Different approaches to performance assessment and management:
Some insights for Turkey (Part 1)

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Some facts

- *USA:* To Err is Human (IOM 1999)
  - More deaths due to medical errors than traffic accidents
- *Nordic:* 12% of hospitalized patients experience adverse effects 70% of which is preventable, over half of which lead to disability and increased length of stay
- *England*: 40% or 1.9 million hospital emergency admissions were avoidable if better primary care had been provided.
- *EU:* Healthcare associated infections (HCAI) affect an estimated one in twenty hospital patients on average every year (estimated at 4.1 million patients)
- *EU:* RAND estimates that strategies aiming to reduce adverse events in the EU would lead to the prevention of more than 750,000 harm-inflicting medical errors per year, leading in turn to the reduction of more than 3.2 million days of hospitalization, 260,000 fewer incidents of permanent disability, and 95,000 fewer deaths per year

Sources: OECD: Improving Value in Health Care: Measuring Quality, 2010;
WHO Regional Office for Europe: Briefing on Patient Safety April 2010.
Vilamoska, Conklin: Improving patient safety: addressing patient harm arising from medical error, Policy insight Vol3, issue2, April 2009, RAND corporation

Who is accountable?

- Government?
- Providers?
- Payors?
- Consumers/patients?
- The system?
- The setting?
- The doctor?
- All of the above? If so, each to what extent?

Outline

1. Different approaches to performance assessment
   - Preoccupations/goals/objectives
   - Advantages and disadvantages
2. Moving forward:
   - Chronic care delivery model
   - Value for money
3. Some insights for performance assessment in Turkey

Performance assessment: alternative approaches

- Health system perspective (e.g., HSPA)
- Provider perspective (care setting or level, e.g. PATH, Turkish model)
- Patient perspective (chronic care model; episode of illness/care, e.g., NQF)

Performance Assessment: Perspective-laden goals

Health System

- Improved health (level and distribution)
- Fair financing
- Responsiveness

Cross-cutting:

- Equity

Provider

- Productivity
- Clinical effectiveness
- Efficiency
- Staff Orientation
- Responsive governance

Cross-cutting:

