

Value in Canadian Healthcare

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Introduction

- I have been costing patients for nearly 30 years
- Across many countries and health systems
- What value can costing bring
- Why does costing generally fail to live up to its full potential



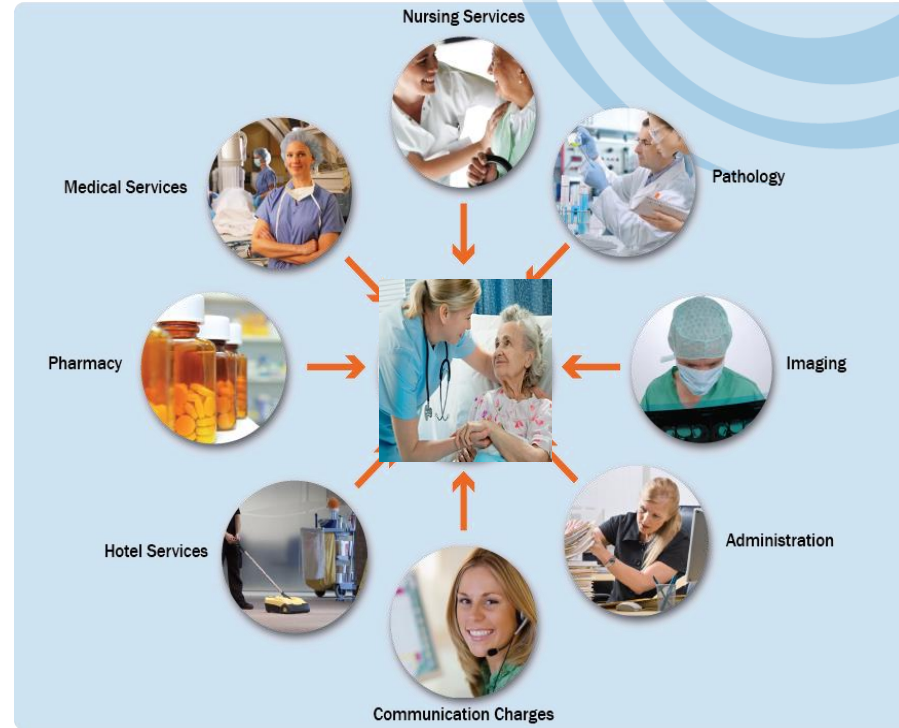
What is Patient Costing



- The UK Department of Health in 2009 indicated that Patient Costing was a move away from a top down allocation approach based on averages and apportionments to a more direct and sophisticated approach based on the actual consumption of resources (DH:2009)
- My simple definition
Matching the work performed to the expenses incurred

Value of Patient Costing

- In order to cost, we need all the clinical & fin data
- Huge value beyond costs
 - Treatment protocols
 - Readmissions
 - HACs
- In essence, a measure of quality and outcomes



Costing - What could go wrong



- Governments lose sight of why they cost
- Costing becomes the deliverable
- They seek perfection in the costs
 - At the expense of all the other value that the data holds
- Data becomes untimely
 - Often released 6-12 months later

Important to understand

- Costing is not a deliverable
- Costing go live is purely a milestone
- As a result, need
 - Rapid implementation
 - Timely information
 - Transparency of the results
- We want people to have access to all the information quickly

Example

How Much Direct Nursing Time Counts To The Patient Experience

The Interest

- Trying to understand patient experience is putting patient at the centred of care
- The patient experience is both qualitative and quantitative



The Learning

The Approach

- Capturing Patient Experience
- Measuring direct nursing time
- Involved experienced data analytics researchers

The Result

- Direct nursing time is only one component
- Frequency counts more than intensity
- Patient experience is multi-dimensional, complex and dynamic

quality
=
quantity

Costing – international best practice

- Look at Quebec as an international best practice framework
- Growing concern about quality of care
- What is quality of care?
 - Access to care
 - Safe care
 - Cost of care



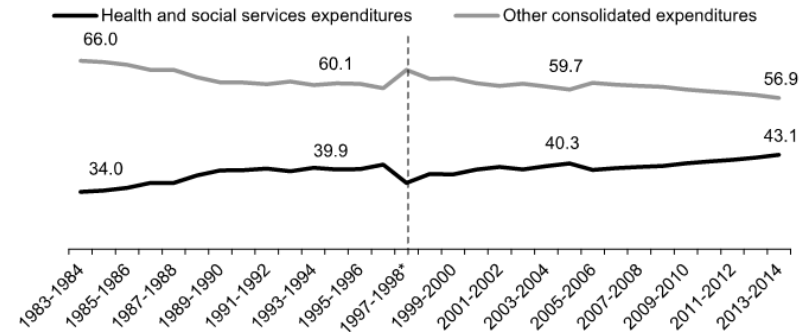
Challenges Facing Quebec's Healthcare System



