

The extension of the national Financial Incentive for Quality Improvement program (IFAQ) to psychiatric hospitals

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Introduction

- ○2019 : Publication of the report « Ma santé 2022 »
 - O Reform of the healthcare system's funding
 - → Reform of the psychiatric care system's funding



Allocation according to 3 blocks:

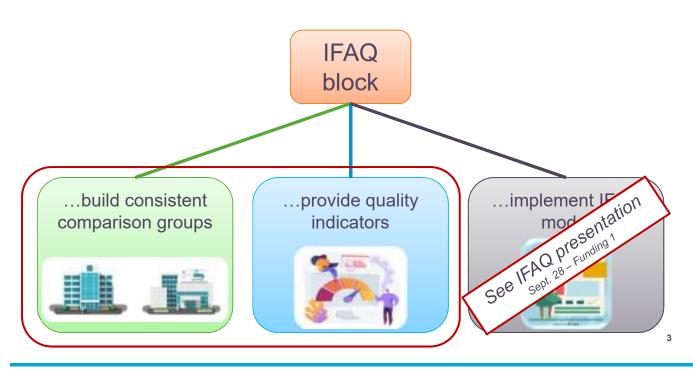
- Grant according to activity
- Grant according to territorial specificities
- Grant according to quality
 extension of IFAQ

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Introduction

OATIH is committed to...





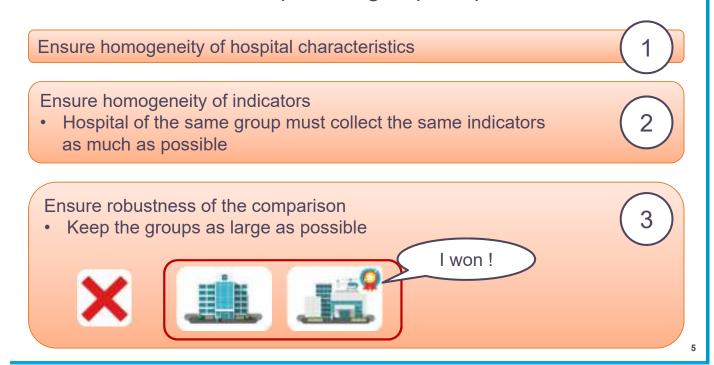
Comparison groups





Comparison groups

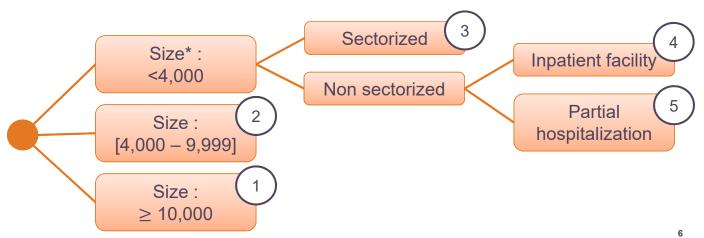
O 3 main rules for comparison groups implementation:





Comparison groups

- Wide range of activities and type of hospitals
- O Necessary to split between:
 - O Non sectorized hospitals / sectorized hospitals
 - O Inpatient facility / only partial hospitalization



* Number of inpatients coming for voluntary cares at least one day in the year

dedicated to a specific area + obligation to accept

Refers to hospitals

+ obligation to accept patients in coercive care



Comparison groups

Size*	Sectorized	Inpatient facility	To	otal	Group
<4,000	Total			388	
	Oui	Total		110	3
		Non		21	
		Oui		89	
	Non	Total		278	
		Non		62	5
		Oui		216	4
[4,000- 10,000]	Total			96	2
	Oui	Non		2	
		Oui		92	
	Non	Oui		2	
>10,000	Total			77	1
		Oui		77	

^{*} Number of inpatients coming for voluntary cares at least one day in the year



Quality indicators





Quality indicators *introduction*



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Quality indicators ATIH propositions

- O List of psychiatric indicators for IFAQ 2022 → Annex
- OATIH worked on two additional indicators



Long-term hospitalization rate (apart from coercive care)

- → Standardized to improve comparability
- → Included in IFAQ 2022



Rate of patients with ambulatory follow-up within 15 days after discharge

- → Not intended to be standardized
- → Under investigation for inclusion in 2023



Quality indicators Definition



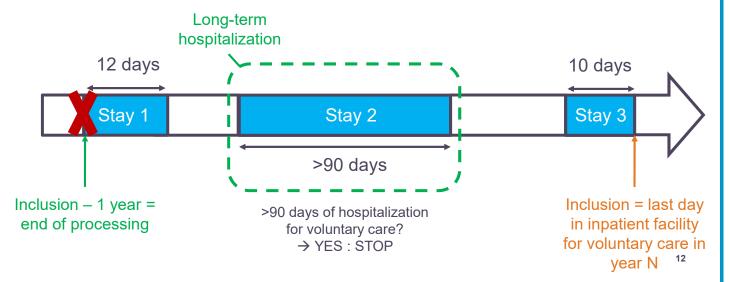
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Quality indicators

