Have we Improved Our Performance?

1 Year After P4P Experience

Dr. Deacons YEUNG
Chief Manager (Cluster Performance)

What is Pay for Performance (P4P) in HA?

- A new internal resource allocation system.
- Strategic purchasing of services that are most needed by the community.
- Rewarding providers for meeting pre-established targets.

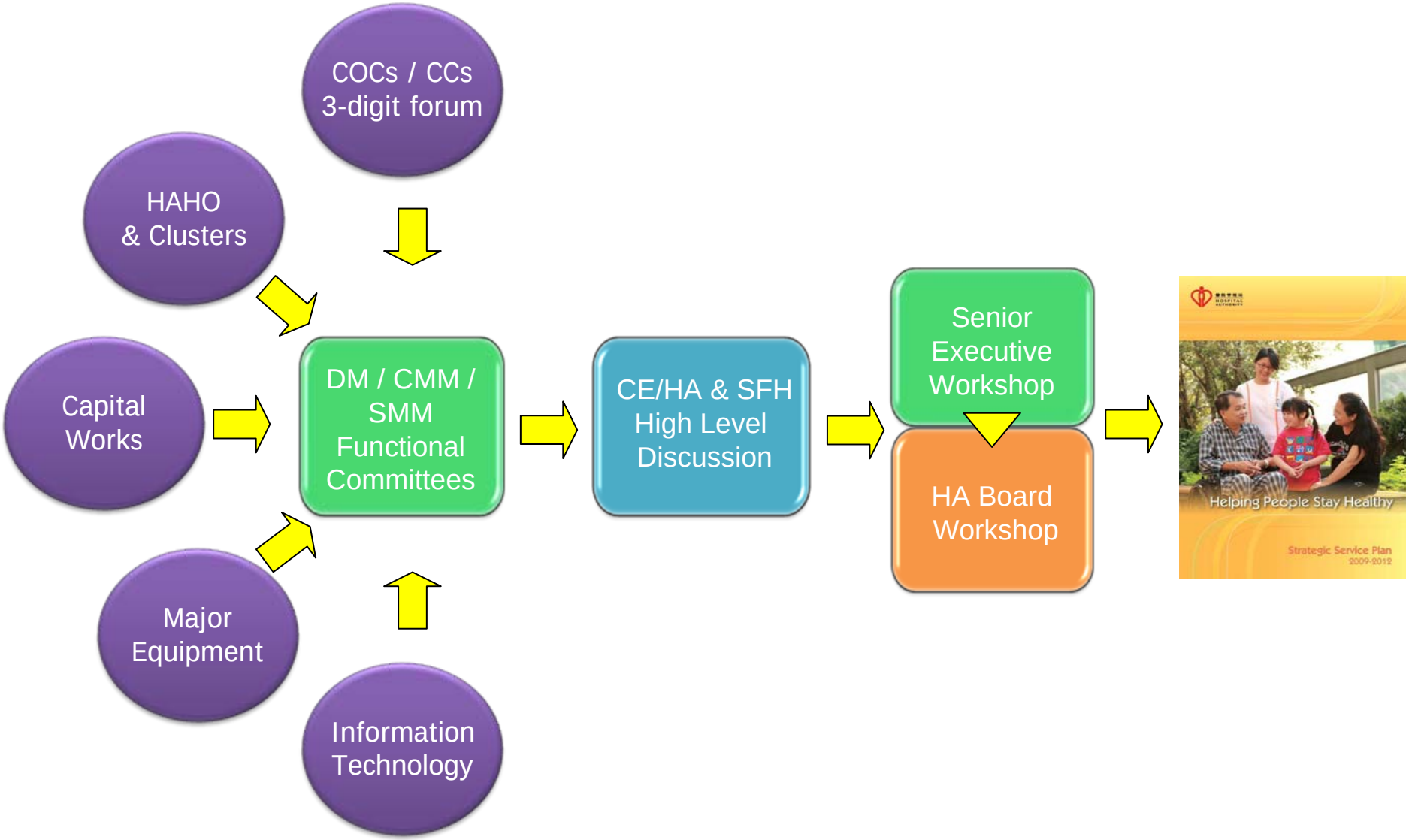
Source: Financial Development & Planning, Finance Division

Why P4P in HA?

- Previous internal resource allocation system was criticized for
  1. lack of transparency and hence the unfair allocation between clusters.
  2. no reward for quality nor incentive for efficiency.

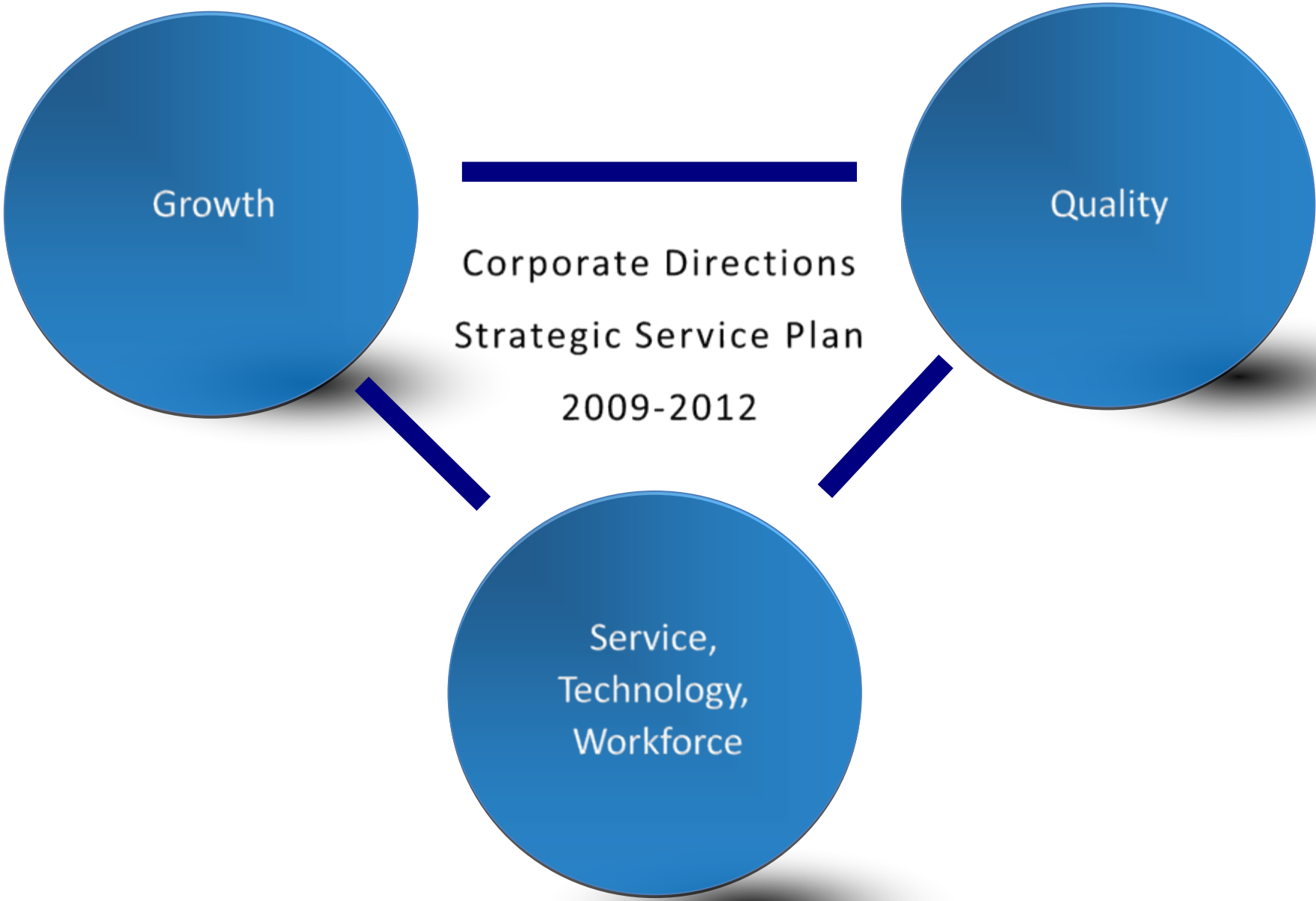
Source: Financial Development & Planning, Finance Division

Strategic Service Plan 2009-2012 (HA, Hong Kong)



Source: Strategic Service Plan 09-12, Strategy and Service Planning, Strategy and Planning Division

Performance (P4P) = G + Q + STW



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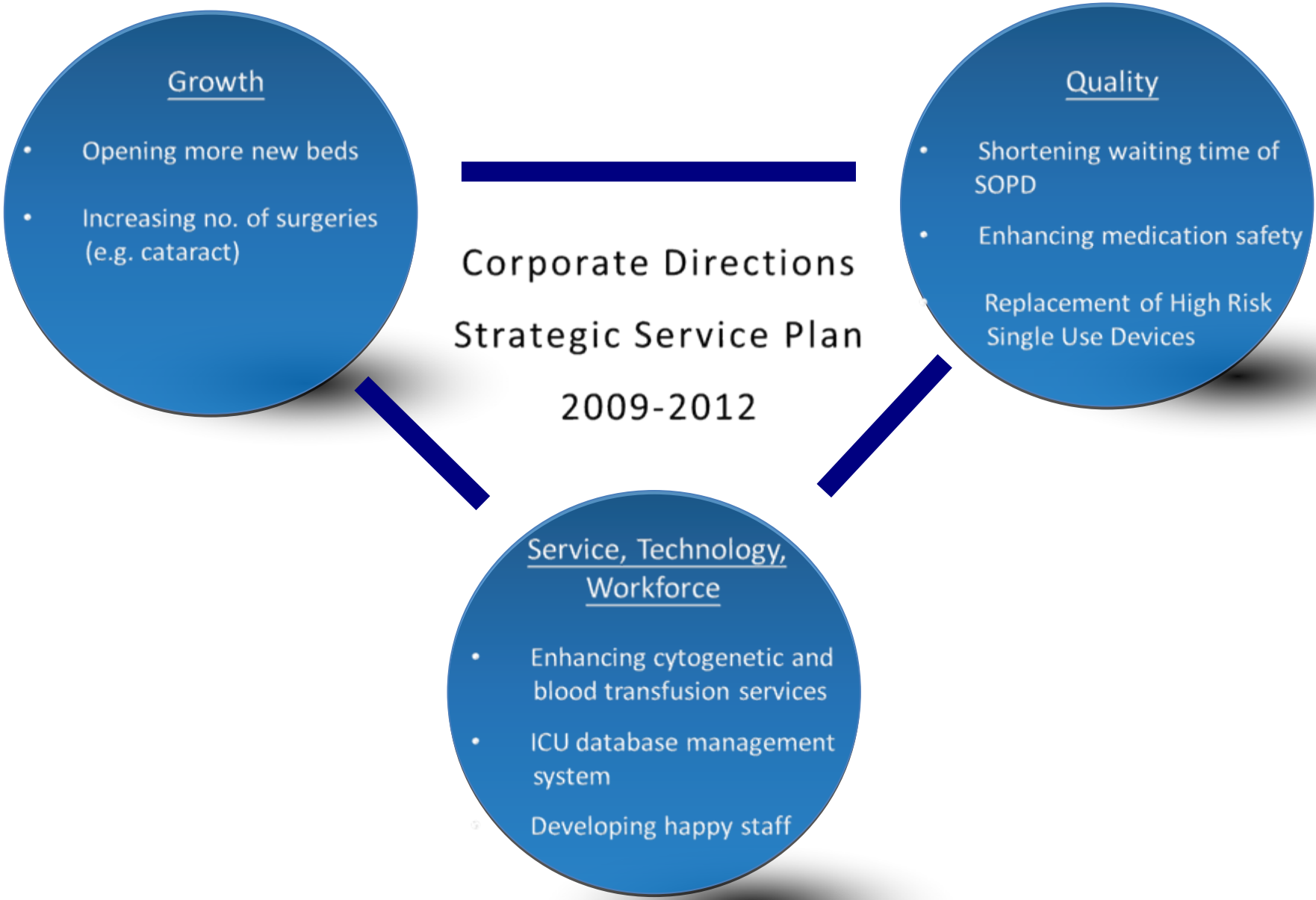
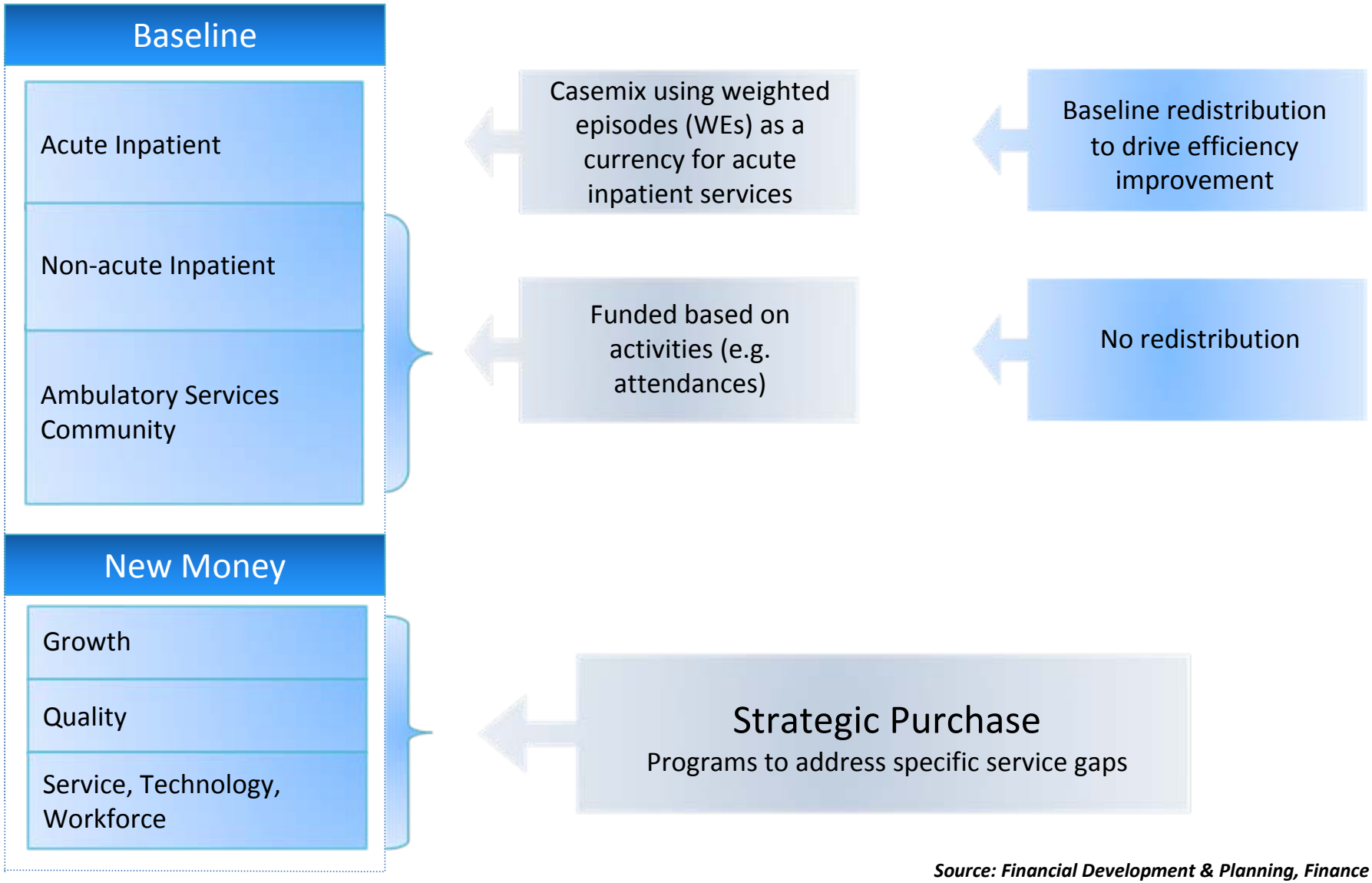
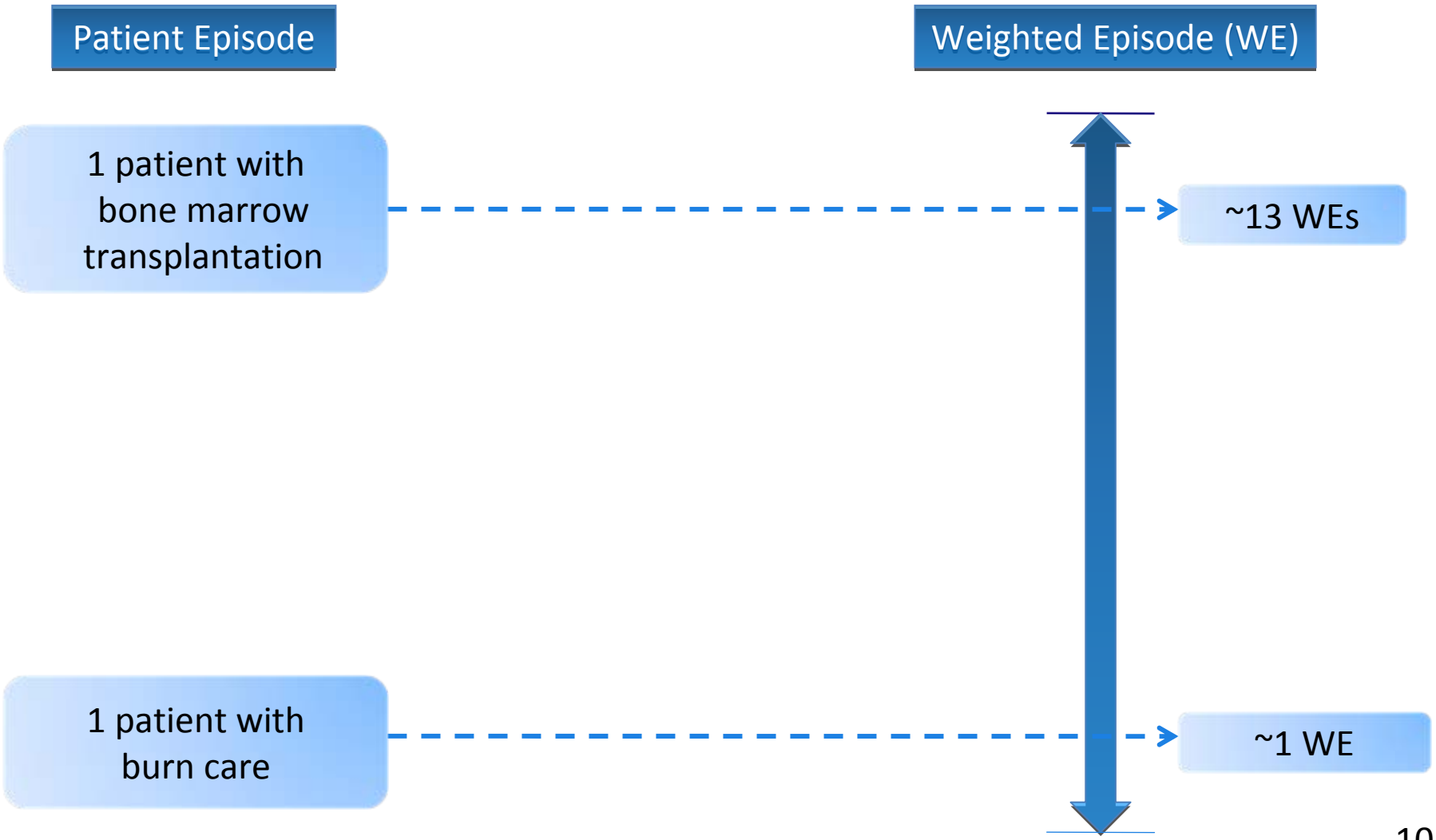


