International Research on Financing Quality in Healthcare

InterQuality

Prof. dr hab. Tomasz Hermanowski

Medical University of Warsaw

Department of Pharmacoeconomics

Medical University of Warsaw

- **Teaching medicine since 1809**
- **10 000 students, 17 programs of graduate studies**
- **466 research projects:**
    - 117 funded by the Ministry of Science and Higher Education
    - 24 granted by EU funds and other international programmes
- **55 multicenter clinical trials conducted in 2008**

FACILITIES

Agenda

- **Importance of the FP7 Public Health call; „*Financing Systems' Effect on Healthcare Quality*"**
- **Scope of InterQuality project**
- **Disease Management Programs in North America and Europe in the context of US, German and New Member States health reforms**
- **The Consortium, objectives and delivrables**
- **Project's budget and time-frame**

HEALTH.2010.3.2 : Quality, Efficienty and Solidarity of Healthcare Systems, Including Transitional Health Systems

- The objective is to provide, in the light of new knowledge, scientifically validated tools to allow countries to learn from the experience of other health systems and their sustainability, taking into account the importance of national contexts and population characteristics (ageing, mobility, migration, education, socioeconomic status and the changing world of work etc)
- Focus will be on organisational, financial and regulatory aspects of health systems (assessing the cost, efficiency and benefits of different interventions including as regards patient safety), their implementation and their outcomes in terms of effectiveness, efficiency and equity (including disadvantaged groups)
- Special attention will be paid to investment issues and human resources, including home care strategies

HEALTH.2010.3.2-1: Financing systems' effect on quality of healthcare.

- **Research should aim to develop models that take into account the needs of different patient groups in relation to how healthcare is financed in different settings of the health systems in Europe**
- **The incentive mechanisms effect on quality of care need to be explored. Issues such as cost control, equity and efficiency should also be addressed**

Importance for New Memeber States (NMS)

- On average, NMS display more doctors' consultations, hospital beds, and hospitalisation days per citizen than Western countries
- In all NMS, the hospital sector is extraordinarily large. The number of hospital beds per 1,000 inhabitants is higher than the average for Western Europe, even though the proportion of old people is still greater in Western countries.
- These suggest that the secondary care sector is overused and poorly managed.The hospital sector is typically the largest chunk in a health system.
- Resources that are wasted on poor management are no longer available to reimburse innovative medicines, buy new equipment, shorten waiting lists, and improve other essential quality variables. Reforms in this field have, however, proven politically difficult and badly need technical support and scientifically validated tools to help decision-makers to choose the right financing mechanisms in the different areas of their healthcare systems

Innovations discriminated by pricing and reimbursement systems

- Ill-conceived efforts to reduce moral hazard, not by empowering the patient and implementing a deductible with a cap, but by general increase of co-payment level
- Unjustified references to „Western countries”, without real knowledge of modern instruments, reducing moral hazard, like Pay for Performacne-P4P
- Few Drug Utilization Reviews, little understanding of real reimbursement cost drivers
- Short-sighted methods of cost-containment by;
  - slowing-down the pace of innovation,
  - promoting generic, instead of cost-effective drugs,
  - medical prescription control focused on costs, disregarding outcomes of treatment or case-mix
  - promotion of self-medication
  - distribution of OTC drugs by general channels, instead of pharmacies

Scope of InterQuality Research Project

In order to comply with call HEALTH.2010.3.2-1 requirements, the scope the InterQuality project will be:

- to investigate the impact of different financing models and incentives on the quality, effectiveness and equity of acess to:
  - Primary care
  - Hospital care
  - Specialist care
  - Pharmaceutical care
- To establish the feasibility of collaborative practice models, involving physicians, hospitals and pharmacy-service providers in the context of implementing Disease Management Programs

Diabetes/CV Disease Management Program

Sector of care/ effects	Utilization of resources,cost-effectiveness	Outcomes, clinical efficiency, quality, safety	Equity	Incentives
Primary				
Specialist				
Hospital				
Pharmaceutical				

Disease Management Definition

- Disease management (DM) is an evolving concept in health care delivery that seeks to improve clinical outcomes while reducing total system-wide health care costs. DM is a patient-focused, comprehensive approach that seeks to improve the patient's clinical, economic and humanistic outcomes
- In the analysis of financing systems' impact on the healtcare quality, Disease Management Programs may be compared to Leibnitz's monads; each DMP may be considered as a little mirror of healthcare universe

Disease Management Program Components

- Population identification process
- Evidence-based practice guidelines
- Collaborative practice models to include physician, hospital and support-service providers (including pharmaceutical care)
- Patient education (prevention, life-style modification, compliance/surveillance)
- Process, quality and outcomes measurement, evaluatation and management
- Reporting/feedback loop (communication with patient, physician, pharmacist, health insurance company, physiciand and practice profiling, etc)

DMP Research Problems

- **Comprehensive Disease Management Programs require collaboration among many healthcare providers**
- **DMP’s may require implementation of Accountable Healtcare Organisation model, (like Medical Home)**
- **It is difficult to measure effectiveness of all DMP components (like patient education) and create incentives for all stakeholders (healthcare providers, patients and payors) to improve quality and provide more efficient use of healthcare resources**

