

Getting your measure

Balancing Risk and Quality

System Level Measures

An update on New Zealand's National journey on Risk, Quality, Review and Performance



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The Challenges

- How do you assess risk in the system?
- How do you measure the effectiveness of the system?
- How do you drive up performance?
- How do you embed a culture of change and ownership at a local and clinical level?
- How do you square the circle on pay for performance, assurance and quality improvement?

Coverage

- NZ context
- New health strategy
- Measuring the system – driving integration
- Quality –the other side of the risk coin
- Measure sets, method and tools
- Comparisons of approach
- Where to next?

New Zealand – Context Setting



Base map courtesy of Geographx

- South-west pacific
- Island country
- Population 4.7 million
- 268,680 sq. km (similar UK)
- 15% Maori (indigenous)
- Temperate climate
- GDP US\$176 billion
- Dairy, meat, forestry
- Small and geographically dispersed population

NZ– Antipodes-similarities with Europe



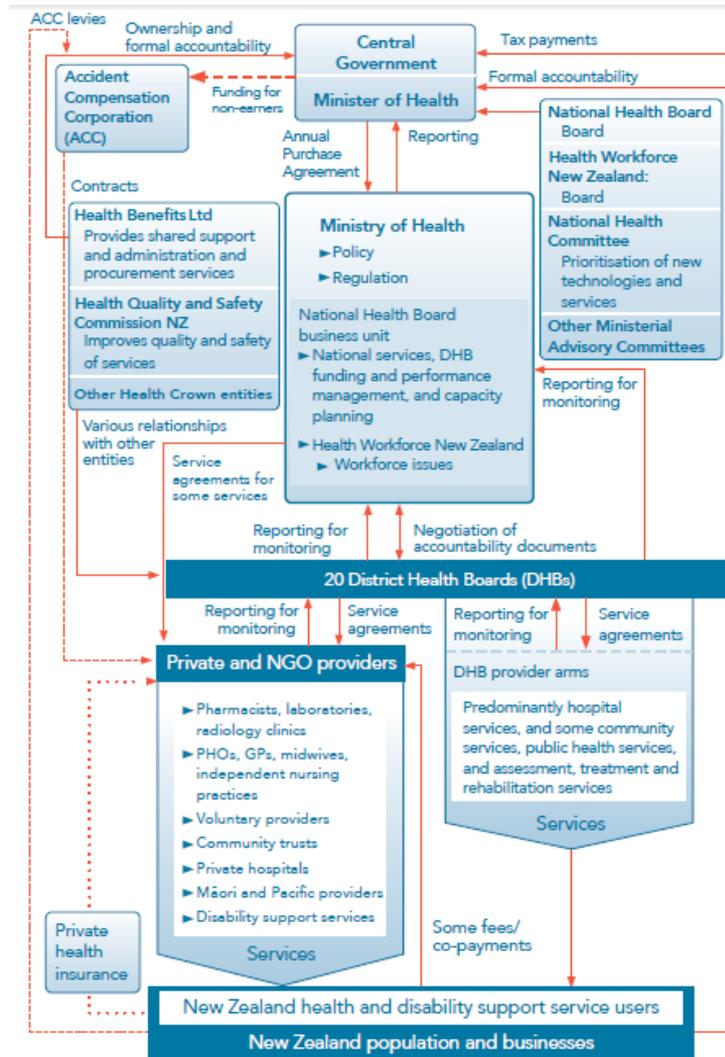
(SIMILARITIES)

Publically funded health system
(primary care - GP) Enrolled population
aging population
Projected health spend northward of GDP
and health budgets

(BUT A GOOD CASE STUDY)

Single federal system (not separate states)
Small and geographically isolated
population (North to Fiji, South to
Antarctica)
English speaking
Strong use of technology

NZ Health Context- Accountability



Shifting focus- from silos to system

- Advent of
 - A shift to outcomes focus
 - System Level Measures
 - Local devolution of contributory measures (one size does not fit all)
 - A drive to Alliances (equivalent of UK Federations)
 - Pay for performance funding re-purposed for capacity building for 1st year then graduated into performance