P4P Model 2009/10



Source: Financial Development & Planning, Finance Division

What is Casemix?



Source: HA's Cost Weight Version 2.0 (CM0910-R002), Casemix Office, Financial Development & Planning, Finance Division

Teamwork to kick off Casemix

- Through the participation and hard work of a large number of HA staff, the following have been achieved

1. establishing guidelines for proper clinical documentation
2. a clinical review of important DRGs and subsequent changes to suit Hong Kong's clinical practice
3. the development of more accurate cost weights
4. distribution of routine casemix reports and data to clusters

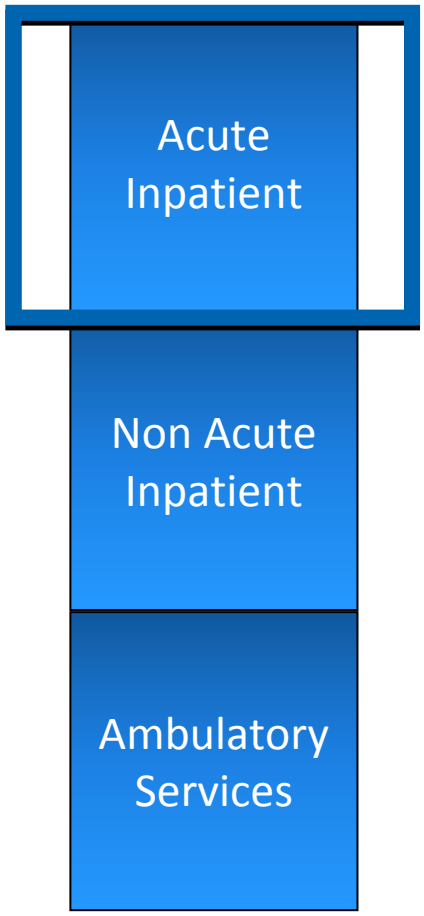
Where are we?

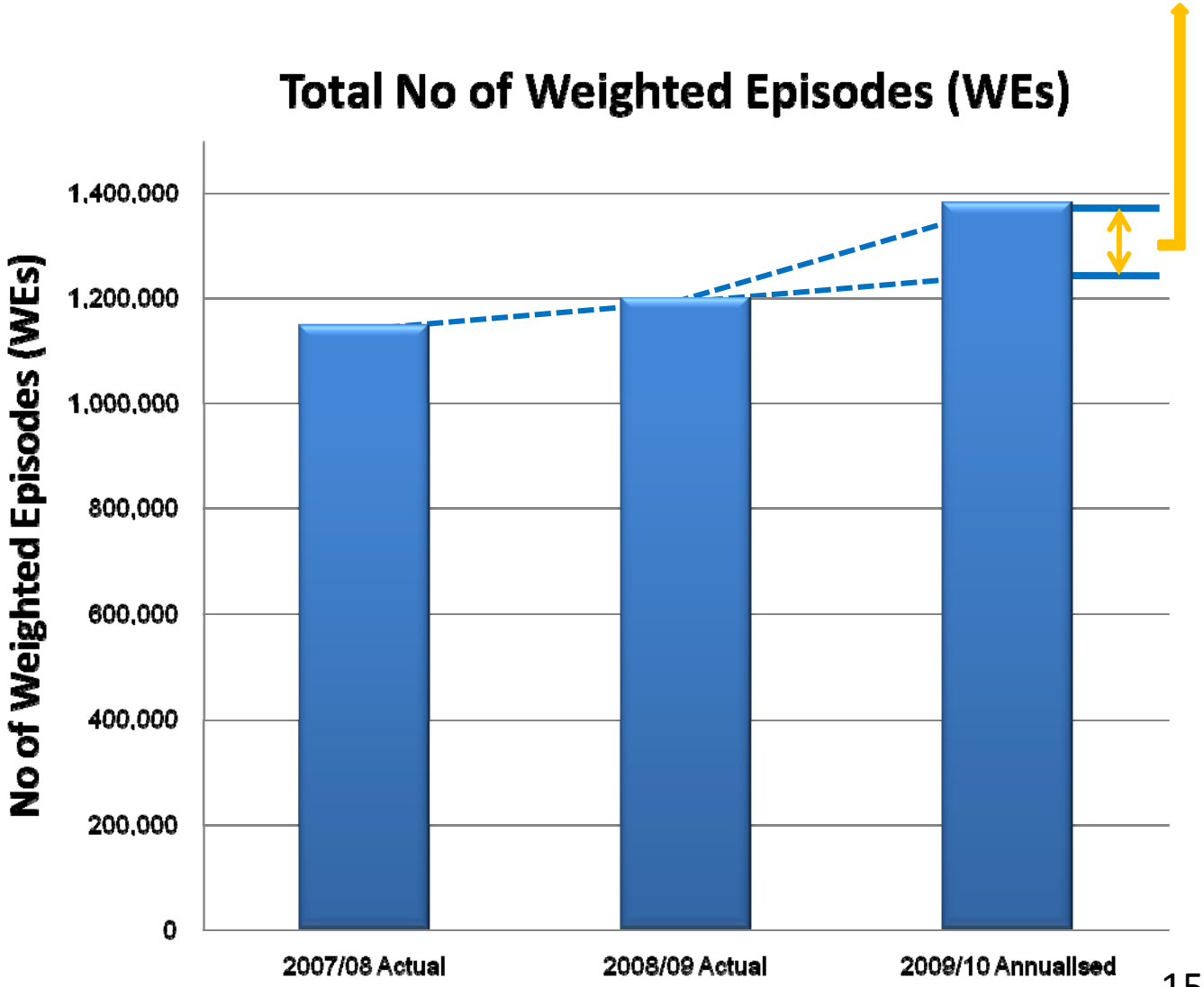
Key Performance Indicators
Pay for Performance

Quantity aspect

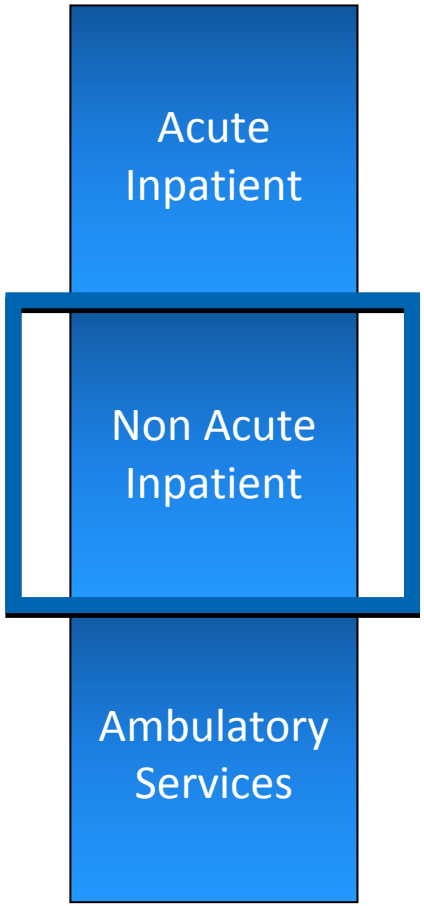
Performance of Acute Inpatient (07/08 to 09/10)

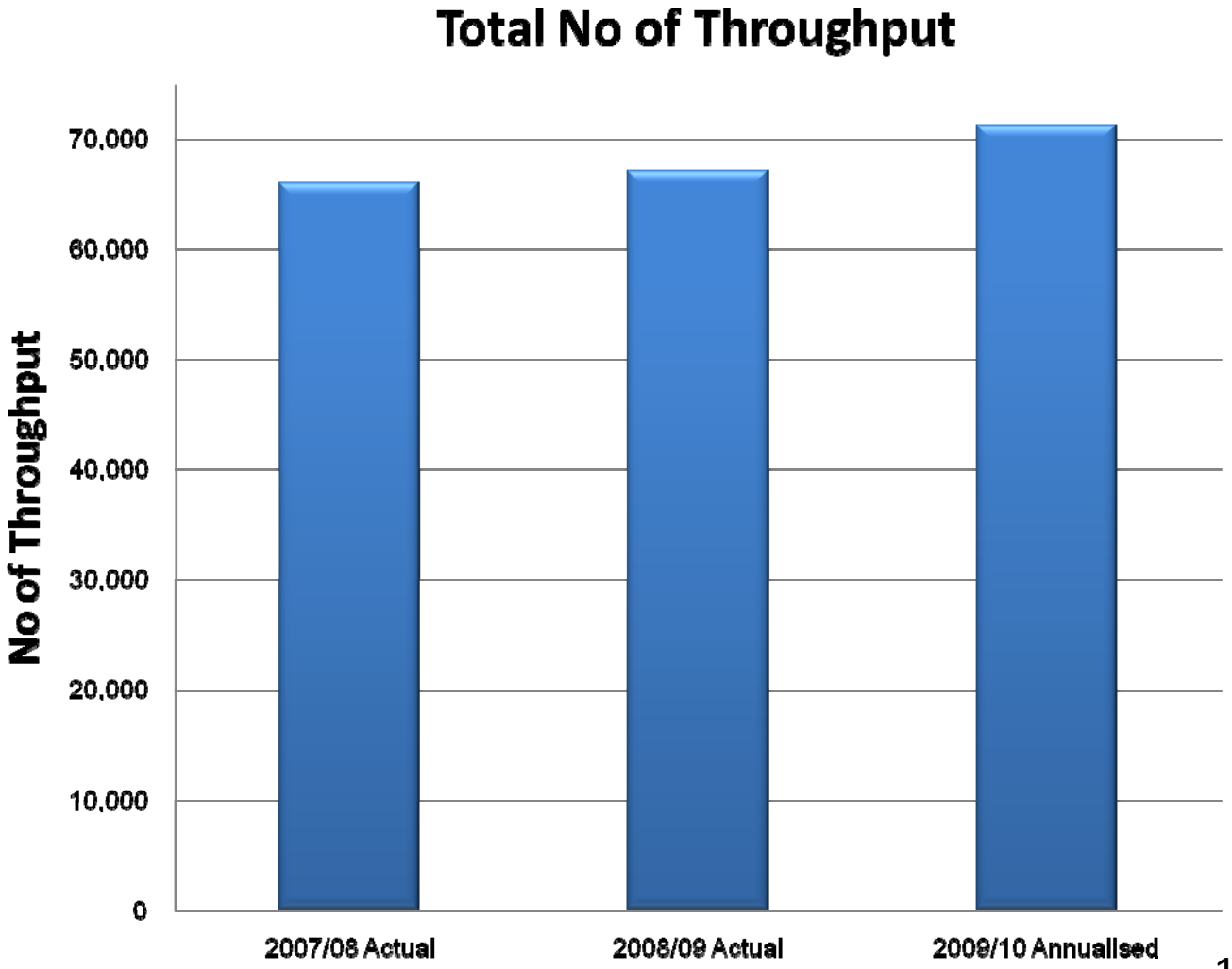
P4P Effect?