Delivrables

- **Handbook and Guidelines for Evaluation of Disease Management Programs**
- **Methods of building DMP financial models and analyzing their impact on:**
  - Hospital Care
  - Outpatient Care
  - Pharmaceutical Care
- **Scientific validation of Pay for Performance – P4P, Medical Home and Accountable Health Organisation concepts, etc, in DMP context**

Expected impact

The knowledge gained from the research should provide support for Member States to choose the right financing mechanisms in the different areas of the health care system according to their needs and possibilities and to pay not more but smarter for medical services, for example by:

- replacing Fee-for-Service with P4P model
- reducing moral hazard without negative effect on equity of access

The Consortium

- Medical University of Warsaw (WUM) – project coordinator
- Hannover Medical School (MHH) - suporting project leader
- University of Southern Denmark (SDU)
- Lund University (LU)
- Università degli Studi di Catania (UniCT)

The Consortium

- Urban Institute Washington (UI)
- Institute for Clinical Evaluative Sciences, Toronto (ICE)
- University of Bath (Bath)
- Sopharm Warsaw (SPH) - dissemination

Management Structure

Advisory Board — General Assembly

General Assembly → Executive Board

Executive Board — Coordinator

Executive Board → WP1*, WP2*, WP3, WP4, WP5, WP6

Expert's Panel → WP1*, WP2*, WP3, WP4, WP5, WP6

* WP1 - Management

* WP2 - Dissemination

Management Structure

General Assembly – the main decision making body in the consortium, comprised of representatives of each partner. Decisions will be made by majority vote

Executive Board – responsible for executing all the decisions taken by General Assembly as well as deliverables and daily project management; comprised of representatives of the core consortium members

Advisory Board - international experts capable to provide the highest level of analysis creating added value and validatating the research methods; will include stakeholder organisations: IDF, OECD, WHO, patients organisations and scientific experts

Coordinator – responsible for daily monitoring the project tasks, deliverables and milestones within defined timeframe, estimating budget spent; communication with all the partners; resolving minor problems occuring during project implementation

Expert's Panel – representatives of the EU member states providing the project with important input data on healthcare financing models in their countries. They will be also responsible for project results implementation after the end of the project in order to secure a significant impact on European level. Separate experts panels may be established for each workpackage

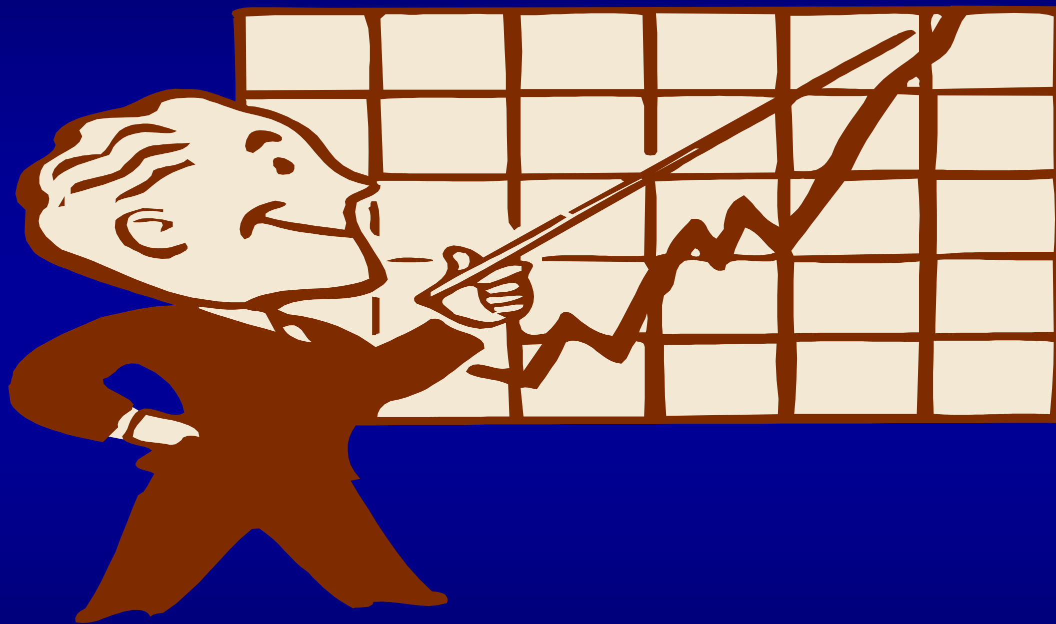
Budget

- **European Union financial contribution to Collaborative Projects covers up to:**
  - 75 % of RTD costs
  - 50 % of demonstration costs
  - 100 % of management costs
  - 100 % of other costs, including disseminaition
- **Up to a limit of 3.000.000 Euros for a small or Medium-Scale Focused Research Project**

Tentative time-frame

- November 19th, 2009 – submission deadline
- March 2010 – evalution by EU experts
- June 2010 – contract negotiations
- October 2010 – project beginning, kick-off meeting
- December 2013 – termination of the project

Thank you for your attention!



Tomasz.hermanowski@wum.edu.pl