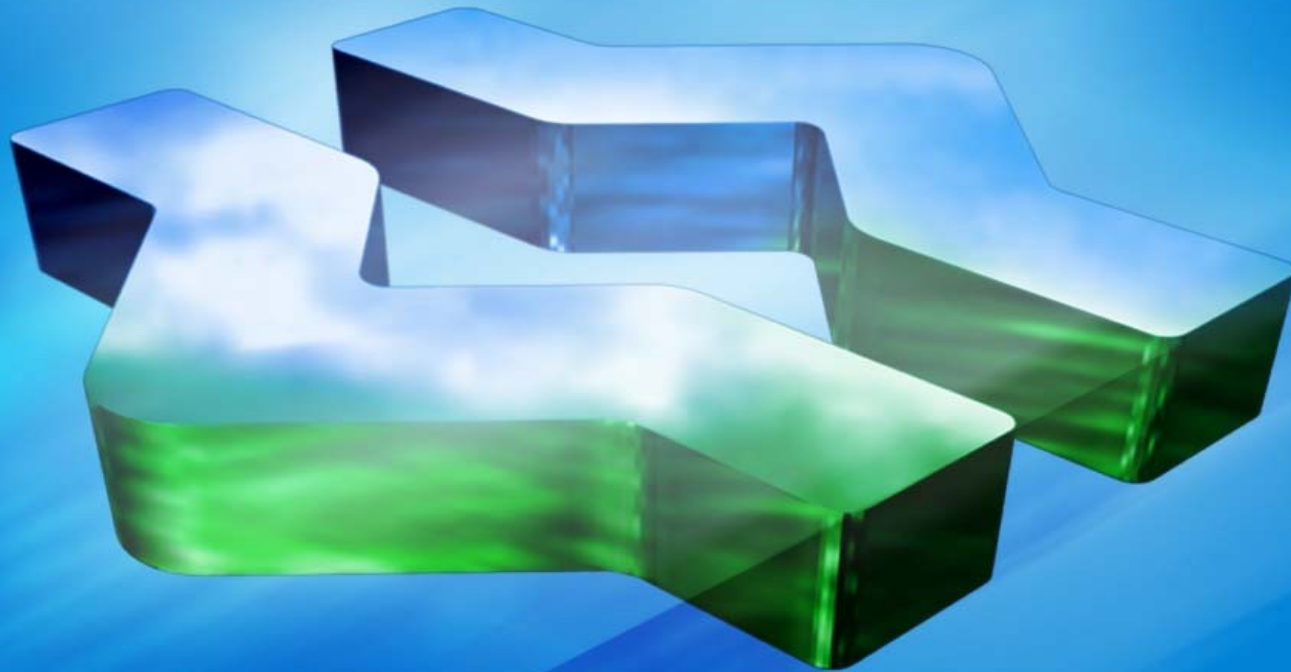


QUALITY, SAFETY and PAYEMENT STRUCTUE

CLALIT HEALTH SERVICES - ISRAEL



Edna Bar-Ratson, MBA, MSc
Program Director, Hospital Accreditation
Hospital Division
Clalit Health Services

Purpose



Describe the status of quality in Israel (at large) and Clalit Health Services (in particular).

Structure of this presentation



- **General data about Israel**
- **Introduction of Clalit Health Services**
- **Payment and Finance Structure**
- **Quality and Patient Safety Initiatives**
- **Discussion**



- **Heterogeneous, young population**
 - 7 million citizens
 - 1.3 million Arabs (84% Moslem)
 - 1 million new immigrants from former USSR since late 80's
 - Young population (10% aged 65+ , OECD = 14.1%)
- **Outcome Comparable to OECD**
 - Life expectancy : M- 77.6 , W-81.8 (OECD = M-74.6, W-80.7)
 - Infant mortality - 5.1 per 1000 live births (OECD = 6.1)

Source: OECD Factbook 2008: Economic, Environmental and Social Statistics

Israel



- **Efficiency**
- The highest hospital bed occupancy rate (95.9%) compared to OECD countries
- One of the lowest rates of practicing nurses, density per 1,000 population (5.9) compared to OECD countries (Canada 10.0, Netherlands 14.5)

National Health Insurance Law



Purpose: to ensure a managed competitive health market, equality and quality of care

- Enacted in January 1995
- Provided every Israeli citizen the right to a basic package of benefits
- Four health funds
- Entitlement is universal

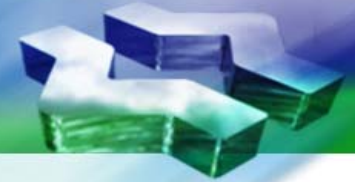


National Health Insurance Law



- National Health Council
- Health Funds are required to report data to the MOH
- National Quality Indicators Program
- The Israel Institute for Health Policy and Health Services Research

National Health Council



- Section 52 (2) of [The National Health Insurance Law](#) established a **Health Council** whose functions include (among others) supervision over the implementation of the law, management of research, surveys and professional expert opinion carried out by an institute selected by the Minister.
- In June 1995, the Health Council selected the **Israel National Institute for Health Policy and Health Services Research** to fulfill these tasks with the MOH's recommendation.

Health Expenditure

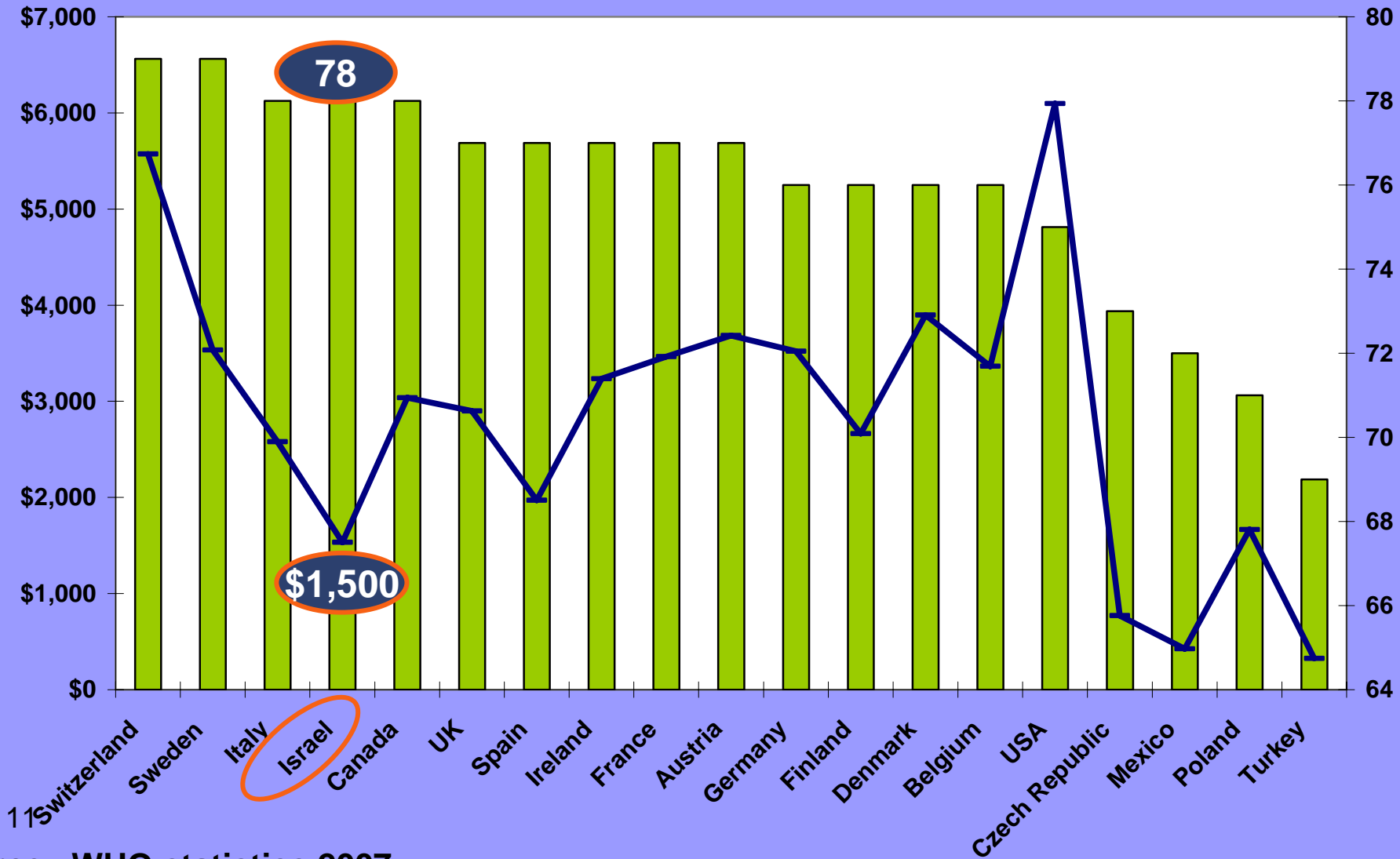


- **Total health expenditure in Israel is 7.8% of GDP**
- **Private expenditure increased from 24% at 1994 to 33% in 2006**
- **80% buy private insurance (either through the health fund of other insurer)**
- **Community healthcare accounts for 42% of the total expenditure and**

Financing Health Care

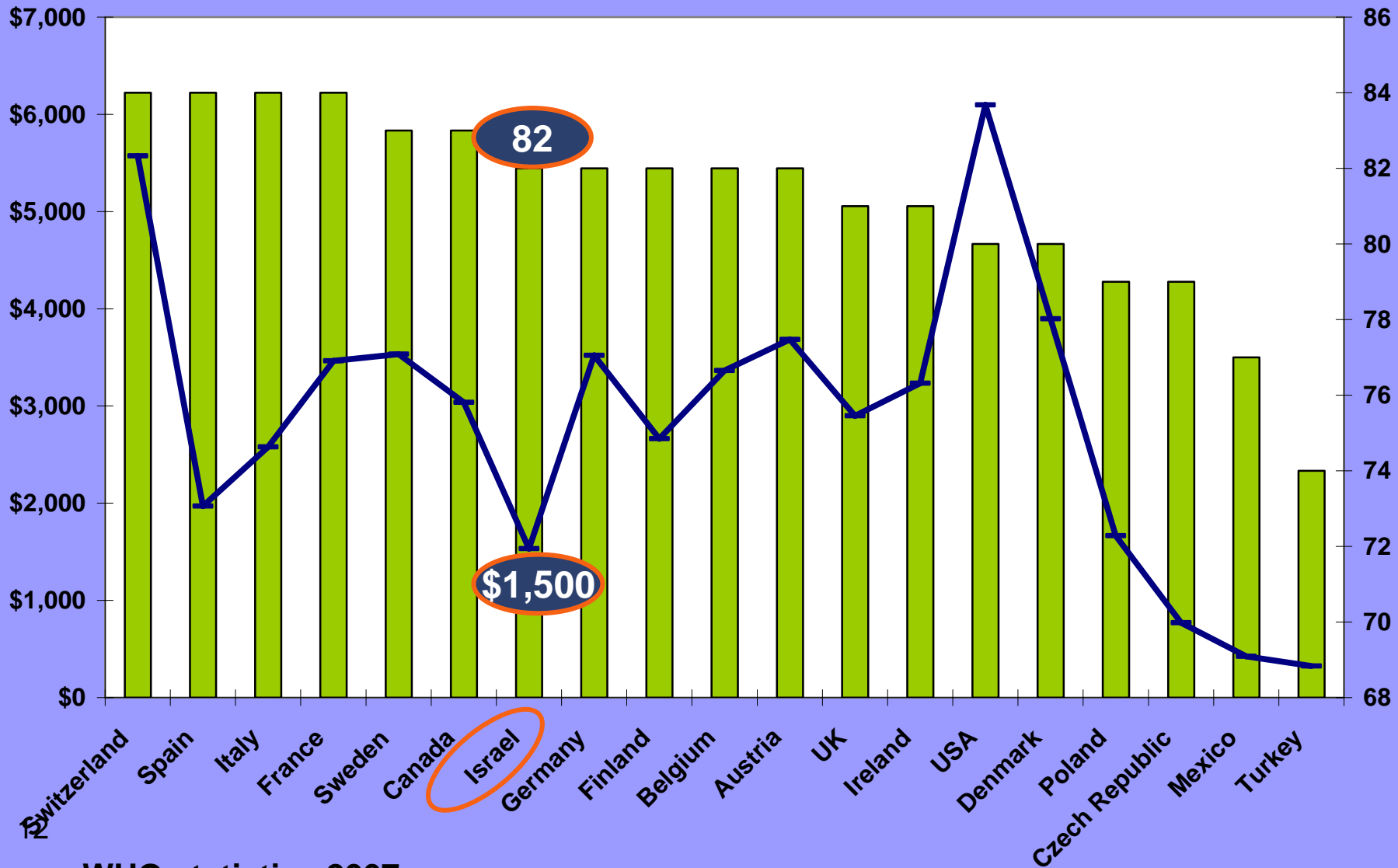


Male Life Expectancy and Per Capita Total Expenditure on Health



Source: WHO statistics 2007

Female Life Expectancy and Per Capita Total Expenditure on Health



Source: WHO statistics 2007

Israel's leading HMO



Clalit Health Services (CHS)



