Challenges and accomplishments with value measurement

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Content

Context
Challenges
- Implementing the Reform
- Reorganising Information
- Budget changes and Ressources Constraints
- Measuring and improving value

Accomplishements
- Information Management
- IPU implementation
- Performance and Quality Improvement
- Some Examples of Cost and Outcomes

Conclusion

Some elements our healthcare system

- Canada has 13 differents healhcare systems sharing some commun characteristics
  - Public fiscal funding (70%)
  - Global funding for hospital or other institutions
  - Physicians are not employed by hospitals paid by a tird party
- Quebec healthcare system desserve a population of 8M
  - Health care system includes social services
  - The lowest per capita health spending in Canada
  - Many reforms: the lastest merged 182 organizations in 34
  - Creation of Integrated Health and Social services network

  CISSS and CIUSSS

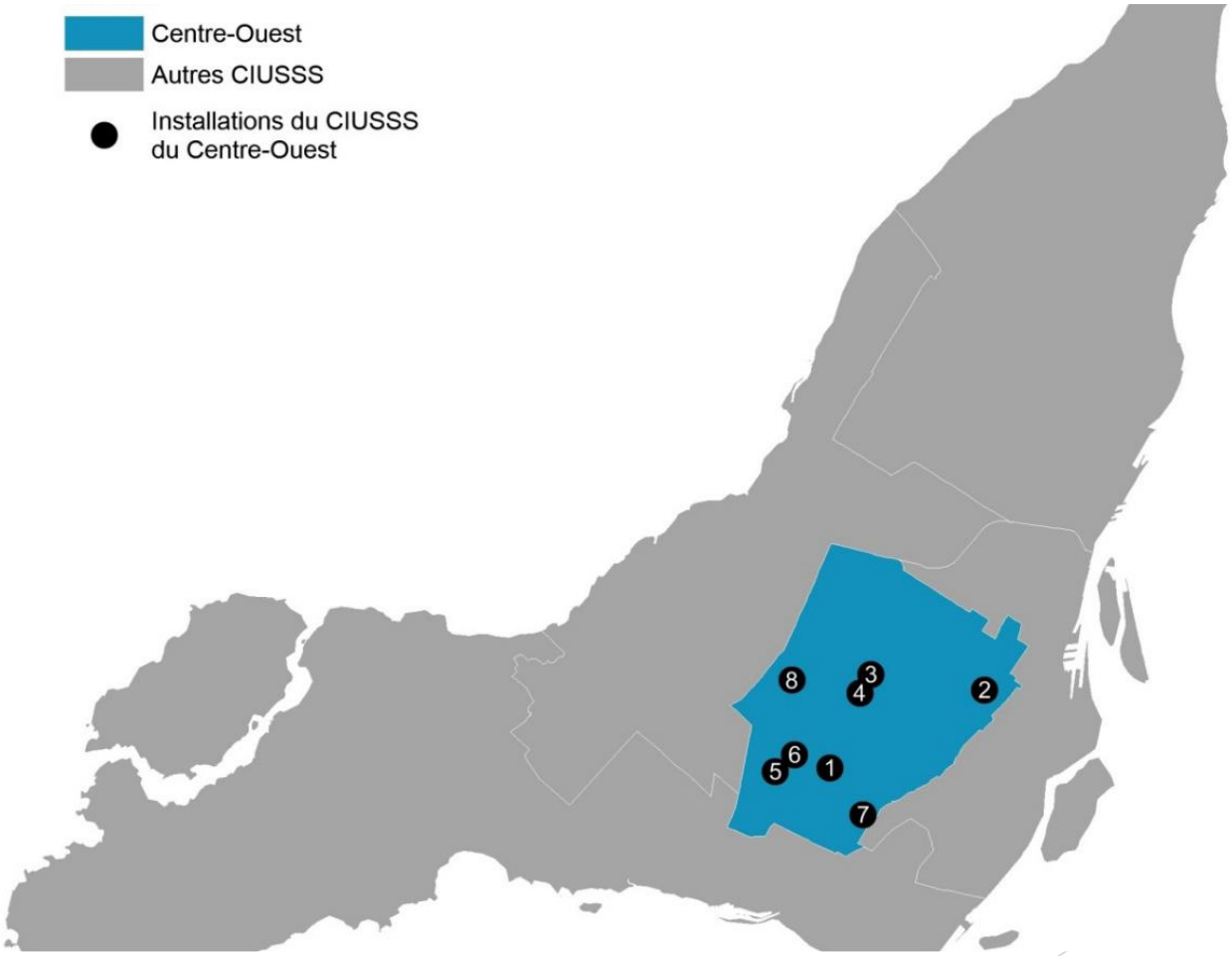
Mandate of CISSS and CIUSSS

- Center of a territory network
- Assure the provision of health and social services of its population
- Responsible for the health and well being of the network population
- Includes the Health and Social services of all the continuum of the episode
  - Acute hospital (1 teaching hospital)
  - Rehabilitation centers (3)
  - Nursing homes (7)
  - Ambulatory centers (5 CLSC)
  - Intellectual and physical deficiency centers (2)
- If CI**U**SSS, has an academic status for teaching, research and knowledge transfer

