

Measuring System Performance: What System? Whose Performance?

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We need to.....

- Increase the number of specific services without adverse effects or negative unintended consequences,
- Increase services in cost-efficient ways
- Contribute to overall quality, access and effectiveness of the system

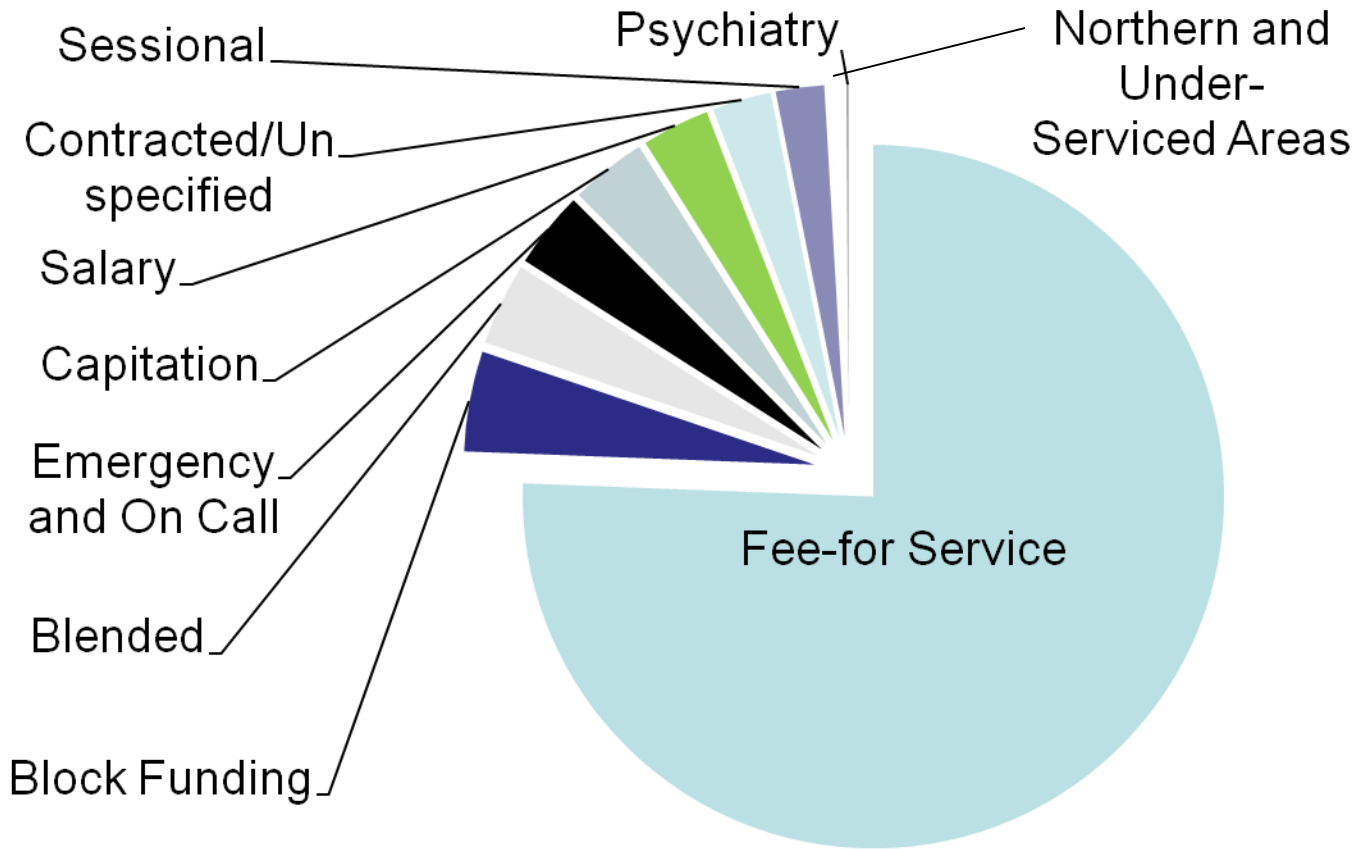
And

- Increase provider, patient, consumer satisfaction
- Increase public satisfaction

Data required to....