- Safety
- Patient centeredness

Episode of care

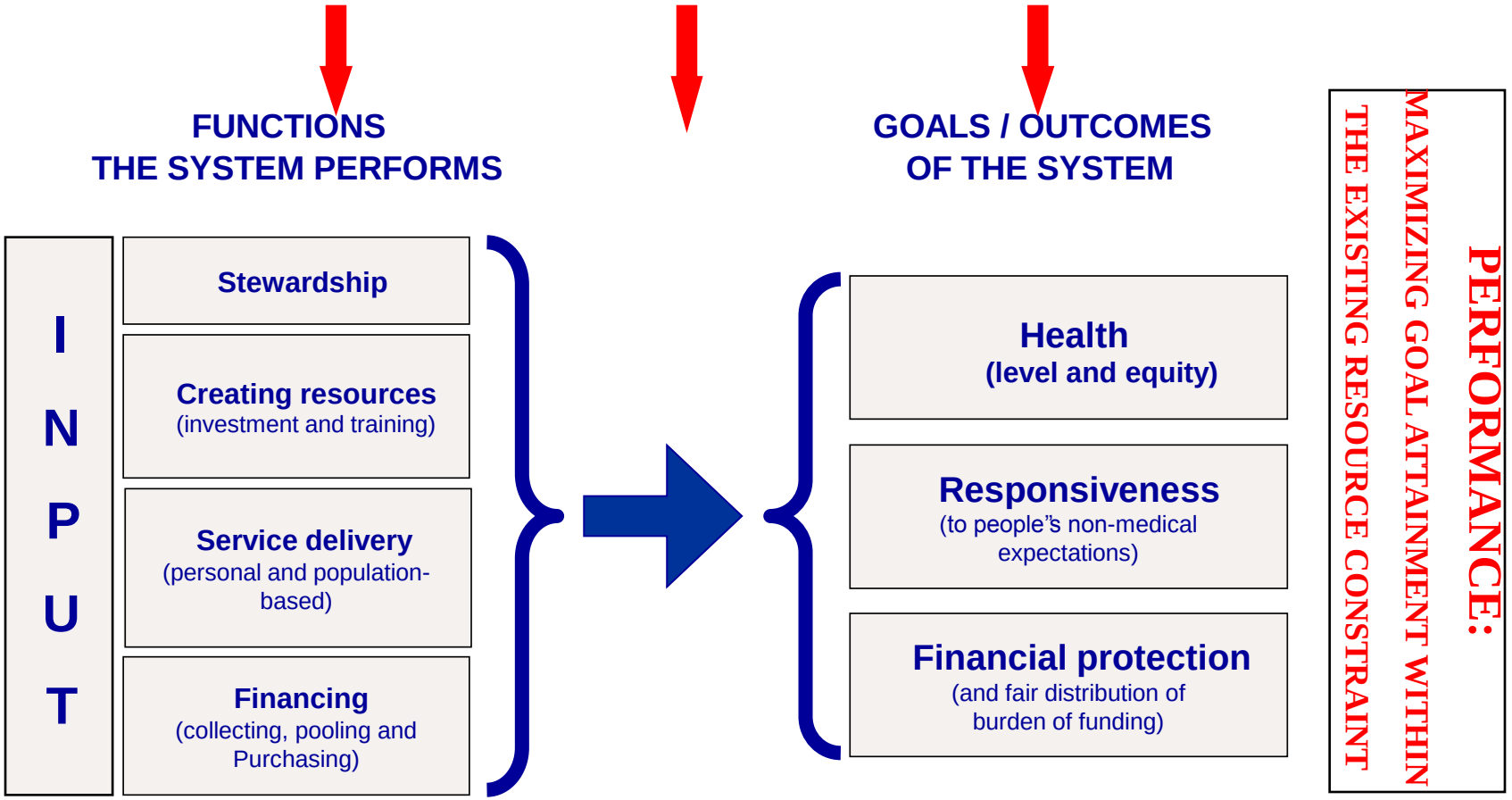
- Quality of care
  - Safety
  - Timeliness
  - Efficiency
  - Effectiveness
  - Equity
  - Patient centeredness
- Cost of care
- Value of care

Cross-cutting:

- Coordination and integration

The Tallinn Charter: Health System Framework

PARTICIPATION – SOLIDARITY - EQUITY



Adapted from : WHO - P. Travis

Health System perspective

Main Advantages

- Holistic (telescopic view)
- Goal oriented
- European values
- Emphasis on stewardship
  - Overall accountability
- Comparability
  - Benchmarking
- Emphasis on equity

Main Disadvantages

- Difficult to disentangle healthcare outcomes from health outcomes
- SDH?
- Inter-sectorality?
- Less emphasis on efficiency
- Accountability more diffuse
- Value for money not clear
- Less actionable
- Alternative explanations

Hospitals and Health System

- Hospitals take a large part of the health care budget, up to 70% in some eastern European countries.
- Hospitals employ up to half of physicians and three quarters of nurses
- Their position at the apex of the health care system means that hospital policies and practices have an enormous impact on health care.
- Hospitals do not just treat patients: they play important roles in education, research and local economies.
- Hospitals do not exist in isolation. They have to adapt constantly to changing circumstances within the hospital, in their interaction with the rest of the health care system, and in the wider social and economic environment.

Source: Policy brief: *Hospitals in a changing Europe, (Eds)* Martin McKee and Judith Healy, Open University Press, 2002