Challenge 1: implmenting bill 10 reform

- The reform started in April 2015
- Implementing a successful reform:
  - Integration of care across all the spectrum of services;
  - Re-structuration and all managers appointment
- Another bill for physician (Bill 20)
- Another change to come for funding healthcare institutions according to Fee for service

Territory map in Montréal



Examples of

Life Habits and risk factors	CIUSSS Centre-Ouest	CSSS Cavendish	CSSS de la Montagne	CSSS min/max	MTL
Low level of global activity	18 % (-)	17 % (-)	19 %	13 % (-)	21 %
Physical activity corresponding to recommandation	42 % (+)	39 %	44 % (+)	57 % (+)	35 %
Smoking	14 % (-)	14 % (-)	15 % (-)	13 % (-)	19 %
Eating at least 5 fruits and vegetables daily	59 %	57 %	59 %	55 % (-)	59 %
Excessive alcohol consumption	12 % (-)	12 %	12 %	7 % (-)	14 %
Obesity	11 % (-)	12 % (-)	10 % (-)	10 % (-)	16 %

Source: Direction régionale de santé publique du CIUSSS du Centre-Sud-de-l'Ile-de-Montréal, *Enquête TOPO sur les maladies chroniques et leurs déterminants*, 2012 .

01 - BAS-SAINT-LAURENT	10 - NORD DU QUÉBEC
02 - SAGUENAY-LAC-SAINT-JEAN	11 - GASPÉSIE ILES DE LA MADELEINE
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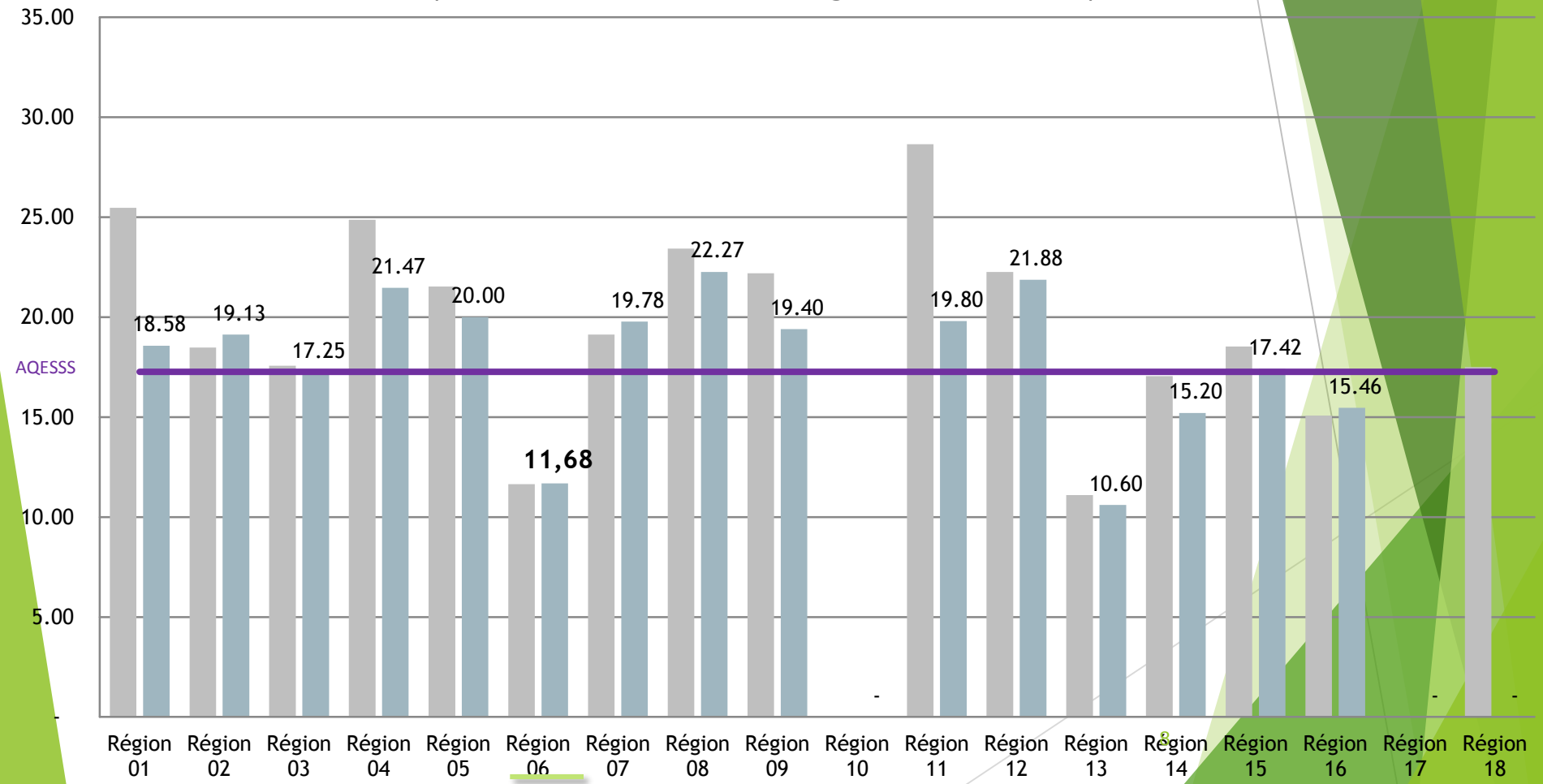
Taux de mortalité par suicide par 100 000 habitants (ajusté par l'âge, le sexe) (42000-050)

