

# New features for the French hospital Financial Incentive for Quality Improvement program (IFAQ)

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1

## Introduction

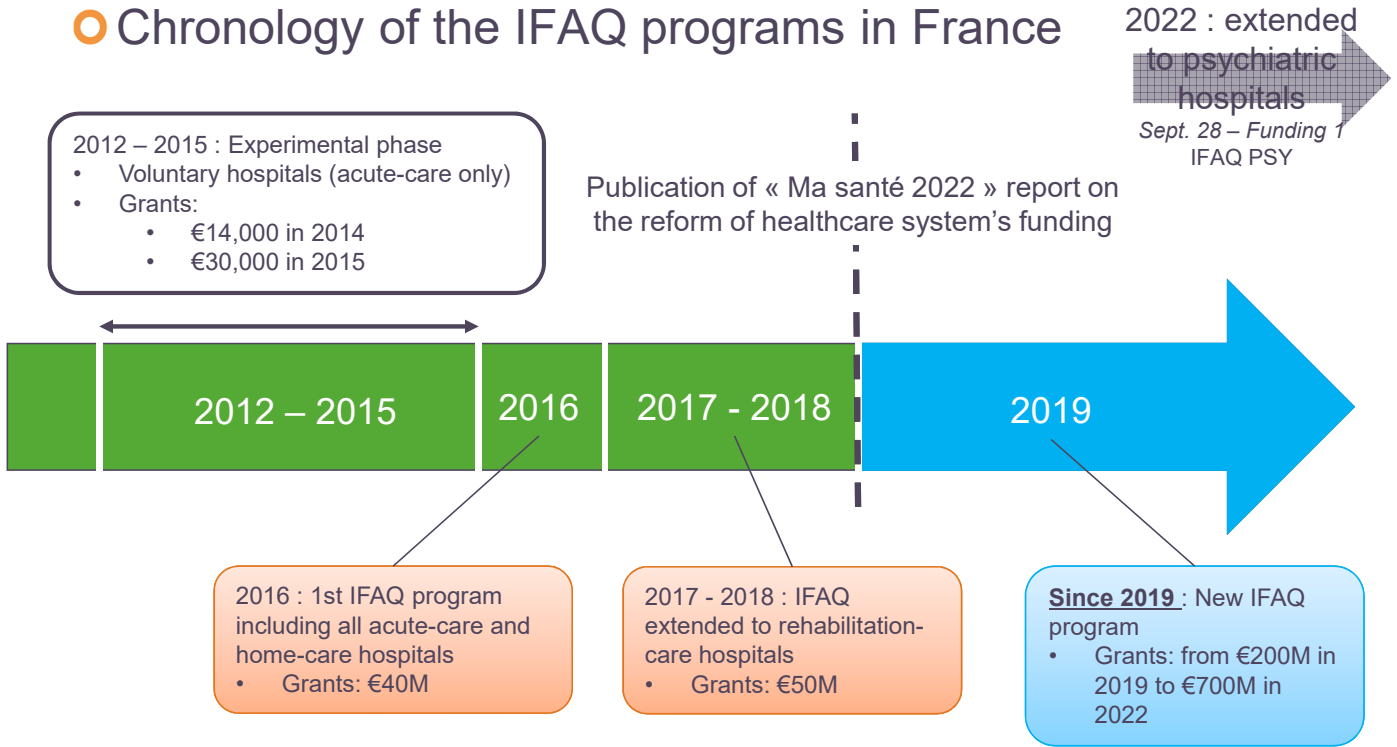
### *IFAQ : Financial Incentive for Quality Improvement*

- What is it?
  - Hospital Pay For Performance program, based on a set of quality indicators
- Which organisation ?
  - Several institutions are involved in the program :
    - The Ministry of Health: gives political and strategical orientations and manages the program with hospitals stakeholders
    - The HAS (Haute autorité de santé): provides most of the quality indicators and recommandation on their use
    - The ATIH (Technical Agency for Information on Hospital Care): technical expertise on the funding model (build the model, ensure its consistency, calculate and communicate the results)
    - Hospitals stakeholders: hospital's point of view on the program
- How does it work?
  - Hospitals are brought together in comparison groups
  - Quality is assessed on a set of indicators
  - Hospitals are ranked and the credits are allocated according to the ranking