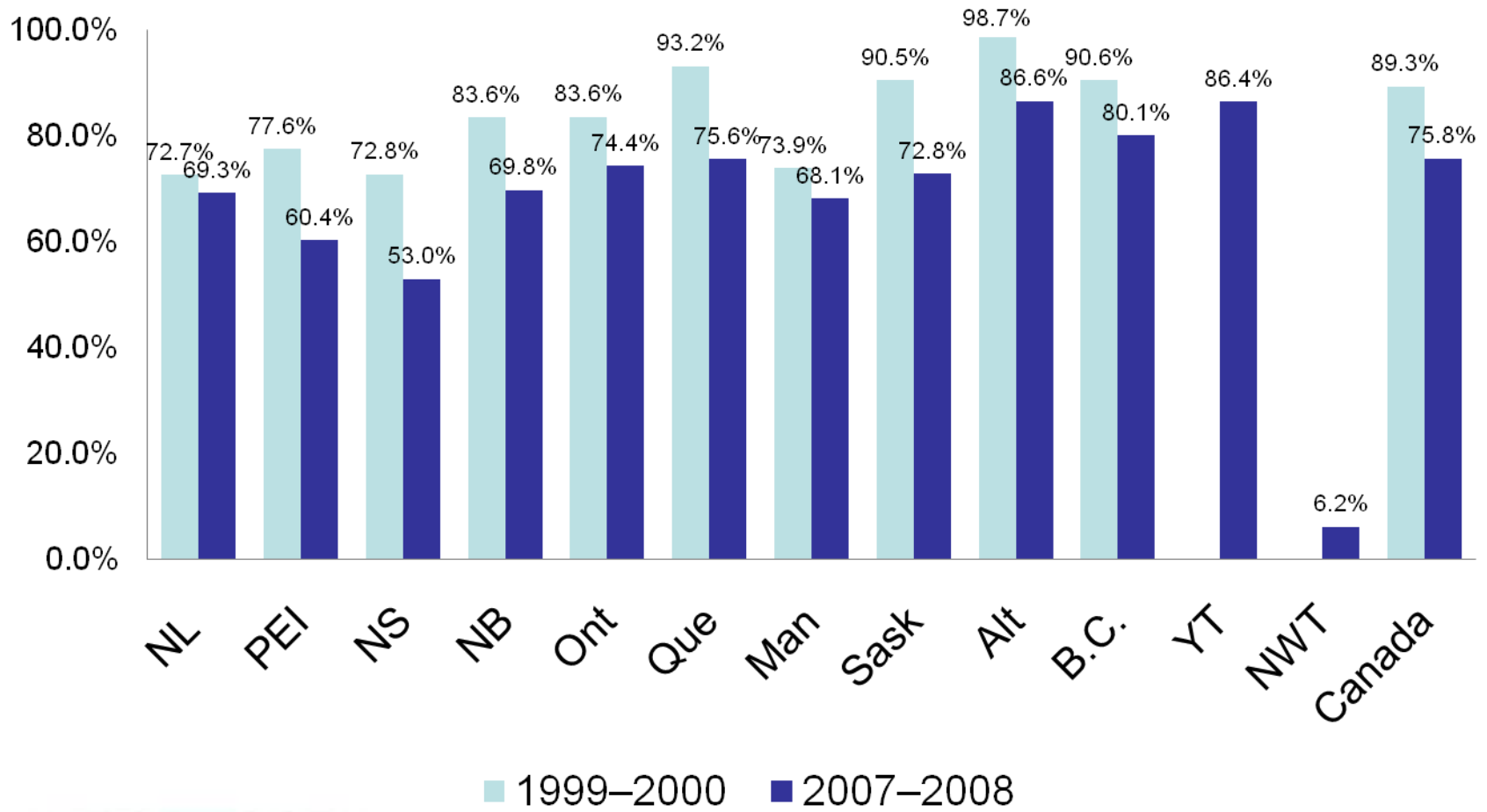
- Count the number of incentivized and non-incentivized services
- Capture and evaluate the cost and changing costs of services
- Evaluate the quality, access and effectiveness of the system
- Evaluate patient, provider and public satisfaction