Moyenne de la région de Montréal = **11,68 par 100 000 habitants**

Moyenne de tous les membres de l'AQESSS = **17,27 par 100 000 habitants**

Échelle : par 100 000 habitants - Indicateur négativement associé à la performance



Challenge 2:Reorganising information

- Merging 9 organizations involves
  - The same persons could have many different patient identifier among the new merger organization
    - We had to implement a unique patient identifier (done less that two years after the merge). Done last april.
  - Integration of 9 finances, human resources, material management systems;
    - We are in the heart of that complex and time consuming process
  - Developing performance clinical trajectories across the CIUSSS and the network for a population of 342K

Build an Enabling Integrated IT Platform

Utilize information technology to enable restructuring of care delivery and measuring results, rather than treating it as a solution itself

- Combine **all types of data** (e.g. notes, images) for each patient
- Use common **data definitions**
- Data encompasses the **full care cycle**, including care by referring entitles
- Allow access and communication among **all involved parties**, including with patients
- Medical conditions **templates** to enhance user interface

Challenge 3: Resources Constraints

- Very important budget cuts (our CIUSSS) for three years in a row
- Difficulty to achieve the two first challenges in the same time
- Logically the reform will produce cost reductions and resources optimization in middle term and not easily at the beginning of the reform
- Providing the best value services is very important

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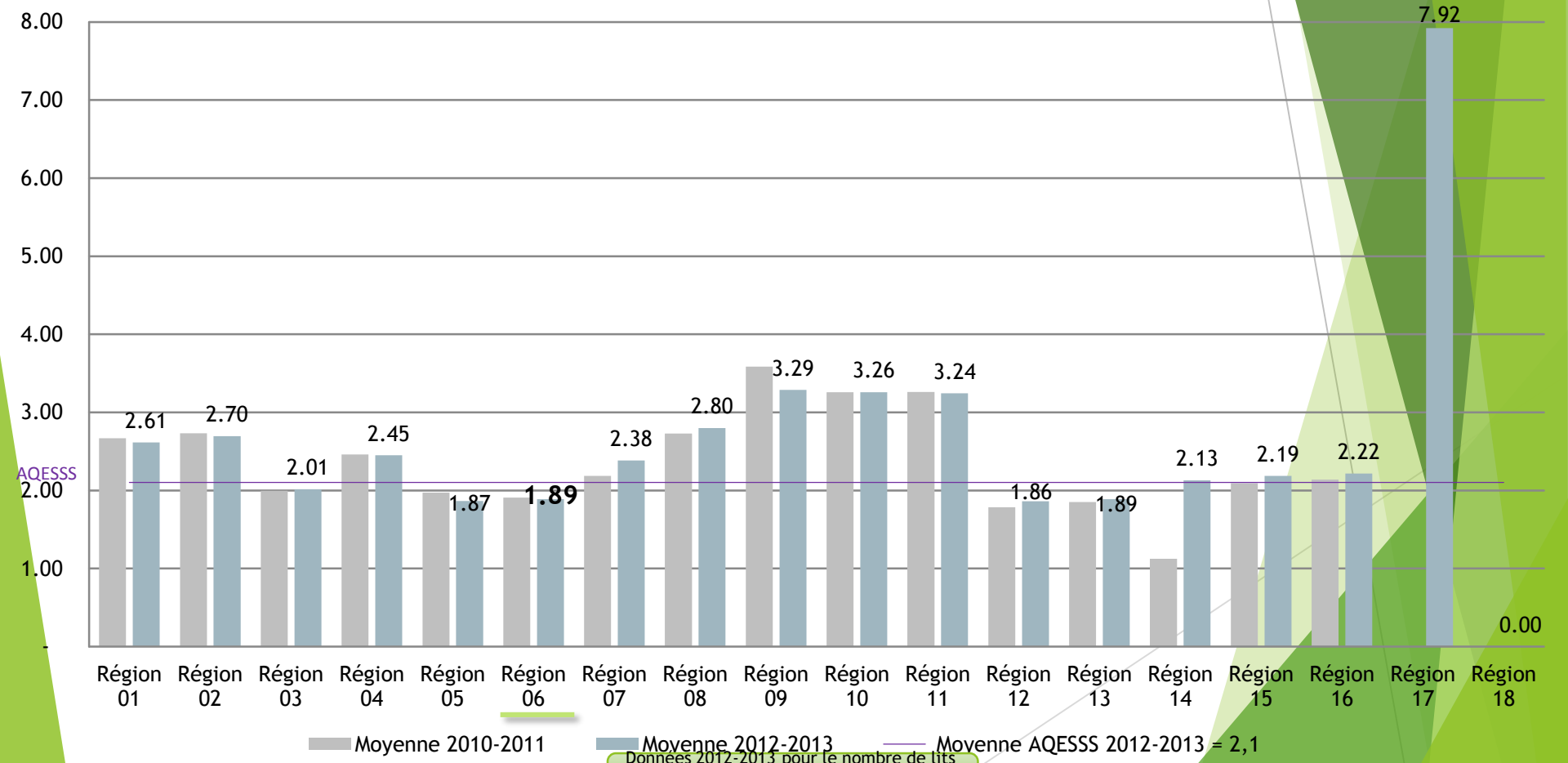
Ratio de lits dressés en CD en santé physique par rapport au bassin de desserte