2

# Introduction

## Chronology of the IFAQ programs in France



## New features for IFAQ program

# New features for IFAQ program

## Introduction

### ○ Introduction:

- 2019: Big change in the healthcare system's funding
  - Willingness to bring « quality » in every fields of the healthcare system
- Existing IFAQ program sees its grants increase from €50M to €200M in 2019
  - €50M from existing IFAQ + 150M€ from DRG's tariffs
  - Goal is to reach 2% or 3% of global funding (~€2Bn)
  - Plan to extend the program to psychiatric hospitals in 2022
- To accompany this evolution, the model has been redesigned
  - To make the model more readable
  - To improve hospital comparability within their groups

5

# New features for IFAQ program

## Contents



Which comparison groups definition?



Which quality Indicators?



What kind of model?

6

## New features for IFAQ program

*Which comparison groups definition?*

7

## New features for IFAQ program

### Which comparison groups definition?

- Bring together hospitals with similar characteristics
- Keep the groups large enough for robust comparisons

*First split: type of care*

Acute care

Rehabilitation care

Home care

Dialysis units

5 groups

4 groups

1 group

2 groups:

$\geq 7,970$  sessions

$< 7,970$  sessions

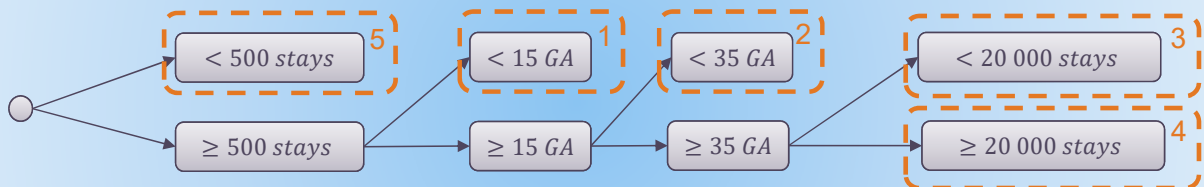
*Second split: size and casemix*

8

## New features for IFAQ program

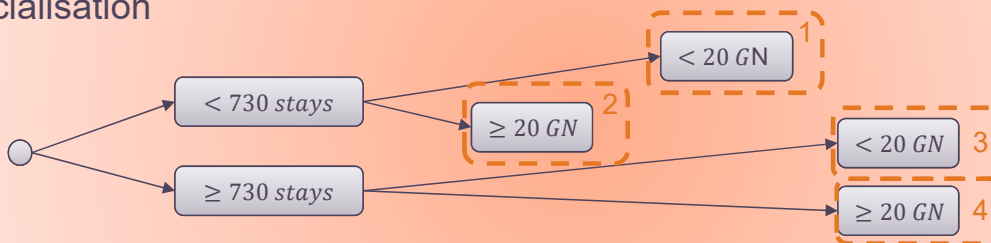
### Which comparison groups definition?

**Acute care:** 5 comparison groups, split by volume and casemix specialisation



\*GA = « Groupe d'activité » = aggregate of acute care's DRG

**Rehabilitation care:** 4 comparison groups, split by volume and casemix specialisation



\*GN = « Groupe Nosologique » = aggregate of rehabilitation care's DRG

9

## New features for IFAQ program

### Which comparison groups definition?

- One hospital can be included in several groups

Example



1 500 stays for acute care, distributed in 10 GA → Group 1 for acute care' services

+

300 stays for rehabilitation cares, distributed in 15 GN → Group 1 for rehabilitation care services

- Depending on its results, it can receive a grant for its acute care activities + a grant for its rehabilitation care activities

# New features for IFAQ program

## Which comparison groups definition?

### Comparison groups in 2019



Comparison groups	Acute care services						Rehabilitation care services					Home care	Dialysis units			TOTAL
	1	2	3	4	5	Total	1	2	3	4	Total		1	2	Total	
Nb services	231	504	267	267	254	1 523	495	326	705	304	1 830	289	499	333	832	4 474
Economic volume (Bn€, %)	2,5	9,9	7,5	27,1	0,3	47,3	1,3	2,7	2,1	2,7	8,8	1,2	0,4	1,6	2	59,3
	4.2%	16.7%	12.6%	45.9%	0.5%	79.9%	2.2%	4.5%	3.5%	4.5%	14.7%	2.0%	0.7%	2.7%	3.4%	1