- Established in 1911
- In the early 20 century there were a few hundred insurees in CHS
- Today there are 3.8 million insurees
- 53% of market share



CHS - Vision and Core Values



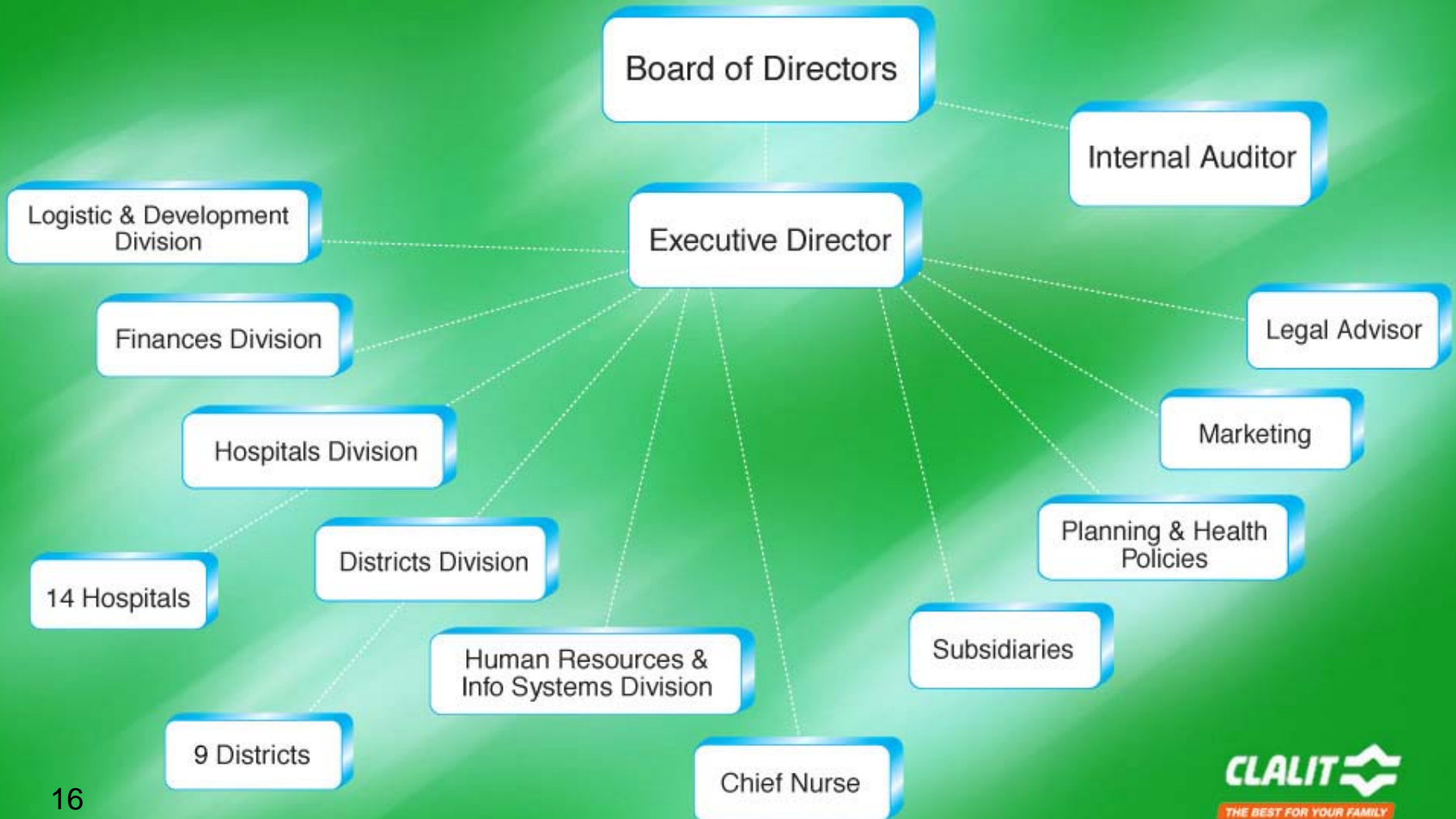
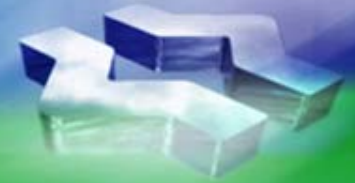
CHS is dedicated to a healthy Israel

“We are committed to health through prevention of illness, promotion of healthy lifestyle, quality care and attention to the special needs of the patient and his family”

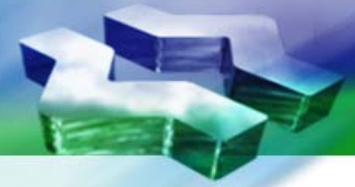
Core Values:

- Respect for each individual
- Contribution to the community
- Professionalism and excellence
- Humility
- Integrity
- Dedication

CHS Organization



CHS - 32,550 employees



**7,400
Doctors**



**6,500
Admin Staff**



**11,000
Nurses**



**1,250
Lab**



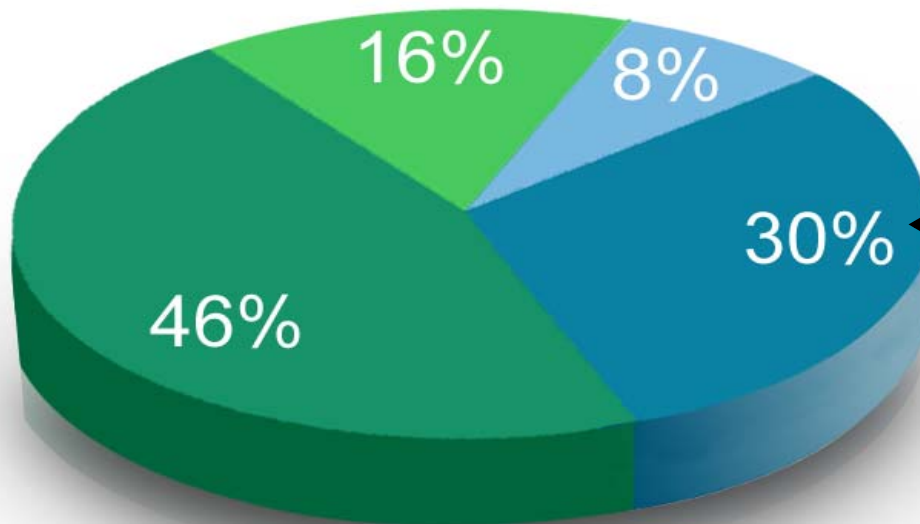
**1,300
Pharmacists**



**3,100
Paramedical**



Provides Medical Services to its Members Through



- Government
- Clalit Health Services
- Other Public
- Private

Community Clinics:

- 550 Urban Primary Care Clinics
- 200 Specialist Clinics
- 550 Rural Clinics

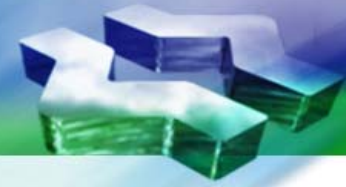
Hospital Services:

- 9 General Hospitals
- 2 Psychiatric Hospitals
- 3 Rehabilitation Hospitals

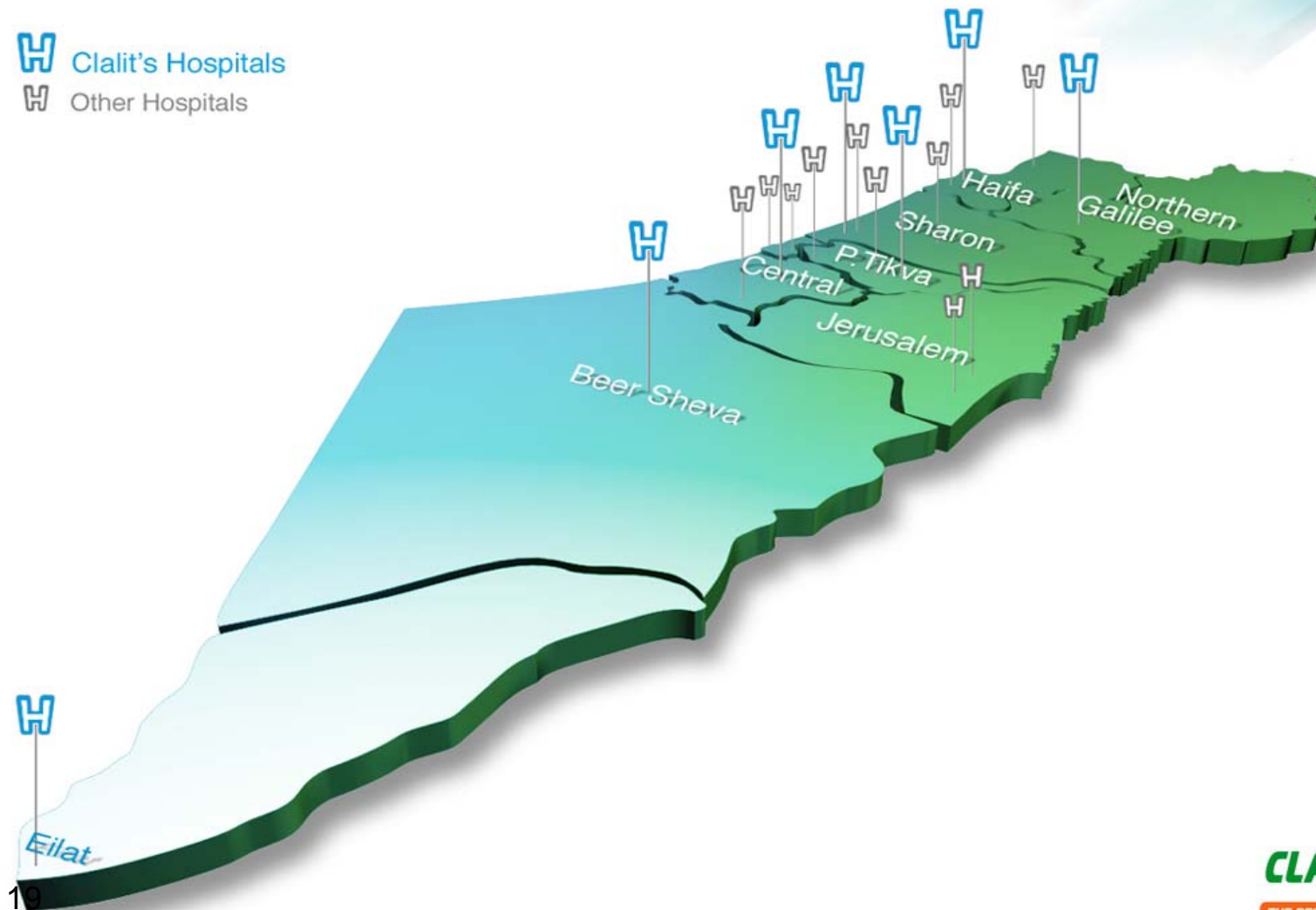
Complementary Health Services

Through subsidiaries

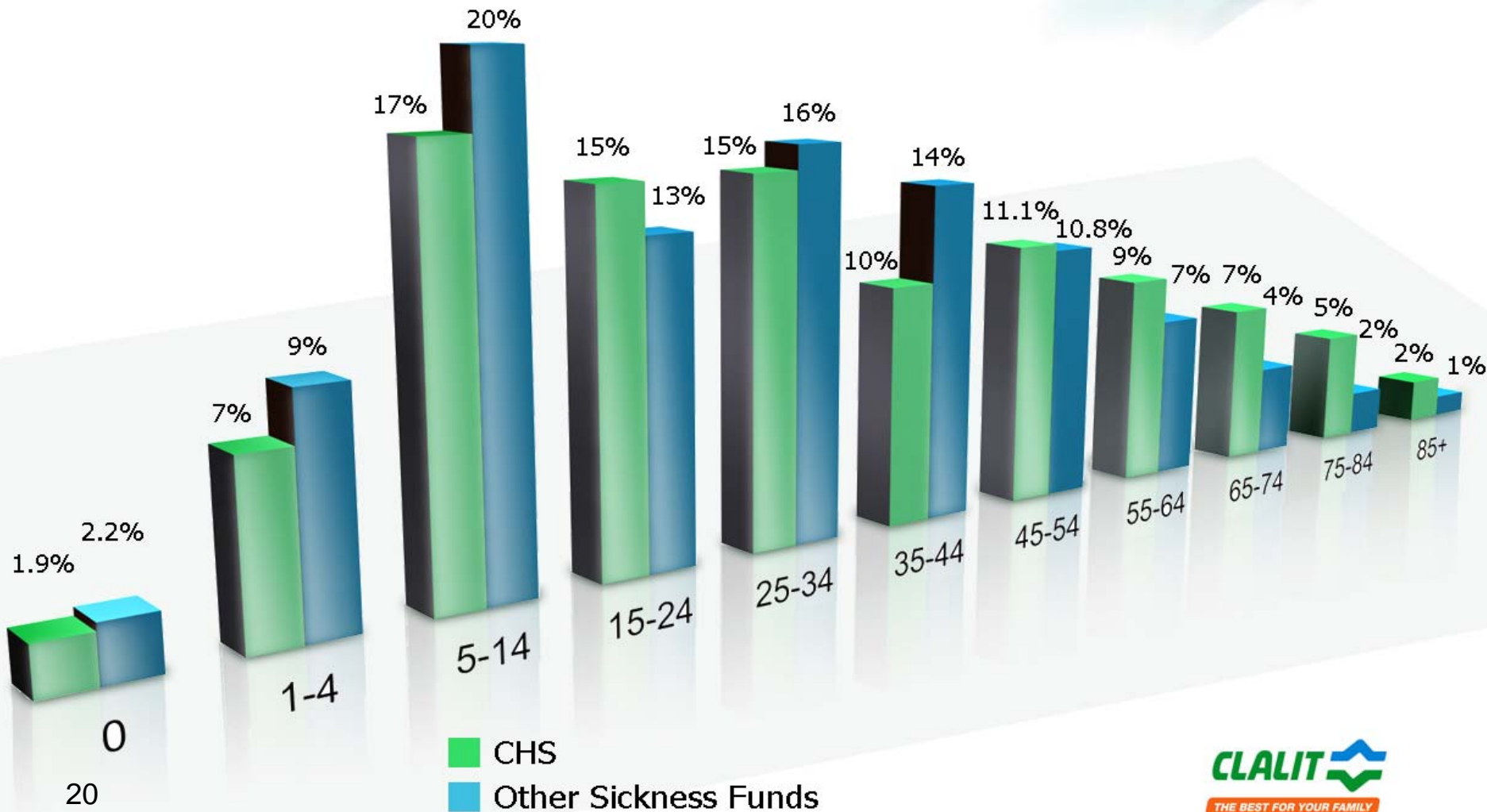
CHS -The Only Health Fund Owner of Hospitals in Israel



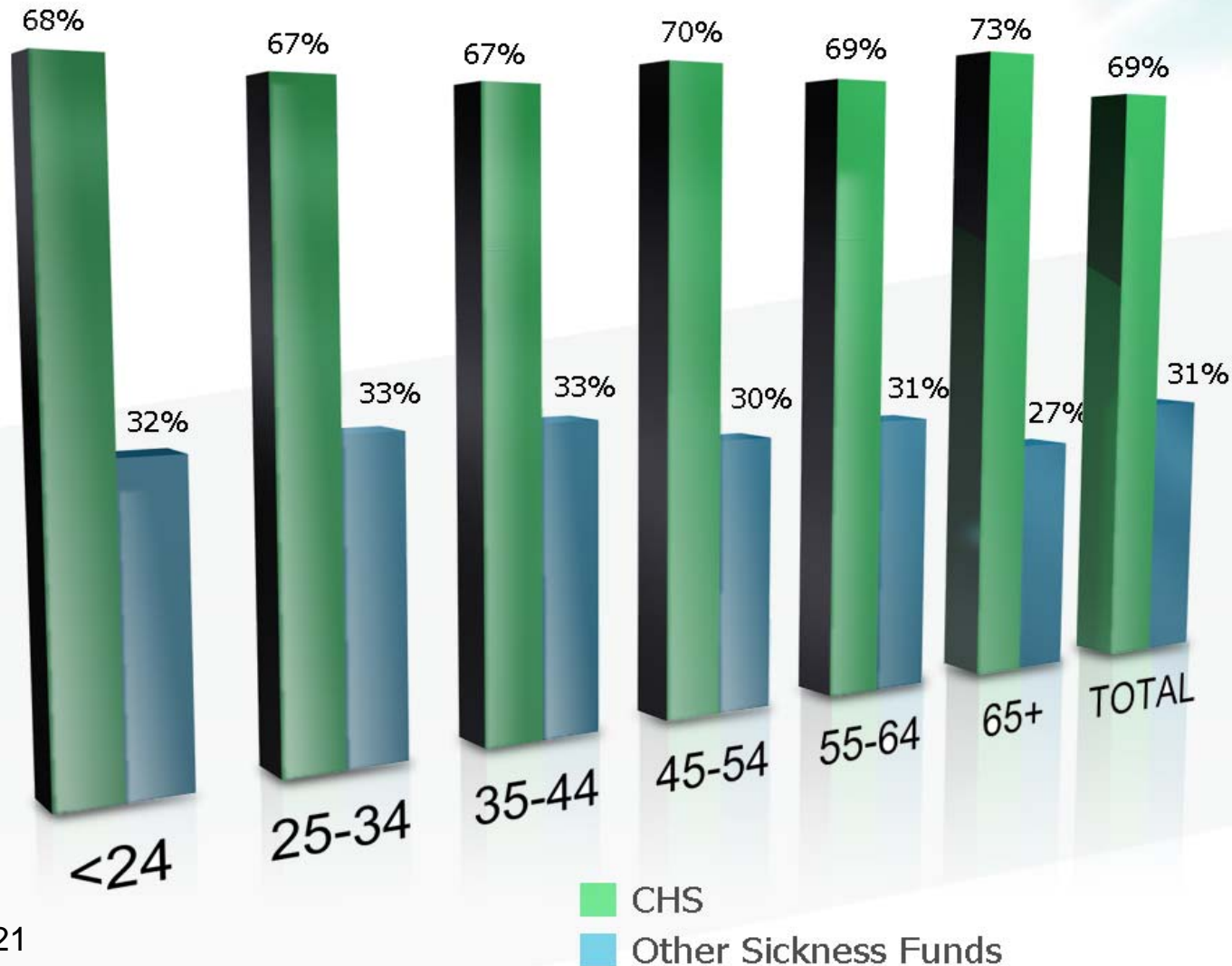
 Clalit's Hospitals
 Other Hospitals



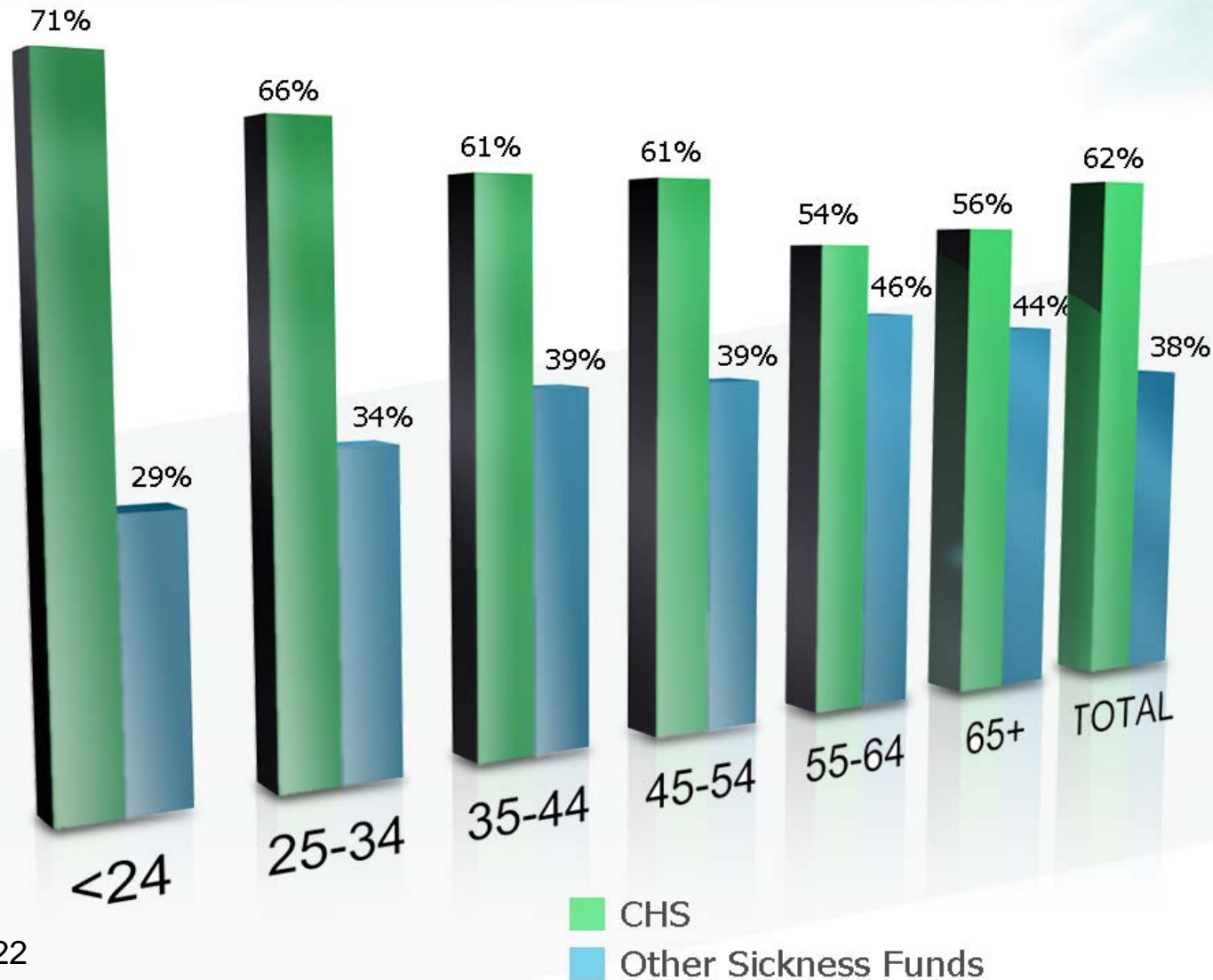
Age Distribution in CHS Compared to Other Health Funds



Invalidity Status in CHS Compared to Other Health Funds



Welfare Payments in CHS Compared to Other Health Funds



Community Quality and Patient Safety Initiatives



- CHS Community Quality and Safety Indicators
- National Quality Measures Program

National Quality Measures Program



- **46 Quality Indicators**
- **Sponsored by the MOH and supported by the 4 health funds (voluntary)**
- **Started in 2001, after CHS established its program, first report published in 2004**
- **Population based**
- **When identical indicators with NCQA (HEDIS) they are benchmarked against report's outcomes**
- **Publicly available on the MOH website (national data only)**



- English
- דוחות
- שאלות נפוצות
- אודות התוכנית

אודות התוכנית

מטרות ומשימות התכנית

- מטרות התכנית +
- משימות התכנית המגזרות מכך +
- שימושים אפשריים בתוצאות המדדים +

- רקע על תחומי טיפול
- מטרות ומשימות התכנית
- בחירת המדדים והגדרתם
- מקורות המידע ודרכי עיבודו
- פירוש הנתונים