New Health Strategy (Apr 2016)



Alignment of System Level Measure Approach

- ✓ value and high performance
 - provides an outcomes focussed system performance framework
- ✓ one team
 - System performance goals are achieved by integration of services and clinicians using a shared model of practice
- ✓ closer to home
 - Equitable access to good primary care reduces demand on hospital resources
- ✓ people powered
 - People experience integrated and safe health care

The psychology of measurement

Accountability/Compliance (QA)

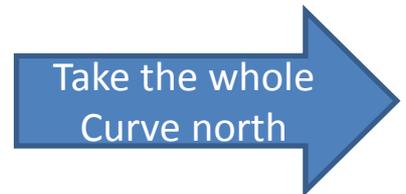
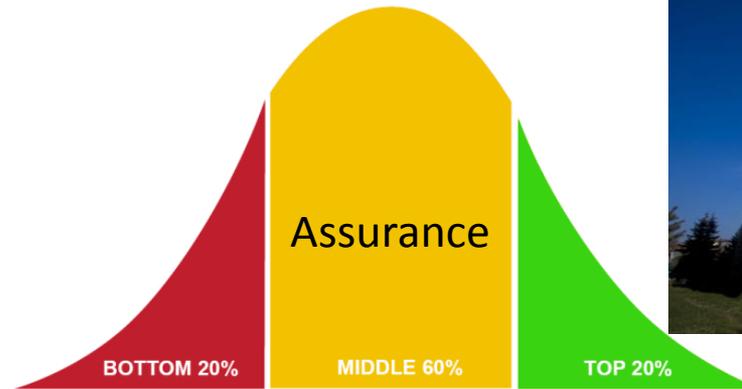
- How do we achieve the minimum compliance
- How do we ensure we do enough for Pay for Performance payment/not be penalised with fines/reductions
- We are “safely” in the middle of the pack
- We are achieving our targets so can rest on our laurels
- Just in time response to “pass the test”
- Data to satisfy auditors

Improvement (QI)

- How do we improve?
- How do we take the curve northward?
- Where is there variation? (remove unwarranted, study the positive)
- Clinical engagement
- Ownership and culture of continuous improvement
- Driving data up the value chain (data driven improvement)

Common principle= minimum standards for safety “the guard rails”
Both approaches use the same data- just with different lenses

Culture & Perspectives



What is a System Level Measure?

- Set nationally
- High level aspirational goals for the health system
- Reflect national strategic priorities (Triple Aim, Health Strategy, Better Public Service Targets)
- Reflect integration of health services
- Tell the performance story across the health system
- Connect to contributory measures

What is a Contributory Measure?

A toolbox for districts to use for quality improvement

- Contribute to achievement of System Level Measures
- Are front line service level measurements of health processes or activity – tangible and clinically meaningful

Measure Library

- Health Quality Measures NZ website (www.hqmnz.org.nz)
- Single collection point for all measures and definitions
- Initial set of contributory measures from existing frameworks
- Interactive space for sector to collaborate on measures (democratizing measurement)

Guidance –using System level measures for quality improvement

- Available on Nationwide Service Framework Library
<http://nsfl.health.govt.nz/home>
- Collaborative learning network
- Connect to contributory measures