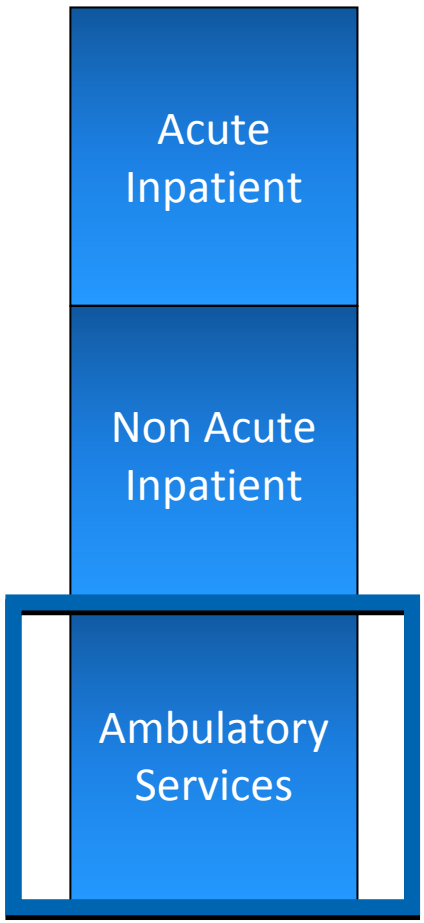


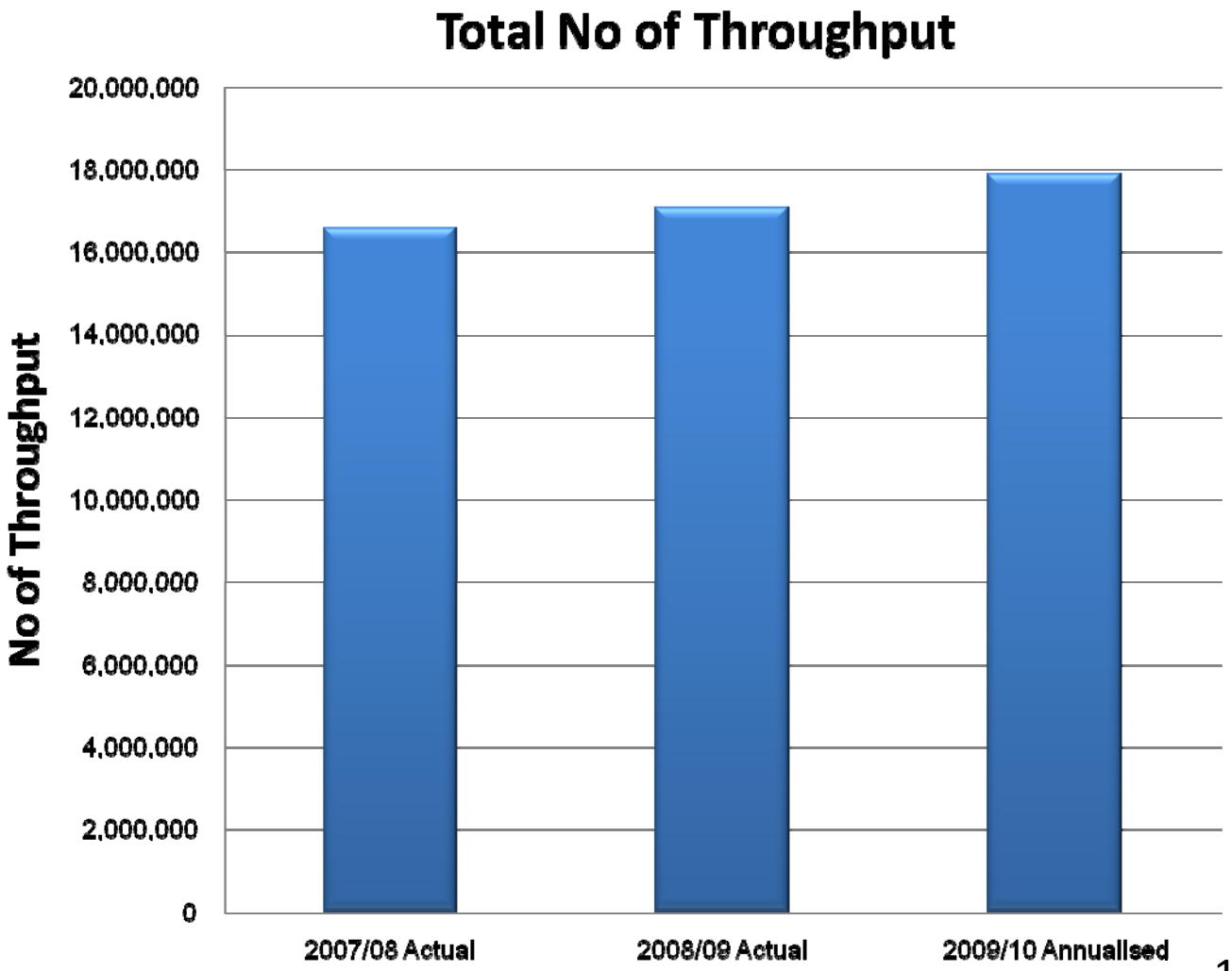
Performance of Non-acute Inpatient (07/08 to 09/10)



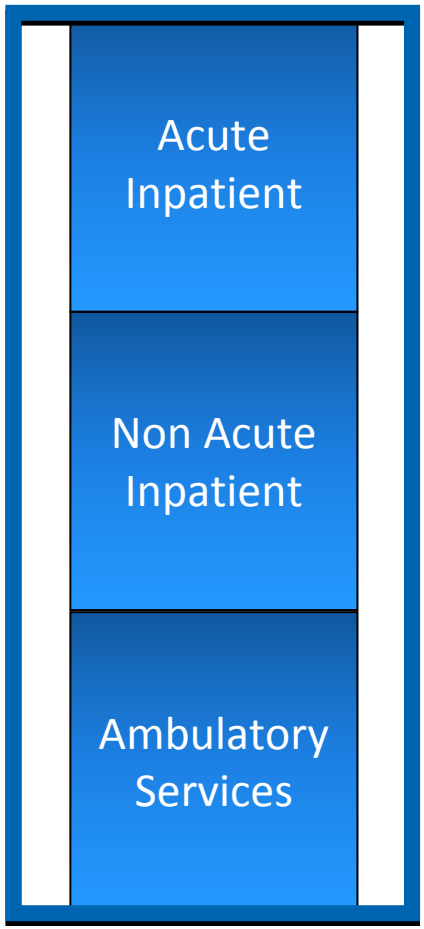


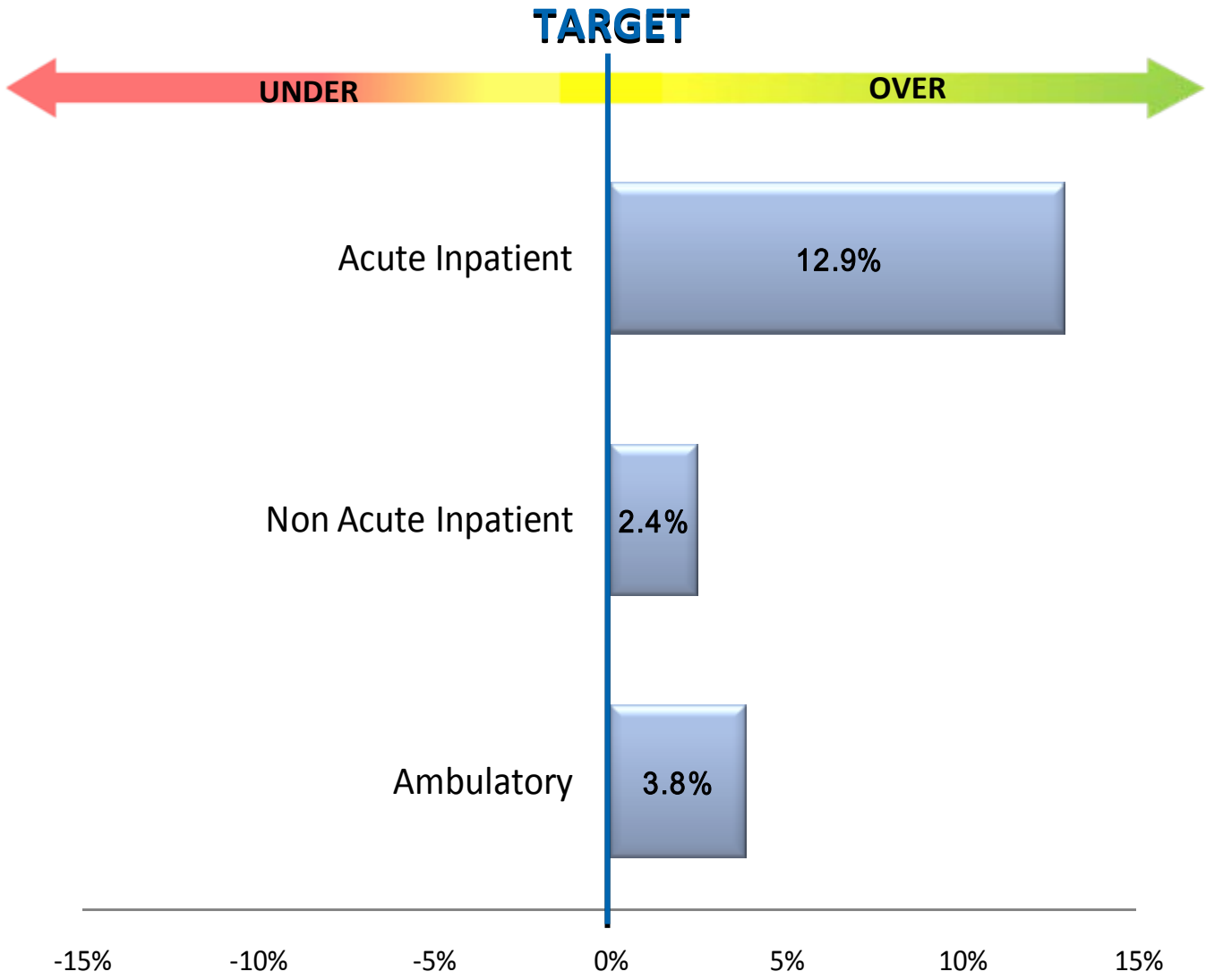
Performance of Ambulatory Services (07/08 to 09/10)



