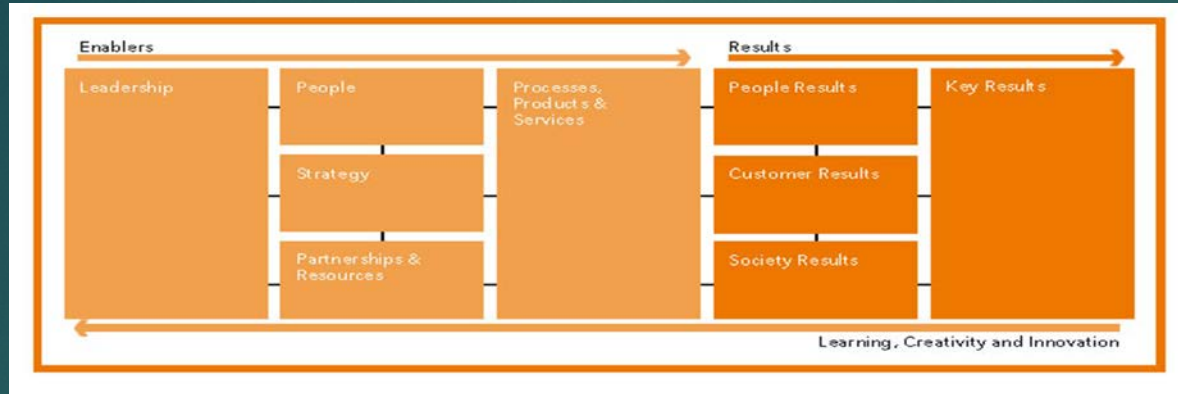
- ▶ Management by the "Commission d'Evaluation", the CNS Board and the FHL Board
- ▶ Since 1998 - establishment of resources and structures
 - ▶ Training program
 - ▶ Quality Coordinators / Quality Unit (Standards Commission)
 - ▶ Internal Quality Steering Committee for Hospitals
 - ▶ Annual Programs
 - ▶ Annual External Evaluation
 - ▶ Incentive quality bonus up to 2% of annual budget (+/- € 15,000,000 for the year 2014)

History

- ▶ 4 targeted programs (1998 to 2002)
 - ▶ Personal patient file
 - ▶ Prevention of Nosocomial Infections
 - ▶ Pain prevention and management
 - ▶ Technical quality of Mammography
- ▶ Appraisal:
 - ▶ The "integrated" and overall quality approach not sufficiently developed
 - ▶ Deficits in institutional quality management
- ▶ EFQM approach (2003 to 2005 - sustainability of 4 targeted programs and preparation for the EFQM model)
 - ▶ Appraisal:
 - ▶ Inadequate internal indicators to guarantee quality of services and patient safety
 - ▶ No direct link with public health mission
 - ▶ Involvement/collaboration with medical professions
- ▶ EFQM approach and external assessment according to RADAR and implementation of national Indicators (since 2006)

The EFQM Model

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► Aims

- To develop a high-quality management in order to continuous improvement of quality of the services by providing relevant and transparent information with positive effects for the efficiency of the hospitals.
- To enable competitiveness of Luxembourg's healthcare institutions and continually and regularly adjust and increase quality management.