*Economic volume  
= activity x DRG tariff*

# New features for IFAQ program

## Which quality indicators?

## New features for IFAQ program

### Which quality indicators?

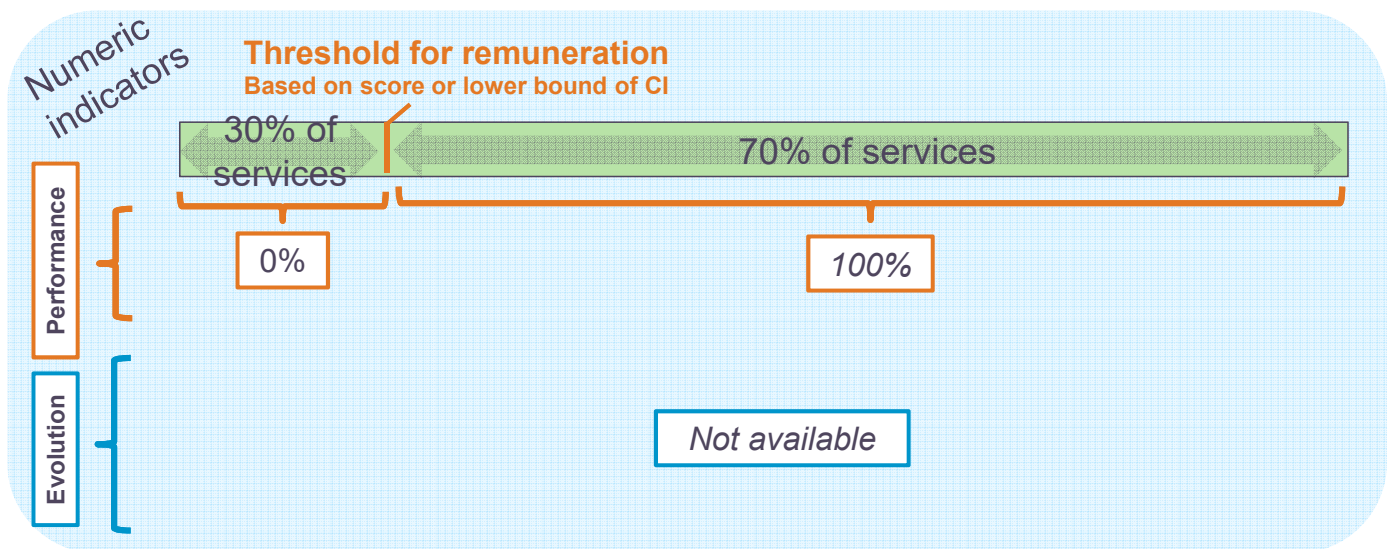
- Several kinds of indicators:
  - Certification
  - Patient-reported experience measure (PREMs)
    - Assess « welcome », « quality of care », « accomodation and catering », « discharge »
  - Indicators based on a sample of patients' records → proportion or score (accompanied by a CI)
    - « Pain assessment »
    - « Quality of hospital discharge summary »
  - Indicators based on a questionnaire issued to healthcare organisation
    - Measurement of hydroalcoholic solution consumption
- To keep the model readable, max. 10 indicators per comparison group

13

## New features for IFAQ program

### What kind of model?

- In IFAQ program, a % of success is computed for each indicator
  - Using the score and, if available, the evolution between 2 collections