תוכנית מדדי איכות לרפואת הקהילה בישראל

State of Israel
Ministry of Health

Health Council

The Israel Institute
for Health Policy and
Health Services Research

Quality Indicators for Community Health Care in Israel

PUBLIC REPORT 2004-2006

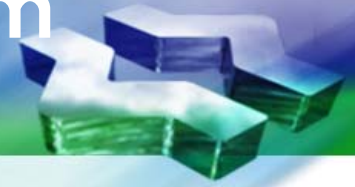
With the participation of:
The four Israeli HMOs

Program Management Team

Prof. Avi Porath
Prof. Gadi Rabinowitz
Anat Raskin Segal
Ben-Gurion University of the Negev

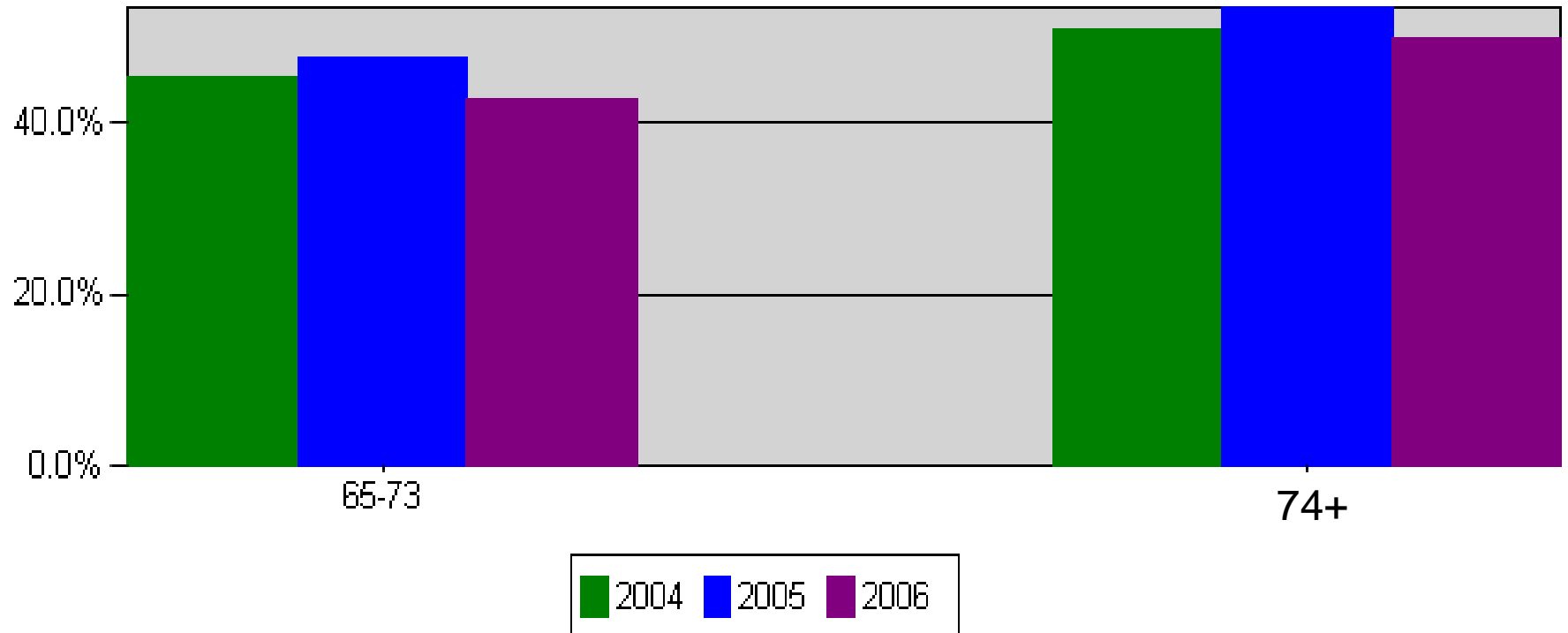
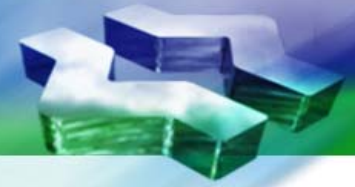
April 2007

National Quality Measures Program



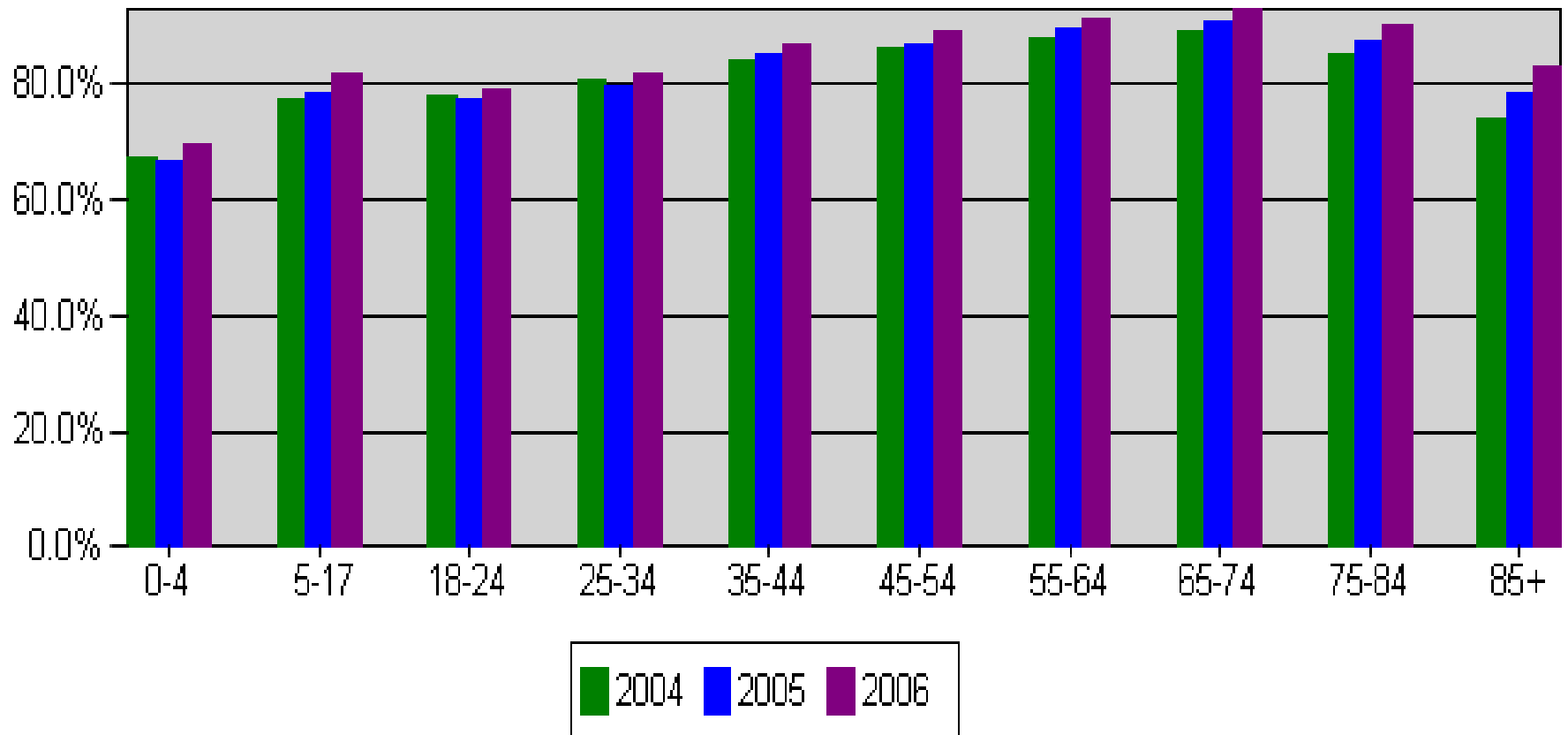
- **The main objectives are:**
 - To improve the quality of health care in Israel by ongoing measurement of performance
 - To provide policymakers and the public information about the quality of community health care in Israel
- **The program focuses on the following areas:**
 - Treatment of Asthma
 - Treatment of Diabetes
 - Treatment of Cardiac patients
 - Flue vaccination
 - Screening test (breast cancer and colorectal cancer)
- **In 2008, for the first time, linked to payment (20M NIS distributed to the health funds based the capitation formula and participation in the program)**

Flue Vaccination Rate



Source: Quality Indicators for Community Health Care in Israel, Public Report 2004-2006

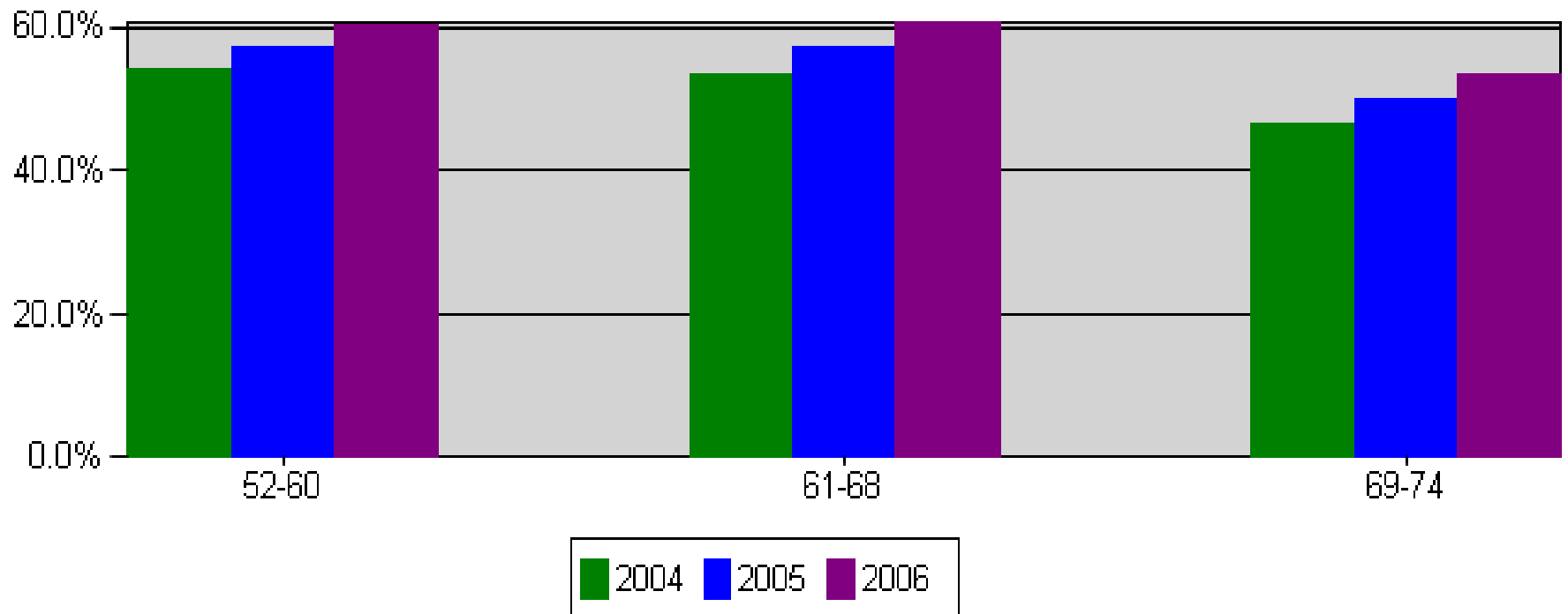
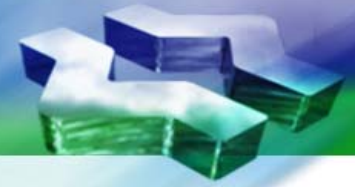
Diabetes Patients Checked for HbA1C



Source: Quality Indicators for Community Health Care in Israel, Public Report 2004-2006