Provider perspective

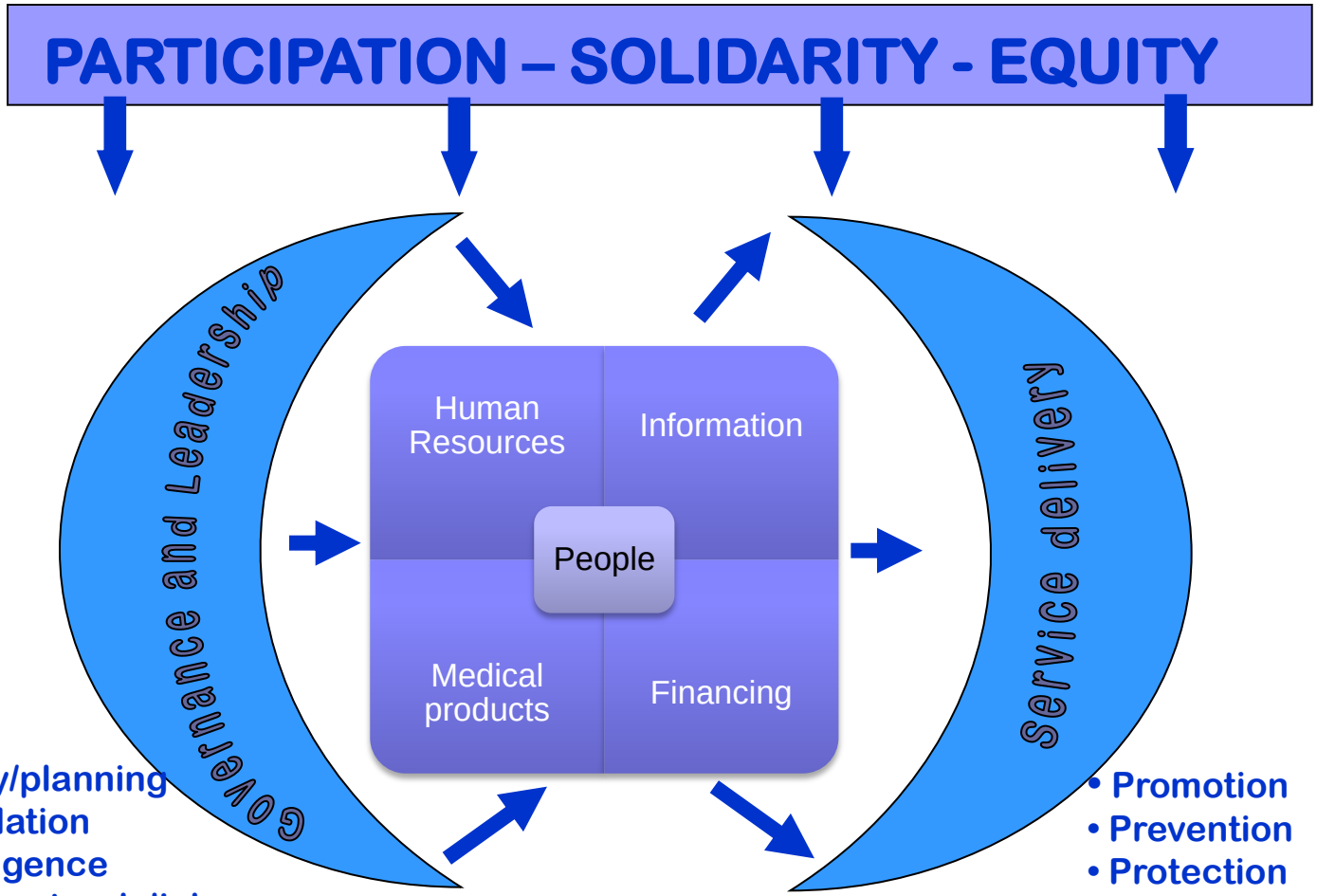
Main Advantages

- Shared accountability
- Emphasis on governance and management
- Emphasis on efficiency and safety
- Emphasis on clinical outcomes
- Comparability
  - Benchmarking
- More actionable

Main Disadvantages

- Focus on the care level, disjointed from the inward and outward interface
- Alignment with system objectives not always evident
- Care over illness
- Allocative efficiency??
- Less emphasis on integration and coordination of care
- Issues with socioeconomic and morbidity mix
- Less emphasis on sustainability and equity
- Value for money not clear

Putting people at the centre



- Policy/planning
- Regulation
- Intelligence
- Intersectoral dialogue
- International cooperation
- M&E