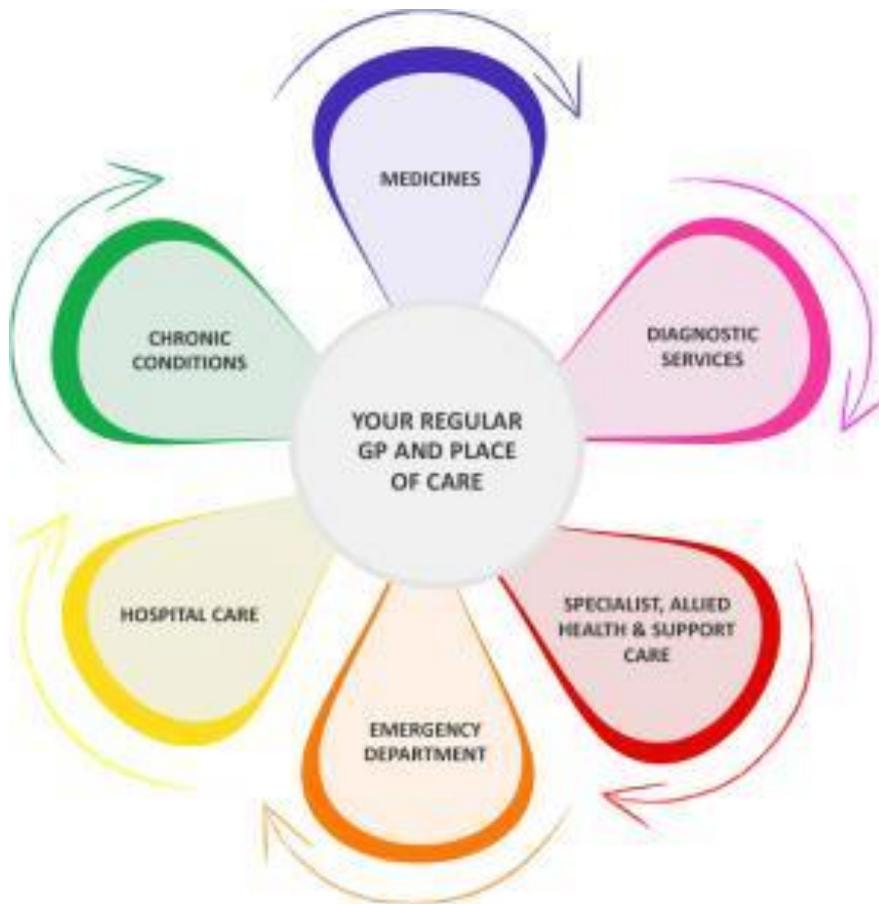
Alliances?

- Geographic clustering of the hospital (DHB) and general practice (PHO) groups in the region
- Not legislated-but encouraged
- The players needed around the table to effectively contribute to improving and managing the health of their local population
- Ministry require the regions to submit an Alliance Plan including what contributory measures they have chosen for their region

2016/17 System Level Measures

- Ambulatory sensitive hospitalisations (ASH) rates for zero to four year olds – i.e. Keeping Children out of the Hospital
- Acute hospital bed days per capita – i.e. Using Health Services Effectively
- Patient experience of care – i.e. Person-Centred Care
- Amenable mortality rates – i.e. Prevention and Early Detection
- Youth access to and utilisation of youth appropriate health services– i.e. Young People Make Good Choices (developmental)
- Proportion of babies who live in a smoke-free household at six weeks post birth – i.e. A Healthy Start (developmental)
- Patient Experience:

Patient Experience



The survey is modular: patients answer questions relevant to their experiences. For example questions on medication and chronic conditions will be answered only by patients for whom this is relevant.

