Paying hospitals for performance and quality?

Financially rewarding hospitals for providing high (or higher) quality of care.

Different approaches employed.

A worldwide increase in use of P4P/P4Q models.

Rooted in the use of performance data and indicators.

Usually result in modest improvements to performance and quality.
Why an environmental scan?

Within a health services delivery context, an ES is a type of inquiry that involves the collection and synthesis of existing information and/or the pursuit of new evidence to inform decision-making and help shape future response(s) to existing and emerging policy and service delivery issues and opportunities.

Use of environmental scans in health services delivery research: a scoping review by Charlton et al (2021; BMJ Open)

Performing a comprehensive environmental scan will improve the likelihood of project success.

Conduct an environmental scan by Centers for Medicare & Medicaid Services (2024; Source)
Context

Motivated by
WHO/QoC Office work in Romania

“QoC indicators for Romanian hospitals: development and piloting” → tomorrow!

Focused on
Commonly used approaches to P4P/P4Q models
Considerations for developing and implementing P4P/P4Q models

Use for
Future WHO/QoC Office work in other Member States
Methods

Search keywords included “hospital(s)”, “pay for performance”, “pay for quality”, “models”, “implementation” and certain variations of these. Additional keywords included “Romania”, “data”, “gaming” and certain variations of these. Focus was on peer-reviewed literature published from 2004 to 2023, with some grey literature documents used, those from trusted sources, such as OECD, RAND and CMS. PubMed and Google Scholar were used for primary search, expanded through reference-list snowballing. Analysis was conducted through abstract screening and full-text review, including detailed note taking, as well as contrasting and comparing notes made. The analysis focused on producing an overview of commonly used P4P/P4Q approaches used and development and implementation considerations.
Results: Approaches or rather dichotomies

- Rewards
  - Penalties
- Modest
  - Generous
- Summative
  - Formative
- Individual
  - Organisational
- Volume
  - Value
- Risk-adjusted
  - Unadjusted
- Absolute
  - Relative
- Short-term
  - Long-term
- Gaming
- Feedback
- Benchmarking
- Public reporting
...
Results: Design considerations that matter

Agreed definition of *performance* and/or *quality.*

Clearly defined and clinically relevant performance measures.

Meaningful financial incentives.

Effective measurement and feedback systems.

Supportive organisational culture.

Addressing unintended consequences.
**Agreed** definition of performance and/or quality.

**Clearly defined and clinically relevant performance measures.**

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<tr>
<th>Patient safety</th>
<th>Healthcare workforce training and safety</th>
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<tbody>
<tr>
<td>Central line associated bloodstream infections rate</td>
<td>Percentage of healthcare workers participating in training activities</td>
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<td>Ventilator-associated events rate</td>
<td>Percentage of healthcare workers that followed standard protocol for occupational health upon a sharp injury during working hours</td>
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<td>Percentage of in-hospital patients assessed for fall risk through applied protocols</td>
<td>Percentage of healthcare workers with updated influenza vaccination schedule</td>
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<td>Incidence rate of patients’ falls during hospitalization</td>
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<tr>
<td>Percentage of in-hospital patients assessed for pressure ulcers’ risk through applied protocols</td>
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<tr>
<td>Incidence rate of pressure ulcers acquired during hospitalization</td>
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<td>Percentage of patients undergoing surgery where the Surgical Safety Checklist was applied</td>
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<td>Post-operative bleeding rate requiring surgical re-intervention</td>
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<td>Surgical site infections rate</td>
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<th>Care effectiveness</th>
<th>Patient experience</th>
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<td>In-hospital mortality by heart failure</td>
<td>Patient experience questionnaires’ completion rate</td>
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<td>In-hospital mortality by acute myocardial infarction</td>
<td>Patient experience after hospital discharge rate</td>
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<td>In-hospital mortality by pneumonia</td>
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<td>Percentage of patients readmitted to the Intensive Care Units after 48 hours after transfer</td>
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<td>Unscheduled readmission to hospital within 30 days of discharge for heart failure through the emergency room heart failure</td>
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<td>Average length of hospitalisation</td>
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<td>Percentage of surgeries with a perioperative hospital length of stay less than 48 hours</td>
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<td>Pre-operative hospital length of stay</td>
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<td>Percentage of cancer patients whose nutritional status was assessed through applied protocols</td>
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<tr>
<td>In-hospital mortality by ischaemic stroke</td>
<td>Time from admission to treatment for ischaemic stroke (door-to-needle time)</td>
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Meaningful financial incentives. Effective measurement and feedback systems. Supportive organisational culture. Addressing unintended consequences.
Future: Plans

Focus next scanning on what is needed for the QoC Office work. Expand sources with interviews and focus groups. Involve more researchers. Publish. Use.

An idea.

Develop a **P4P/P4Q design considerations checklist** for in-country QoC assessment and improvement work. Collaboratively developed, used in various settings and iteratively improved.
Mulțumesc! Thank you!