**Class indicators**

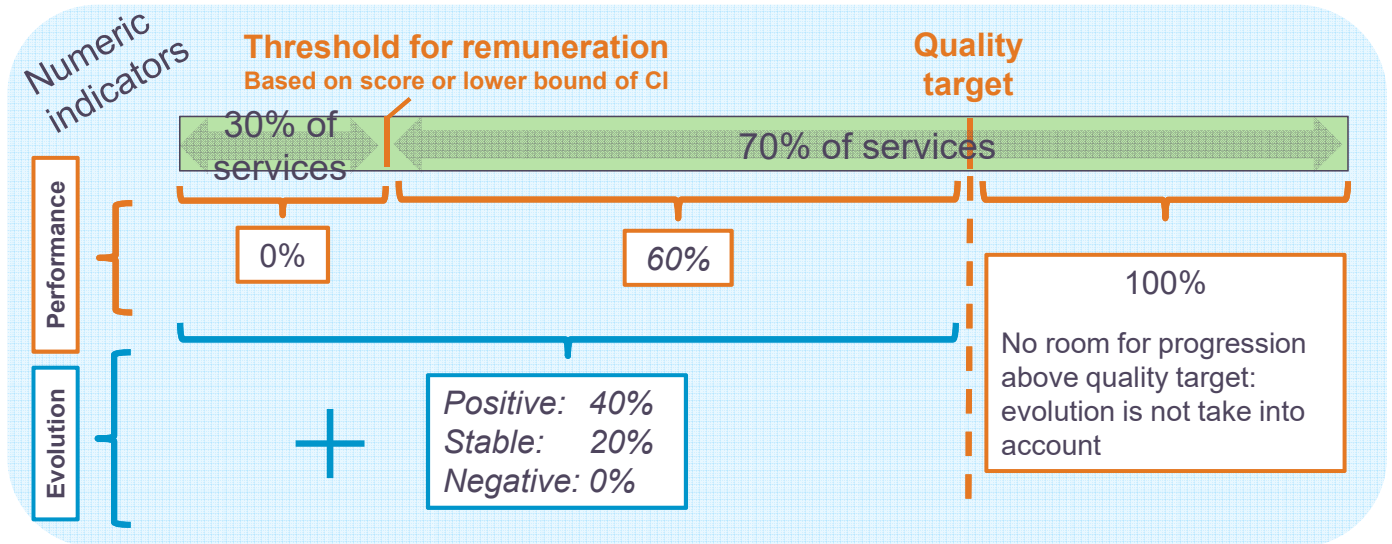
Only one class indicator : Certification  
 A: 100%; B: 66.6%; C&D: 0%

14

# New features for IFAQ program

## What kind of model?

- In IFAQ program, a % of success is computed for each indicator
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### Class indicators

Only one class indicator : Certification  
A: 100%; B: 66.6%; C&D: 0%

15

# New features for IFAQ program

## What kind of model?

16




## New features for IFAQ program

### Which comparison groups definition?

○ In 2019, €200M allocated on 4,474 services

① Allocation per comparison groups according to the economic volume produced out of their activity

Comparison groups	Acute care services						Rehabilitation care services					Home care	Dialysis units		
	1	2	3	4	5	Total	1	2	3	4	Total		1	2	Total
Nb services	231	504	267	267	254	1,523	495	326	705	304	1,830	289	499	333	832
Economic volume (Bn€, %)	2.5 4.2%	9.9 16.7%	7.5 12.6%	27.1 45.9%	0.3 0.5%	47.3 79.9%	1.3 2.2%	2.7 4.5%	2.1 3.5%	2.7 4.5%	8.8 14.7%	1.2 2.0%	0.4 0.7%	1.6 2.7%	2 3.4%





 €200M → €8.4M ... €91.4M

17

## New features for IFAQ program

### What kind of model?


② Allocation per hospital according to their economic volume and their **average % of success** on quality indicator

 Economic volume ×  Success rate on indicators =  Weight

Example

  
 Acute care – group 1 (€8.4M)

Services	Economic volume	Success rate	Weight	Grant
	€200M	100%	0.625	€5.25M
	€200M	40%	0.25	€2.1M
	€50M	80%	0.125	€1.05M

\*  Success Rate = 
$$\frac{\sum \text{indicators } (\% \text{ of success})}{\text{number of indicators}}$$