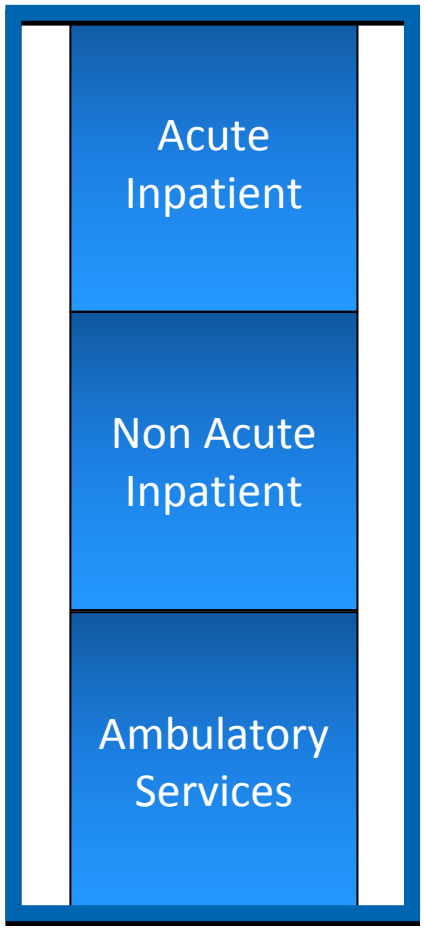


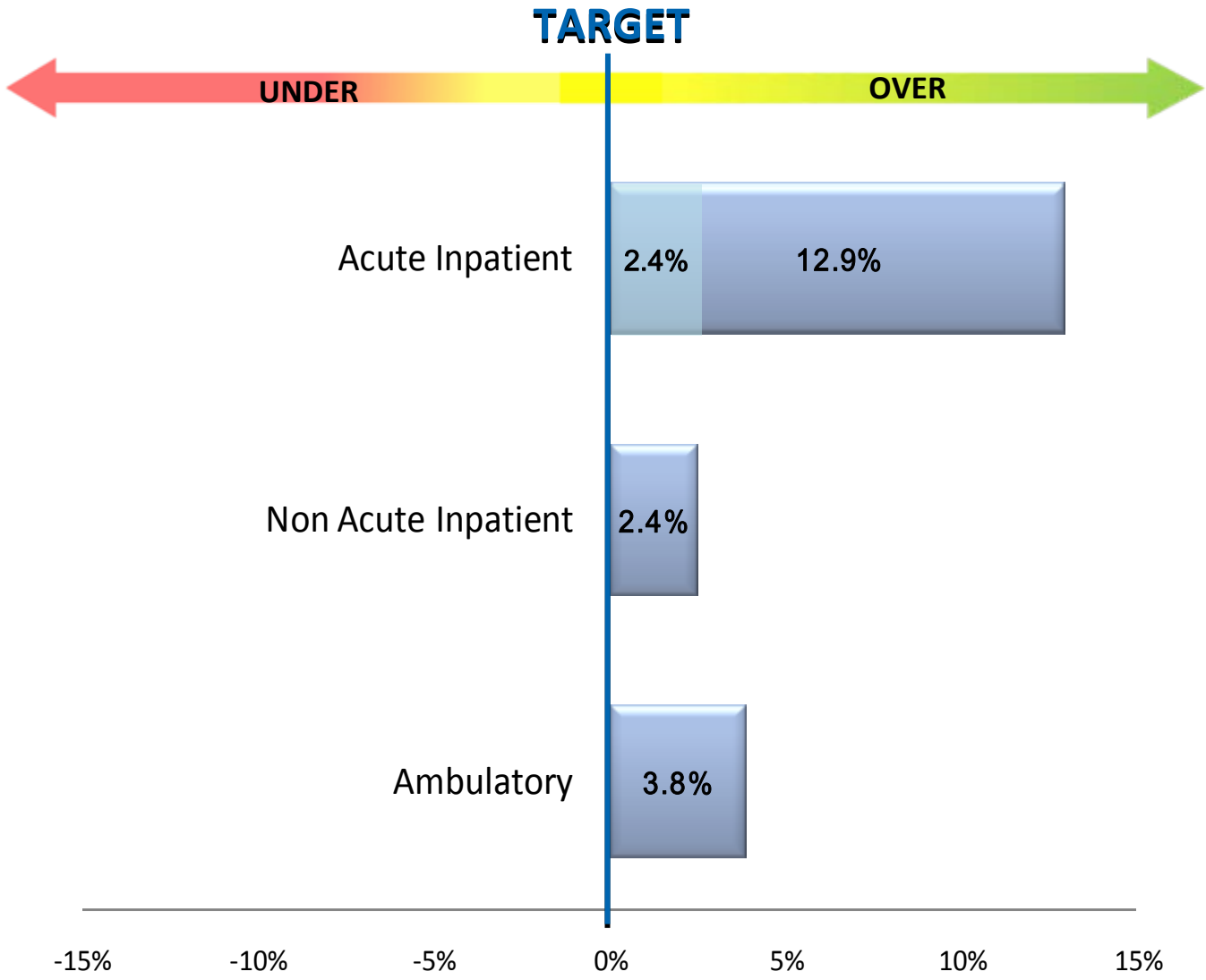
Overall Performance in 09/10



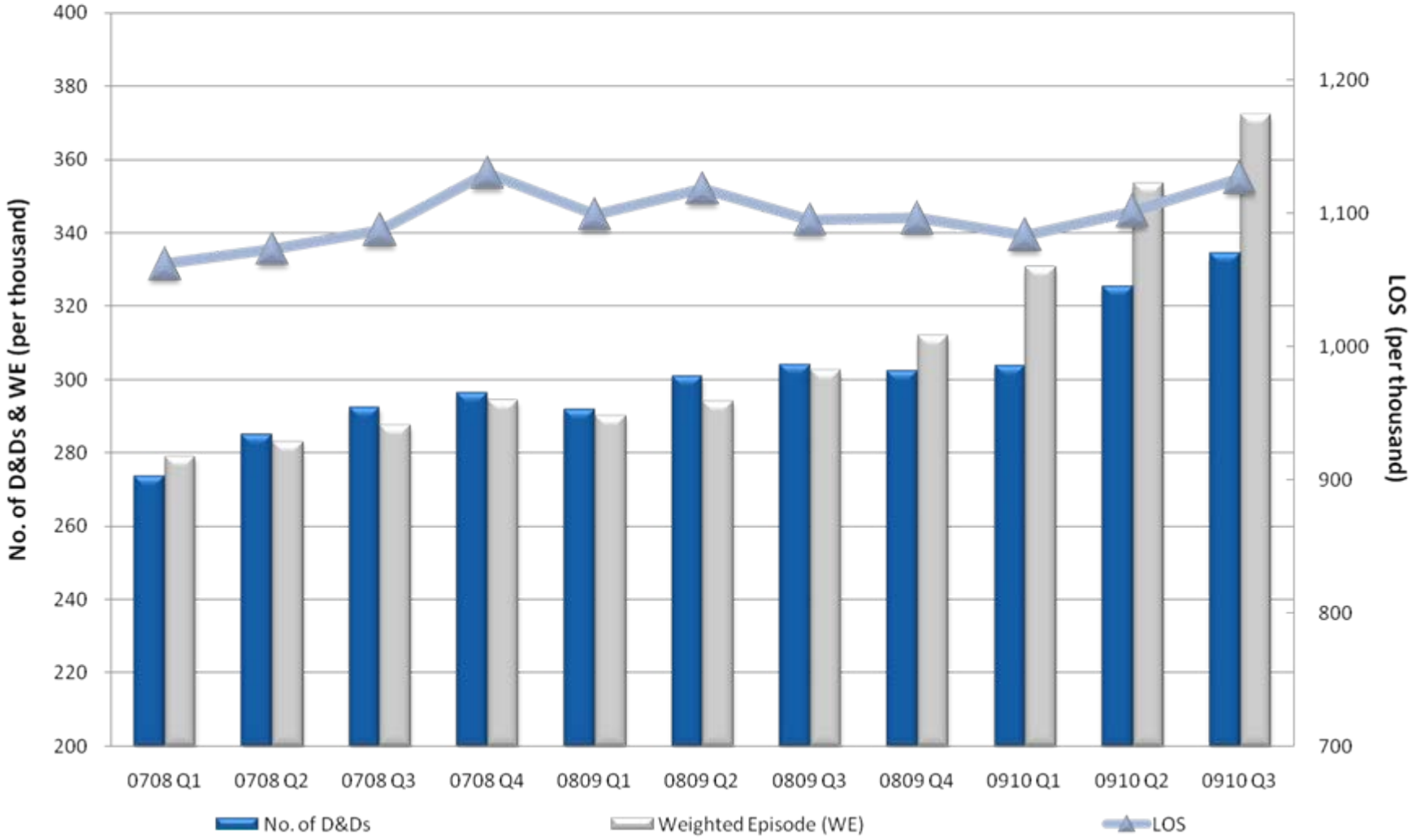


Overall Performance in 09/10
(Inpatient Death & Discharge)



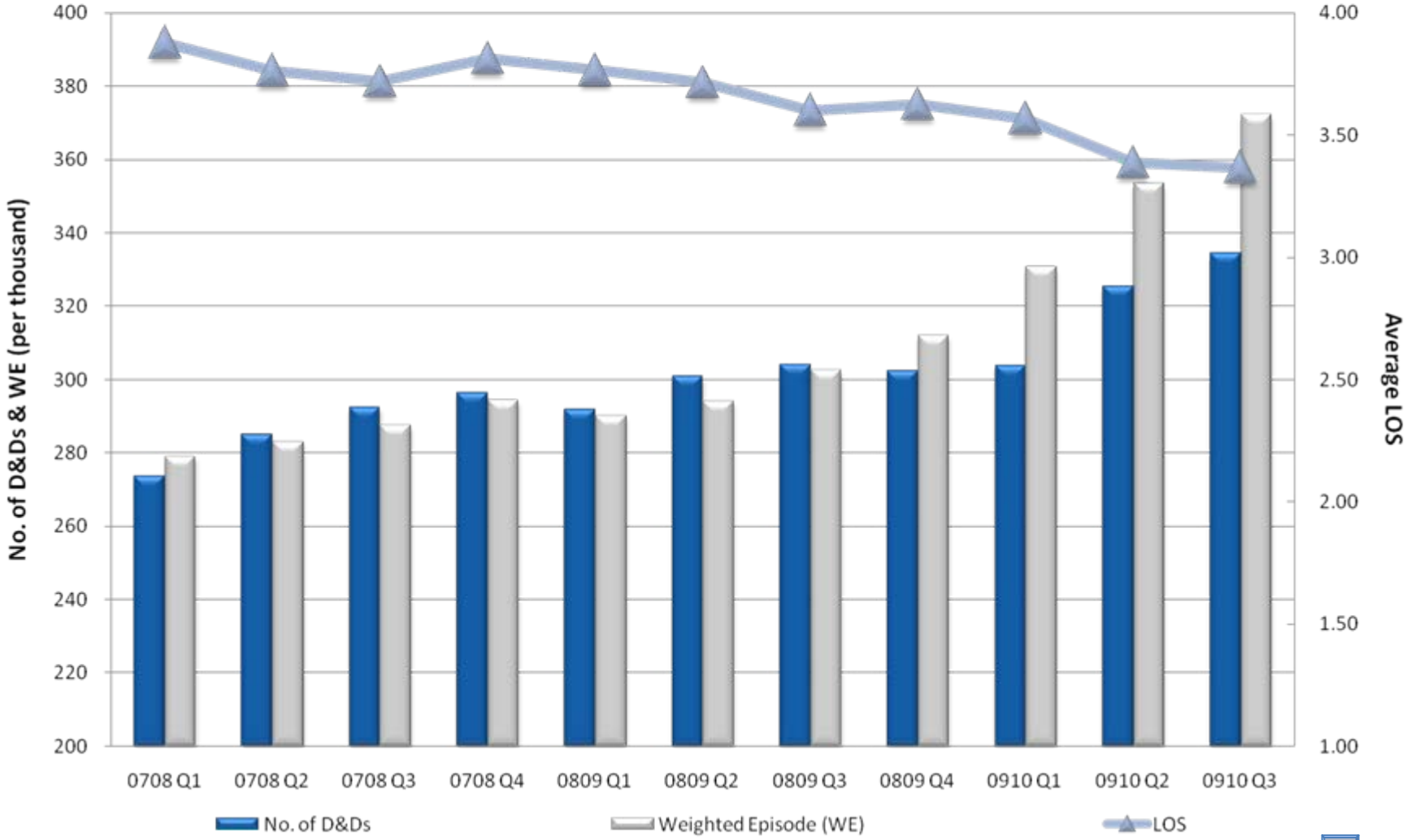


Trend of Acute Inpatient Service (LOS)



Source: Development & Costing, Financial Development & Planning, Finance Division

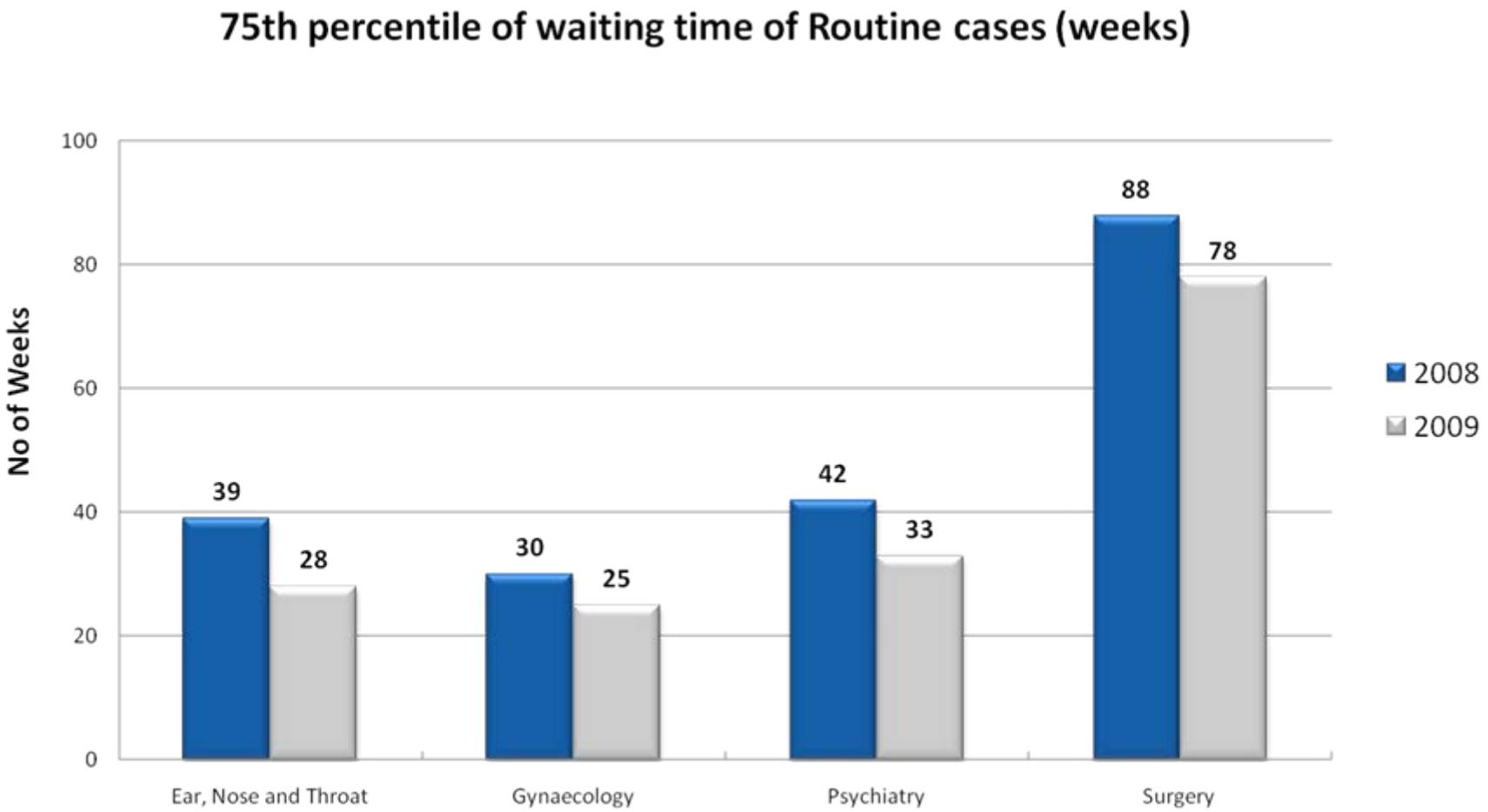
Trend of Acute Inpatient Service (ALOS)



Source: Development & Costing, Financial Development & Planning, Finance Division