SLMs and Contributory measures 2016/17

Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0 – 4 year olds	Acute hospital bed days per capita	Patient experience of care	Amenable Mortality
<p>“Keeping Children out of Hospital”</p> <p>ASH highlights the burden of disease in childhood with a strong emphasis on health equity.</p> <p>There is high variance among priority populations and according to social gradient.</p> <p>Reducing ASH rates requires well integrated, preventive, diagnostic management systems and a well-skilled and resourced workforce.</p>	<p>“Using Health Resources Effectively”</p> <p>A measure of acute demand on secondary care that is amenable to good upstream primary care, discharge planning and transition requiring good communication between primary and secondary care.</p>	<p>“Person Centred Care”</p> <p>How people experience health care is a key element of system performance that can be influenced by all parts of the system and the people who provide the care. Integration has not happened until people experience it.</p>	<p>“Early Detection and Prevention.”</p> <p>Deaths under age 75 years (‘premature’ deaths) from causes classified as amenable to health care (currently a list of 35 causes)</p>
<p>Contributory Measures include:</p> <ul style="list-style-type: none"> • LMC registration rate • New-born enrolment rate • Referral rate to LMC • Referral rate from LMC to WCTO • Breastfeeding rates • Core WCTO visits achieved • Respiratory initiatives • Housing sensitive hospitalisations • Immunisations • Enrolment with oral health services • Caries free at 5 years 	<p>Contributory Measures include:</p> <ul style="list-style-type: none"> • Length of stay • Acute readmissions • Frequent representations • Polypharmacy • Flu vaccinations in the elderly • CVD risk assessment • Smoking rates • Admission rates – ASH • ED health target 	<p>Contributory Measures include:</p> <ul style="list-style-type: none"> • E portal uptake and use • DHB inpatient care survey • Uptake of primary care patient experience survey • Sentinel events in hospital and primary care • Access to diagnostics • Admissions for drug reactions • Quality and safety markers 	<p>Contributory Measures include:</p> <ul style="list-style-type: none"> • Cancer screening and treatment timeliness • Cardiovascular risk management • Other chronic disorder management (COPD, diabetes) • Injuries (unintentional, self-harm) prevention • Smoking rates

Implementation

Guidance from the Ministry of Health

- PHOs, DHBs and district alliances will implement the SLMs.
- As part Annual Planning process, DHBs will provide a jointly developed and agreed Improvement Plan to the Ministry
- The Improvement Plan will outline an improvement milestone and the set of contributory measures for each SLM.
- Improvement milestone set and contributory measures chosen by the alliance (based on trend data for SLM provided by the Ministry)
- Data for System Level Measures available on Nationwide Service Framework Library (<http://nsfl.health.govt.nz/>)
- All stakeholders must work together to develop the Improvement Plan and commit to the plan by signing the copy submitted to the Ministry

Capacity, capability and performance payments

- PHOs have \$23M funding pool in their contract
- In 2015/16, this was used to incentivised the five IPIF measures
- In 2016/17 PHOs will be paid as following:
 - Payment 1 – 25% up front capacity/capability
 - Payment 2 – 50% capacity/capability on Ministry approval of Improvement Plan
 - Payment 3 – 25% on achievement of three SLM milestones and two health targets in Q4
 - Ambulatory sensitive hospitalisations (ASH) rates for 0-4 year olds
 - Acute hospital bed days per capita
 - Patient experience of care
 - National Health Target Better help for smokers to quit
 - National Health Target of Increased immunisation for eight-month olds

Variation – asking the questions

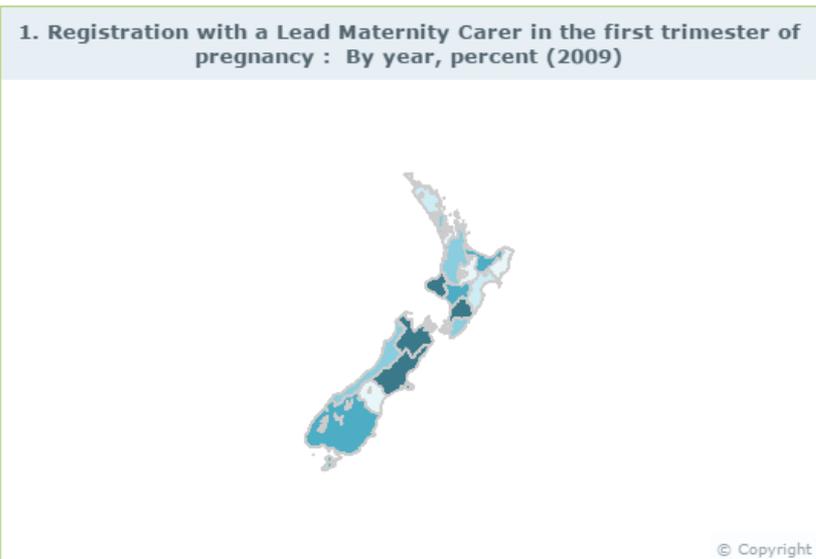
Atlas of Healthcare Variation | Maternity clinical indicators