Moyenne de la région de Montréal = **1,89 lits par 1000 habitants**

Moyenne de tous les membres de l'AQESSS = **2,1 lits par 1000 habitants**

Échelle : nombre de lits de CD en santé physique par 1000 habitants - Indicateur contextuel



Données 2012-2013 pour le nombre de lits
Données 2011-2012 pour le bassin de desserte

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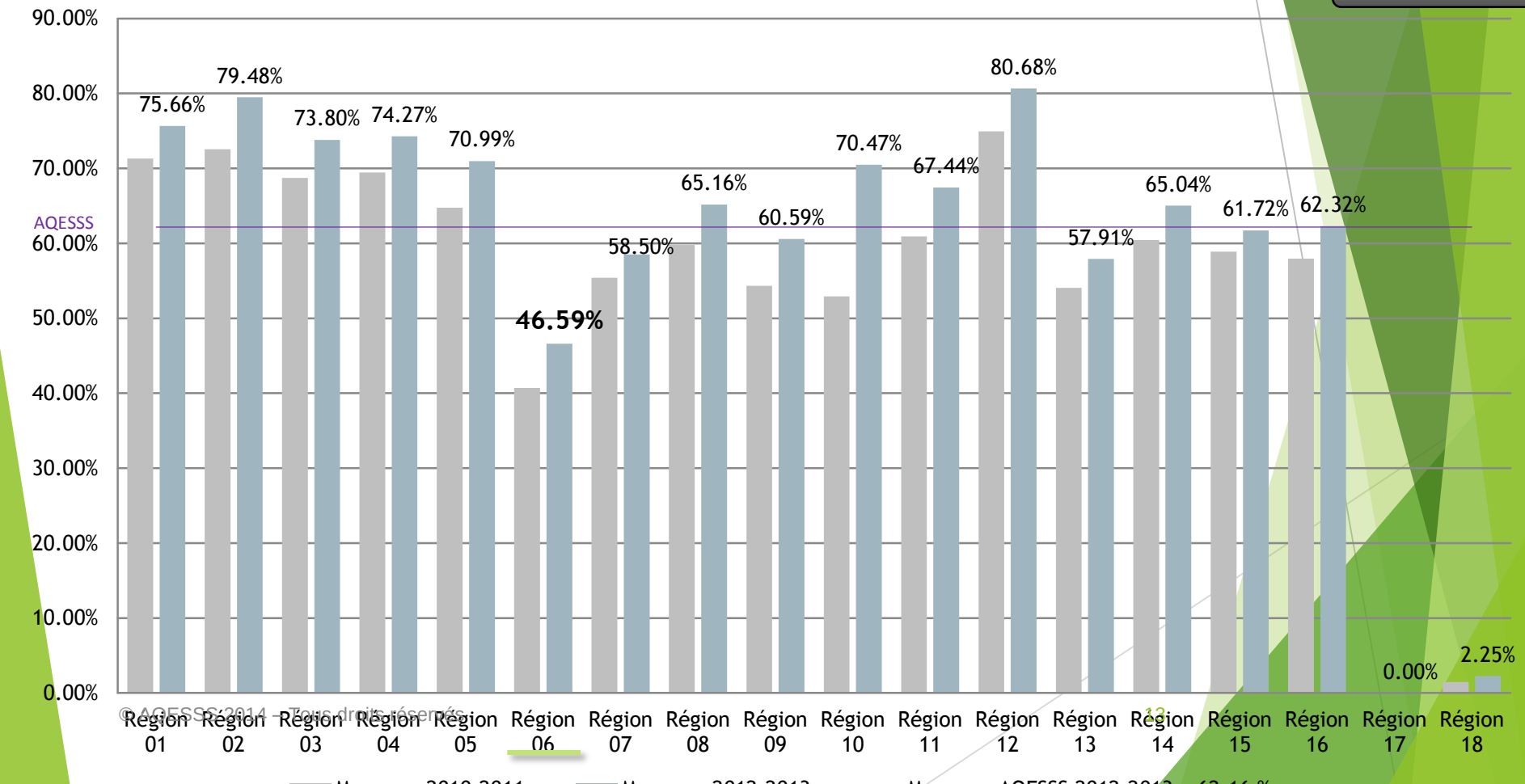
Proportion de la population inscrite auprès d'un médecin de famille (3110-150)