- Promotion
- Prevention
- Protection
- Care
- Rehabilitation
- Support

Episode of care perspective

Advantages

- Patient-centred -> reduce fragmentation, better alignment
  - Streamlining care process: Integration and coordination across multiple settings
  - Alignment of financial incentives
- Episode of illness and episodes of care (longitudinal)
- Prevention is valued
- Better delineation of costs
- Accountability clearer and shared
- More balanced re quality, costs and outcomes
- Insight into how HC delivery system performs

Disadvantages

- Focus on the branches and leaves
- Appropriateness of care
- Accounting for co-morbidity and severity
- Adjusting for different populations
- Comparability across settings
- Less emphasis on sustainability and allocative efficiency
- Value for money clear at the episodic level only

Rejoinder

- High performing health care systems ➔ high performing chronic care system
  - 70 to 80% of deaths due to chronic diseases
  - Health-related quality of life is as important
  - Integration and coordination of care (proactive practice team)
  - Involvement of communities
  - Self management (“expert patient”)
- Value for money
  - Not synonymous to efficiency
  - Not synonymous to sustainability
  - Combining quality and cost of care
  - Preference-weighted assessment

Sources: Ham C: The ten characteristics of high performing chronic care system. Health Economics, Policy and Law. 2010; 5:71-90
National Quality Forum: Measuring framework: Evaluating Efficiency Across Patient-Focused Episodes of Care. Washington, DC:NQF;2009.

Characteristics of high performing chronic care system

- Universal coverage
- Equity in access (free at point of service)
- Prevention of ill health
- Self management support
- Primary care
- Population risk management
- Integration (PC and specialist)
- Information technology
- Coordination of care

SYSTEM DESIGN

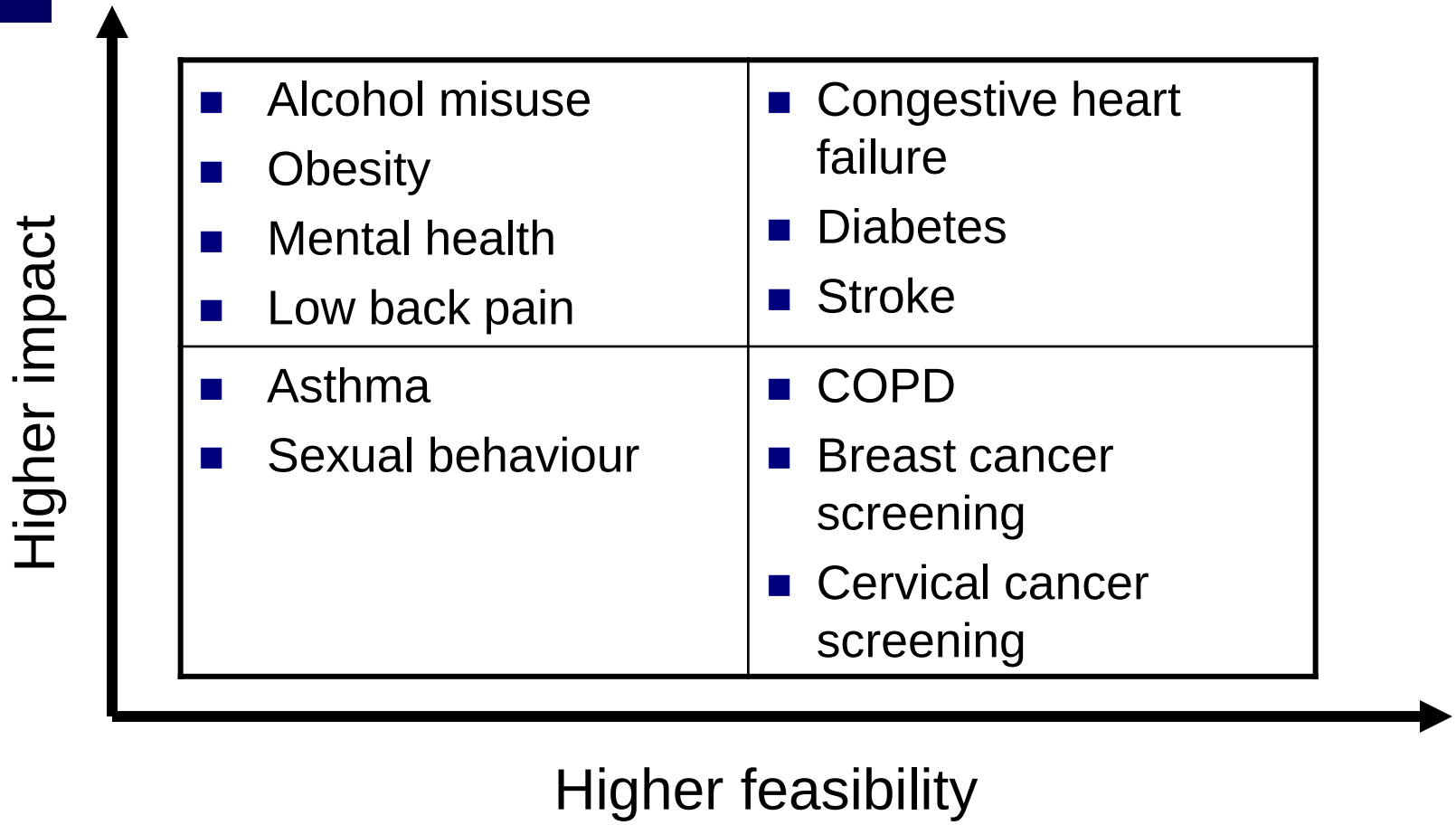
- Physician leadership
- Measuring patient outcomes
- Alignment of incentives
- Community engagement

