



**DAY ONE: Wednesday 29<sup>th</sup> January 2014**

<b>8:00</b>	Registration
<b>9:00</b>	Conference Welcome: Risha Premarajah, Program Director, IIR Healthcare Conference Series
<b>9:05</b>	Opening Remarks From Chair: Stephen Samis, Vice-President, Programs, Canadian Foundation for Healthcare Improvement
<b>9:10</b>	<p><b>Using Funding Policies to get High Quality, Accessible and Effective Healthcare</b>          The healthcare system is not doing all that the provinces want. Increased spending is met with lengthening wait lists, continuing examples of ineffective care, plus instances of poor quality. In response, governments around the world are pursuing other policies to achieve what they want from the healthcare system. The healthcare systems in Canada’s provinces are complex, so is there a magic bullet that will solve Canada’s healthcare funding woes that simultaneously improves access, cost-efficiency, effectiveness and quality? This presentation will discuss strategies governments are using to improve the healthcare, whether they are likely to achieve these objectives, and what might be the unexpected consequences.</p> <p><b>Jason Sutherland</b>, Assistant Professor, Centre for Health Services and Policy Research, University of British Columbia and Scholar, Michael Smith Foundation for Health Research.</p>
<b>9:50</b>	<p><b>The Future of Hospital Funding in Canada: Looking Back For the Way Forward</b>          As two provinces move forward with implementing very different ABF policies while others plan or contemplate their own reforms, we can learn a thing or two by taking a look back at Canada's hospital funding history and the shaping of its current policy environment. What do we adopt, adapt or reject from the three decades of international ABF experience? Where should we be heading?</p> <p><b>Erik Hellsten</b>, Senior Specialist, Quality Based Funding, Health Quality Ontario</p>
<b>10:20</b>	<p><b>Systematic Review of ABF of Hospitals: Potential Effects on Quality, Access, Cost, Efficiency, and Equity</b>          Opinion is divided as to whether ABF would help the Canadian health care system to achieve any of the putative benefits originally achieved by ABF in other countries, or whether the risks would outweigh the benefits. The international literature on ABF consists of research studies and non-systematic reviews without, so far, a single systematic review. Our worldwide systematic review aims to fill that gap by providing a more robust evidence base to better inform decision-makers about what would be a monumental change in the way we fund Canadian hospitals.</p> <p><b>Karen Palmer</b>, Adjunct Professor, Simon Fraser University &amp;  <b>Thomas Agoritsas</b>, MD, Department of Clinical Epidemiology &amp; Biostatistics,</p>

**11:10 Morning Tea and Exhibition**

**11:40 Lessons Learned from the NHS Payment by Results Funding Model**

Payment by Results (PbR) was first introduced in England to a small number of hospital in 2003-2004 and has grown to represent 60% of acute hospital income in 2012, at a cost of £29bn a year. At the introduction of PbR in England, it replaced fixed block hospital contracts. PbR by comparison was a transformational payment system that was intended to support National Health Service (NHS) policy and strategy. It was to reward providers for reduced wait times, encouraging patient choice, increased efficiency, and improved focus on innovation and quality of care. Ten years on from its' introduction in the NHS, the payment system is set for the most significant reform since the introduction of PbR, and the consultation process has begun to create the 2014-2015 National Tariff Payment System. What lessons have been learned on how PbR has either achieved its' original objectives or not? What are the attributes of a good payment system?

**Joyce Drohan**, Director, Consulting and Deals, PricewaterhouseCoopers

**12:20 The Key Challenges in Implementing ABF in Diverse Health Care Settings**

The recent move to Activity Based Funding in the Australian health care environment has had a significant impact on all areas within all levels of healthcare provision from the local hospital through to national governance. This topic will outline the key challenges faced at each level and the impacts of this change on people, process, data and outcomes. Like Canada, Australia has a wide diversity of health care delivery settings and what we have learnt along our journey can be applied to your local environment.

**Colin McCrow**, Manger ABF Costing, Healthcare Purchasing, Funding and Performance Management Branch, Department of Health, Queensland (Australia)

**1:00 Lunch and Exhibition**

**2:00 Implementing Activity Based Funding – An Irish Experience**

A background to the implementation of Activity Based Funding in the Republic of Ireland from 1<sup>st</sup> January 2014. An overview of the preparation required for this significant change in healthcare funding policy.

**Nigel Michell**, Director – European Operations, PowerHealth Solutions

**2:40 Best Care is a Right, Not a Privilege**

With the introduction of the Health System Funding Reform, funding is being transformed in Ontario. By implementing Quality-Based Procedures, the reform is driving quality, efficiency and effectiveness in the health care system. As health service providers are incentivised to adopt clinical best practice, this will improve quality of care, patient experience and outcomes. As implementation evolves, QBPs will be further developed and expanded to strengthen the continuity of care to ensure every patient gets the right care, at the right place, at the right time.

**Michael Stewart**, Lead Decision Support and Knowledge Transfer, Ontario Ministry of Health and Long-term Care

**3:20 Afternoon Tea and Exhibition**

**3:50 A Cautionary Tale: The Role of Funding Incentives/disincentives in System**

### **Improvement Strategies**

The presentation looks at the reasons why there has been a shift away from global funding and from some forms of activity based funding and instead an increased emphasis on funding reforms that support quality improvement and service integration strategies (e.g. bundled payments). By taking a critical look at the range of system changes required in this new context, the presentation examines the role of financial incentives and/or disincentives in supporting the cost effective implementation of quality improvement and integration strategies.