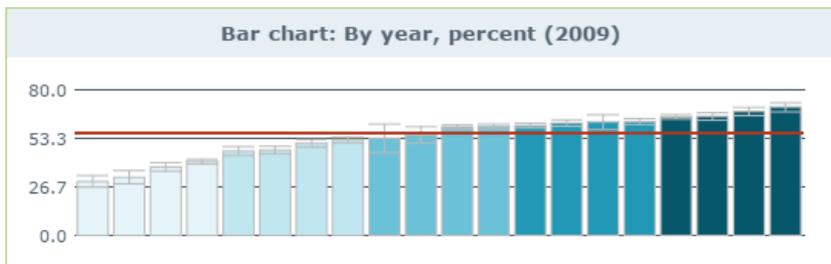
Method Help

Select indicators

- 1. Registration with a Lead Maternity Carer in the first trimester of pregnancy
 - By year, percent
 - 2009
 - 2010
 - 2011
 - 2012
 - 2013
 - By ethnic group (2009-2013), percent
- 2. Standard primiparae who have a spontaneous vaginal birth



DHB	2009	Coun'
Auckland	60.3	2,992
Bay of Plenty	61.8	1,829
Canterbury	65.1	4,148
Capital & Coast	52.3	2,031
Counties Manukau	40.6	2,253
Hawke's Bay	50.6	1,129
Hutt Valley	46.9	986
Lakes	37.6	611
MidCentral	65.4	1,332
Nelson	70.5	878



Measurement Lenses

Aspect	Improvement	Accountability	Research
Aim	Improvement of care	Comparison, choice, reassurance, spur for change	New knowledge
Methods: Test observability	Test observable	No test, evaluate current performance	Test blinded or controlled
Bias	Accept consistent bias	Measure and adjust to reduce bias	Design to eliminate bias
Sample size	“Just enough” data, small sequential samples	Obtain 100 percent of available relevant data	“Just in case” data
Flexibility of hypothesis	Hypothesis flexible, changes as learning takes place	No hypothesis	Fixed hypothesis
Testing strategy	Sequential tests	No tests	One large test
Determining if a change is an improvement	Run charts or Shewhart control charts	No change focus	Hypothesis, statistical tests, p-values
Confidentiality of the data	Data used only by those involved with improvement	Data available for public consumption and review	Research subjects identities protected

The future focus?

- Introducing new system level measures
- Exploring more contributory measures with the sector
- Finding “the million dollar kids”
 - Profiling data across health and social services for those families where children are most likely to be a high cost (and in most need) to the health and social system in future years.
 - Considering the cost of health – beyond QALIs

References and Acknowledgements

References

NZ Ministry of health –system level measures framework

<http://www.health.govt.nz/new-zealand-health-system/system-level-measures-framework/system-level-measures-2016-17>

NZ Ministry of health – Nationwide service framework Library

<http://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework>

NZ Health Quality Safety Commission – patient experience

<http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/health-quality-and-safety-indicators/patient-experience/primary-care-patient-experience/>

NZ Health Quality Safety Commission – Atlas of variation

<http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/>

Ministry of Health – using system level measures for quality improvement

http://nsfl.health.govt.nz/system/files/documents/pages/guide_to_using_system_level_measures_framework_for_quality_improvement.pdf

Health Quality Measures NZ

www.hqmnz.org.nz

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About the author and this presentation

This presentation has been prepared by Andrew Terris (Andrew.Terris@dotjoiner.net) in an independent capacity and is not purported to represent the views of the NZ Ministry of Health.

The author has held a number of national strategic roles in New Zealand in the areas of health process, information and measurement and was the national programme manager for what is now called System Level Measures.

He has worked in a number of industries and countries and has a background in consulting, process improvement and programme leadership. He now resides in Europe