Moyenne de la région de Montréal = **46,59 %**

Moyenne de tous les membres de l'AQESSS = **62,16 %**

Échelle : % - Indicateur positivement associé à la performance

Cible AQESSS 2010-2011 =70 %



Challenge 4 : measuring and improving value

Value: Patient health outcomes per dollar spent

- Value is the only goal that can unite the interests of all CIUSSS participants and stakeholders

- Improving value is the only real solution to reforming health care versus cost cutting, per se cost shifting to patients, restricting services, or reducing provider compensation

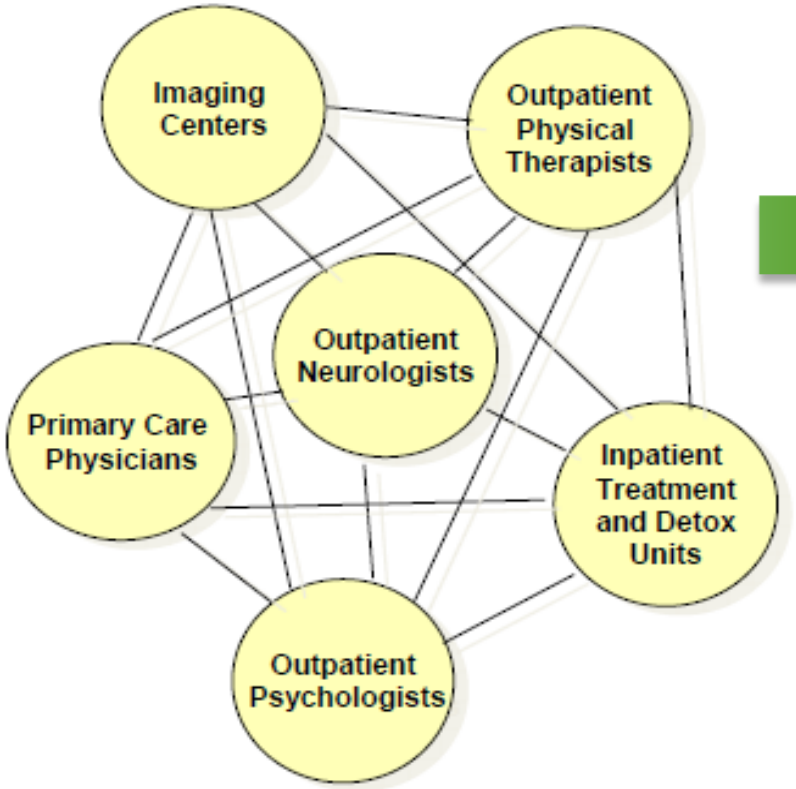
Creating a Value-Based Healthcare Delivery System

