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Policy and Practice: A Partnership for Better Outcomes

"Accreditation and Patient Safety Right From the Beginning!"

Is Quality Based Financing (QBF) and Needed Data for QBF a Burden?

How can accreditation help?

Deepak Batra

Principal, Public Health - IQVIA



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An Introduction about IQVIA



- Founded in 1954 and headquartered in Danbury, CT, USA
- 100+ countries and 6 continents | employs 50,000+ people worldwide | \$12bn revenue worldwide
- 1200+ healthcare experts | 5000+ customers
- Fortune 500 company; CMMi Certified
- 35,000+ projects across Provider, Payer, Pharmaceutical & Public Health over the past 5 years



Where **Human Science** meets **Data Science**

More effective health delivery

Pay for value and outcomes

Improved health

Payer Provider Portfolio

Patient Level Costing

Revenue Cycle Management

Information & Transactions Management

Clinical & Benefit Management

Financing Performance Insights

Public Health Portfolio

Policy & Strategy

Procurement & Supply Chain

Disease Management Programs

Implementation Support

M&E

ICT

PPP

Health Infrastructure

Capacity building & Skill Development

Experience Across Africa, Middle East and Asia



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Quality of Care is of utmost importance...

Low quality care increases the disease burden and health costs spirally

EFFECTIVENESS

Some countries have reported accurate diagnosis only for 35% of patients

HYGIENE

LMICs
40% Health facilities lack improved water
20% lack sanitation

SAFETY

Nearly 14% of patients are harmed from the healthcare received during hospital stay

PEOPLE CENTRIC

Almost 20% of patients in OECD countries aren't informed about details of their care

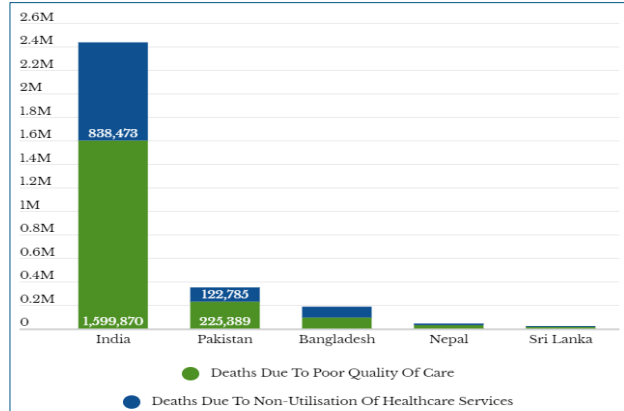
EQUITY

Public hospitals offer lower quality services
Urban hospitals offer better quality than rural

BURDEN

Globally, the cost associated with medication errors is US\$ 42 billion annually

In Asia, poor quality of care kills more than lack of availability of treatment facilities



Kruk et al (2018)

A study by:



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...Yet Healthcare Providers deliver Poor Quality of Care



53% of the Managers of Health Facilities believe financial considerations is the key reason poor QoC

Reasons for Poor Quality of Care



DHHS Report (2018)



However, academic research shows a different picture:

Weak relationship between financial performance & quality of care



Controlling for infrastructure costs, no clear relationship between quality & cost of healthcare



Lack of Culture towards improving Quality is the primary driver of poor QoC



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Quality-based incentivization is being explored to drive quality...



Quality Enhancing Interventions



Benefits of Quality Based Financing Healthcare Models



...But there are several considerations to choose the right incentive frameworks...