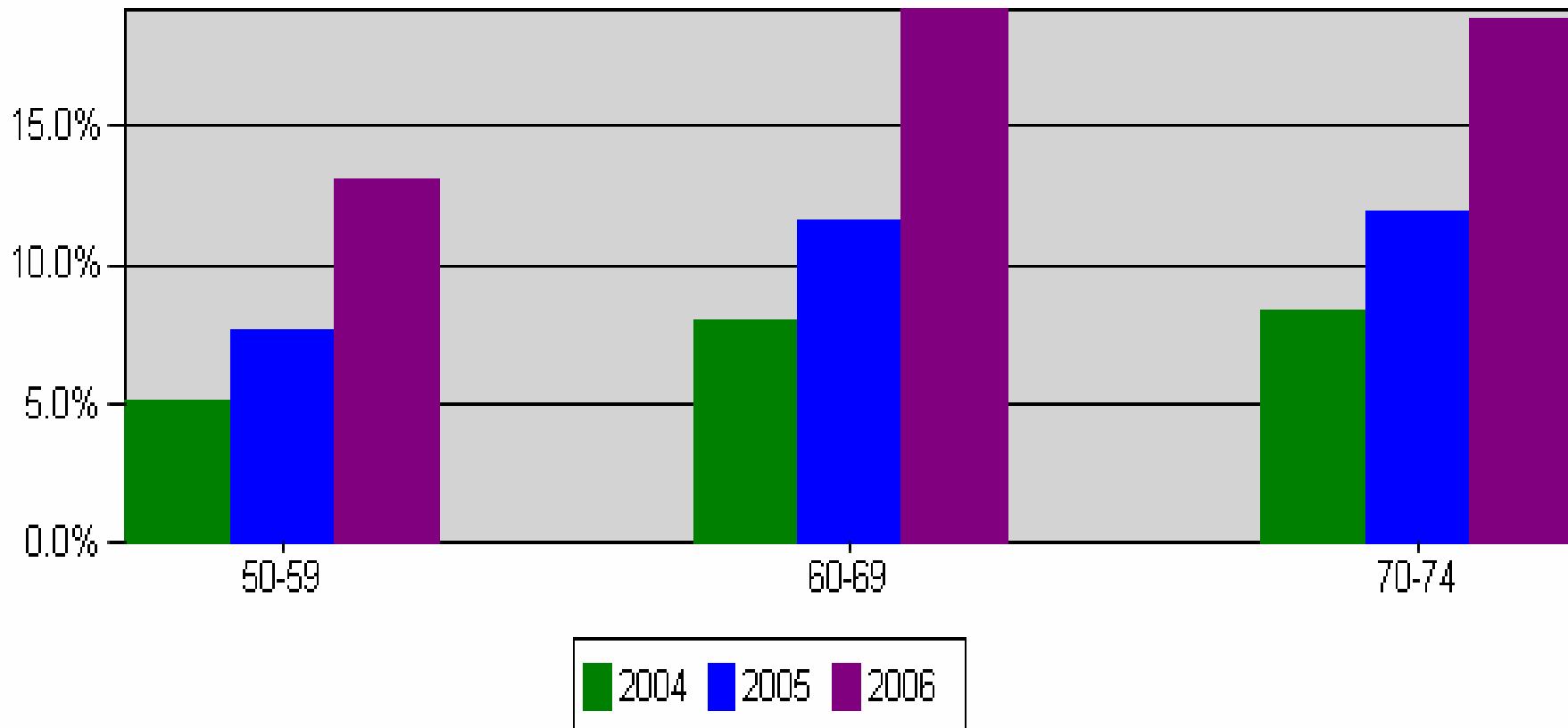
Mammography Screening Rate

(the past 2 years)



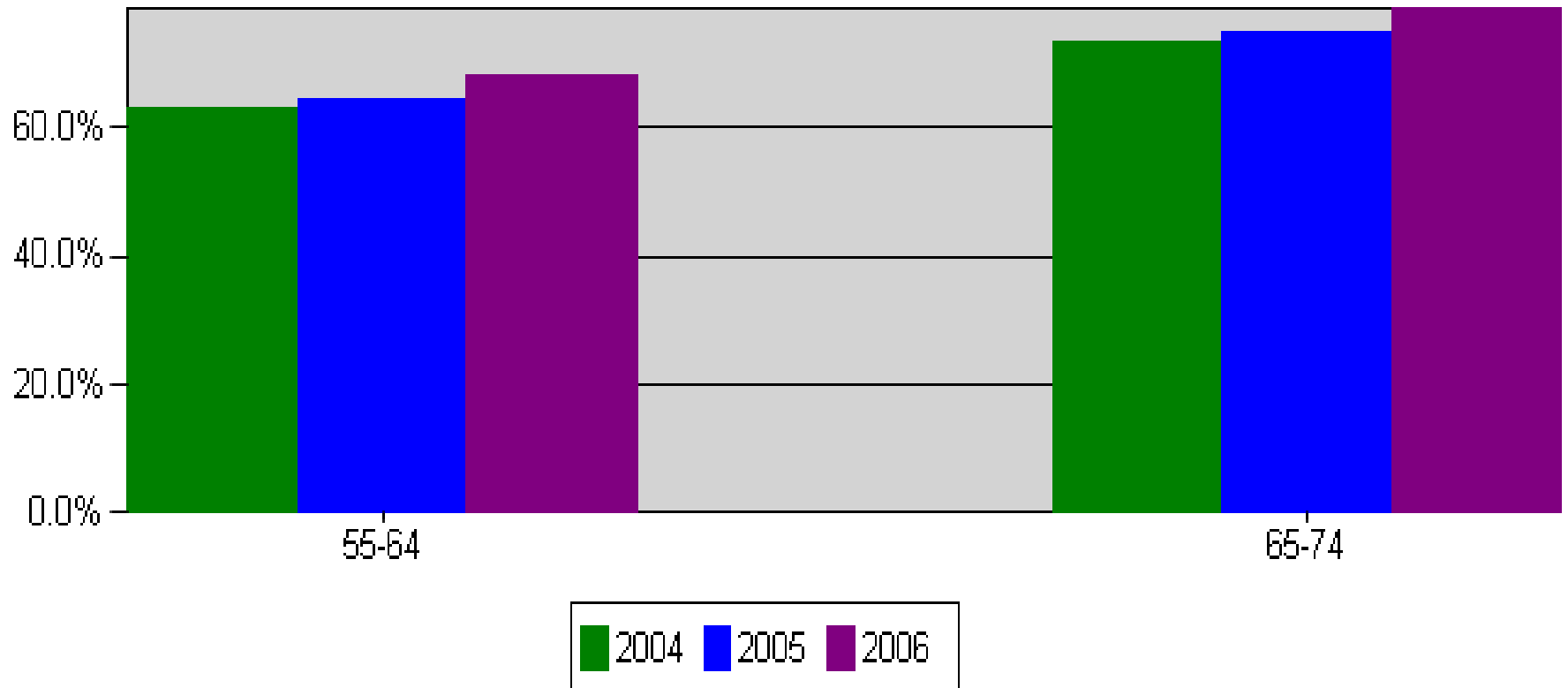
Source: Quality Indicators for Community Health Care in Israel, Public Report 2004-2006

Fecal Occult Blood Test Rate



Source: Quality Indicators for Community Health Care in Israel, Public Report 2004-2006

Monitoring for LDL Cholesterol Levels



Source: Quality Indicators for Community Health Care in Israel, Public Report 2004-2006

CHS Community Quality Measures



- **Started in 1998 (the 1st in the country)**
- **Clinics Decentralization Program**
- **Clinical Excellence**
- **Quality Award**

CHS Community Quality Measures



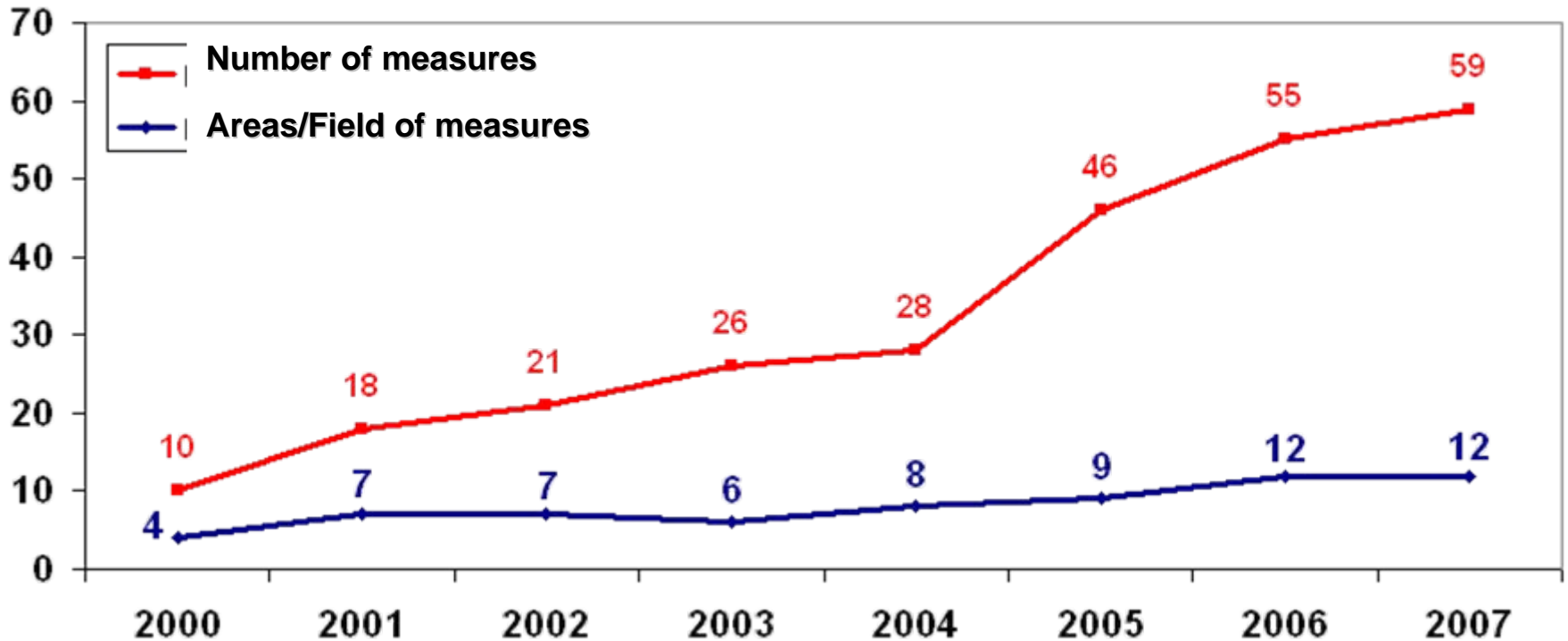
- **62 clinical quality indicators**
- **The measures endorsed in a collaborative process**
- **EMR and BO based**
- **Data updated quarterly**
- **Users include: physicians teams, local management teams and leaders in different levels.**

CHS Community Quality Measures



- **Health Promotion**
Child obesity, Infant Hgb, Smoking
- **Preventive Medicine**
Influenza immunization, Mammography, Occult Blood, Hypertension tests
- **Disease management**
Diabetes, CHF, Hyperlipidemia, Hypertension, Re- hospitalizations

CHS Community Quality Measures – number of measures



Clinics Decentralization Program



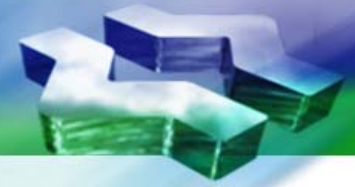
- **A management strategy - the clinic as an independent management unit**
- **The family medicine physicians (PCPs) act as gatekeepers**
- **Authority and decision making delegated to the local level (each clinic)**
- **Financial rewards for outstanding achievements**

Decentralization :the clinic as an independent management unit



The indicators include:

- **Quality of Service**
- **Clinical standards**
 - Early detection
 - Prevention
 - Integrated treatments
 - Healthy life style
- **Budget**