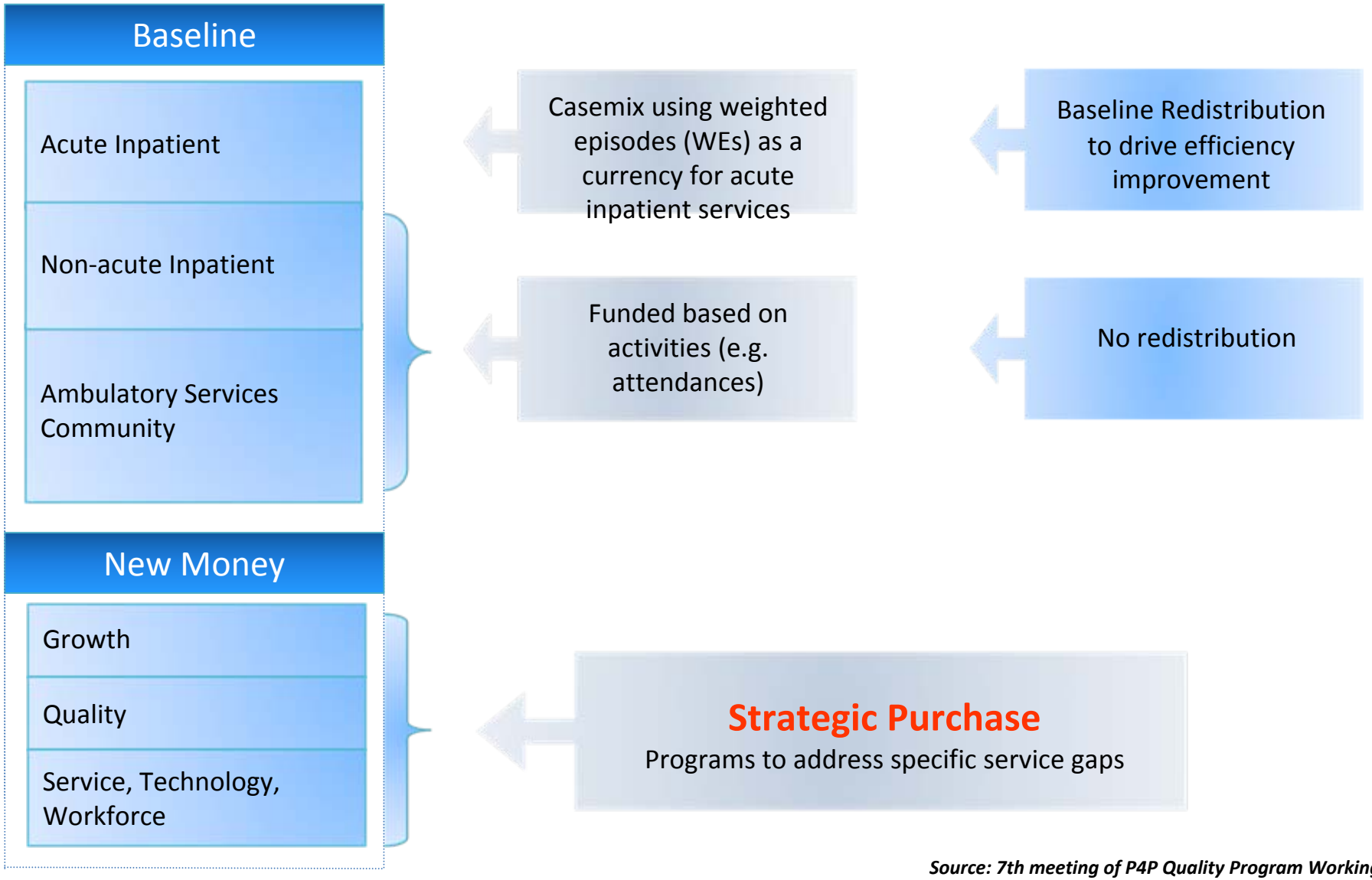
Quality Aspect

Some Examples of Quality Improvement in 2009



Source: Directors' Meeting on KPI (6th Full Report) in Feb 2010,Cluster Performance, Cluster Services Division

P4P Model 2009/10

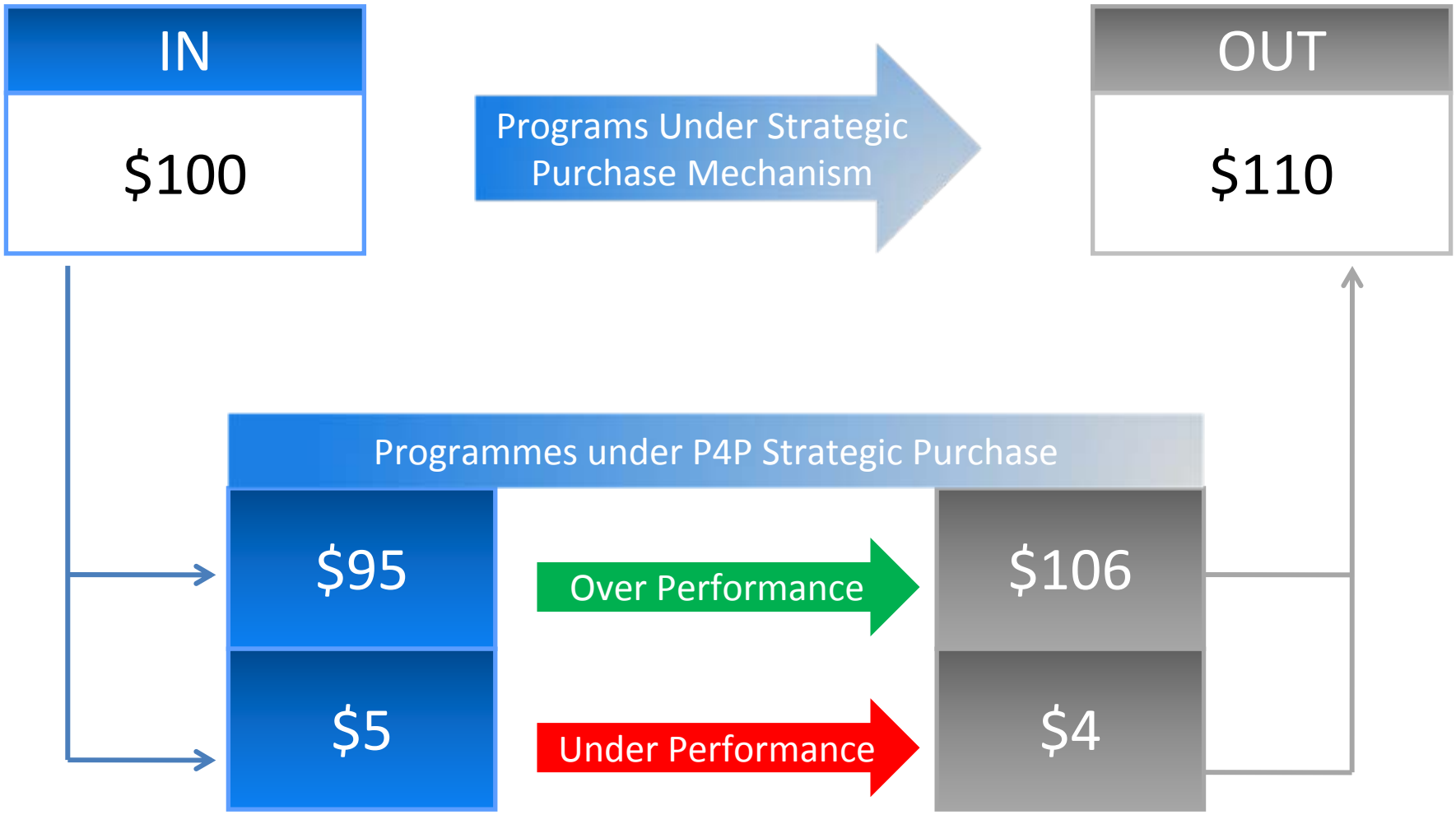


Source: 7th meeting of P4P Quality Program Working Group

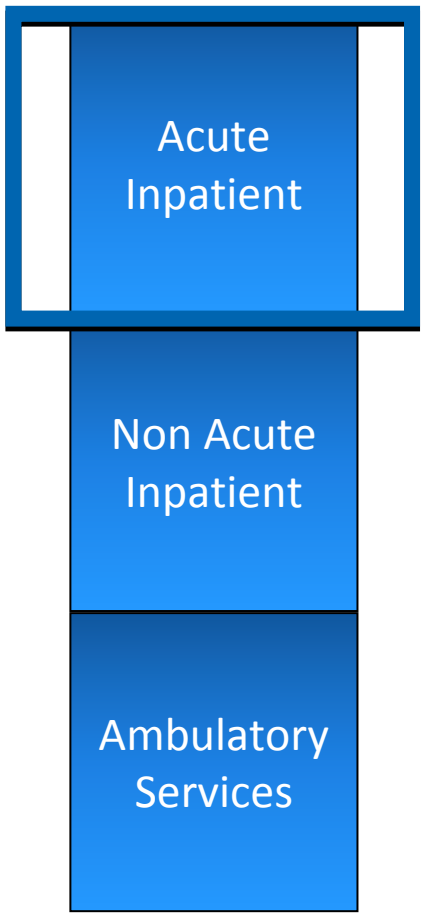
Review on Programmes under Strategic Purchase

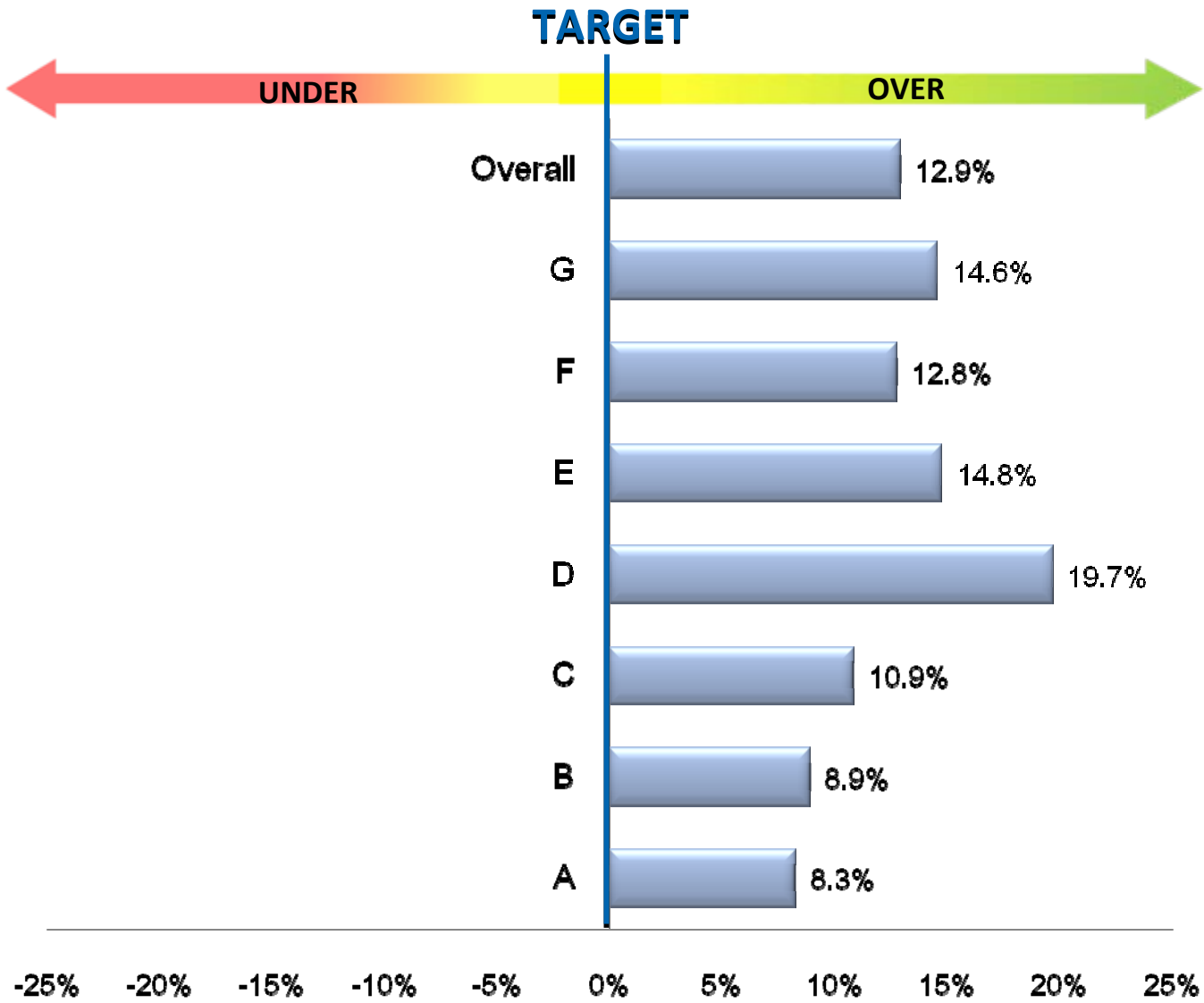
Acute Inpatient	55
Non-acute Inpatient	3
Ambulatory Services / Community	44

Critical Analysis (Methodology)



Cluster Performance in Acute Inpatient (09/10)