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...And the accessing high quality data is challenging in majority of countries



Health care is a **COMPLEX, ADAPTIVE SYSTEM**

- Input/ Process/ Outcome/ Composite Measures
- Balancing expectations (payers, providers, patients)
- No Explicit Clinical Criteria

FEASIBILITY of collecting requisite data

- No standardized IT systems
- Scientific soundness of the measure
- Local adjustment
- Unique identifiers

DEFINE/ STANDARDIZE

MEASURE & COLLECT

EDUCATE/ TRAIN

VERIFICATION

Enhancing **ACCOUNTABILITY** is crucial

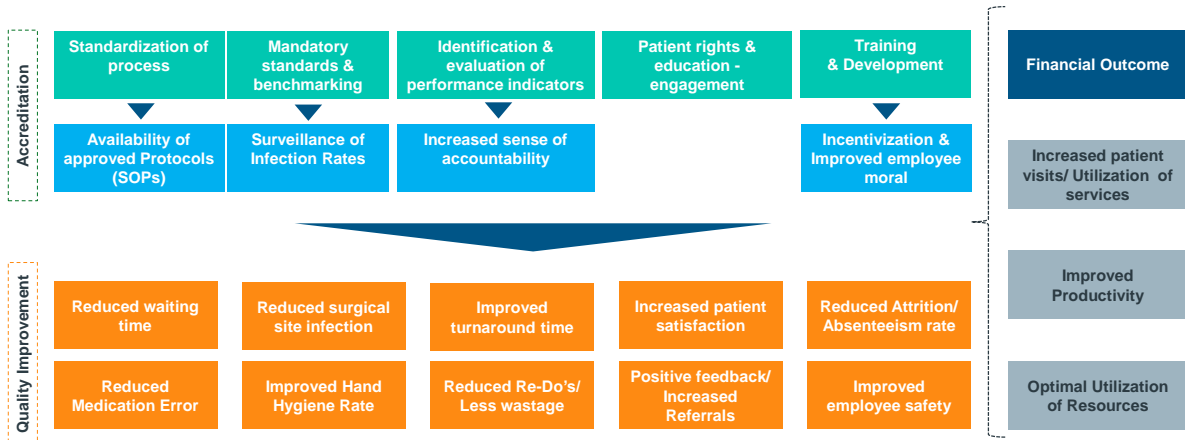
- Training on data is often lacking
- Over 70% providers believe that lack of understanding/ agreement on the data is the primary reason for poor indicators
- Ensure that indicators do not send wrong signals to providers

Data shared by providers needs to be **VALIDATED** and **FEEDBACK** needs to be provided to all

- System Rules & AI supported data validation
- Random physical checks to prevent gaming
- Patient feedback

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Accreditation not only helps in improving quality but helps build a data and evidence based culture in hospitals and health centers



In a survey by the Public Health Accreditation Board, 98% of respondents agreed that accreditation prompted their organization to measure quality even internally more closely

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A Systematic Literature Review reveals the Impact of Accreditation on Strengthening Performance Measurement and Reporting



Accreditation has a positive effect on the organization and on the management of hospitals (strengthening of the working team, teamworking, more reliable data) as well as on the implementation of good practice.

Considerable evidence to prove the fact that accreditation helps quality measurement and generate relevant, accurate, complete and timely data.

Impact of accreditation	Strongly agree (%)	Agree (%)	Disagree (%)	Strongly disagree (%)	Don't know (%)
Stimulated quality and performance improvement opportunities within the health department	31 (60)	20 (38)	1 (2)	0 (0)	0 (0)
Allowed the health department to better identify strengths and weaknesses	33 (63)	17 (33)	2 (4)	0 (0)	0 (0)
Helped the health department document the capacity to deliver the three core functions of public health and Ten Essential Public Health Services	25 (48)	24 (46)	2 (4)	0 (0)	1 (2)
Stimulated greater accountability and transparency within the health department	22 (42)	26 (50)	3 (6)	0 (0)	1 (2)
Improved the management processes used by the leadership team in the health department	16 (32)	29 (58)	3 (6)	0 (0)	2 (4)
Improved the health department's accountability to external stakeholders	17 (33)	26 (50)	7 (13)	0 (0)	2 (4)
Allowed the health department to better communicate with the board of health or governing entity	10 (19)	25 (48)	12 (23)	1 (2)	4 (8)
Improved the health department's competitiveness for funding opportunities	11 (21)	15 (29)	13 (25)	3 (6)	10 (19)
Quality improvement					
Health department has used information from the quality improvement processes to inform decisions	27 (53)	23 (45)	1 (2)	0 (0)	0 (0)
Health department has a strong culture of quality improvement	17 (33)	30 (59)	3 (6)	0 (0)	1 (2)