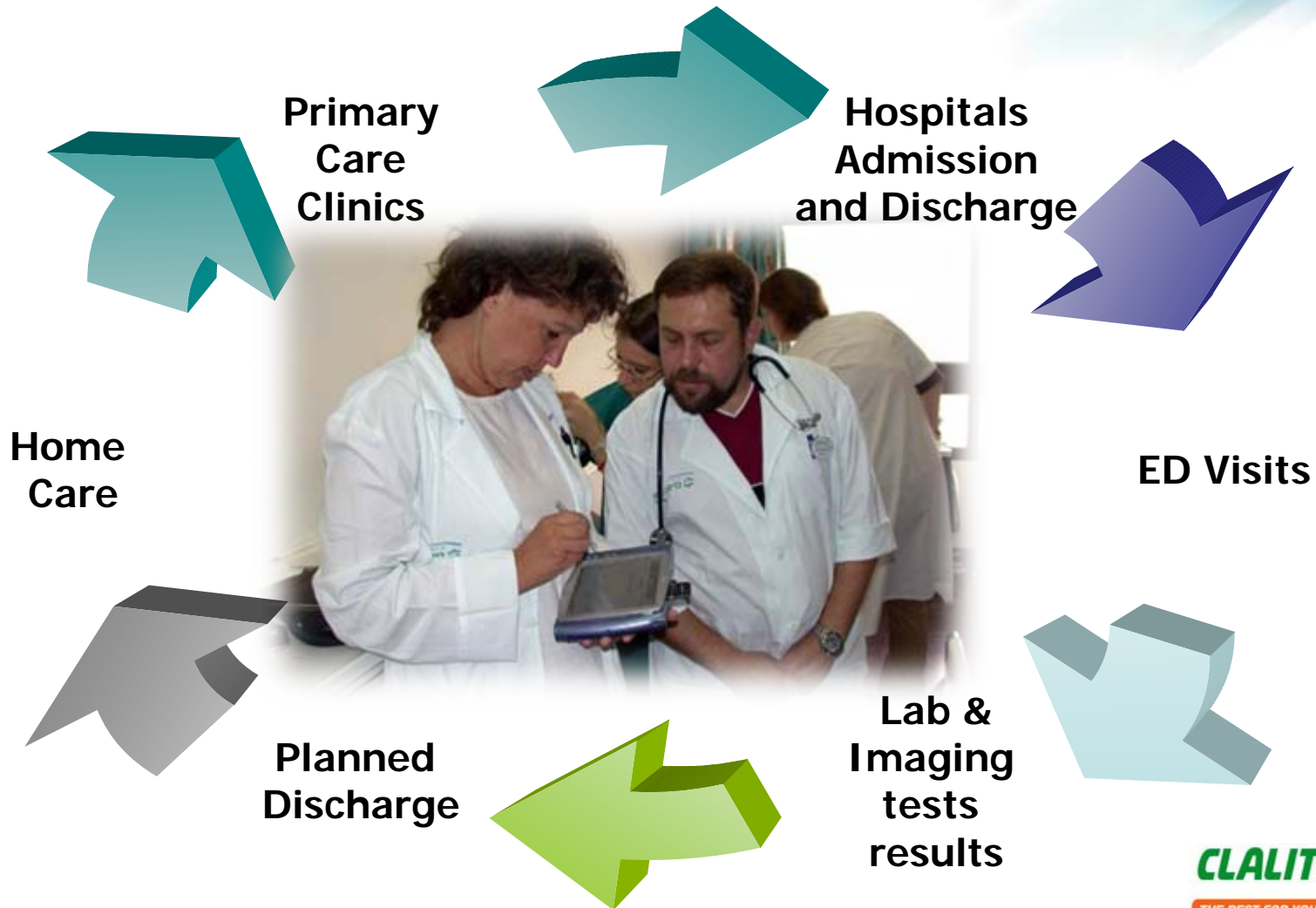


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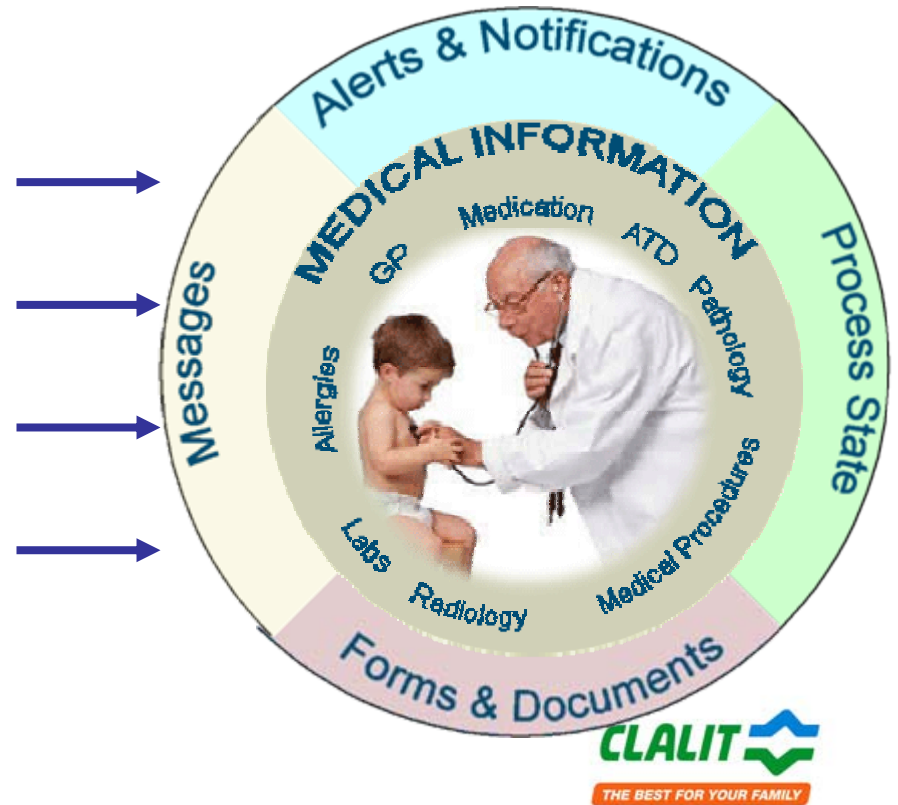
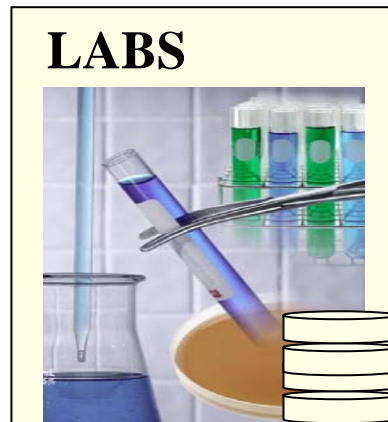
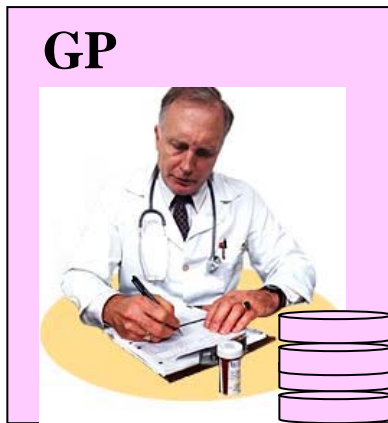
**"I have no idea how you died, we don't
have access to your medical records."**

CHS - Integrated Healthcare System: Hospital & Community Setting



Creation of the Virtual Patient File

Individual Points of Service
each with its own database



Hospital Quality and Patient Safety



- **MOH annual focused audits**
- **CHS hospitals departmental decentralization (NOAM)**
- **Payment Structure**
 - **Hip fractures within 48 hours (National)**
 - **Budget allocation includes quality indicators (CHS)**
- **CHS Hospital Accreditation- Joint Commission International**

MOH annual focused audits



- **2-4 audits a years**
- **The audits focus on specific services/departments (i.e. – delivery rooms, Ors, outpatient clinics)**
- **Data are available on the hospital level only**
- **Each hospital's outcomes are benchmarked against a national benchmark**
- **Areas of focus change yearly**

CHS hospitals departmental decentralization (NOAM)



- **Decentralized Department Management**
- **Electronic Report Card**
- **Basis for quality and safety award**

Decentralized Department Management



- **Improving clinical quality and patient safety**
- **Emphasizing education and academic research.**
- **Improving service and increasing patient satisfaction**
- **Calculated use of resources - expanding income and cutting expenses, while enabling changes in priorities (reducing bureaucracy).**

Decentralized Department Management

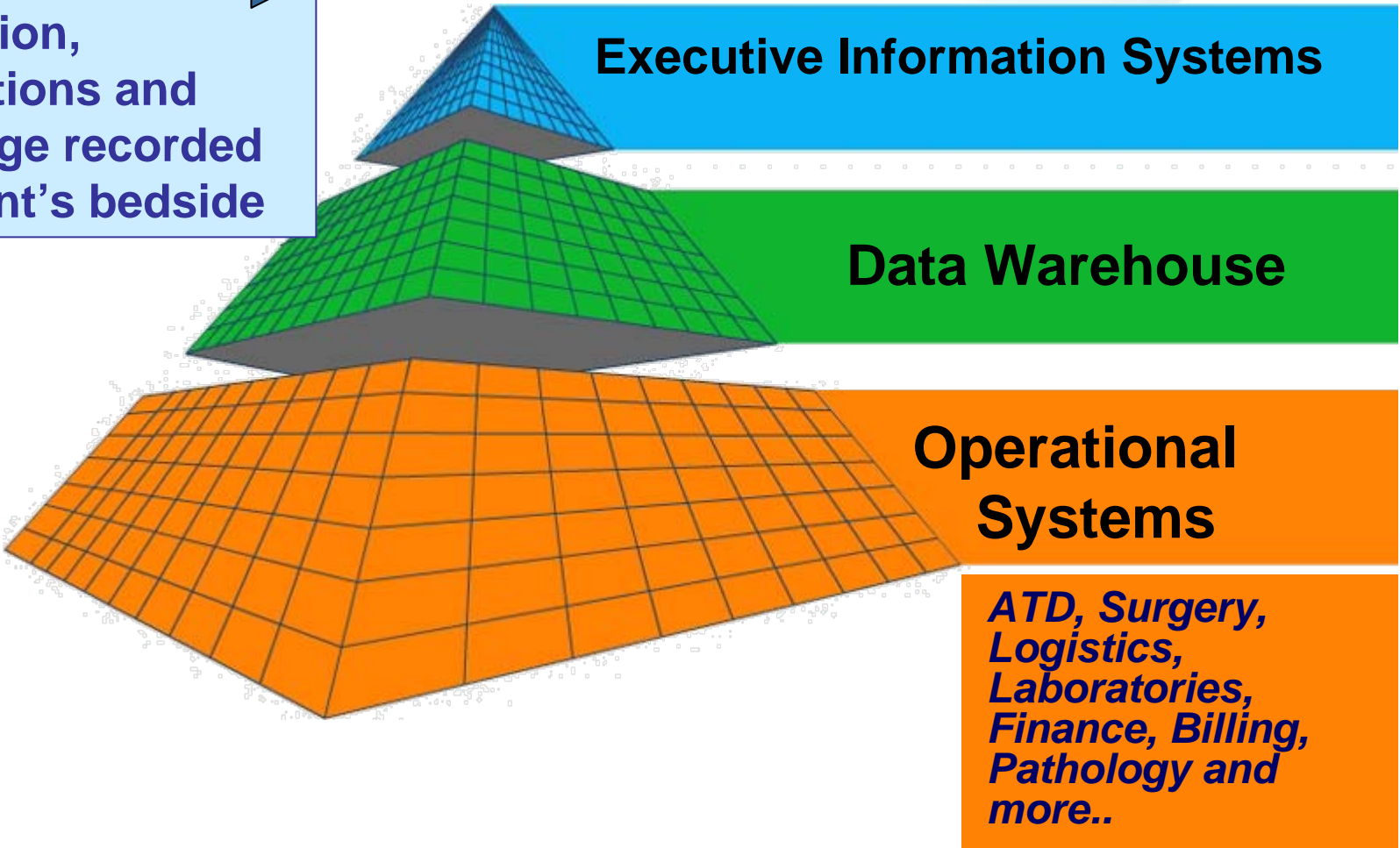


- **Increasing staff satisfaction**
- **Establish department planning and monitoring system that adheres to hospital standards.**
- **Basis for system overview–intra-hospital and inter-hospital comparison.**
- **Preparing departmental budgets and work plans based on planned and approved output.**

Knowledge Management in Clalit's Hospitals



Virtual Patient file ▶
Admission, medications and discharge recorded at patient's bedside