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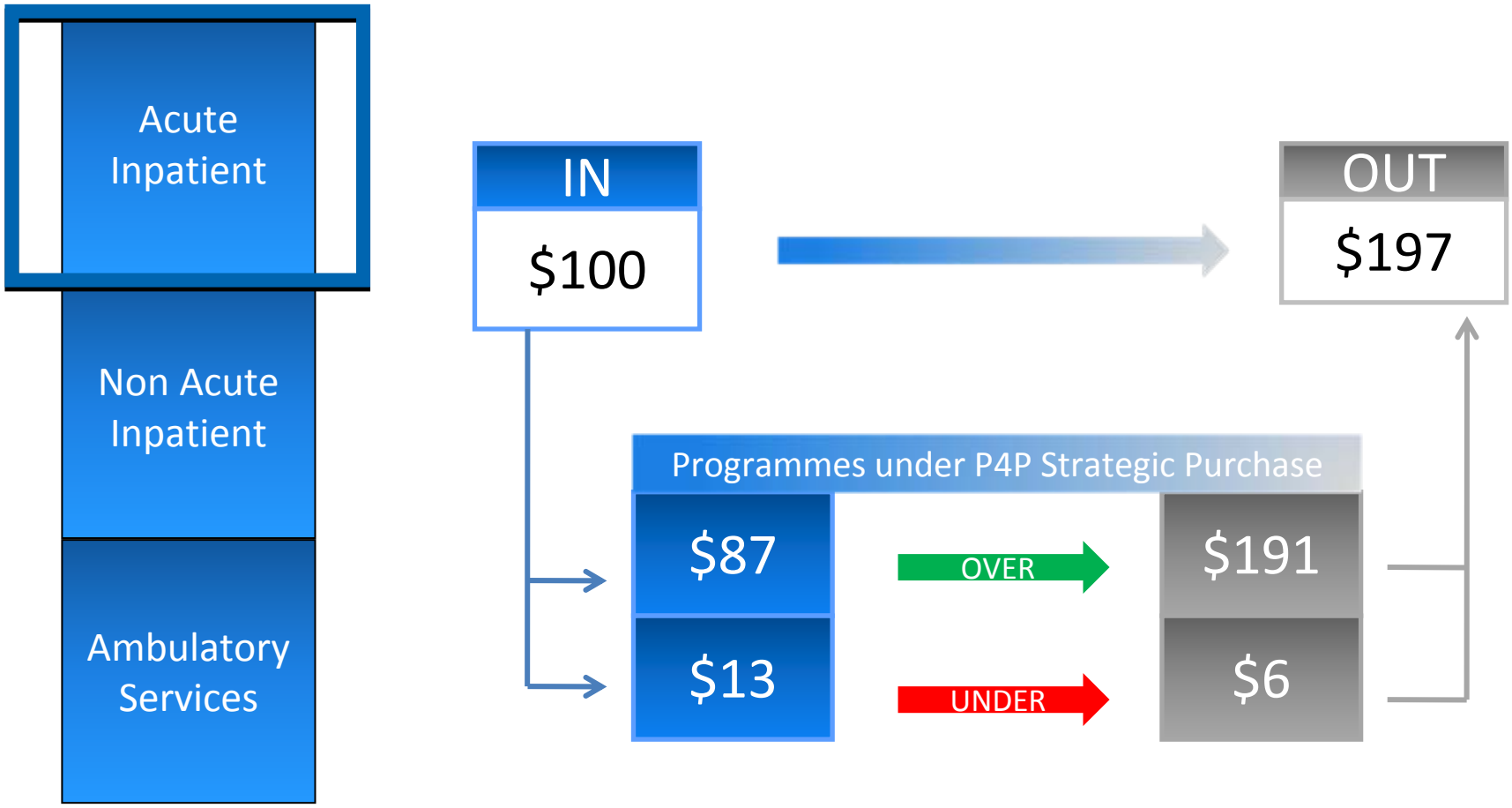
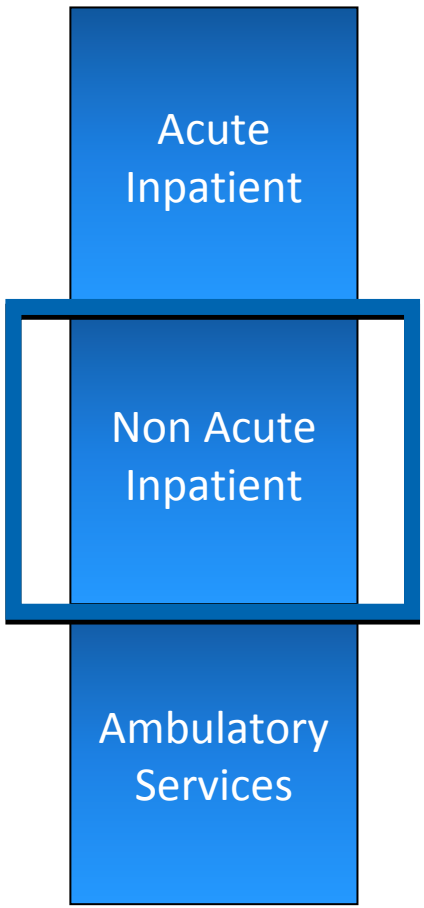
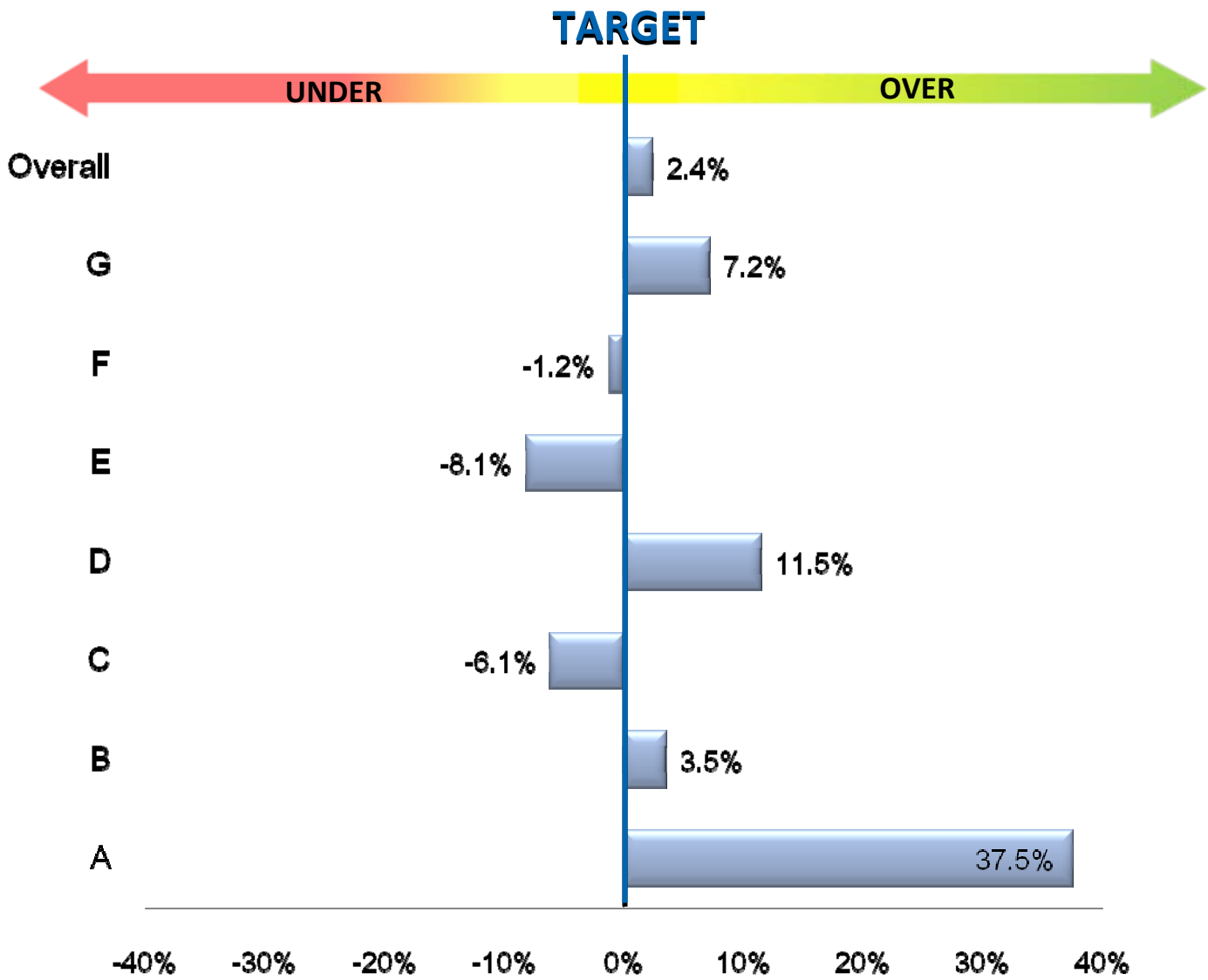


Cluster Performance in Non-acute Inpatient (09/10)





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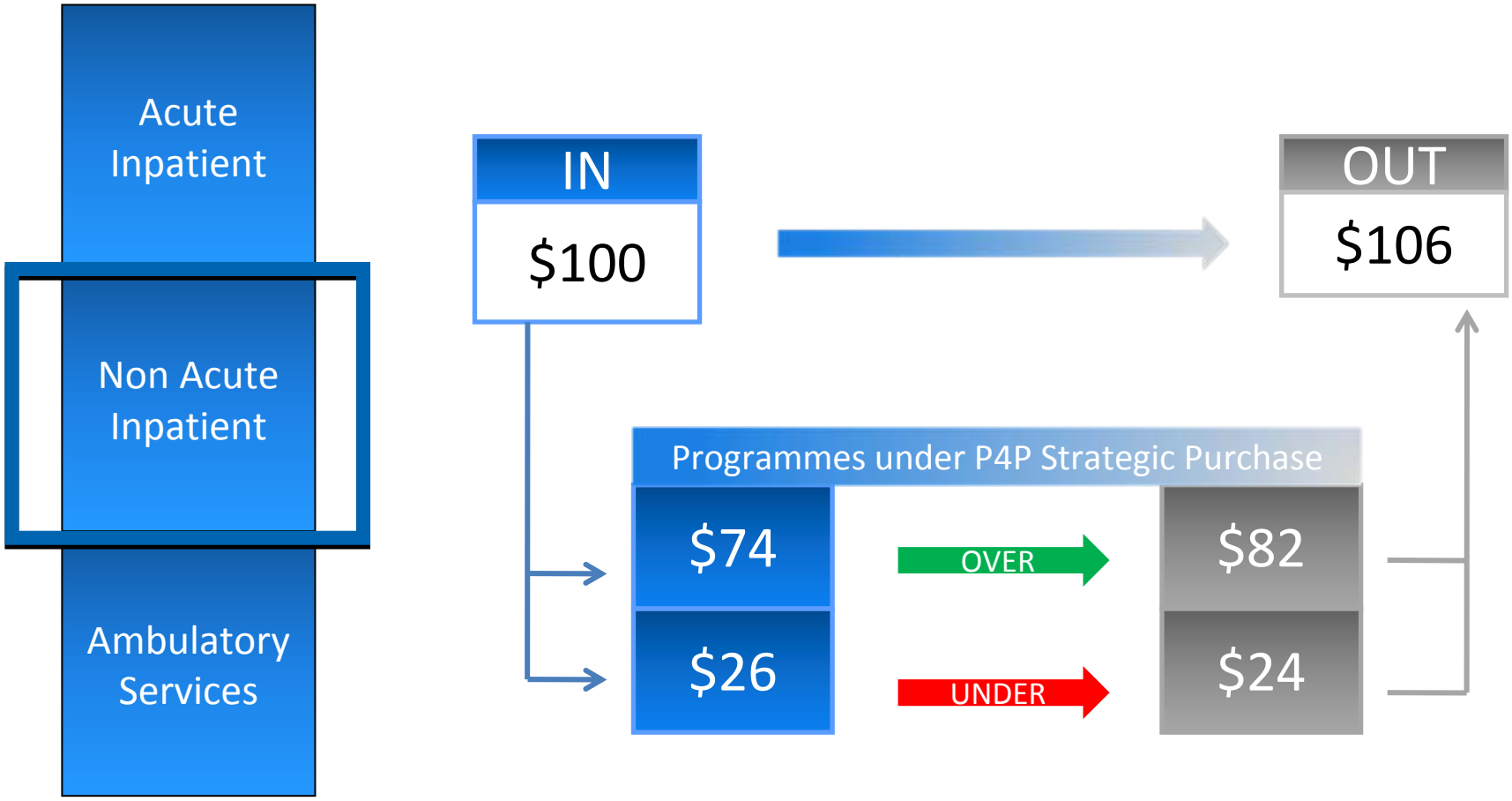
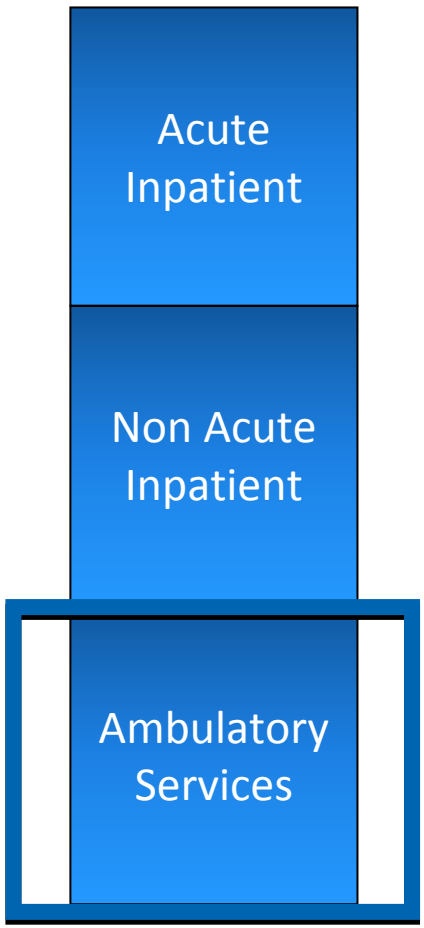
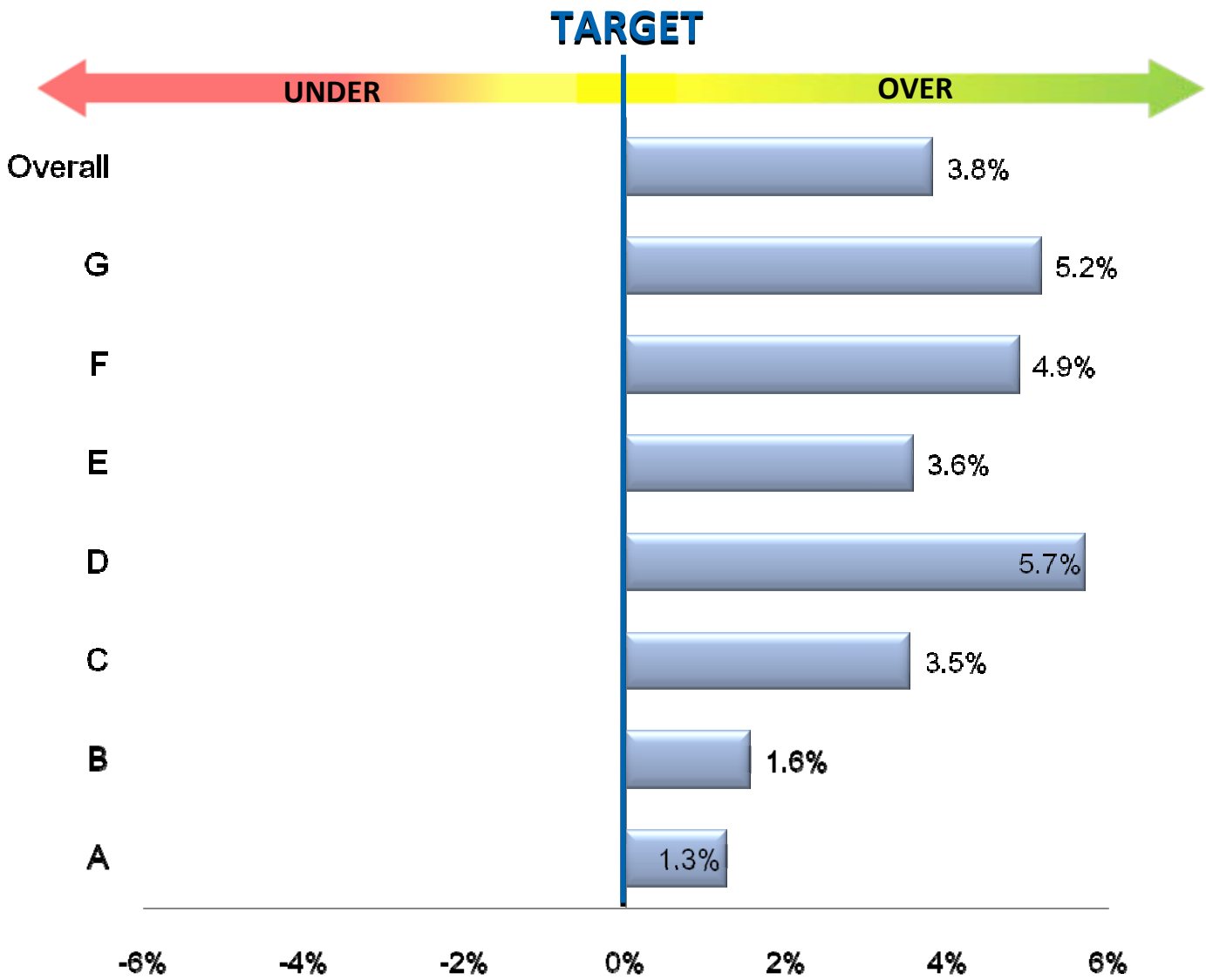
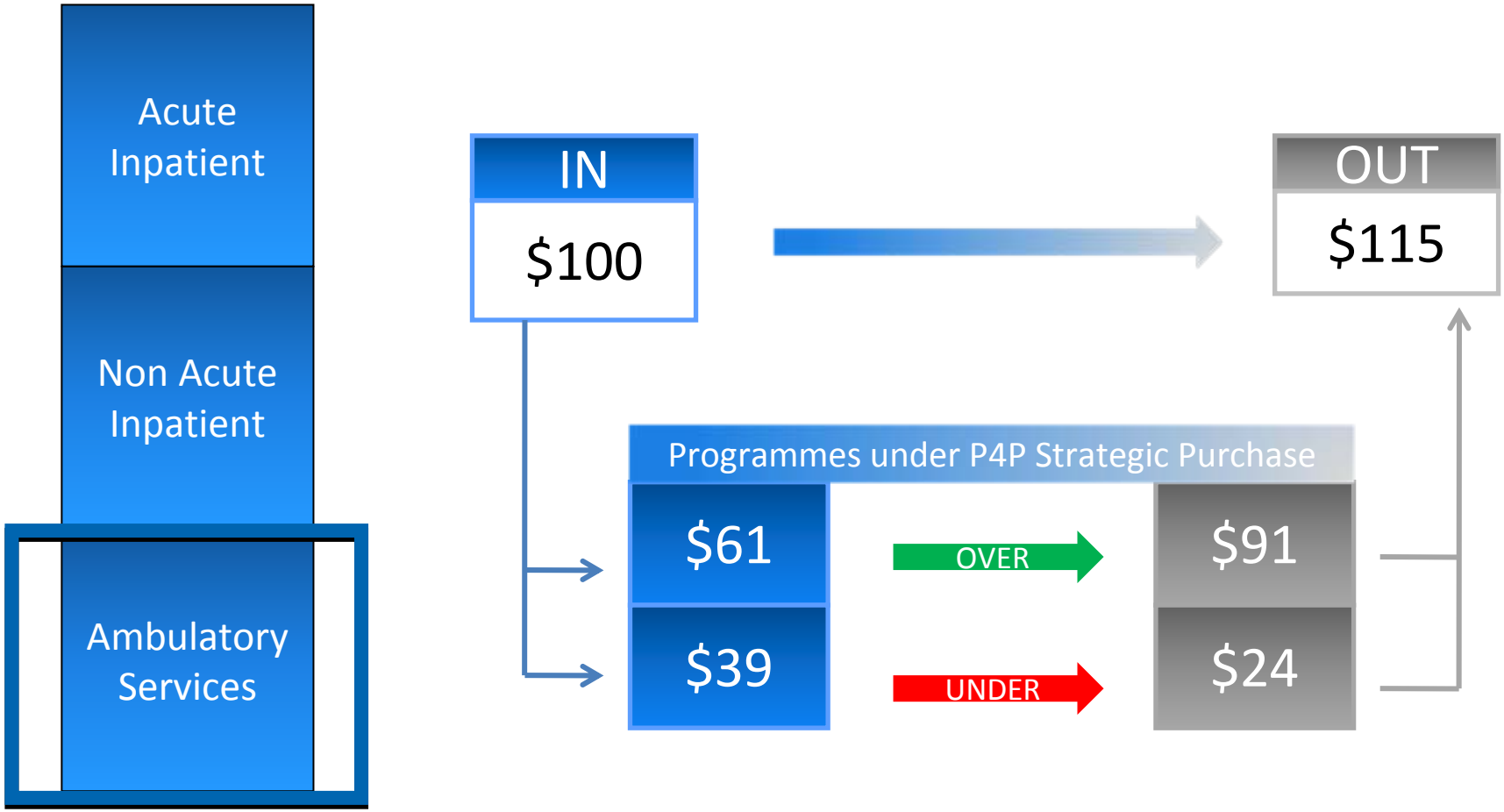


