Integrating Incident and Accident Data into your Costing System: to use or not to use with physicians

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The Quebec healthcare system (QHCS) is a predominantly public system overseeing 8.6M people; private hospitals are almost non-existent. Physicians' autonomy is important as they are for the most part autonomous workers; they are represented by powerful employee groups (unions) for the specialists and family physicians. These groups have a huge political lever inside the QHCS and any reform can be met with failure if physicians are not engaged appropriately.

In April 2017, PowerPerformance Manager (PPM) was chosen as the costing system to be implemented for the whole public QHCS, excluding the physicians' fee for service remuneration and the publicly funded "family medicine groups". One major challenge in this 44 M$ project was the potential reluctance of physicians to the production and disclosure of data allowing the assessment and comparison of clinical practices and outcomes within and between establishments.

To get the buy-in from clinicians and avoid the overused message of doing more with less, PHS chose not to focus on managerial goals, such as costs and gains in efficiency and performance. PHS rather emphasized the importance of clinical values such as continuous improvement in the quality of care and safety issues, resulting in a better access to care inside a system with limited resources. Another important premise was that physicians want the very best for their patients and, if provided with good data, will change their behaviour accordingly. Hence, PPM should be used as a powerful tool providing evidence-based data for peer reviewed discussions about best practice and relevancy. Ultimately, better efficiency, quality and better costs would be side-effects of good clinical values supported by evidence-based data. Involving and empowering physicians in the use of the PPM data will result in a common language to interact with the various management teams leading to lasting changes for the benefits of everyone.

As for safety issues, such as Incident / Accident data, whilst PHS has a long history of including this data, there was initial reluctance in including it for fear of disengaging people in reporting those events. However, following the request of a few influential individuals, the Incident / Accident data was included in PPM, processed and analysed.

Whilst accepting that there are various contributing factors that impact on the cost of patient care, such as Age, Gravity and Length of Stay, review of the processed Incident/ Accident data indicated that the cost of episodes with Incident / Accident for

a given DRG was up to three times higher than an episode without such an event for the same DRG in the same organisation. As a result, this information should be used to engage with clinicians, as the presence of Incident / Accident may explain for “efficiency gaps” among physicians, whether or not they are related to their practices.

Through this presentation, we will share our experience and the key lessons learned from our approach of engaging with clinicians to deliver real and lasting change from the Incident/ Accident data.