Source: Kronstadt et al. Evaluating the Impact of National Public Health Department Accreditation - United States, 2016 (DOI: 10.15585/mmwr.mm6531a3)

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Quality/Accreditation-based Financing across the world



Studies from across the world* show accreditation helps improve quality standards



- Introduced Practice Incentive Program in 1998.
- Providers need to be accredited/ registered for accreditation to participate in the program.
- Incentives directed towards infrastructure improvement & GP remuneration.

Australia



- Quality framework defined by NHIA.
- Multiple pay for performance incentives including bonuses for serving remote areas and managing chronic diseases.
- Annual review & grading of performance on service delivery quality, public satisfaction and resource utilization.

Taiwan



Canada, Switzerland, China, Japan

- Non-compulsory accreditation (about 25%-75% hospitals are accredited).
- No financial incentives for Quality.
- National-level Quality Indicators defined, Quality frameworks are monitored regularly

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Case in point (1): Thailand – Learnings from Data Perspective

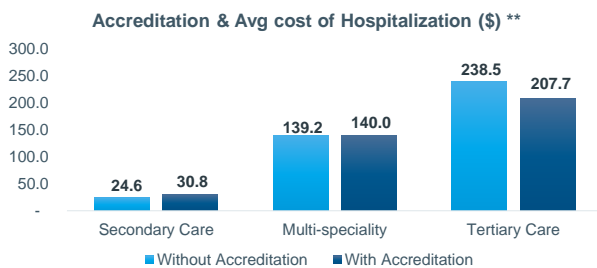


Key Learnings

- I. **Understand the Current Data Supply** : what data are currently available, how they were collected, and what mechanisms exist to verify their accuracy.
- II. **Make Decisions According to the Intended Use of the Data and System**
- III. **Identify the Right Indicators to Measure Results** : “When a measure becomes a target, it ceases to be a good measure.”
- IV. **Choose More Immediate Indicators as well as outcome based ones**
- V. **Create information management systems and think about how all of the data connects to the big picture**
- VI. **Continuously evaluate, refine, and, where necessary, replace the chosen indicators**
- VII. **Use and Triangulate Self-reported Data**
- VIII. **Encourage use of data by providers**
- IX. **Learn from Efforts to Game the System**



Case in point (2 and 3): India and Spain– Maintaining Quality & Reducing Costs



** Average cost of hospitalization per bed per day (Shah, 2011)

- 13% Through accreditation, India was able to deliver standardized quality at 13% lower cost in Tertiary Care.
- 25% However, costs in accredited secondary care hospitals were 25% higher

Country: Spain

Study: Pilot

Hospitals: 1

Accreditation: JCI

Annual Savings:

- €2,674,956 (shorter length of stay)
- €77,327 (decreased Cesarean sections)
- €86,375 (reduced readmissions within 7 days of discharge)

Total: €11,354,630 savings over 4 years of accreditation

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Closing Thoughts



Quality-Based-Financing systems are necessary to **incentivize providers & health-workers improve QoS.**

Policy makers, accreditation agencies, payers and providers need to work together to **define QBF models to ensure optimal QoS**

Getting reliable and timely data is a big challenge for QBF BUT Accreditation is a credible method and can provide significant **cost-savings beyond what is spent on accreditation.**

Costs of accreditation for smaller hospitals/ secondary care providers needs to be **reduced to ensure positive cost-benefit outcomes**



Cost Saving >>>> Expenditure of accreditation

Quality of Care in accredited hospital >>>> Quality of Care in non-accredited hospital

Accreditation does lead to a better data management and accountability culture

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Discussions



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