Physician Payments, by Payment Type, Canada, 2007-2008



Source: National Physician Database, CIHI

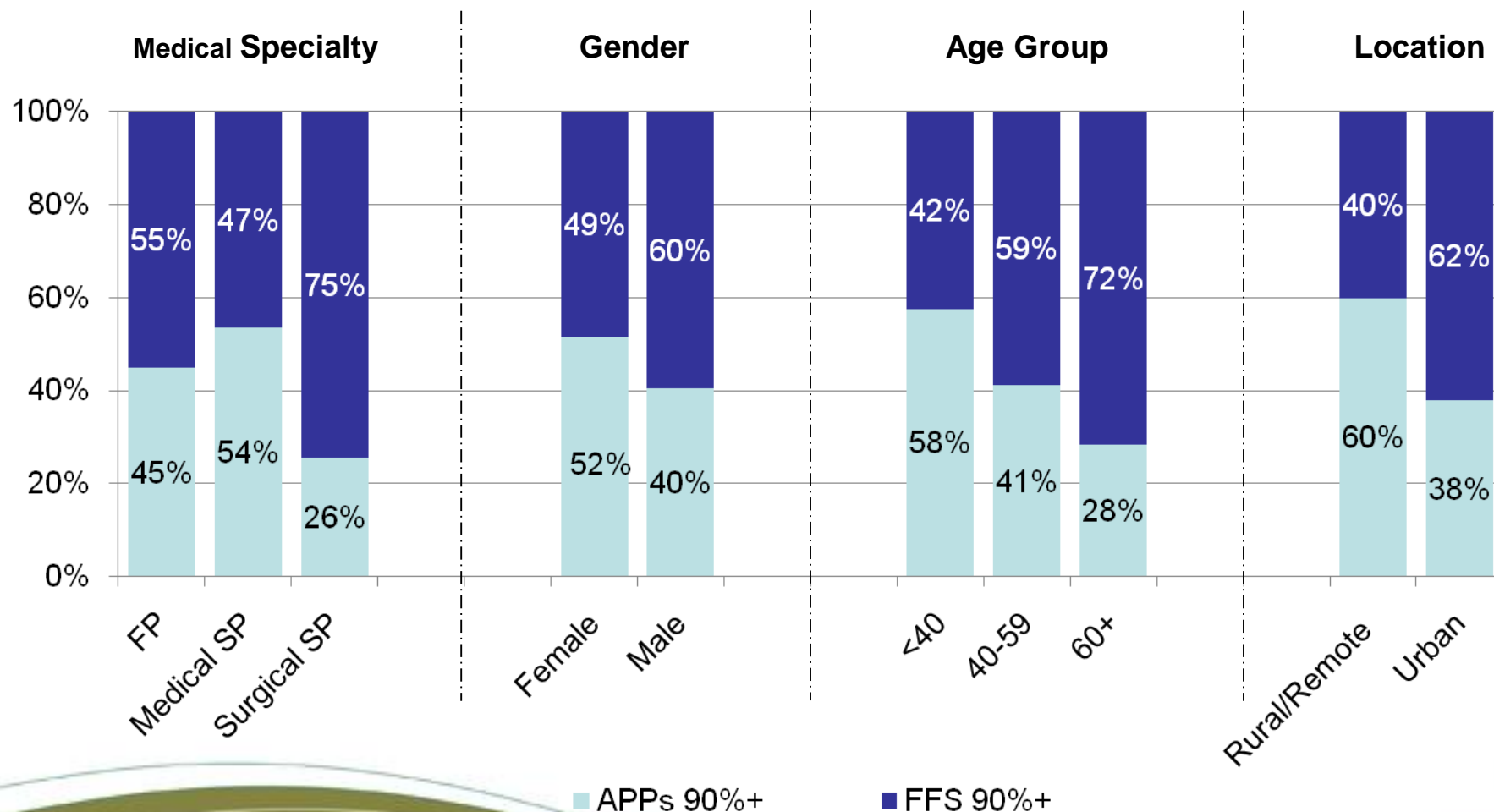
Fee-For-Service...a declining portion of total physician payments. By Province & Territory, 1999-2000 and 2007-2008