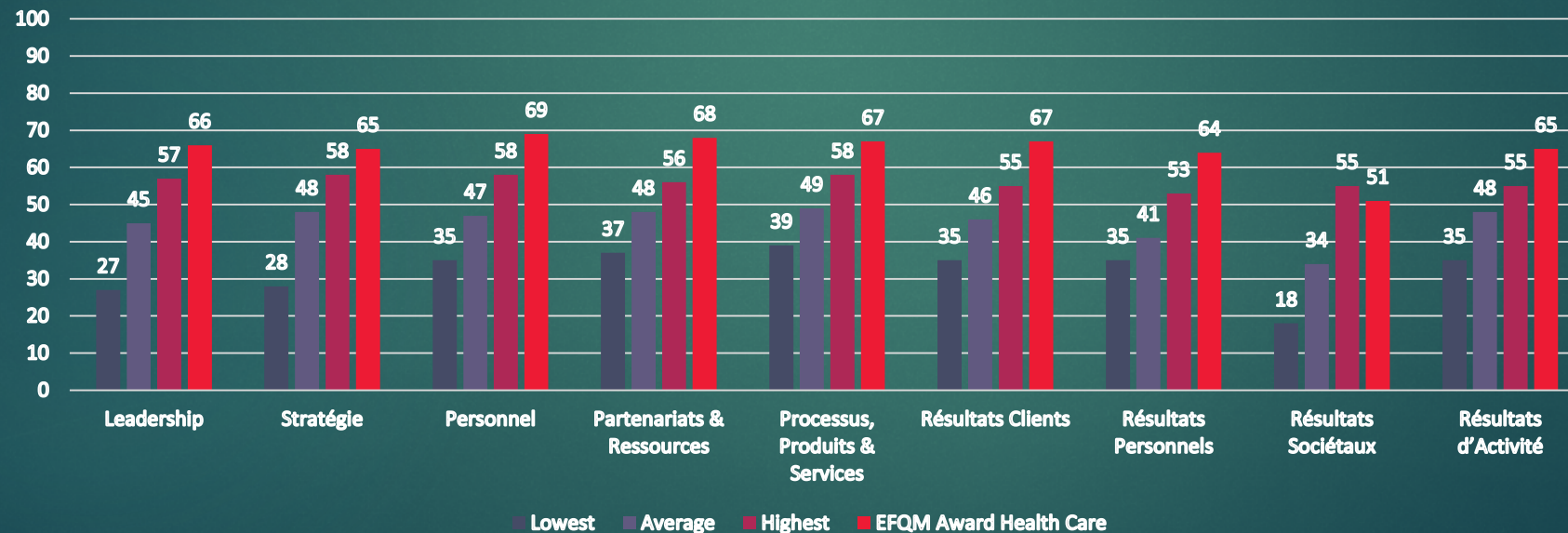
► Limitations

- By assessments conducted by external assessors, it isn't possible to obtain a ranking or to draw conclusions on the quality or the results of the multidisciplinary care teams.

The EFQM results (2006-2010)

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- ▶ Last assessment 2015
 - ▶ All hospitals achieved «Recognition for Excellence»
 - ▶ Range 381 to 511 RADAR points
 - ▶ Best in class - European Healthcare Care provider : 592 RADAR points
- ▶ Evolution 2012-2015



EFQM results - Expert conclusions

- ▶ Quality management has shown a positive impact on healthcare and administrative services. The impact at the medical level is not at the same stage in some hospitals.
- ▶ Systematic entry of clinical outcome data is still to be more developed
- ▶ Systematic management of medical quality in hospitals seems to depend sometimes on the involvement of the doctors concerned, but all hospitals are engaged in this task. This involves fine segmentation, clinical pathways, homogeneous groups of patients, and a peer-review approach.

EFQM results - Expert conclusions

- ▶ The quality approach managed by the Evaluation Commission is paying off, some institutions are close to the excellence award and all hospitals are at the level of a diploma of recognition of excellence
- ▶ Hospitals have dashboards of indicators showing the effectiveness of action and the performance of the main processes
- ▶ Key processes are described (stabilized mapping), progress paths are focused on key performance indicators and the link exists between process reviews and strategic steering of the hospital
- ▶ Benchmarking is sometimes inadequate compared to the ambitions of Excellence.