Value-based Healthcare

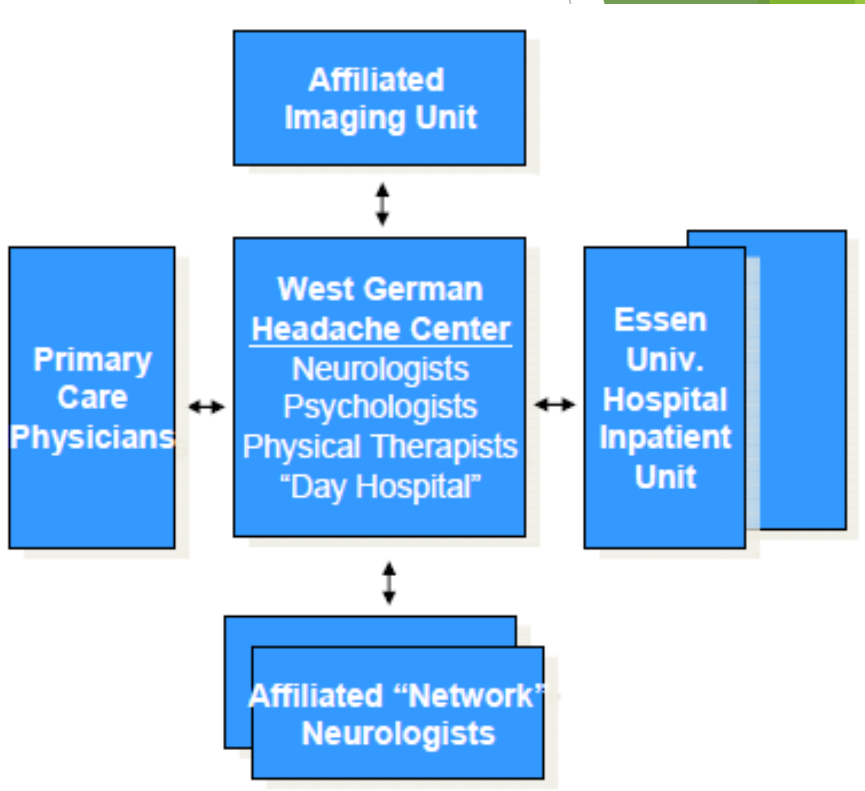
1. Integrated Practice Units (IPUs)	• Lead multidisciplinary teams, not specialty silos
2. Measure Cost and Outcomes	• Become an expert in measurement and process improvement
3. Integrated Practice Units (IPUs)	• Champion value enhancing rationalization, relocation, and integration with sister hospitals, as well as between inpatient and outpatient units, instead of protecting turf
4. Integrate Across Separate Facilities	• Create networks and affiliations to expand high-value care across geography
5. Enabling IT	• Become a champion for the right EMR systems, not an obstacle to their adoption and use

Challenge 4

Existing Model: Organize care around Specialty and Discrete



New Model: Organize into Integrated Practice Units (IPUs)



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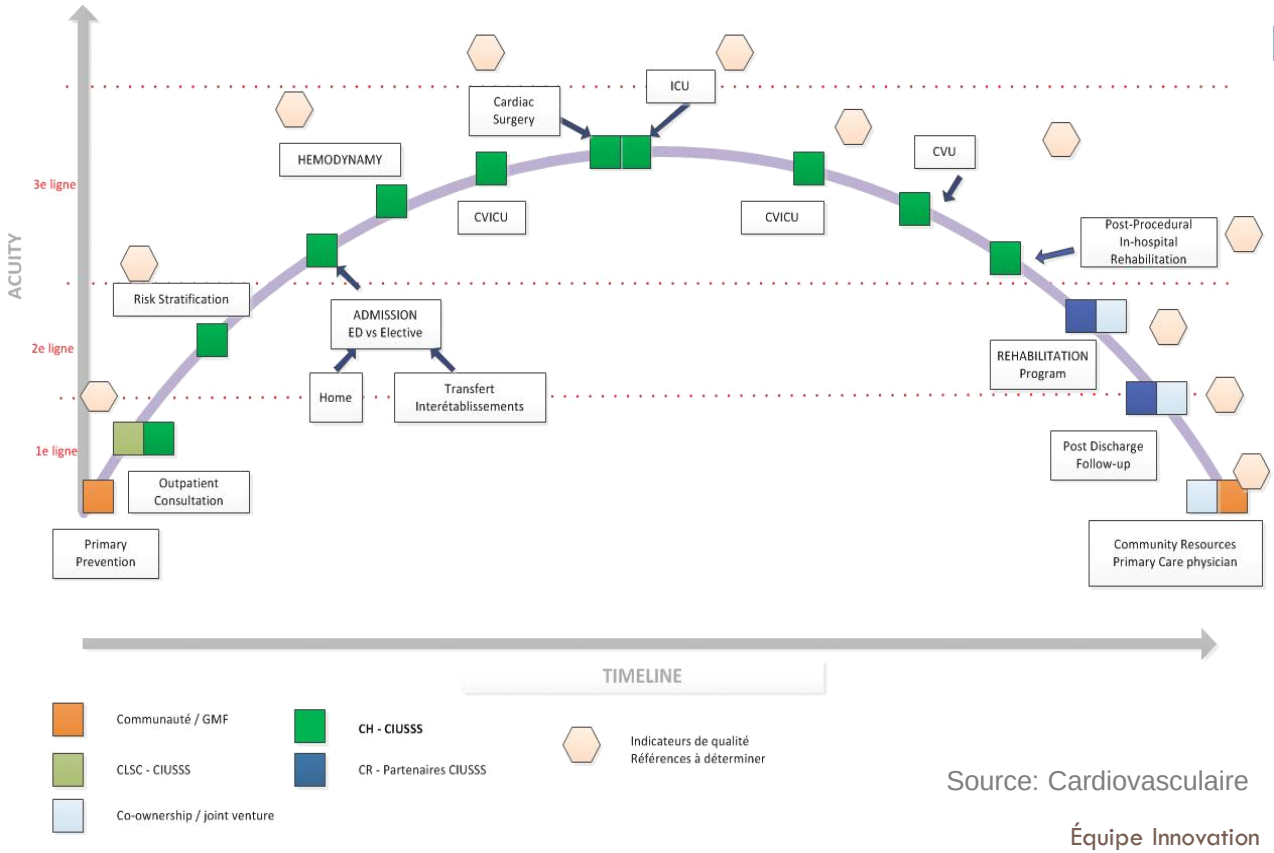
Trajectoire de soins

