QUALITY, SAFETY and PAYEMENT STRUCTURE
CLALIT HEALTH SERVICES - ISRAEL

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

- **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
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)
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
• 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

- Health Tax Revenues + State Budget Allocations
  - Distribution according to Capitation formula
- Complementary Health Insurance Premiums
  - 4 HMO’s
- Community Regional Management
  - Primary Medical Care & Consultancy 35%
  - Purchased Hospital Services 50%
  - Medications 15%
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
Clalit Health Services (CHS)

- Established in 1911
- In the early 20th 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 - 32,550 employees

- 7,400 Doctors
- 6,500 Admin Staff
- 11,000 Nurses
- 1,300 Pharmacists
- 1,250 Lab
- 3,100 Paramedical
- 11,000 Nurses
- 1,300 Pharmacists
- 1,250 Lab
- 3,100 Paramedical
- 6,500 Admin Staff
- 7,400 Doctors
Provides Medical Services to its Members Through

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
Age Distribution in CHS Compared to Other Health Funds

- 0: 20%
- 1-4: 7%
- 5-14: 17%
- 15-24: 15%
- 25-34: 15%
- 35-44: 16%
- 45-54: 14%
- 55-64: 10.8%
- 65-74: 9%
- 75-84: 7%
- 85+: 1%

CHS: Green
Other Sickness Funds: Blue
Invalidity Status in CHS Compared to Other Health Funds

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CHS</th>
<th>Other Sickness Funds</th>
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<tbody>
<tr>
<td>&lt;24</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>25-34</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>35-44</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>45-54</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>55-64</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>65+</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>69%</td>
<td>31%</td>
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</table>
Welfare Payments in CHS Compared to Other Health Funds

- <24: 71% CHS, 29% Other Sickness Funds
- 25-34: 66% CHS, 34% Other Sickness Funds
- 35-44: 61% CHS, 39% Other Sickness Funds
- 45-54: 61% CHS, 39% Other Sickness Funds
- 55-64: 54% CHS, 46% Other Sickness Funds
- 65+: 56% CHS, 44% Other Sickness Funds
- TOTAL: 62% CHS, 38% Other Sickness 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)
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
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)
Diabetes Patients Checked for HbA1C

Mammography Screening Rate
(the past 2 years)

Fecal Occult Blood Test Rate

Monitoring for LDL Cholesterol Levels

• Started in 1998 (the 1st in the country)

• Clinics Decentralization Program

• Clinical Excellence

• Quality Award
• 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

Number of measures

Areas/Field of measures

2000 2001 2002 2003 2004 2005 2006 2007

4 7 7 6 8 9 12 12

10 18 21 26 28 46 55 59
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
"I have no idea how you died, we don't have access to your medical records."
CHS - Integrated Healthcare System:
Hospital & Community Setting

- Primary Care Clinics
- Hospitals Admission and Discharge
- Home Care
- ED Visits
- Planned Discharge
- Lab & Imaging tests results
Creation of the Virtual Patient File

Individual Points of Service each with its own database

- GP
- HOSPITAL
- CLINIC
- LABS

- Alerts & Notifications
- MEDICAL INFORMATION
  - GP
  - Medication
  - ATD
  - Pathology
- Process State
- Forms & Documents
  - Allergies
  - Lab
  - Radiology
  - Medical Procedures

CLALIT
THE BEST FOR YOUR FAMILY
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 year
- 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

Executive Information Systems

Data Warehouse

Operational Systems

ATD, Surgery, Logistics, Laboratories, Finance, Billing, Pathology and more..
SURGICAL PROCEDURES
<table>
<thead>
<tr>
<th>Type of Birth</th>
<th>Number of Births</th>
<th>Percentage of Total</th>
<th>Number of Women</th>
<th>Total Number</th>
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<tbody>
<tr>
<td>Total</td>
<td>10,514</td>
<td>18.3%</td>
<td>1,924</td>
<td>1,930</td>
</tr>
<tr>
<td>Jewish</td>
<td>7,881</td>
<td>14.8%</td>
<td>1,542</td>
<td>1,543</td>
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<tr>
<td>Non-Jewish</td>
<td>2,633</td>
<td>4.8%</td>
<td>382</td>
<td>383</td>
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</tbody>
</table>

**Graph:**
- The x-axis represents the type of birth.
- The y-axis represents the number of births.
- The bars represent the number of births for each type.
OUTPATIENTS
HOSPITALIZATION TRENDS
• 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
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)