Cluster Performance in Ambulatory Services (09/10)

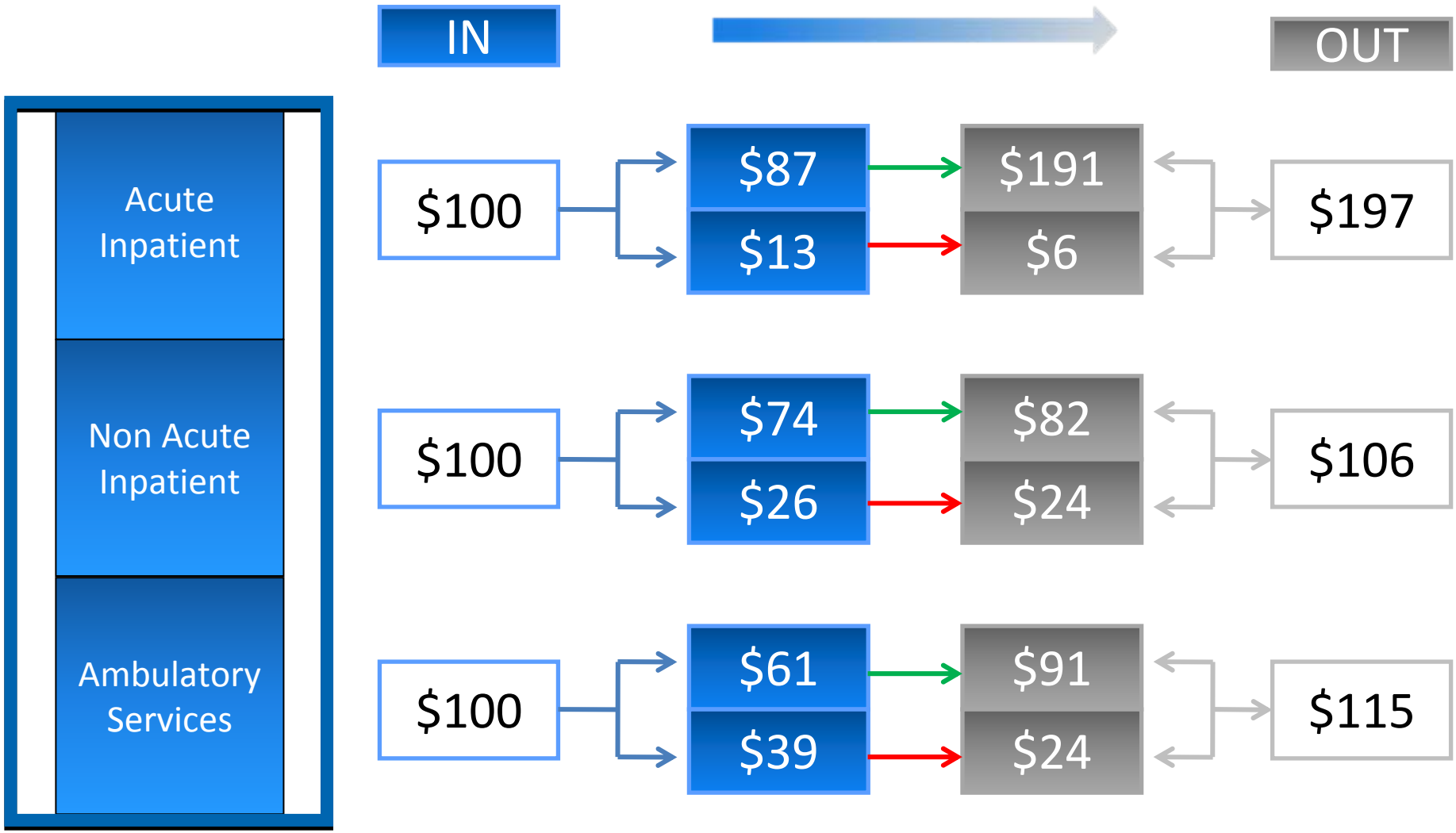




Cluster Performance in Ambulatory Services (09/10)



For Every $100 we pay…



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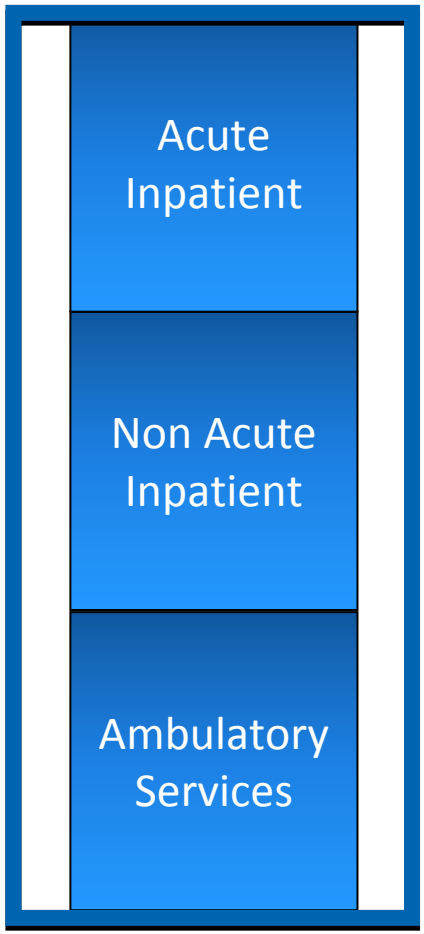
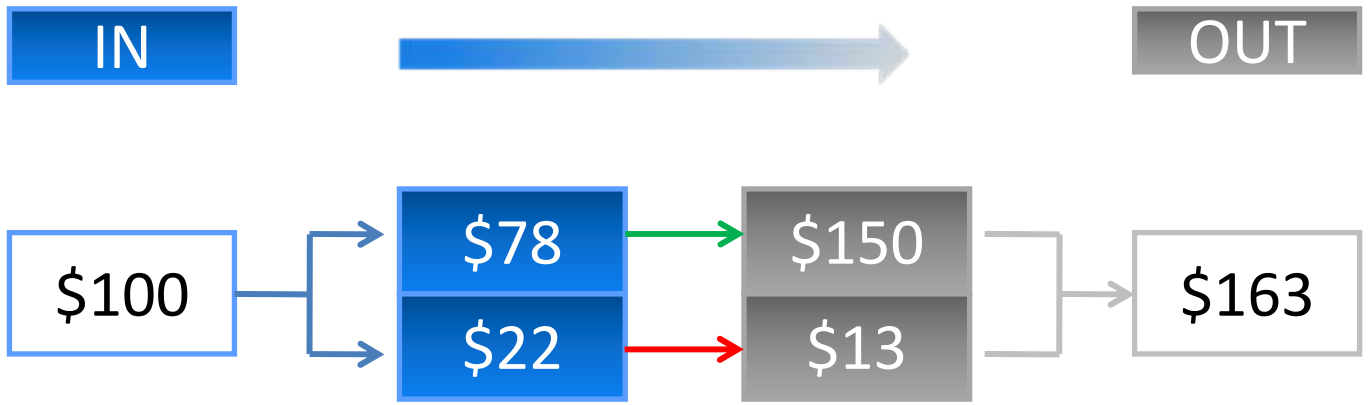


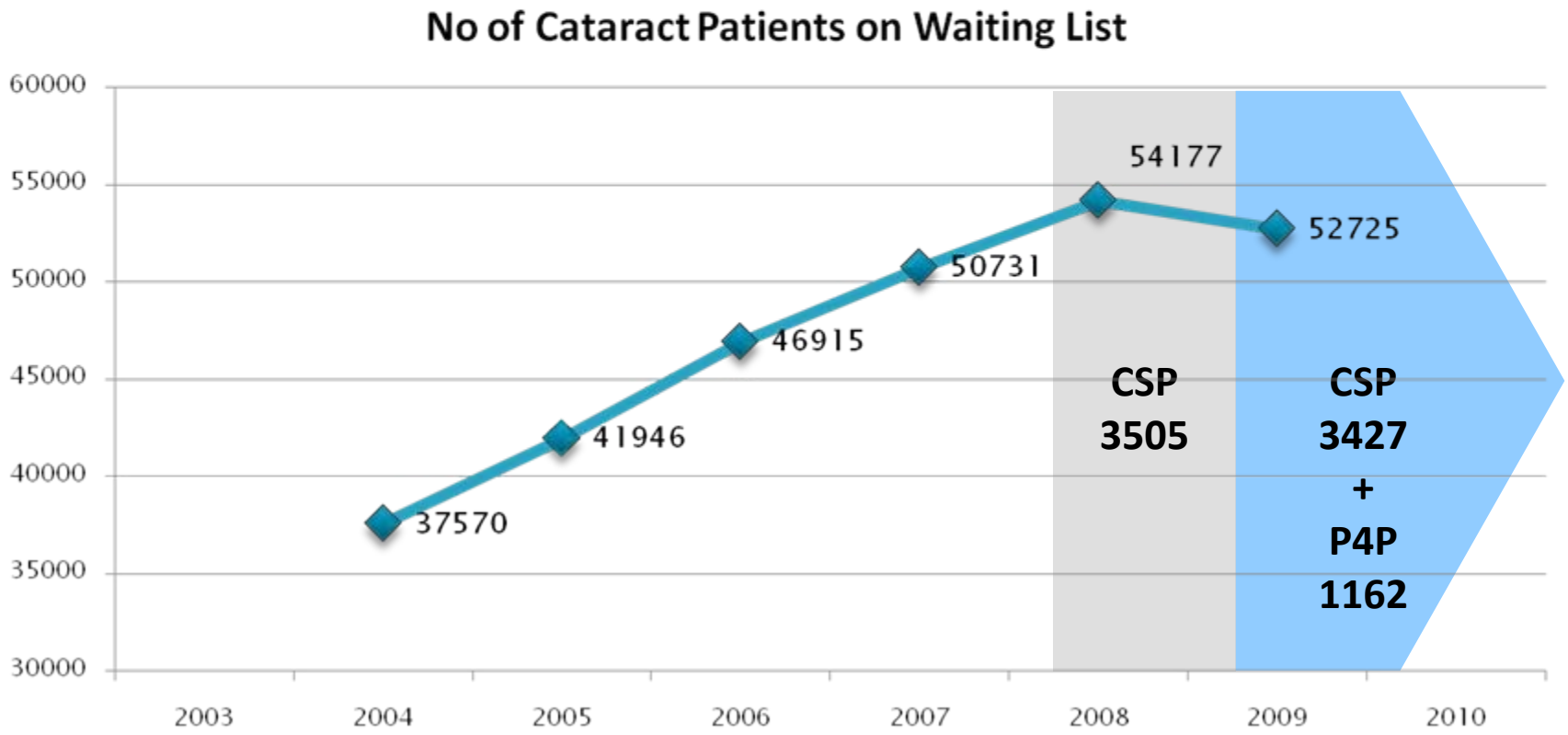


Examples of Well Performed Programmes

Programmes
Cataract Surgeries Programme
Shortening waiting time for definitive treatment of Colon Cancer
Triage Clinic Programme for psychiatric patients in the community

