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HEALTH SERVICES AND POLICY RESEARCH

Paying for High Quality Hospital Care: What Might it Mean?

Trafford Crump, PhD, Post-Doctoral Fellow
Jason Sutherland, PhD, Assistant Professor

University of British Columbia
Centre for Health Services and Policy Research

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INTRODUCTION



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Introduction

MODELS

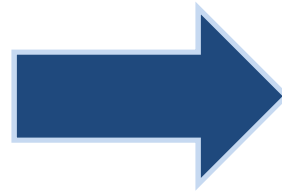
Pay-for-Performance

Activity-Based
Funding

Bundled Payments

Value-Based
Purchasing

Capitation



GOALS

Efficiency

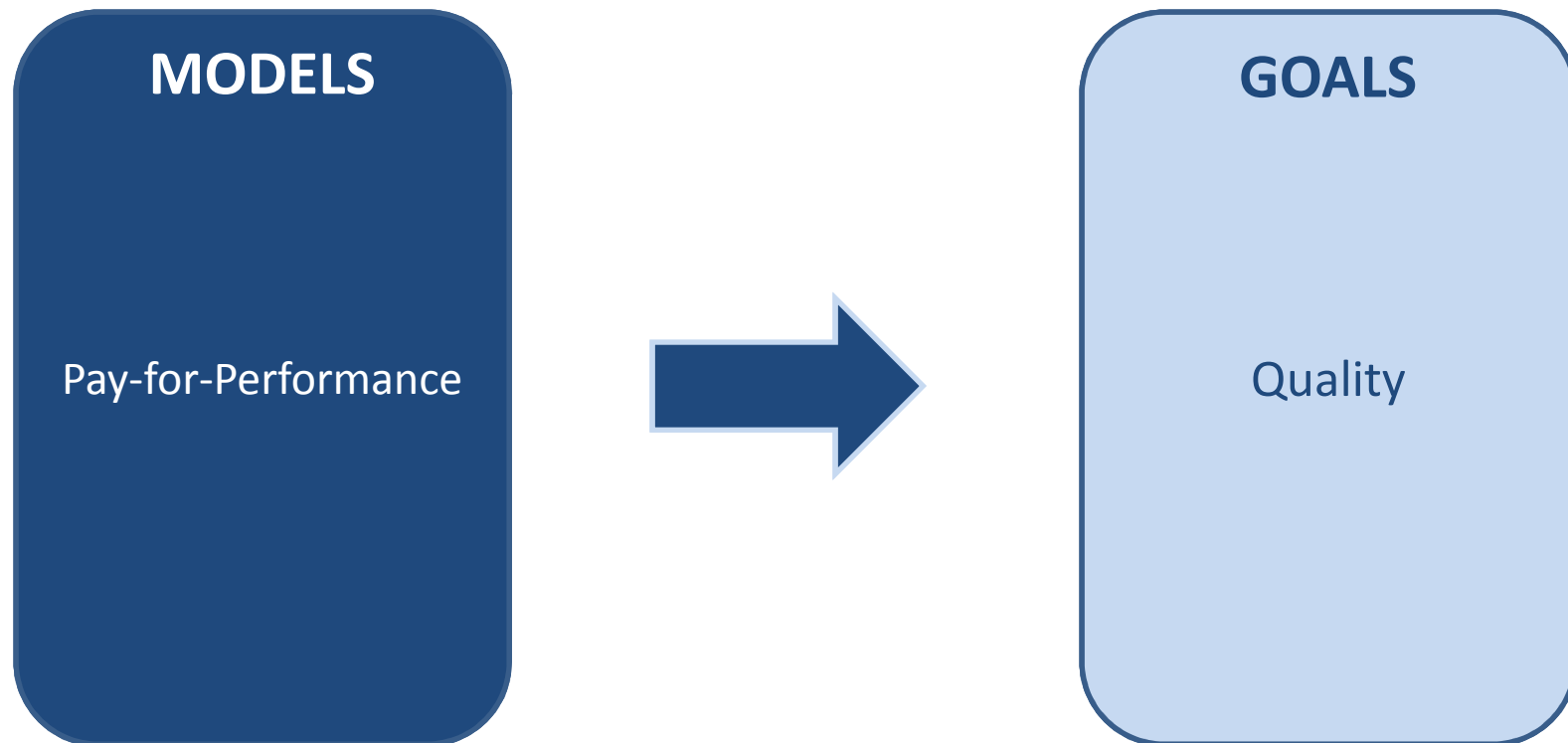
Transparency

Access

Quality



Introduction





ACUTE CARE

MODELS

Pay-for-Performance

GOALS

Quality



ACUTE CARE

MODELS

Pay-for-Performance

QUALITY

Structure

Process

Outcomes



ACUTE CARE

MODELS

Pay-for-Performance

QUALITY

Outcomes

Clinical

Patient-Reported



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Pay-for-Performance

Pay-for-performance (P4P) provide a financial incentive to meet a set quality threshold or target.