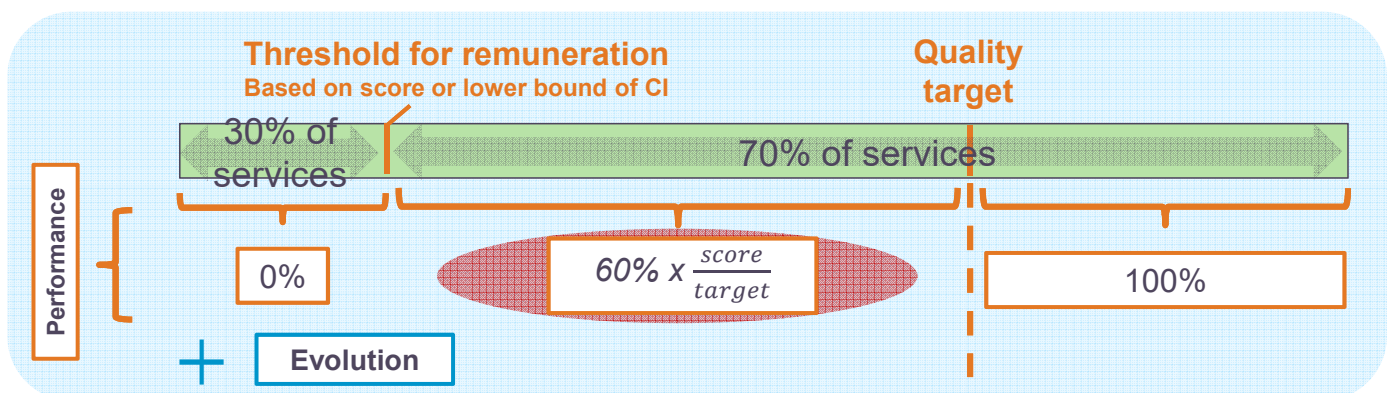
18

## Next steps

## New features for IFAQ program

### Next steps

- Gradient in the % of success



- Willingness to
  - Tend to indicators based on administrative databases, rather than based on patient's record
  - Tend to standardized indicators (see next presentation)
- Extend program to psychiatric hospitals

## Links

## New features for IFAQ program

### Links

- IFAQ on ATIH website (FR):
  - <https://www.atih.sante.fr/ifaq>
- Quality indicators on HAS website (EN):
  - [https://www.has-sante.fr/jcms/c\\_2044563/en/healthcare-quality-and-safety-indicators](https://www.has-sante.fr/jcms/c_2044563/en/healthcare-quality-and-safety-indicators)
  - [https://www.has-sante.fr/jcms/c\\_2044304/en/the-certification-of-hospitals-for-quality-of-care](https://www.has-sante.fr/jcms/c_2044304/en/the-certification-of-hospitals-for-quality-of-care)
- IFAQ on ministry of health website (FR):
  - <https://solidarites-sante.gouv.fr/professionnels/gerer-un-etablissement-de-sante-medico-social/qualite-dans-les-etablissements-de-sante-sociaux-et-medico-sociaux/article/incitation-financiere-a-l-amelioration-de-la-qualite-ifaq>

## Annex

## New features for IFAQ program Pros and cons of former program (2016-2018)

○ A first program with pros and cons :



- Grant is a bonus
- Grant is delivered according to performance **and** evolution between two indicator's collections



- A lot of indicators
- Global score with non standardized indicators
  - Ex. Average score on indicator 1 > Average score on indicator 2

○ Comparison groups not efficient enough

- ✓ ○ Tend to group services collecting the same set of indicators
- ✗ ○ But doesn't split on hospitals characteristic (size, activity)

## New features for IFAQ program

### Which quality indicators?

#### ○ Main indicator : Certification

**Certification** is an assessment of the quality and safety of care.

Conducted every 4 years by surveyor from the HAS and compulsory for all hospitals

It results in certification class: A, B, C, D

Class A and B gather certified hospitals.

Class C, D gather non certified hospital or hospitals certified under conditions.



25

## New features for IFAQ program

### Which quality indicators?

#### ○ Patient-reported experience measure

- Experience and satisfaction of patient hospitalized more than 24h in acute cares' service
- Experience and satisfaction of outpatient surgery

Assess :

- Welcome
- Quality of care
- Accommodation and catering
- Discharge

- Not compulsory for services with <500 patients or >75% of patients with age >75
- When compulsory, services must collect patients' email.
- Questionnaire is sent to patient within 2 weeks after discharge
  - If not enough answers, indicator will not be used in IFAQ for the service
  - Otherwise, a score between 0 and 100 is computed

26

# New features for IFAQ program

## Which quality indicators?

- Indicators based on patients' records :
  - Proportion of satisfying patients' record on a sample of 80 records
    - A score between 0 and 100 + a confidence interval (CI)
  - Exemple: Pain assessment in patient's record (for acute cares, rehabilitation cares, home cares)
    - Criteria : Is there a score measured by an assessment scale in the record ?
  - Score computed on a sample of 80 patient's records
    - A score between 0 and 100 + a confidence interval (CI)
  - Exemple: Quality of hospital discharge summary or follow-up care
    - 14 criterion → for each report proportion of satisfying criterion
    - Score = average over 80 patients' records