CORONARY CARE DISEASE



Source: Cardiovasculaire

Équipe Innovation

Attributes of an IPU

1. Organized around the patient medical condition or set of closely related conditions (or patient segment in primary care)
2. Involves a dedicated, multidisciplinary team who devotes a significant portion of their time to the condition
3. Providers on the team see themselves as part of a common organizational unit
4. Team takes responsibility for the full cycle of care for the condition:
   - Encompassing outpatient, inpatient, and rehabilitative care as well as supporting services (e.g. nutrition, social work, behavioral health)
5. Incorporates patient education, engagement, follow-up and secondary prevention are integrated into the care

Attributes of an IPU

6. Utilizes a single administrative and scheduling structure
7. Much of the care is co-located in one or more dedicated facilities
8. Care is led by a physician team captain and a clinical care manager who oversee each patient's care process
9. The team measures outcomes, costs, and processes for each patient using a common information platform
10. Providers function as a team, meeting formally and informally on a regular basis to discuss patients, processes and results
11. Accepts joint accountability for outcomes and costs

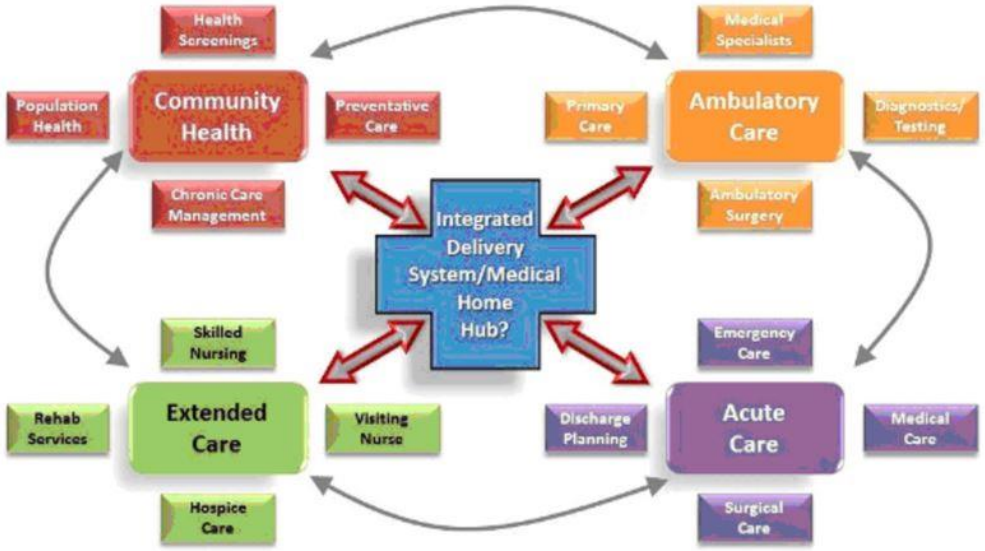
Full cycle of care

Leadership & Management

Systemness: The Next Frontier for Integrated Health Delivery

Written by Alan M. Zuckerman, FACHE, FAAHC, president of Health Strategies & Solutions, Inc. | March 10, 2014 | Print |

Rethinking the Organization of Delivery of Care



Build an Enabling Integrated IT Platform

Utilize information technology to enable restructuring of care delivery and measuring results, rather than treating it as a solution itself (cont'd)

- "**Structured**" data vs. free text
- Architecture that allows easy extraction of **outcome measures**, **process measures**, and **activity-based cost measures** for each patient and medical condition
- Interoperability standards enabling communication among **different provider organizations**

Our Journey in Outcomes Measurement

- Identifying most important aspects to consider in each IPU and some patient trajectories (7 IPU this year) ex: stroke, depression, coronary syndrome
- Collecting information
  - Some informations are already available (complications, readmissions, mortality, survival, etc..)
  - Some information has to be collected: patient reported information (pain, discomfort, anxiety, ambulation, vision, hearing etc…)
  - The surveys are available but we need to implement a platform for collecting, organizing, analyzing and reporting information

Measuring Outcomes

- Partnership with I-CHOM Consortium23 using their data set and indicators for some health and well being problems
- Measurement of some other outcomes with our own tools: complications, morbidity impact, mortality

The ICHOM Approach

Grounded in a theoretical framework

- The ICHOM approach is built on a solid framework developed at **Harvard Business School** by Professor Michael E. Porter, Ph.D.