- Various Quebec reforms are still not resolving accessibility problems
- Healthcare is a repeated source of major pressure on public expenditure:

- Increase as a proportion of spending on all government funded programs

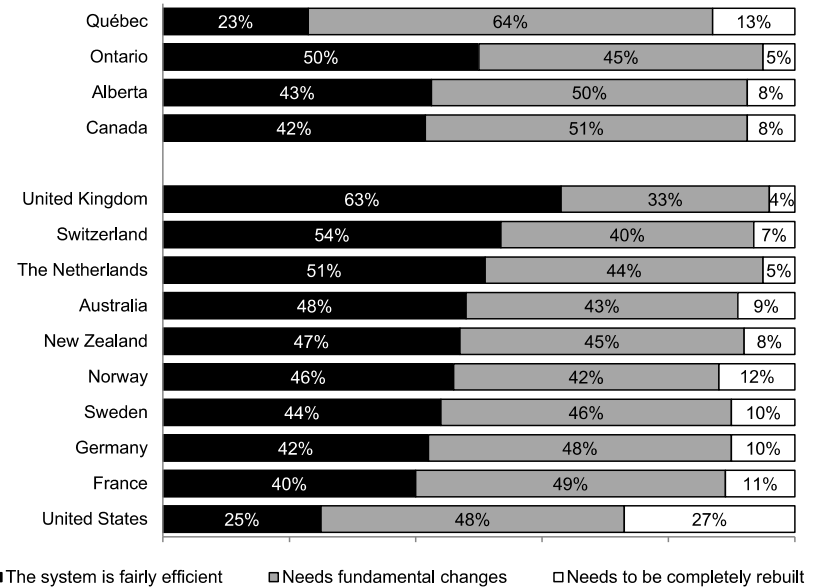
Share of health and social services expenditures and other consolidated expenditures, ⁽¹⁾ 1983-1984 to 2013-2014 (as a percentage)



Political Pressure in Quebec

- Population (2013)
 - 64% needs fundamental changes
 - 13% needs to be completely rebuilt

Overall opinion of the health care system by country and province, 2013
(as a percentage)



Source: Le Commissaire à la santé et au bien-être, *Perceptions et expériences de soins de la population: le Québec comparé. Résultats de l'enquête internationale du Commonwealth Fund, 2013.*

Integration

Acquire data from
sources systems
(Intégration Santé)

- Critical for timely information
- Approximately 700 interfaces generating 1300 extracts
- Standardise and normalise the data - ability to compare, benchmark
- Ensure the frequency of the data, either monthly, weekly or daily, is suitable to drive KPIs, benchmark portal, costing analysis and ABF

Methodology

Provides IT solutions and costing methodology (PPM) + user autonomy (training) and support by CDO as an excellence center (training)

- CDO - Headed by gov centre of excellence to support sites
- Needed to ensure the bottom doesn't drop out
- Maintain all costing sites to a min standard

Provincial Deployment



Perform costing for almost all organisations in the healthcare network (30) and obtain results (182 sites)

- Encourage transparency
- Results available across the province
- Engage with sites on how to use the information