DECENTRALIZED MANAGEMENT DATA

- HOSPITALIZATION
- PROCEDURES
- DIAGNOSES
- OUTPATIENT
- MATERNITY
- SURGERY
- RADIOLOGY

BINA HOSPITAL MANAGEMENT

- ACTIVITIES
- FINANCES
- QUALITY index
- LOGISTICS
- BUDGETS



ניתוחים

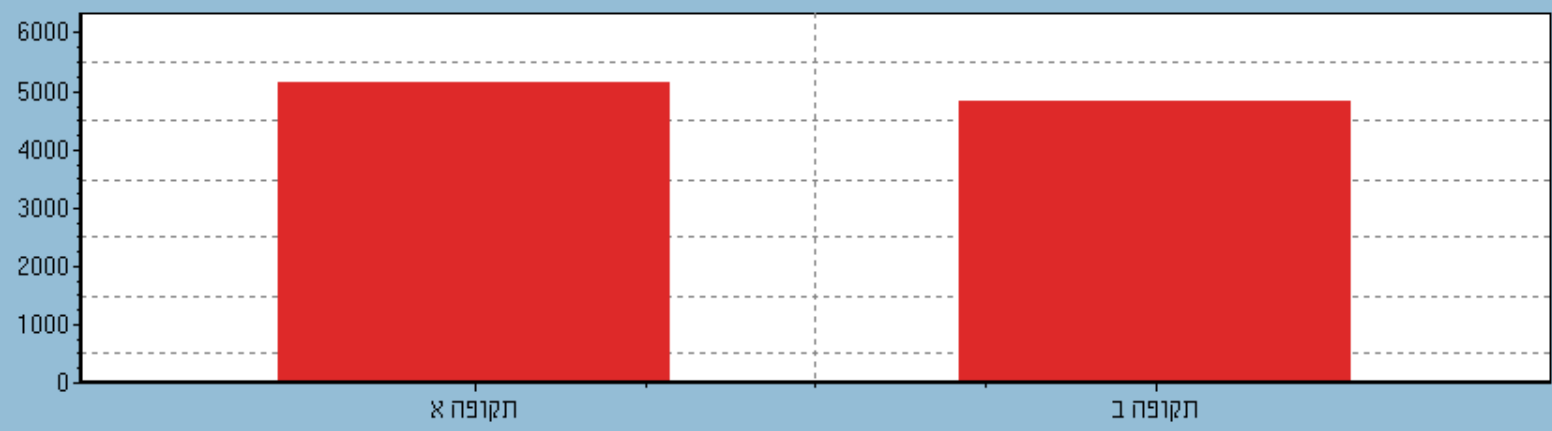
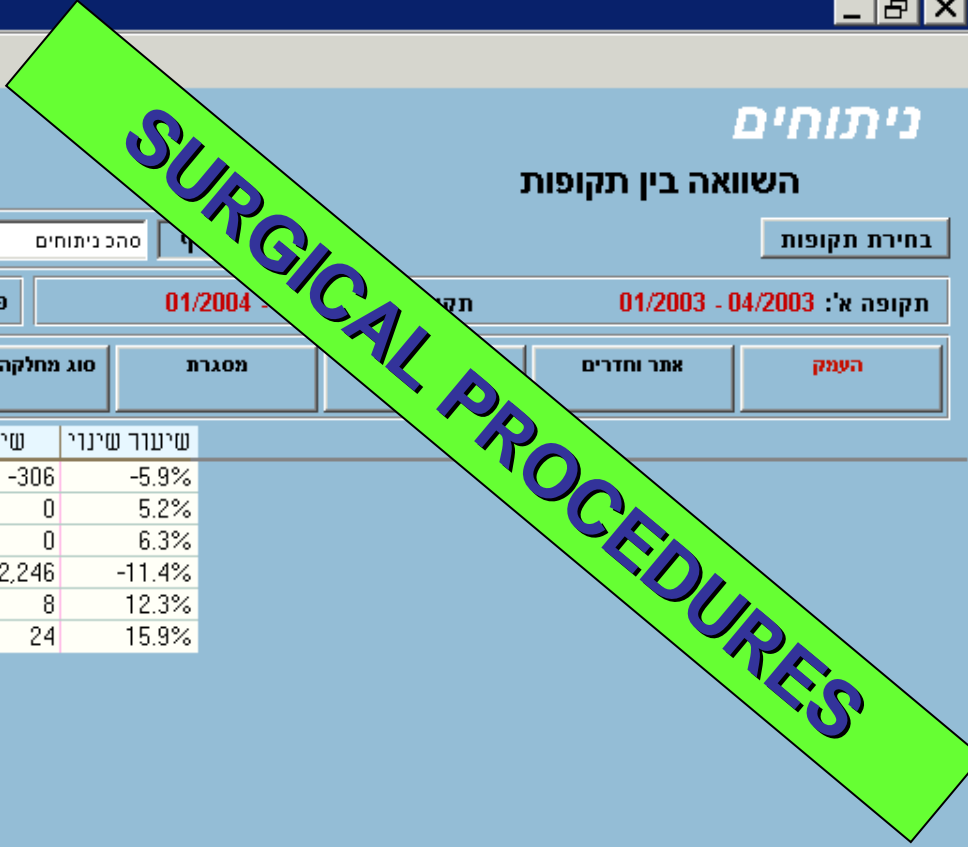
השוואה בין תקופות

פרמטרים: מבנה ארגוני יחידה מנתחת: העמק
 תקופה א': 01/2003 - 04/2003
תקופה ב': 01/2004 -

ספר דוחות

- נתונים כלליים
- מגמות
- השוואות
 - השוואה בין תקופות

	תקופה א'	תקופה ב'	שינוי	שיעור שינוי
סהכ ניתוחים	5,145	4,839	-306	-5.9%
ממוצע זמן ניתוח	0.7	0.7	0	5.2%
ממוצע משך שהייה	1.0	1.0	0	6.3%
ימי אשפוז	19,784	17,538	-2,246	-11.4%
ניתוחים חוזרים תוך שבוע	65	73	8	12.3%
ניתוחים חוזרים תוך 30 ימים	151	175	24	15.9%



■ סהכ ניתוחים



BIRTHS

בחירת תקופה

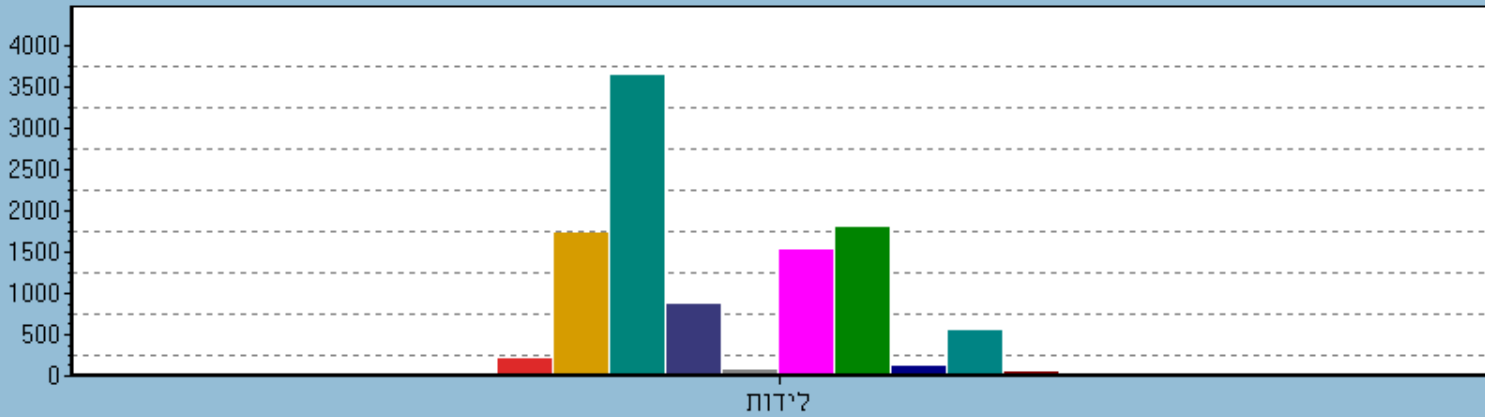
פרמטרים:

גורם מבטח קבוצות גיל אחידות קבוצות גיל בית חולים

ספר דוחות

- נתונים כלליים
- ריכוז נתונים
- מגמות
- השוואות

	לידות	תאומים	שלישיות	ניתוחים קיסריים	אחוז קיסרי	קיסריים לפי ח_ניתוח	קיסריים לפי ח_ניתוח
All	10,514	229	6	1,924	18.3%	1,930	18.3%
איזור אילת	197	2		58	29.4%	47	23.9%
איזור דן-פ"ת	1,724	37	2	355	20.6%	356	20.6%
איזור הדרום	3,643	82	3	540	14.8%	540	14.8%
איזור הצפון	858	15		145	16.9%	151	17.6%
איזור ירושלים	76			9	11.8%	8	10.5%
איזור מרכז	1,517	30		313	20.6%	320	21.1%
איזור שרון-שומר	1,803	46		352	19.5%	354	19.6%
איזור ת"א - יפו	120	4		39	32.5%	40	33.3%
חיפה-גליל-מערבי	546	12	1	108	19.8%	109	20.0%
לא רשום	30	1		5	16.7%	5	16.7%



- איזור אילת
- איזור דן-פ"ת
- איזור הדרום
- איזור הצפון
- איזור ירושלים
- איזור מרכז
- איזור שרון-שומר
- איזור ת"א - יפו
- חיפה-גליל-מערבי
- לא רשום



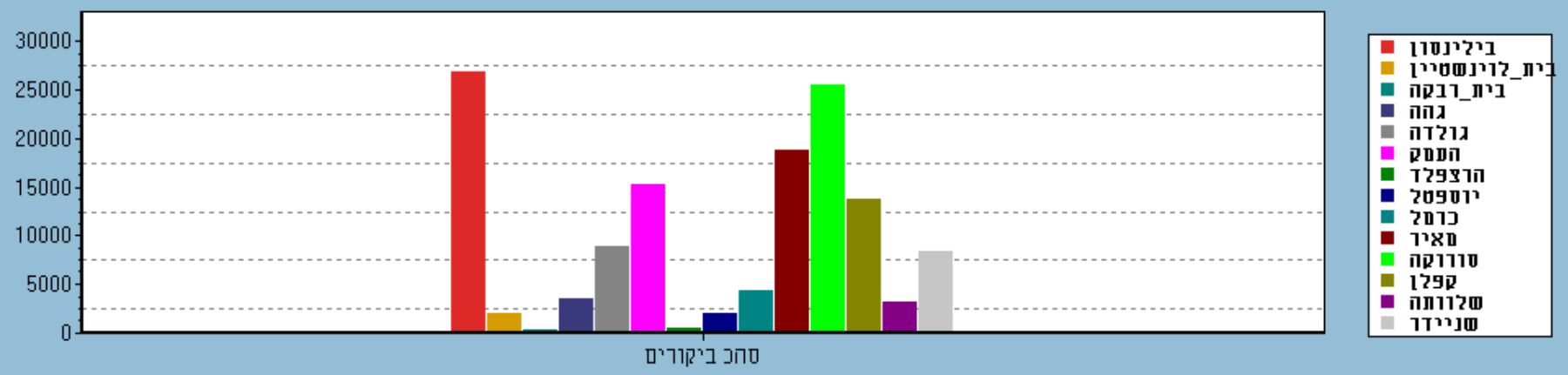
במיסד "מרפאות אם" ניתן להגיע לרמת יומן.