When used to improve process or clinical outcomes, P4P is generally case mix adjusted.

Case mix adjusted for patient-reported outcomes?



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Patient-Reported Outcomes

Patient-reported outcomes (PROs) are generally defined as:

- standardized, validated questionnaires
- completed by patients
- measuring their self-perceived functional well-being and health status

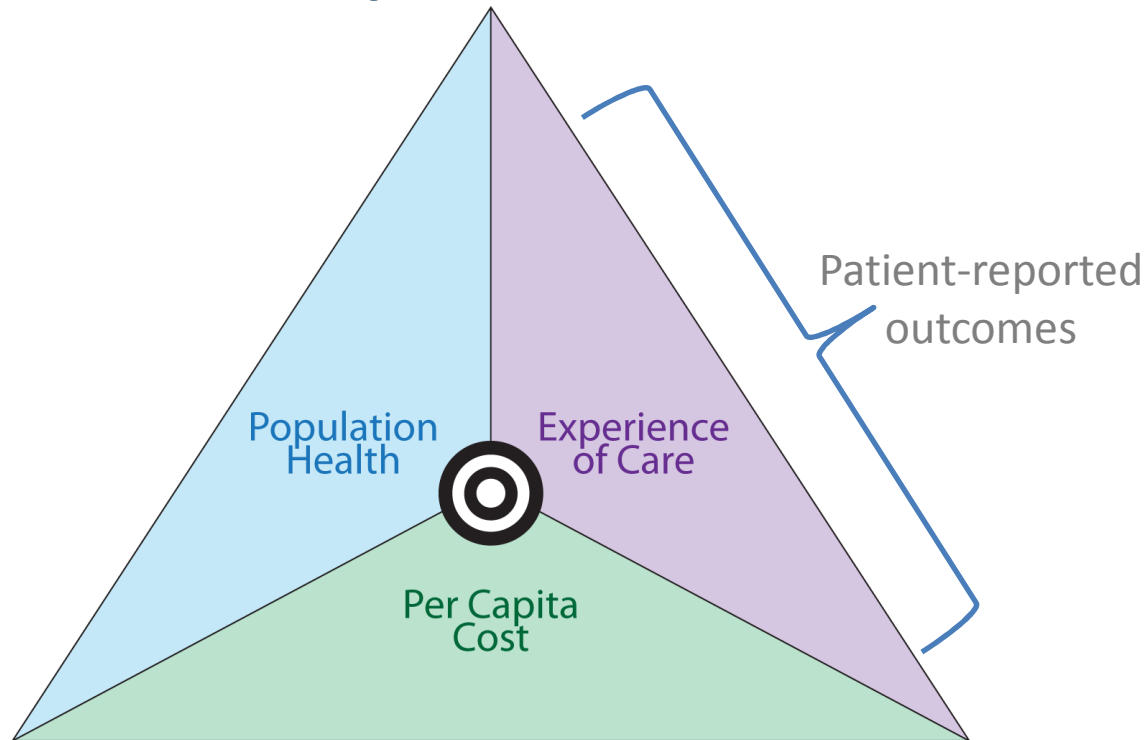
We've expanded on this definition to include questionnaires pertaining to patients':

- satisfaction with care or
- their experiences with receiving care



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Institute for Health Improvement: Triple Aim



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Purpose

The purpose of this project is to explore the potential relationship between pay-for-performance models and patient-reported outcomes.



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METHODS



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Methods

KEY WORDS			
Treatment outcome, Outcome assessment	OR	Quality of life, Health status	OR Patient satisfaction, Experience
Pay-for-performance	OR	Reimbursement, incentive	
Acute care	OR	Hospital care	OR Hospitalization

This search was restricted to articles written in English, from 2003 to present.



Methods

Abstracts were reviewed for relevance.

Similar set of keywords were used as part of Google's advanced search function to identify any publications/policies from the "grey literature".



