

Working in Partnership with Medical Staff for Activity Based Management Performance

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Economic Theory

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graph LR; A[Financial Incentives] --> B[Behaviour Change]; B --> C[Intended Objectives]
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Financial Incentives

Behaviour Change

Intended Objectives



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Psychology

1935 Gordon Allport- American psychologist

Defined attitude as a:

“ mental or neural state of readiness organised through experience” that “exerts a directive or dynamic influence on the individual response to all objects and situations”

(Borkowski 2005)



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Study Design

- Exploratory qualitative incorporating semi-structured interviews
- 7 senior medical staff Sydney metropolitan hospital
- Questions Framework based on literature review
- Transcribed and thematic analysis
- Findings and recommendations



Medical Attitude Themes

- Overall understanding, attitudes and perceptions
- Cost consideration
- ABF incentives
- Unintended consequences
- Coding data and benchmarking
- Organisational support



Overall Medical Understanding, Attitudes and Perceptions



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Understanding, Attitudes and Perceptions

“ If I don’t understand it I think everyone else has little chance”
(P3)

“I don’t think the concept of ABF is very popular in this hospital”
(P1)

“I am not engaged in it... and I’m more engaged than 99% of clinicians about this at a senior level...you go and ask the consultant doctors and they will say they are all cynical about it, I am cynical about it” (P5)



Understanding, Attitudes and Perceptions

“ABF is pretty well understood by the consultant staff” (P2)

“there is no going against ABF...so you have to learn to adapt...and then develop strategies to maximise ABF funding” (P5)

“I am a proponent of this sort of more accurate funding...you have to invest in it to improve it...to get the reward” (P1)



Understanding, Attitudes and Perceptions

- Link between understanding attitudes and behaviour key
- Early investment is needed in building understanding, involvement, and usefulness
- Education needs to be relevant and specific to teams
- Consider workforce needs
- Positive communication with clinical focus
- Medical ABF champions



Consideration of Cost



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Medical Cost Consideration

“our priority is looking after the patients and seeing that they get the care they deserve, our perception is that the financial stuff should be looked after by somebody else” (P7)

“ABF requires a shift in thinking for medical staff to consider a business model of care and obviously not all clinicians have an interest in that” (P1)



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Medical Cost Consideration

“you need to tell specifically what diagnosis generates what amount of money; if that doesn’t happen nobody will bother. When I was a registrar any little spike in temperature and I would order blood cultures, but when I came to know that blood cultures cost 300 dollars my attitude changed...every resident sitting in front of a computer will order heaps of bloods and nobody knows the cost involved” (P3)



Medical Cost Consideration

- Focus on quality not cost
- Cogent relatable examples
- Build in quality elements and focus
- Begin to bridge clinical and financial in proposals and submissions



Activity Based Funding Incentives



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Activity Based Funding Incentives

“the sooner you know the implications of being good or bad the more likely you are going to change behaviour because at the moment no one knows the ramifications of underperforming, At the moment I don’t see there is any incentive to do anything better... its human behaviour and doctors are no different” (P4)

“give some sort of reward, and when I say reward I do not mean dollars in pockets, I mean like telling them that they will get some more help, some more staff, to me that is enough of an incentive” (P3)



Activity Based Funding Incentives

- Organisational incentives
- State Incentives
- Align with professional norms and clinically relevant
- Standardised quality outcomes to drive competition
- Performance Management



Unintended Consequences



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Unintended Consequences

“toss all your investigations to a different model, you might have cost shifting, it’s actually not saving money, it’s just maybe incurring a greater external cost in maintaining the internal budget” (P2)

“I participate in the cost shifting, I don’t think it’s to save taxpayers money. It’s just playing a game, bureaucracy going crazy” (P5)



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Unintended Consequences

“to be the most profitable hospital in the country you’ve most probably got to cut some quality and safety corners, if you’re going to be the most efficient you’re probably kicking people out a little bit too soon” (P4)



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Unintended Consequences

“one hospital in England in Staffordshire...it seems there that easy to count numerical type end points was what was driving that as an institution, and not so much the quality of care. It is sort of a warning to us that its good to have length of stay and something you can count but you have to have other things in play at the same time to make sure you are not missing the details...for the staff that felt miserable and didn't want to go to work and were lamenting the quality of care that they aspired to deliver” (P2)



Unintended Consequences

- Monitoring
- Leadership
- Zero Tolerance



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Coding, Data and Benchmarking



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Coding, Data and Benchmarking

“Doctors are data driven, and doctors are also; I want to be the best, so if I show somebody that they are two days worse than the state average...everybody wants to be the best...so they don't like being under performers” (P4)



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Coding, Data and Benchmarking

“To really feel the data is meaningful you’ve got to have great confidence in the way it’s been coded and that’s what we don’t have. So at the moment you have doubt about that then, well its rubbish data and if you can pull a few cogent examples then it loses credibility” (P2)

“ There’s got to be feedback. You want a stable coding force where you can say specialty A is coded by Alice or Sam and you can build that rapport, you know one to one, you have a team”(P3)



Coding, Data and Benchmarking

- Coding and medical relationships
- Workforce redesign
- IT for timely and accurate feedback



Organisational Structures and Support



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Organisational Structures and Support

“so the board of directors are told that cellulitis and pulmonary embolus gets you nothing, how has the board not told anybody else? If I am the chief executive and I am going to be hired or fired on my financial management and I am told by the government that come July 2015 for every cellulitis that you have in your organisation you’re going to get zero dollars and I’ve got a hospital that has got 78 admissions that take up 500 bed days.. that are going to get me zero dollars then I would tell people” (P4)



Organisational Structures and Support

“There are ways to improve things but you have got to get them from the coal face on the floor, rather than make decisions higher up and expecting them to be implemented” (P5)

“There is no structure for this is how you can do something different, so come and ask us for our ideas and then actually give us some support to do it, I just feel like that is completely missing” (P7)



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Organisational Structure and Support

- Leadership and commitment
- Systems and Structures
- Workforce and skills to support
- Accountability



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Summary

- Working in partnership with clinicians is key
- Check for understanding
- Need to speak the same language i.e. clinical more so than cost and be specific to their business
- Provide appropriate support
- Find meaningful incentives based on quality



Thank you for listening
Questions or Comments



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