**Marcy Cohen**, Independent Healthcare Professional, Adjunct Faculty, Simon Fraser University & Former Director, Research and Policy, Hospital Employees' Union

### **4:20 Panel Discussion. Lessons Learned from the Canadian Experience – What are the effects seen to date?**

Facilitator: **Stephen Samis**, Vice-President, Programs, Canadian Foundation for Healthcare Improvement

**Michael Stewart**, Lead Decision Support and Knowledge Transfer, Ontario Ministry of Health and Long Term Care

**Jason Sutherland**, Assistant Professor, School of Population and Public Health, University of British Columbia

**5:20** Closing Remarks From Chair

**5:30** End of Day One.

IIR invites all speakers, exhibitors and delegates to a drinks reception to discuss the day's findings.

**DAY TWO: Thursday 30<sup>th</sup> January, 2014**

**8:30** Morning Coffee

**8:55** Opening Remarks From Chair: Michael Stewart, Lead Decision Support and Knowledge Transfer, Ontario Ministry of Health and Long Term Care

**9:00 Maryland Hospital All Payer DRG Payment System**

This presentation will cover its development, structural features, strengths and weaknesses, lessons learned and continuing evolution and innovation  
**Robert Murray**, Former CEO, Maryland Health Services Cost Review Commission (USA)

**9:40 Improving Revenue Performance using Activity Based Cost Information**

Activity based cost information is being used to drive funding reform in Ontario. Sunnybrook Health Sciences is responding to the funding reform by improving operational performance to realize cost savings. Using the activity based cost information, performance measures are being used to reduce total cost of care, enhance operational efficiency, align clinical delivery and improve revenue performance.  
**David Couch**, Director, Decision Support, Sunnybrook Health Sciences Centre

**10:20 Morning Tea and Exhibition**

**10:50 Activity-Based Funding in New South Wales – A Strategic Perspective**

ABF has been implemented in NSW in the context of the National Health Reform Agreement. The strategies for implementing ABF in NSW, both short term and long term, have been designed to build on the core elements of ABF to add value to the Health system in the long term and to meet the needs of the various stakeholders.  
**Alfa D'Amato**, Deputy Director, ABF Taskforce, NSW Health, Australia

**11:30 How to Optimize Clinical Performance with Local Patient Based Costing.**

This presentation will demonstrate with a decade of experience different capabilities to optimize performance with local patient-specific costing data . It will illustrate the difference between patient based costing models used for financing health delivery organizations and those that can be developed locally to in order to measure a return of investment, to standardize practices and optimize performance with clinicians. The performance based patient activity models that are an aggregate of patient specific data allow for easy identification and resolution outliers. Patient activity cost models used for clinical management require rigorous and accurate allocation methodologies that reflect the organization and utilization of services of the hospital that is being measured. To be actionable, patient based costing data should be as close as possible to real time and refreshed on a frequent basis.  
**Jean Mireault**, Vice President of Clinical Affairs, MediaMed Technologies

**12:10 Lunch and Exhibition**

**1:10 Activity Based Funding in Ontario: Funding of Long-Term Care Homes**

The purpose of this presentation is to provide an overview of why and how Ontario utilizes activity based funding for long-term care homes (LTC). This presentation will provide an overview of the ministry's strategy for LTC homes. This presentation will then summarize how Ontario has addressed this strategy through Health System Funding Reform (HSFR) and other initiatives such as funding flexibilities to

	<p>improve business conditions in the LTCH sector.</p> <p><b>Sherif Kaldas</b>, Manager, Funding Strategy and Policy - Health System Funding Policy Branch, Ontario Ministry of Health and Long Term Care</p> <p><b>Theresa Nowak</b>, Manager, Financial Policies and Procedures – Performance Improvement and Compliance Branch, Ontario Ministry of Health and Long Term Care</p>
<b>1:50</b>	<p><b>ABF Experience in Quebec: Surgery Access Program</b></p> <p>Perspective from the Ministry of Health and Social Services and Montreal Regional Health and Social Service Authority as to Quebec’s surgery access program: the results, obstacles and future steps.</p> <p><b>Normand Lantagne</b>, Head of Resources Allocation Service, Ministry of Health and Social Services of Quebec</p> <p><b>Alexandra Constant</b>, Funding Policy Coordinator, Agence de la santé et des services sociaux de Montréal (Montreal Health and Social Services Agency)</p>
<b>2:30</b>	<p><b>Afternoon Tea and Exhibition</b></p>
<b>3:00</b>	<p><b>Alternative Funding Initiatives for Seniors in Quebec</b></p> <p>This presentation will discuss the home care portrait in Montreal, the deficiencies of global budgets, the search for alternative funding methods and the resulting regional policy. It will also outline the impending autonomy insurance program and how this can be used to address the aging population problem. It will discuss the implementation process and the link between service delivery and funding policy in home care.</p> <p><b>Normand Lantagne</b>, Head of Resources Allocation Service, Ministry of Health and Social Services of Quebec &amp;</p> <p><b>Alexandra Constant</b>, Performance and Funding Policy Coordinator, Agence de la santé et des services sociaux de Montréal (Montreal Health and Social Services Agency)</p>
<b>3:40</b>	<p><b>The Maryland All-Payer Hospital Payment System's Experience with Pay-for-Performance Quality Initiatives</b></p> <p>Description of Maryland's P4P Programs relating to promoting Evidence Based Processes of Care, Reductions in Hospital-Acquired Infections and Conditions and Preventable Hospital Readmissions.</p> <p><b>Robert Murray</b>, Former CEO, Maryland Health Services Cost Review Commission (USA)</p>
<b>4:10</b>	<p>Closing Remarks From Chair</p>
<b>4:20</b>	<p>Close of Conference</p>