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RESULTS

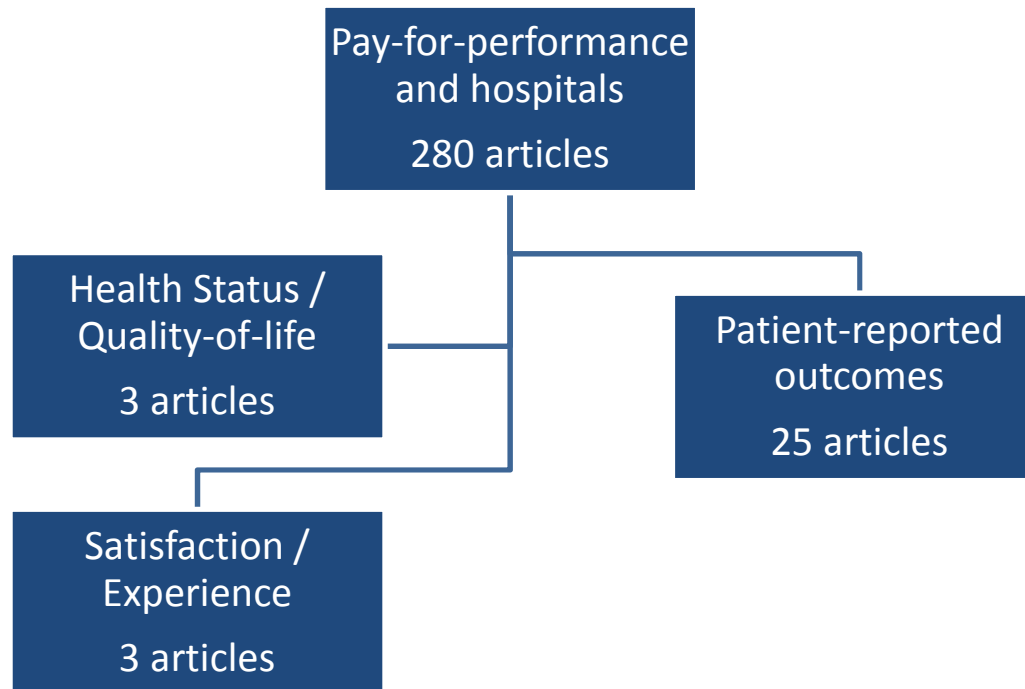


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Results



Review of the abstracts and full articles discovered none were relevant.



Results

Google search resulted in several other papers that were not included in the initial search.

This led to four programs being investigated further:

1. British National Health Services
2. Integrated Healthcare Association
3. Hawaii Medical Services Association
4. Premier Hospital Quality Incentive Demonstration

None of these programs reported how their pay-for-performance model directly impacted patient-reported outcomes (at least in such a way that could be easily found).



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DISCUSSION



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Discussion

Aside from a few reports, studies regarding the effect of pay-for-performance on patient-reported outcomes are lacking.

Three possible reasons:

1. The nature of acute care
2. Costs associated with data collection
3. Statistical challenges



1. The nature of acute care

- A. Traumatic or acute incidences – typical of hospital-based care – are not conducive to patient-reported data, particularly requiring pre/post collection
- B. In some cases, improvement in health status is not necessarily the end goal of acute care
- C. Many exogenous factors can influence outcomes, particularly health status



2. Costs associated with data collection

- A. Patient-reported outcomes cannot be collected from administrative data sources
 - requires surveys, often administered by trained interviewers

- B. Risk adjusting patient-reported outcomes would require linking to administrative data sources or extraction from the medical record



3. Statistical Challenges

- A. If opting for mail-based survey (because of costs), chance of lower response rate and higher rates of incomplete/missing data
- B. Sample sizes may be small for some surgeries or rare diseases
- C. Patient recall can be problematic, making the results unreliable



Why is this important?

Some large health systems are starting to collect patient-reported outcomes and considering how they can be used in funding models

- E.g., National Health Services (NHS) collecting health status from patients undergoing select surgeries. Considering how to reimburse hospitals based on these results.
- E.g., In Oct 2012, Centers for Medicare & Medicaid Services (CMS) started to reimburse hospitals based on a quality composite measure (Value-Based Purchasing)
 - this score will include patient satisfaction, but not health status

Upon what evidence is this based?

How are these scores to be adjusted to best reflect differences in case mix?



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CONCLUSION



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Conclusion

There is the need to better understand the potential intended and unintended effects of pay-for-performance funding models on patient-reported outcomes in acute care.



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www.healthcarefunding.ca

Trafford Crump, PhD

tcrump@chspr.ubc.ca



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