Quality and performance indicators

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- ▶ The reasons leading to the choice of indicators:
 - ▶ EFQM does not allow conclusions on the clinical quality
 - ▶ It is a necessity to measure the outcomes considering the legal framework defining the hospital missions in the field of public service and public health
 - ▶ Need to measure clinical and hospital performance with a uniform methodology
 - ▶ Allow benchmarking against international sets

Quality and performance indicators

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Sylvain Vitoli - Conseiller Normes/Qualité - FHL

- ▶ Patient results (some examples)
 - ▶ Rate of re-admission in the same hospital within 28 days after discharge, Chapter 5 ICD 10 "Mental and behavioral disorders" F00-F99
 - ▶ Mortality rate
 - ▶ Annual incidence of bacteremia per 1000 days of central intensive care catheters
- ▶ Staff results (some examples)
 - ▶ Total annual absenteeism rate for all staff
 - ▶ Accident rate by exposure to blood by FTE
- ▶ Key results (some examples)
 - ▶ Rate of surgical cataract surgery performed on an outpatient basis
 - ▶ Expenditure rates for medical devices and drugs purchased through the FHL purchasing group
 - ▶ Average operating room time on working days
 - ▶ Rate of coverage of beds by a unit dose distribution based on a nominal prescription per patient

Quality and performance indicators

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- ▶ To analyze the impacts of national policy decisions
- ▶ To demonstrate the impact of hospital-specific management decisions
- ▶ To provide incentives in order to change and follow care practices
- ▶ To analyze and optimize the performance of some hospital services
- ▶ ...

Quality and performance indicators

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- ▶ Weaknesses in the set of national indicators
 - ▶ Non-homogeneous collaboration of the medical professions
 - ▶ Under-developed clinical outcome indicators
 - ▶ Reliability / robustness of the data
 - ▶ National methodologies not always comparable to international sets

Actions of the Evaluation Commission in terms of quality development

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- ▶ Stabilize the quality system in hospitals
- ▶ Focus on patient and risk management
- ▶ Increase the contribution of the medical professions in the quality approach
- ▶ Create a direct link between the financial incentive and the results and promote / support innovative projects in this field
- ▶ Guide, facilitate and support the qualitative development of hospitals and assist the implementation of adapted tools
- ▶ Harmonize methodologies for calculating indicators on the basis of international references
- ▶ Developing its role as a platform for exchange and training

The Inciting Quality Model - today

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- ▶ Quality Management
 - ▶ EFQM
- ▶ Efficiency
 - ▶ Prepare for full cost system
- ▶ Transparency
 - ▶ Support national wide project for medical codification (ICD 10 + ICD 10-PCS)
- ▶ Patient safety
 - ▶ According to expectations/standards of JCI and ACI
- ▶ Quality and performance indicators

Limits of the current model

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- ▶ Structural problems
 - ▶ Intra-hospital hierarchy / collaboration between physicians and hospital management to optimize
 - ▶ Inhomogeneous integration of the medical profession in the "clinical results" approach
 - ▶ Start only 2017/07 of an uniformly applied medical coding system for reliable, robust and comparativ data
 - ▶ Monitoring of global health costs
 - ▶ Lack of public health goals

Strategic objectives achieved today

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- ▶ Patient-centered
- ▶ Structuring hospital management around quality
 - ▶ The EFQM model has made it possible to develop the professionalization of hospital management
- ▶ Integration of risk management approaches
- ▶ Optimization of processes and performance
- ▶ Continuous monitoring of hospital activities
- ▶ Interhospital comparison at the national level
- ▶ Awareness of the "clinical pathways" approach
- ▶ Development of best practices
- ▶ Awareness of the need for international comparisons, including clinical outcomes

Future ambitions of the Evaluation Commission in terms of quality development

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- ▶ Develop :
 - ▶ The notion of "quality of clinical outcomes" (also on a longitudinal view)
 - ▶ The concept of "efficiency" for the triangle quality-hospital services and medical costs
 - ▶ The means to demonstrate the medium- and long-term benefit to patients and society of qualitative actions
 - ▶ Share widely outcomes/results
- ▶ Prerequisites:
 - ▶ Need for an efficient information system
 - ▶ Clarifying roles of medical stakeholders in the governance of the hospital system
 - ▶ To have methodological references
 - ▶ Knowledge of government strategies for the development of public health policy

THANK YOU FOR YOUR ATTENTION

堪忍は一生の宝

« patience is a life time virtue »

Questions/Answers