Clinical Champions

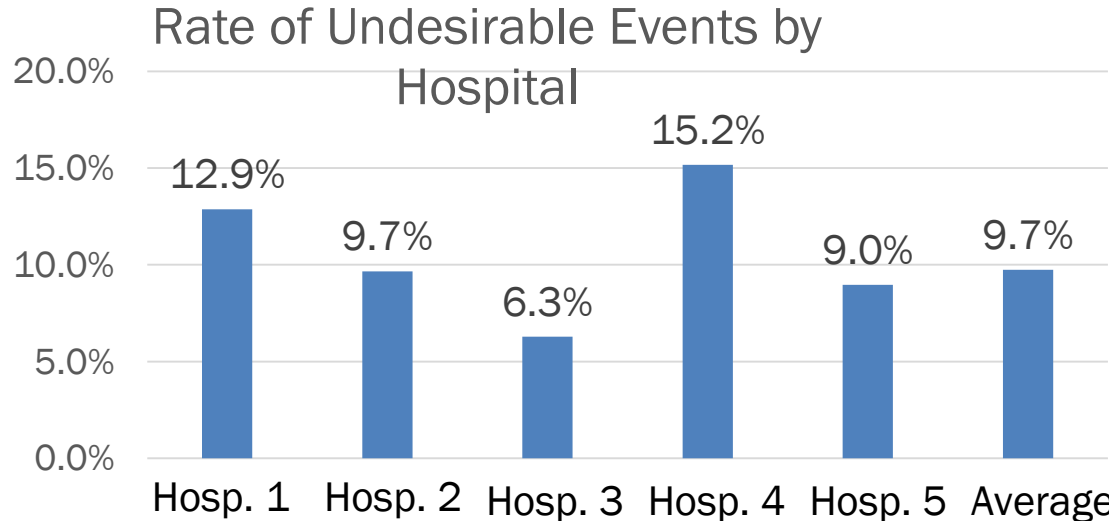
Support organisation with the use of results to drive healthcare system transformation (clinical performance review, lean training, benchmarking portal, user community,)

- Deliver daily/weekly/monthly performance indicators
- Support clinical engagement with a view to normalise clinical practice
- Deliver green/black belt training to clinical champions

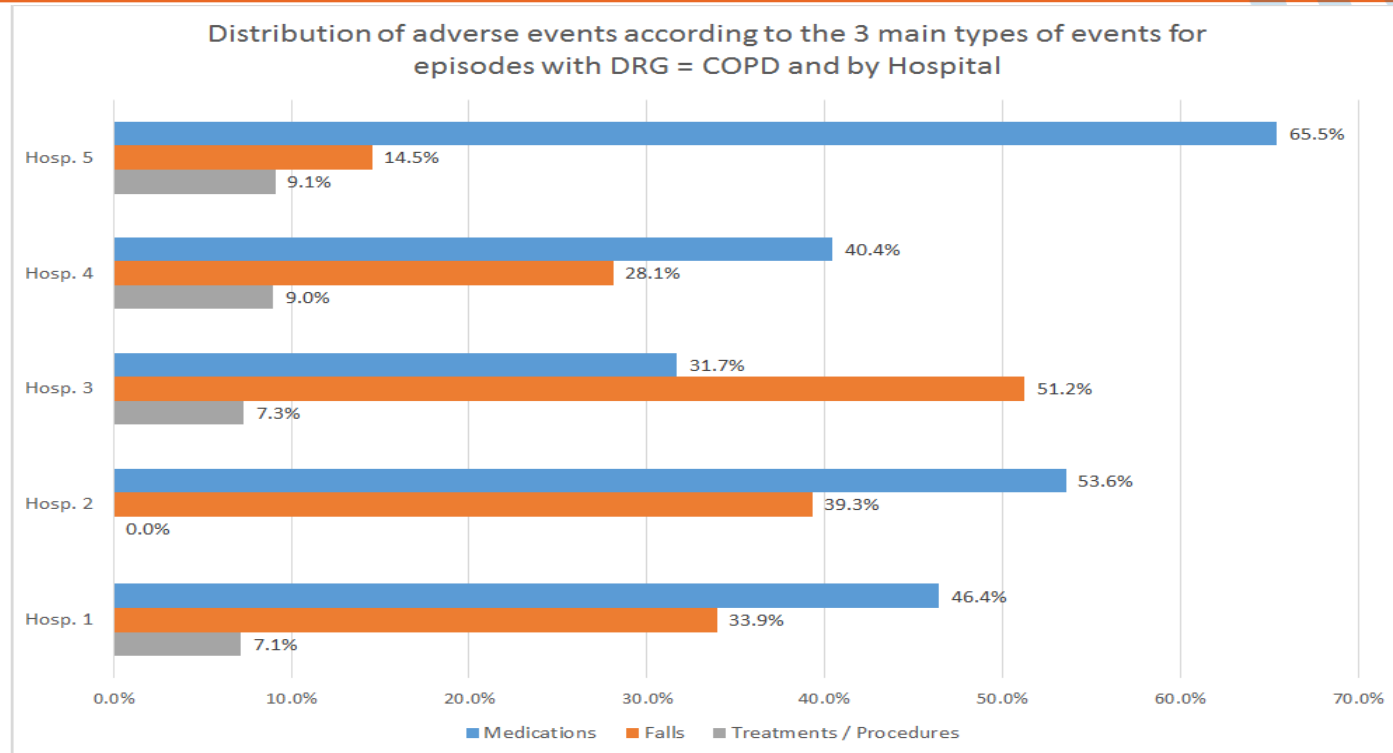
Buy-in from clinicians

Incident rates by hospital:

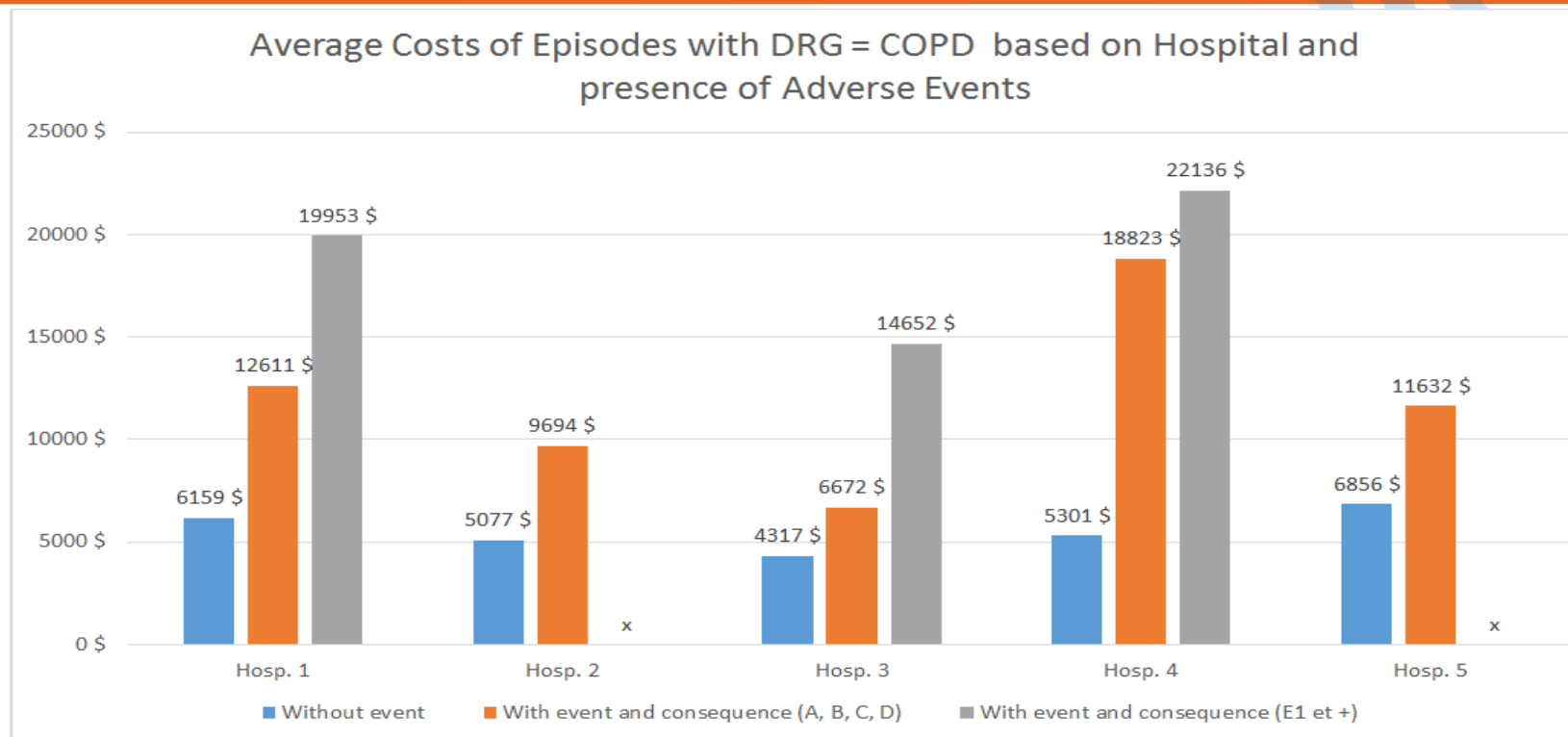
- Avoid the overused message of doing more with less
- Not focused on financial goals, e.g. costs, efficiency gains & performance



Incidents by Principal Type



Average Incident Costs



In Closing

- There is a chasm between the cost of operating an annual costing exercise and one that delivers better patient outcomes and true savings to the healthcare system
- It is important to align desired outcomes with spend