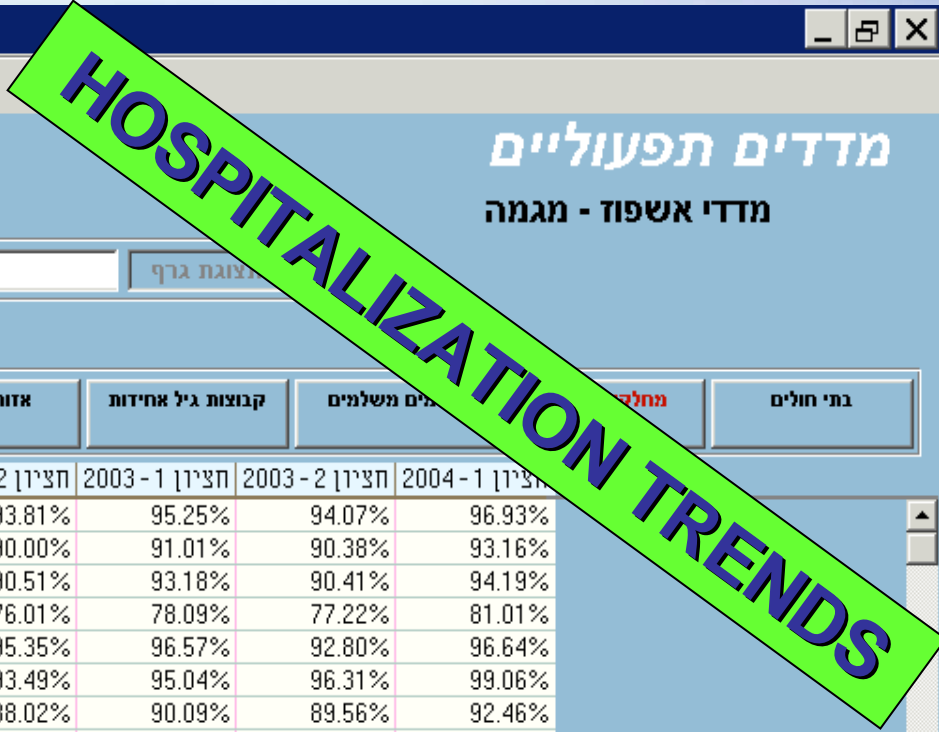
אמבולטורי

ריכוז נתונים



מבנה ארגוני	גורמים משלמים	קבוצות גיל	אזור מגורים	מין	משמרת	ז	ז
מבנה ארגוני All	39,611	25.8%	32.8%	43,865	89,705	133,570	
בילינסון	7,768	24.9%	36.5%	9,818	17,060	26,878	
בית לוינסטיין	520	16.3%	43.4%	847	1,106	1,953	
בית רבקה	23	0.0%	0.3%	1	297	298	
גהה	285	43.2%	77.8%	2,787	797	3,584	
גולדה	3,152	26.6%	54.3%	4,840	4,080	8,920	70
העמק	4,930	21.2%	15.7%	3,478	12,919	15,316	209
הרצפלד	22	0.0%	28.0%	144	370	514	
יוספטל	804	26.3%	43.8%	897	1,151	2,048	62
כרמל	2,567	23.8%	63.2%	2,785	1,625	4,410	49
מאיר	5,846	24.0%	34.0%	6,413	12,462	18,875	380
סורוקה	7,382	27.9%	18.4%	4,708	20,892	25,600	357
קפל	3,740	30.3%	34.9%	4,776	8,924	13,700	345





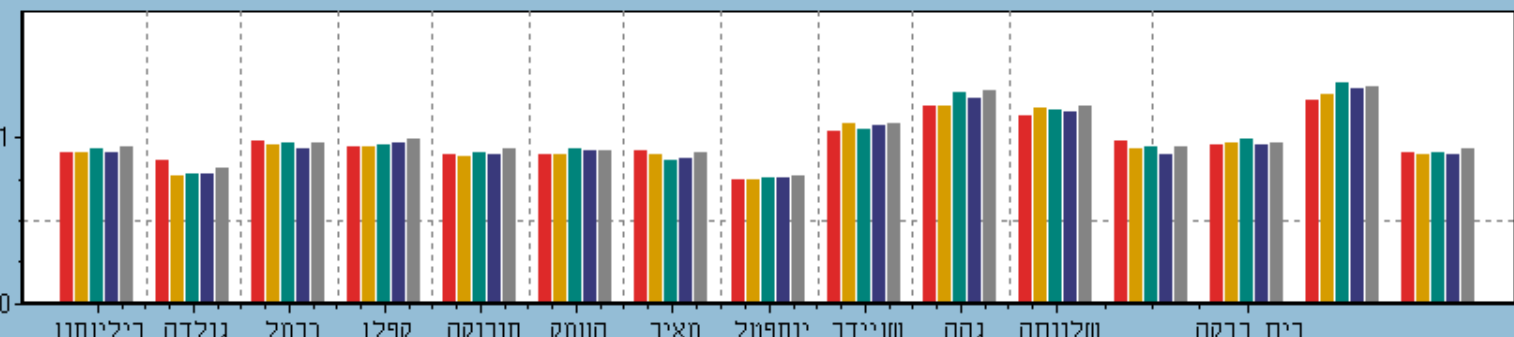
חישוב המדדים בוצע לפי הגדרת יחידות ותקני מיטות של כללית, ולא של בית החולים. במימד "קטגוריה" שם היחידה נקבע עפ"י טבלת יחידות מרכזית במנהל חולים. יוצאי הדופן מפורטים בסעיף "שמות מחלקה ייחודיים" תחת "עזרה".

פרמטרים: קטגוריה: מחלקות אשפוז...

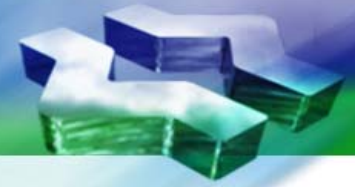
ספר דוחות

- אשפוז
 - מגמה
 - ריכוז מדדים
 - ריכוז נתונים
- מל"ד
- מרפאות חוץ

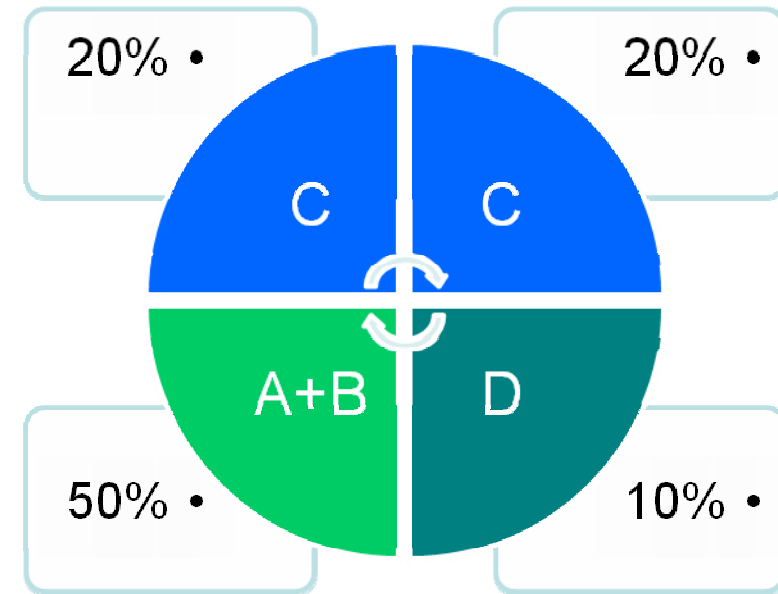
	חציון 1 - 2002	חציון 2 - 2002	חציון 1 - 2003	חציון 2 - 2003	חציון 1 - 2004
בית חולים All	94.58%	93.81%	95.25%	94.07%	96.93%
כלליים	91.18%	90.00%	91.01%	90.38%	93.16%
בילינסון	89.86%	90.51%	93.18%	90.41%	94.19%
גולדה	85.60%	76.01%	78.09%	77.22%	81.01%
כרמל	97.10%	95.35%	96.57%	92.80%	96.64%
קפלן	93.28%	93.49%	95.04%	96.31%	99.06%
סורוקה	89.20%	88.02%	90.09%	89.56%	92.46%
העמק	89.78%	89.67%	92.81%	91.54%	91.85%
מאיר	91.83%	89.19%	85.61%	87.41%	89.90%
יוספטל	74.36%	74.73%	75.82%	75.23%	76.40%
שניידר	103.11%	107.37%	104.33%	106.17%	107.75%
מיוחדים	107.35%	108.08%	111.16%	107.95%	111.12%
גהה	118.53%	117.64%	125.79%	122.86%	127.98%
שלוותה	112.93%	117.52%	115.78%	114.59%	118.42%
הרצפלד	96.84%	93.01%	93.96%	89.33%	94.05%
בית רבקה	94.49%	96.34%	98.31%	95.01%	96.11%
בית לווינסטיין	121.95%	125.43%	132.09%	128.87%	130.20%



Electronic Report Cards



- Program started with 6-8 departments/units
- Four groups of measures
 - A. Quality
 - B. Service
 - C. Managing resources
 - D. Research and Academia
- Total of 82 measures
- Administrative data



ממד

מדד'ם

מבנה ארגוני

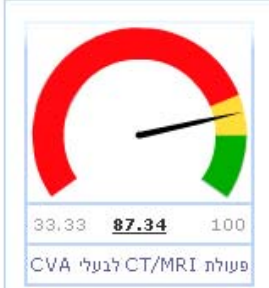
All

תקופה

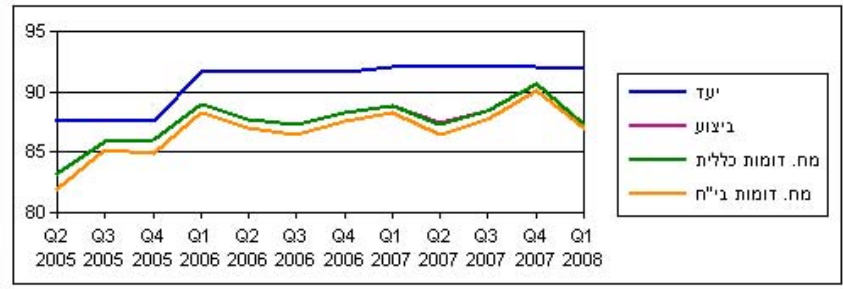
Q1 2008



מדדים	ביצוע	יעד	צבע	משקל
מדדים קליניים	55.37	90	↓	25%
פעולת CT/MRI לבעלי CVA	87.34	91.93	↔	1.69%
ביצוע אקו לב בחולי אוסם	57.57	54.73	↔	1.7%
שיעור ביצוע צילומי חזה	75.43	76.18	↑	0.5%
PAF לחולי TSH	39.62	43.19	↔	1.54%
אשלקג בסרום - תהליך	81.88	83.71	↓	0.58%
ערכי INR - תהליך	80	82.71	↔	1.69%
שיעור שמ לקבוצת שיוך 2	43.79	30.13	↔	0.62%
קבלה סיעודית - ביצוע אנמנזה סי	58.42	57.59	↔	0.62%
קבלה סיעודית - התייחסות להרגלי	72.87	70.75	↔	0.48%
קבלה סיעודית - התייחסות לפצע	62.39	60.29	↔	0.48%
שיעור אשפוזים חוזרים תוך חודש	13.01	11.2	↓	0.55%
קולקטומי בסרטן - שיעור ניתוחים	0.68	1.19	↔	1.73%
קולקטומי בסרטן - ניתוח חוזר בא	6.94	5.92	↓	1.94%
קולקטומי בסרטן - חריגה מתקן מש	11.11	12.07	↔	1.94%
...



ביצוע	87.34	התחלה	33.33
יעד	91.93	גבול 1	84.65
		גבול 2	90.85
ביצוע פעולת CT/MRI	200	סוף	100
חולי CVA	229		
הגדרה	שיעור ביצוע פעולות CT/MRI לבעלי אבחנת שבץ מוחי חד יחידת חישוב המדד: אחוים		



CHS Hospital Accreditation Program

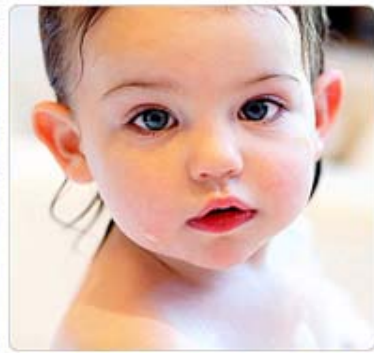


- **Started in 2006 with 3 hospitals**
- **2 mock surveys with Joint Commission International (JCI) consultants**
- **2 conferences for the CHS leaders**
- **11 system wide teams formed**
- **30 new policies developed**
- **20 quality and patient safety measures added**
- **Pilot hospitals received incentives to promote quality and safety**

CHS Hospital Accreditation Program



- **4 hospitals are joining the program in October 2008**
- **Measures will be included in the CHS budget allocation formula**
- **All Clalit's divisions are part of the program**
- **First hospitals to be surveyed in Israel (September 2008)**



CLALIT 

THE BEST FOR YOUR FAMILY