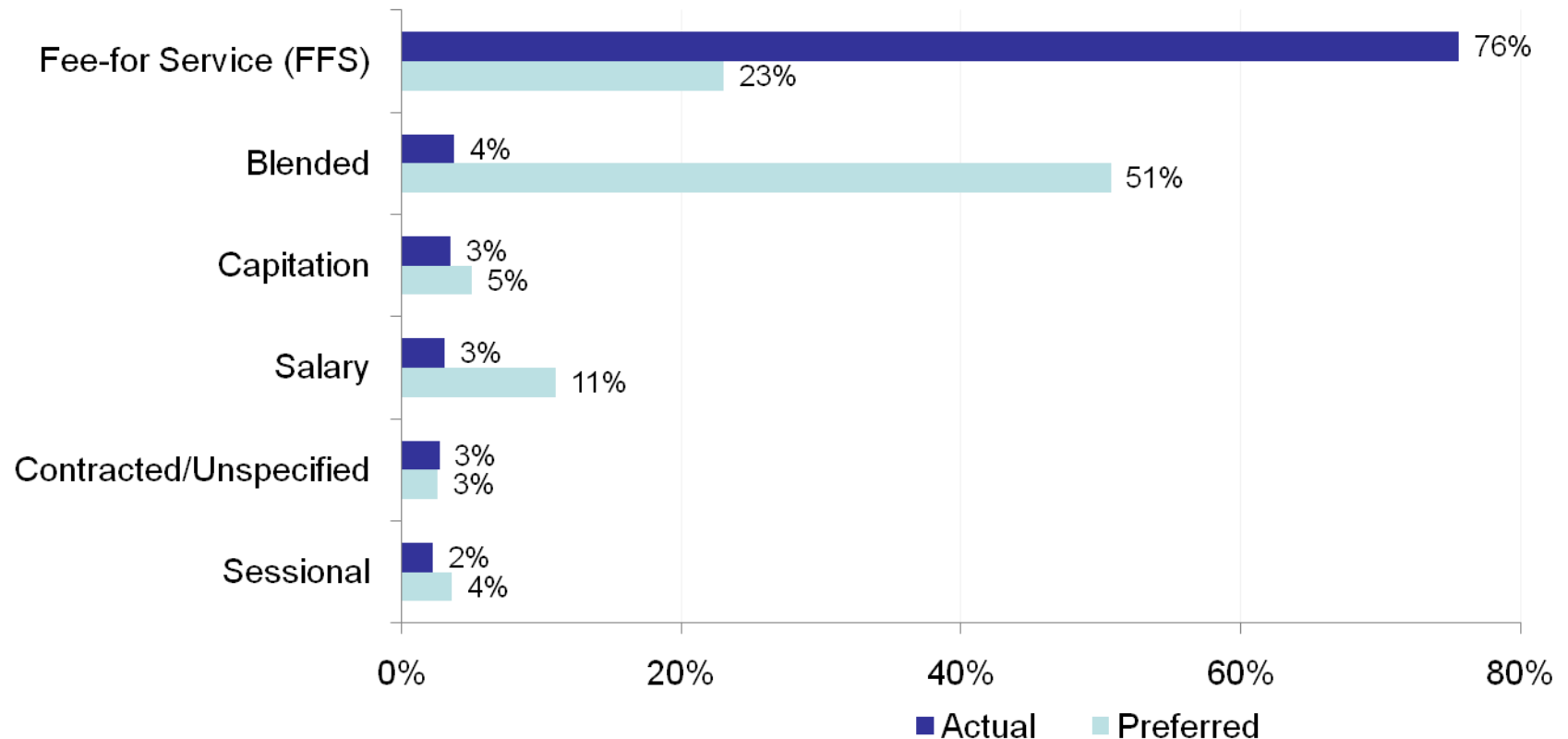
Source: National Physician Database, CIHI