Source: Ham C: The ten characteristics of high performing chronic care system. Health Economics, Policy and Law. 2010; 5:71-90

Value for Money?

- *High Potential impact*: a few chronic conditions account for a large proportion of the disease burden and avoidable mortality
- *Feasibility:* availability of cost effective interventions

Value for money? Allocative efficiency



■ Alcohol misuse ■ Obesity ■ Mental health ■ Low back pain	■ Congestive heart failure ■ Diabetes ■ Stroke
■ Asthma ■ Sexual behaviour	■ COPD ■ Breast cancer screening ■ Cervical cancer screening

Adapted from: McKinsey Health Institute, 2009

An example: scorecard for CHD:

Primary endpoint: CHD mortality per 100,000 population

Episodes of care → / Endpoints ↓	Primary Prevention	Early Management of CHD	Management of AMI	Rehabilitation and Secondary Prevention
Disease outcomes	CHD prevalence rate	Incidence of AMI	30 day mortality Inpatient mortality readmission rates	Incidence of recurrent AMI
Interventions	%of adults with BMI >30 % of adults smoke daily	% of CHD on aspirin, beta blocker etc	% receiving aspirin and beta blocker with 24h % revascularization with 24h	% assessed for cardiac rehabilitation % counselling for smoking, diet % on statins
Resources	Community programs PHC team	Family medicine	Specialist EMS	Family Medicine, home based care

Adapted from: McKinsey Health Institute, 2009

Some insights for performance assessment in Turkey (I)

- Already impressive progress in a matter of 5-6 years
- Gradual move from productivity towards real performance
- Inclusive of primary and secondary level settings
- Tailored to Turkey's own context and needs
- A gradual broadening of the performance assessment domain to:
  - Health System Performance Assessment (Strategy Map)
- What is next?

Some insights for performance assessment in Turkey (II)

Adding the patient centred episodes of care and aligning incentives accordingly

- Improved coordination/integration of care
  - Inward and outward
  - Risk management
- Improved continuity of care
  - Informational
- Prevention
  - Cancer screening; vaccines; oral hypoglycemics, statins etc
  - Smoking, physical activity, health diet, etc
- Proactive primary care to avoid unnecessary admissions
- Involvement of patient and his/her support network
- Investment decisions

Hospitals and their interface with the wider healthcare delivery system

Inward interface

- Appropriate admission
  - Ambulatory care
    - GP/PHC team
  - Outpatient specialist care
  - Day care
  - Day surgery

Outward interface

- Accelerating discharge
  - Hospital based ambulatory follow up or day based care
  - Home based or institutional terminal care
  - Home base self care
  - Home based GP/PHC
  - Others

THANK YOU!!