No. of Cataract Patients on Waiting List

- Decelerate the growth rate of cataract patients

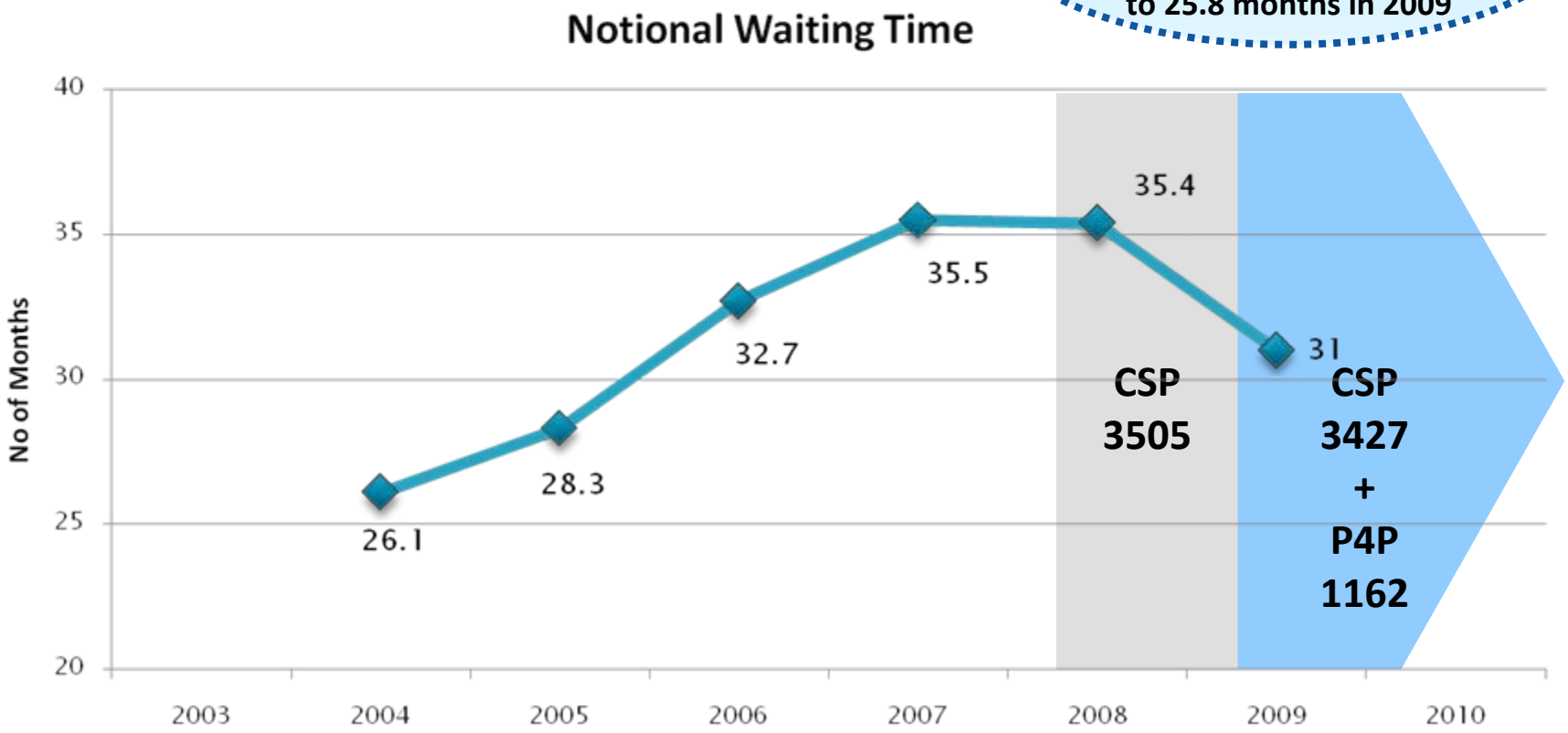


CSP = Cataract Surgeries Programme

Source: Cataract Surgeries Programme Team, Cluster Performance, Cluster Services Division

Waiting Time for Cataract Patients

Significant effect :
In Hong Kong Eye Hospital of Kowloon Central Cluster, notional waiting time was reduced from 47.2 months in 2007 to 25.8 months in 2009



Source: Cataract Surgeries Programme Team, Cluster Performance, Cluster Services Division

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Programmes
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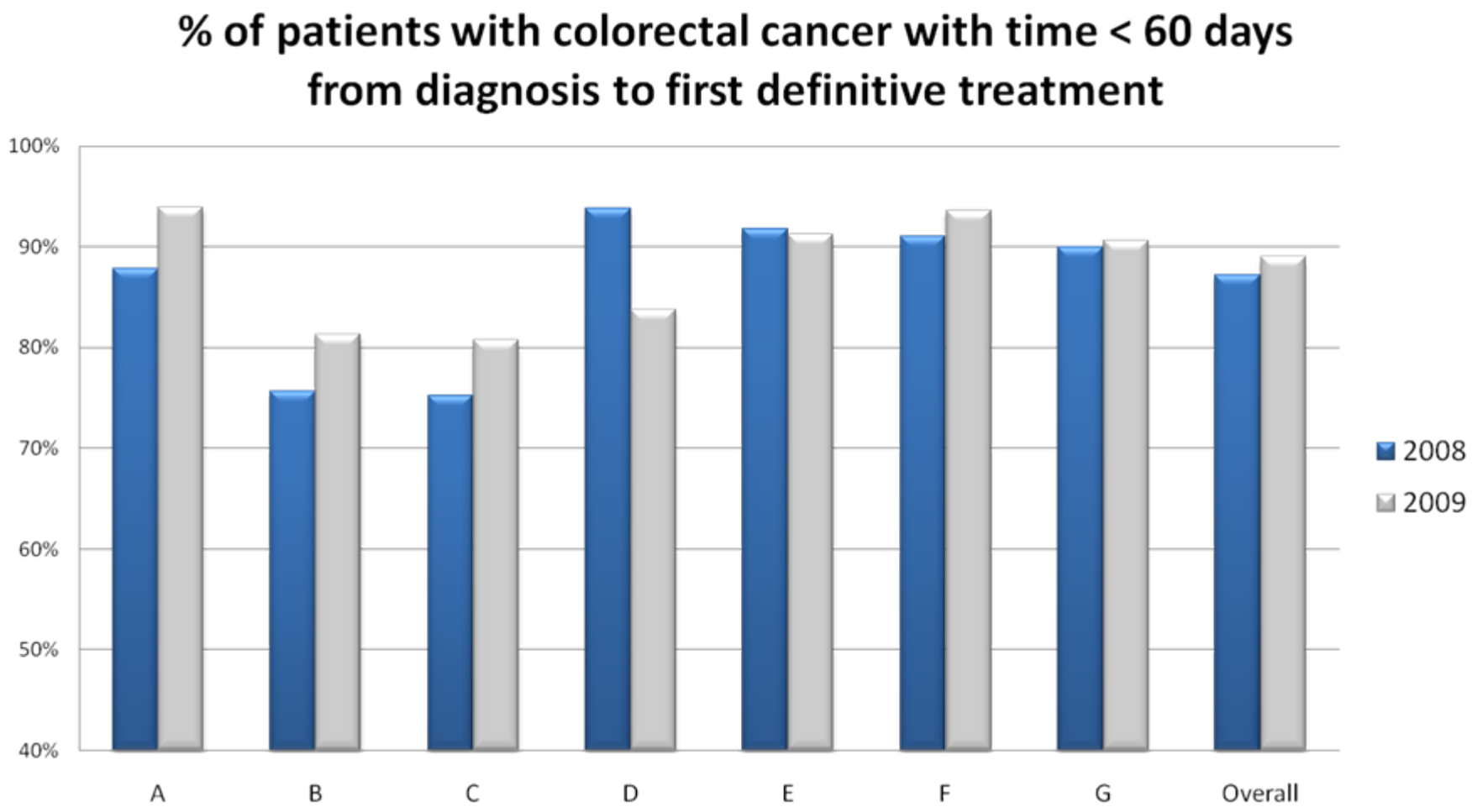
Triage Clinic Programme for psychiatric patients in the community

Performance in Handling Colon Caner in 2009



Source: Directors' Meeting on KPI (6th Full Report) in Feb 2010, Cluster Performance, Cluster Services Division

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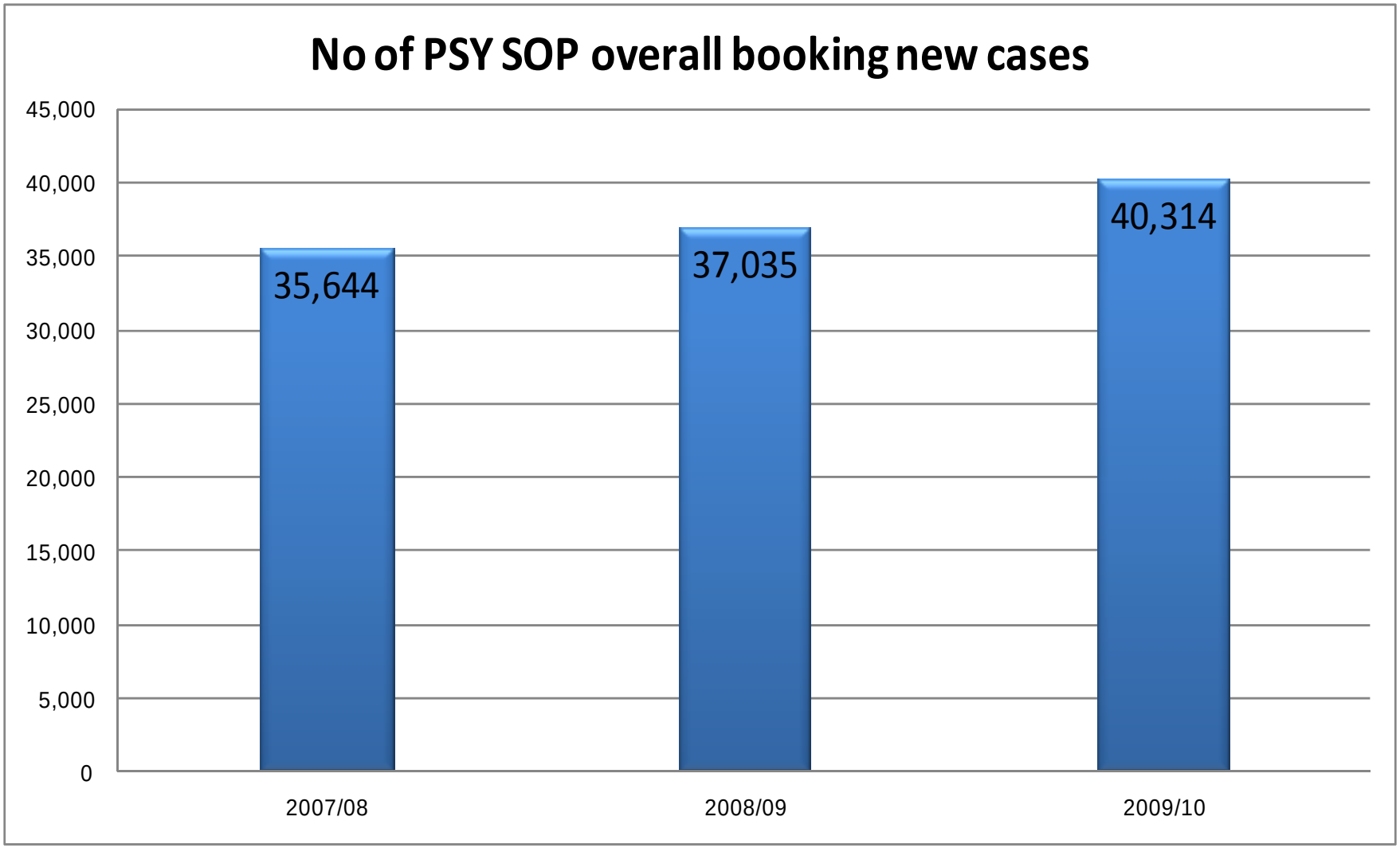
Growing Service Demand in Psychiatry



Source: Integrated Programs, Integrated Care Programs, Cluster Services Division

Waiting Time (Week) at Different Percentile

		2008/09	2009/10
Tri P1	Median waiting time (week)	< 1	< 1
	75th percentile waiting time (week)	1	1
	90th percentile waiting time (week)	2	2
	99th percentile waiting time (week)	6	5
Tri P2	Median waiting time (week)	3	3
	75th percentile waiting time (week)	5	5
	90th percentile waiting time (week)	7	7
	99th percentile waiting time (week)	32	13
Tri R	Median waiting time (week)	17	8
	75th percentile waiting time (week)	42	26
	90th percentile waiting time (week)	62	57
	99th percentile waiting time (week)	142	109

Source: Integrated Programs, Integrated Care Programs, Cluster Services Division

Reasons of Under Performed Programmes

- Delayed commencement of programmes
- Turnover of manpower
- Service demand below the projected growth

Findings

- Clusters' performance has improved continuously over time even before P4P
- P4P is relatively new and still in learning process after 1 year implementation
- P4P allows HA in a steering position for the targeted area of need (good return for programmes under strategic purchase)

Way Forward

Baseline

- Acute Inpatient
- Non-acute Inpatient
- Ambulatory Services Community

New Money

- Growth
- Quality
- Service, Technology, Workforce

Strategic Priority Areas	Quality Performance Indicators	Performance Target
Access	Waiting time SOPD - routine category 1. Medicine 2. Surgery 3. Psychiatry 4. Orthopaedics	new case booking for routine cases 75th percentile at 52 weeks
	Cancer treatment waiting time 5. Breast cancer 6. Colorectal cancer	90% of patients < 55 days from diagnosis to first definitive treatment
Safety	7. MRSA bacteraemia for acute episodes	< 0.1258 MRSA bacteremia in acute beds per 1,000 acute patient days
	8. Casemix-adjusted unplanned readmission rate	HA's best performance
Specific disease management / integrated care	9. Fracture hip surgery (pre-op LOS)	70% of fracture hip surgery with pre-op LOS≤2 days
	10. DM – HbA1c control in each cluster (combine SOPC and GOPC)	35% of DM patients treated in GOPD and SOPD with HbA1c of <7%
	11. Hypertension - BP control for GOPC patients	65% with BP < 140/90 mmHg

New QPI Programmes

Source: 7th meeting of P4P Quality Program Working Group

Acknowledgement

- Clinical teams
- Clusters' Management
- Hospital Authority Head Office
  - Finance Division
  - Strategic and Planning Division
  - Quality and Safety Division
  - Cluster Services Division

Th$nk Y$u