Physicians Receiving at Least 90% of Payments Through APPs or FFS, 2007/08

– General Overview



Actual versus Preferred Payment Type Methods



Source: National Physician Database, CIHI and CFPC/CMA/RCPSC National Physician Survey Database, 2007 "Protected by Copyright"

Balanced Scorecards...

- **Alberta Health Services** –financial, access and clinical measures, measures of integration, as well as patient, provider and staff satisfaction.
- **California's Integrated Healthcare Associations** (IHA) includes clinical, quality, timeliness, administrative, IT measures as well as patient satisfaction
- **National Health Service** (NHS) and Care Quality Commission: Four domains: Health and Wellbeing, Clinical Quality, Patient Focus and Access, Safety.

Canadian Hospital Reporting Project

Key activities in Year 1

- 1. Engage Expert Groups/Researchers**
 - Confirm indicator methodology
 - Share and discuss preliminary results
- 2. Development of web-based reporting tool**
- 3. Preliminary Release of Results with participants**
 - Send preliminary results
 - Hold workshops
- 4. Release of Private Report**
 - Share results among participating jurisdictions

CHRP Indicators

Clinical Indicators
Indicators: Effectiveness (Quality and Outcomes)
5 day mortality following major surgery
30-day in-hospital mortality following AMI
30-day in-hospital mortality following stroke
28-day Readmission after AMI
28-day Readmission after Stroke
28-day Readmission after Asthma
28-day Readmission after Hysterectomy
28-day Readmission after Prostatectomy

Updates: For consistency, we have decided to use 20 to 105 as the Adult age group

CHRP Indicators

Clinical Indicators
Indicators: Patient Safety
Nursing-Sensitive Adverse Event for Medical conditions (all Medical CMGs)
Nursing-Sensitive Adverse Event for Surgical conditions (all Surgical CMGs)
Obstetrical Trauma - Vaginal Delivery with Instrument
Obstetrical Trauma - Vaginal Delivery without Instrument
Birth Trauma - Injury to Neonate
In Hospital Hip Fracture for Elderly

CHRP Indicators

Clinical Indicators
Indicators: Appropriateness
Caesarean Section Rate -Uncomplicated Caesarean Rate - Primary Caesarean Rate
Vaginal Birth After Caesarean
Use of angiography following AMI
Indicators: Accessibility
Wait times for Hip Fracture Surgery
Indicators: NEW indicators
Readmission after Hip replacement
Readmission after Knee replacement

CHRP Indicators

Financial Indicators
Indicators: Financial Health
Current Ratio
Average Age of Equipment
Indicators: Efficiency/Productivity
Administrative service expense as a percentage of Total expense
Cost per Weighted Case
Service recipient support expense as a percentage of Total expense
Inpatient Nursing Productivity
Hours per weighted case
Indicators: Human Resources Indicators
Total Benefit Hours as a percentage of Total Earned Hours
Inpatient RN earned hours (worked hours, benefit hours, purchased hours) to total inpatient nursing earned hours



Conclusion

- Provider incentives *but* system satisfaction
- System satisfaction requires a comprehensive, balanced approach
- High quality, comparable data is key to effective balanced scorecards