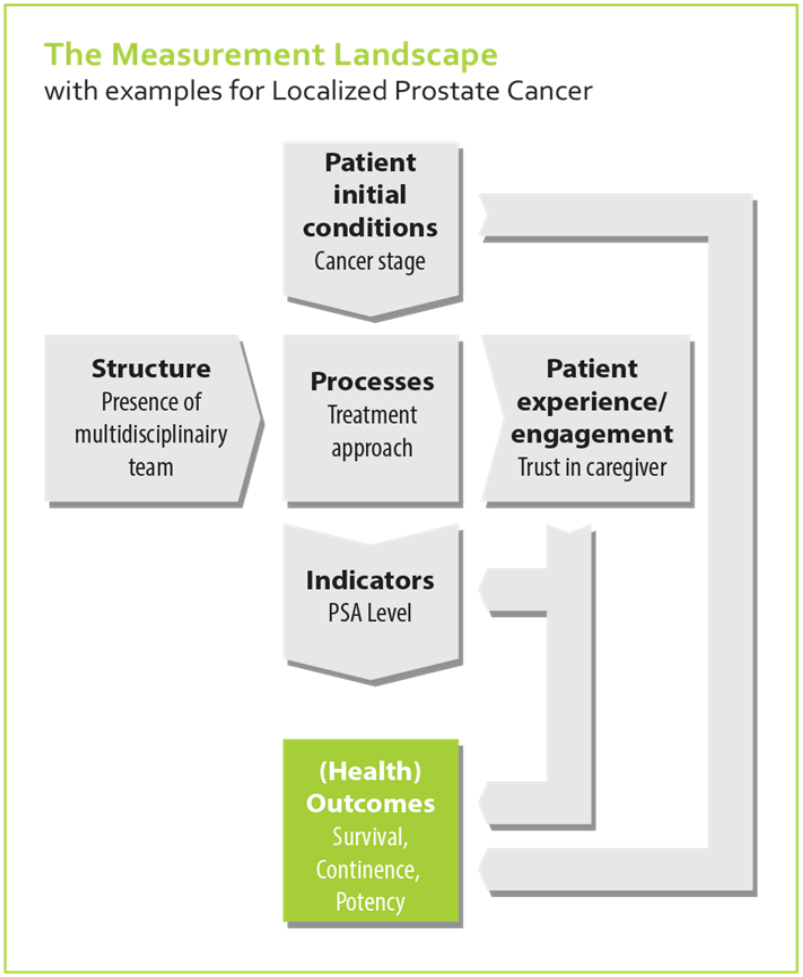
Rooted in strategy

- One of their founding organizations, The **Boston Consulting Group**, was the first to introduce competitive strategy to the business world.

Research-based thought leaders

- Their tie to the **Karolinska Institute** in Stockholm, Sweden provides us with a strong foundation in medicine and research.

Measurement of Health Outcomes



What is a Health Outcome?

Outcomes are the results people care about most when seeking treatment, including functional improvement and the ability to live normal, productive lives

Standard Set Overview (21 developed and 10 in progress)

Stroke

Hip & Knee Osteoarthritis

Low Back Pain

Coronary Artery Disease

Macular Degeneration

Cataract

Depression and Anxiety

Parkinson's Disease

Lung Cancer

Advanced Prostate Cancer

Localized Prostate Cancer

Cleft Lip & Palate

Exemple of measures of outcomes

- Patients reported outcomes
  - Management of anxity symptoms
  - Outcomes after a cataract surgery
  - Patient/user experience
- Clinico administrative documented outcomes
  - Readmissions
  - Complications
  - Pain management
  - Mortality

Measuring the Cost of Care Delivery: Principles

- Cost is the actual expense of patient care
- Useful to compare with the tariff billed or collected
- Cost should be measured around the patient/user, not just the department or provider organization
- Cost should be aggregated over the full cycle of care for the patient's health condition along the trajectory
- Cost depends on the actual use of resources involved in a patient's care process (personnel, facilities, supplies)

Measuring the Cost of Care Delivery: Where we are in the CIUSSS

- May 2015 - Development of the cost for every patient of the JGH for FY 2013-2014 was completed and made available to managers and clinicians
- Cost per cost center and total cost for each patient for inpatient episode and ambulatory episode is now calculated
- We use this information for management, research and for the evalution of the non quality costs
- Now preparing for FY 2016-2017 hospital data
- In the months to follow, we will develop a plan for calculating the cost per patient all across the CIUSSS

Conclusion

- The challenges are all interrelated
- The reform will help to improve access and continuity
- Performance and quality improvement will achieve resources and budget optimisation and increase the overhall value of our services