Long-term hospitalization rate

- O Definition of a long-term hospitalization:
 - within one year, at least one period of >=90 days of hospitalization, apart from coercive care





Quality indicators

Standardized indicators



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Quality indicators

Standardized indicators

Standardized Incidence Ratio (SIR): comparison of an observed result with an expected result
A long-term

A long-term hospitalization

Outcome is a ratio: observed number of "event" expected number of "event"

Dedicated target for each hospitals

 Expected result is build according to hospital characteristics using a statistical model (stratification, logistic regression, ...)



Quality indicators

Standardized indicators

Raw Indicator

V.S

VS				0.00		
Standardized Indicator	Pop ex.: Schizophrenia					
	No	Yes	Total	No	Yes	Total
National incidence rate	5%	10% 1	-	5%	10%	-(70)
Nb Stays	500	1,000	1,50	1,000	500	1,50
Nb observed events	25	80	105	45	60	105
Nb expected events	25	100		50	50	
Ratio	10	5/125 =	0.84	105	/100 =	1.05
	1.2			 		
	0.8 —— 0.6 —— 0.4 ——	0.8	34		1.05	
	0.2 — 0	H1			H2	



Quality indicators Standardized indicators

O Standardization carried out on long-term hospitalization rate

Explain *long-term hospitalization (y/n)*using variables below in logistic regression



Patient characteristics

- · Age, sex
- Diagnosis (F1 → F9)
- Coercive care on previous year (y/n)
- · Housing difficulties, social & economic situation
- Non compliance (y/n)
- Somatic pathologies (y/n)
- Suicide attempt or suicidal thoughts (y/n)



Hospital characteristics

- Main activity is psychiatry (y/n)
- Comparison group



Population et territoire (lieu de résidence du

- Population density
- •Nb nurses / inhabitant
- Nb doctors / inhabitant
- Nb psychiatrist & psychologist / inhabitant
- Nb of places in medico-social structures dedicated to mental disabilities / inhabitant

Compute probability of long-term hospitalization for each stay



Expected number of long-term hospitalization = sum of probabilities



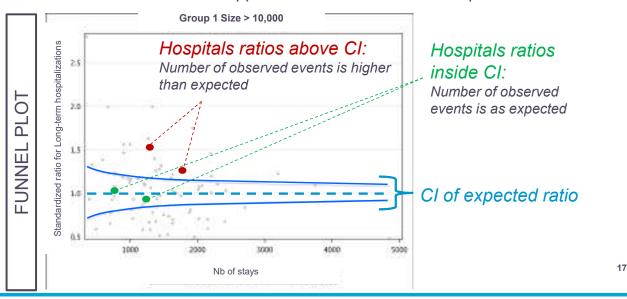
Compute ratio « $\frac{N \ observed}{N \ expected}$ » for each hospital

AGENCE TECHNICIA.

Quality indicators

Standardized indicators

- Comparison against the target using « Funnel plot »
 - Assumption : hospital must be at its expected value (expected ratio = 1)
 - → Subject to random variation on the observed period
 - → CI = Confidence Interval = Upper & Lower bound for the expected ratio







Next steps

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Next steps

- Include the « rate of patients with ambulatory follow-up within 15 days after discharge » in the list of indicators
- O Reflection on introducing a gradient in the % of success for standardized indicators
- On IFAQ model for psychiatric hospital: Introduce evolution



Annex

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Quality indicators *list of indicators*

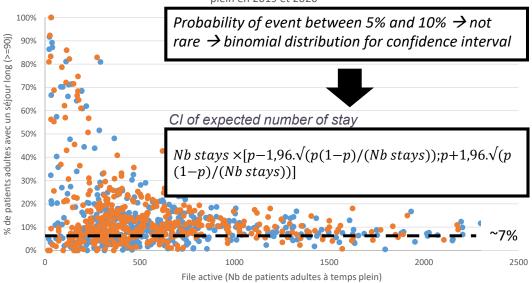
- O List of indicators in psychiatric's comparison groups for IFAQ 2022:
 - O Certification
 - Long-term hospitalization rate
 - O Quality of the hospital discharge summary
 - O Measure of pain assessment (in patient report)
 - O Cardiovascular and Metabolic Assessment in Adult Patients
 - O Identification and proposal of help to stop addictions



Annex

• Long-term hospitalization rate (raw indicator)

% de patients adultes avec un séjour long (>=90j) en fonction de la file active à temps plein en 2019 et 2020



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