TITLE: The extension of the hospital Financial Incentive for Quality Improvement program (IFAQ) to psychiatric hospitals in France.

Introduction

As part of the *Ma Santé 2022* program, the funding model for french psychiatric hospitals has been reformed. The new funding model is being phased in since January 1, 2022. It is based on 8 allocations, including one based on population, one on activity, and one on quality.

The psychiatric quality-based allocation will be part of the hospital Financial Incentive for Quality Improvement program (IFAQ). In this perspective, quality indicators and hospital comparison groups (CG) were needed. Some indicators developed by the High Health Authority (HAS), common to all hospitals or specific to psychiatry, were available but not sufficient and CG did not exist. For this reason, the France's Technical Agency for Information on Hospital Care (ATIH) started work on constructing CG and developing new indicators for psychiatry from the medical administrative databases.

Methods

Work used a co-construction method with health professionals and stakeholders. Their input helped to guide the work in selecting patient, hospital or territorial characteristics that have an impact on psychiatric care.

CG were constructed to group hospitals with similarities based on care delivered and patients managed.

Two indicators were selected with health professionals and stakeholders for their importance as a burden in psychiatric care in France: (i) *Long-term hospitalization rate (≥90 days)* and (ii) *15 days post-discharge follow-up rate*. The temporal thresholds were negotiated between the Ministry of Health and health professional to reach a consensus to concern most hospitals and to be in line with good practice.

Their calculation uses two medical administrative databases: the medicalized collection of information in psychiatry (RIM-P) and the inter-scheme consumption data. Outcomes were adjusted for *Long-term hospitalization rate*. Variables introduced into the model, based on patients' and territories' characteristics, were chosen in agreement with the health professionals.

Results

At the end, five CG were validated. They are based on the number of patients cared for in the year, the hospital's authorization for non-consensual care and the type of care (full-time/part-time inpatient or outpatient care). The number of hospitals per group ranges from 62 to 216 regardless of legal status. CG are used to stratify the results.

The two indicators developed by ATIH have also been validated. The *15 days post-discharge follow-up* rate was 55% on average per hospital; it was lower for children than for adults. This disparity will be considered by stratification.

The adjusted rate of *Long-term hospitalization* was analyzed through a funnel plot. Based on a 95% confidence interval, the results show that approximately 30% of hospitals are above the upper limit of the interval.

The limit of the confidence interval to consider will be discussed with health professionals and the Ministry of Health.

ATIH Indicators will be used, in addition to the HAS, in IFAQ for psychiatry.

Conclusion

IFAQ for psychiatry will be tested in 2022 based on 2021 data. 2022 will be a blank year as the allocation will be based on historical regardless of the outcome of the quality indicators. The quality allocation will be implemented in earnest starting in 2023. Nevertheless, this first year will be a challenge for hospitals.