

# Pay-for-Performance and Pay-for-Quality models for hospitals: Preliminary results from an environmental scan



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## 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; <u>Source</u>)





#### 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 Absolute Relative

Summative Formative

Individual Organisational

Short-term Long-term

Volume Value

Risk-adiusted Unadjusted Gaming
Feedback
Benchmarking
Public reporting

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# 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.

	Central line associated bloodstream infections rate
Patient safety	Ventilator-associated events rate Percentage of in-hospital patients assessed for fall risk through applied protocols Incidence rate of patients' falls during hospitalization
	Percentage of in-hospital patients assessed for pressure ulcers' risk through applied protocols Incidence rate of pressure ulcers acquired during hospitalization
	Percentage of patients undergoing surgery where the Surgical Safety Checklist was applied
	Post-operative bleeding rate requiring surgical re- intervention
	Surgical site infections rate
Healthcare	Percentage of healthcare workers participating in training activities
workforce training and	Percentage of healthcare workers that followed standard protocol for occupational health upon a sharp injury during working hours
safety	Percentage of healthcare workers with updated influenza vaccination schedule

Patient experience	Patient experience questionnaires' completion rate Patient experience after hospital discharge rate
Care effectiveness	In-hospital mortality by heart failure In-hospital mortality by acute myocardial infarction In-hospital mortality by pneumonia Percentage of patients readmitted to the Intensive Care Units after 48 hours after transfer Unscheduled readmission to hospital within 30 days of discharge for heart failure through the emergency room heart failure
	Average length of hospitalisation Percentage of surgeries with a perioperative hospital length of stay less than 48 hours Pre-operative hospital length of stay
	Percentage of cancer patients whose nutritional status was assessed through applied protocols
	In-hospital mortality by ischaemic stroke Time from admission to treatment for ischaemic stroke (door-to-needle time)





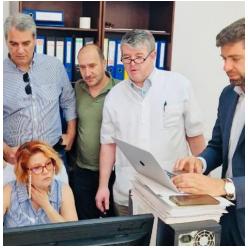
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#### **Future: Plans**

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.





# Mulţumesc! Thank you!



