

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 »
 - Reform of the healthcare system's funding
 - → Reform of the psychiatric care system's funding

2022

New credits

Allocation according to 3 blocks :

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

Introduction

○ ATIH is committed to...

IFAQ
block

...build consistent
comparison groups



...provide quality
indicators



...implement IFAQ
mod

See IFAQ presentation
Sept. 28 – Funding 1



Comparison groups



Comparison groups

3 main rules for comparison groups implementation:

Ensure homogeneity of hospital characteristics

1

Ensure homogeneity of indicators

- Hospital of the same group must collect the same indicators as much as possible

2

Ensure robustness of the comparison

- Keep the groups as large as possible

3

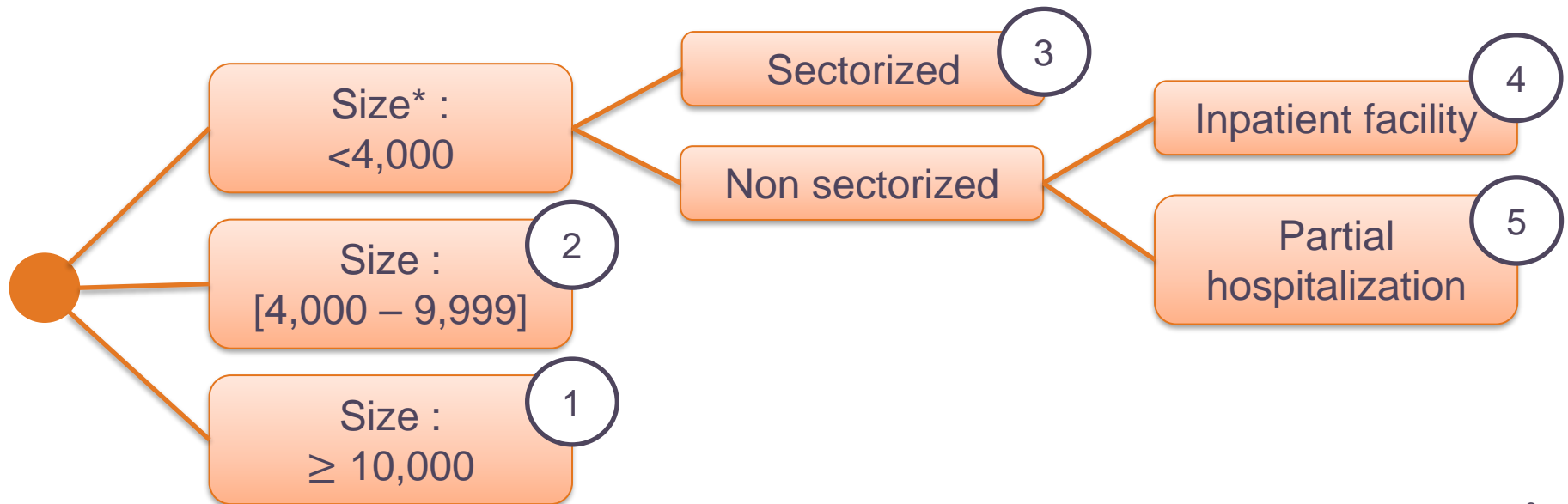


I won !

Comparison groups

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

Refers to hospitals dedicated to a specific area
 + obligation to accept patients in coercive care



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

Comparison groups

Size*	Sectorized	Inpatient facility	Total	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



Quality indicators

ATIH propositions

- List of psychiatric indicators for IFAQ 2022 → Annex
- ATIH 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

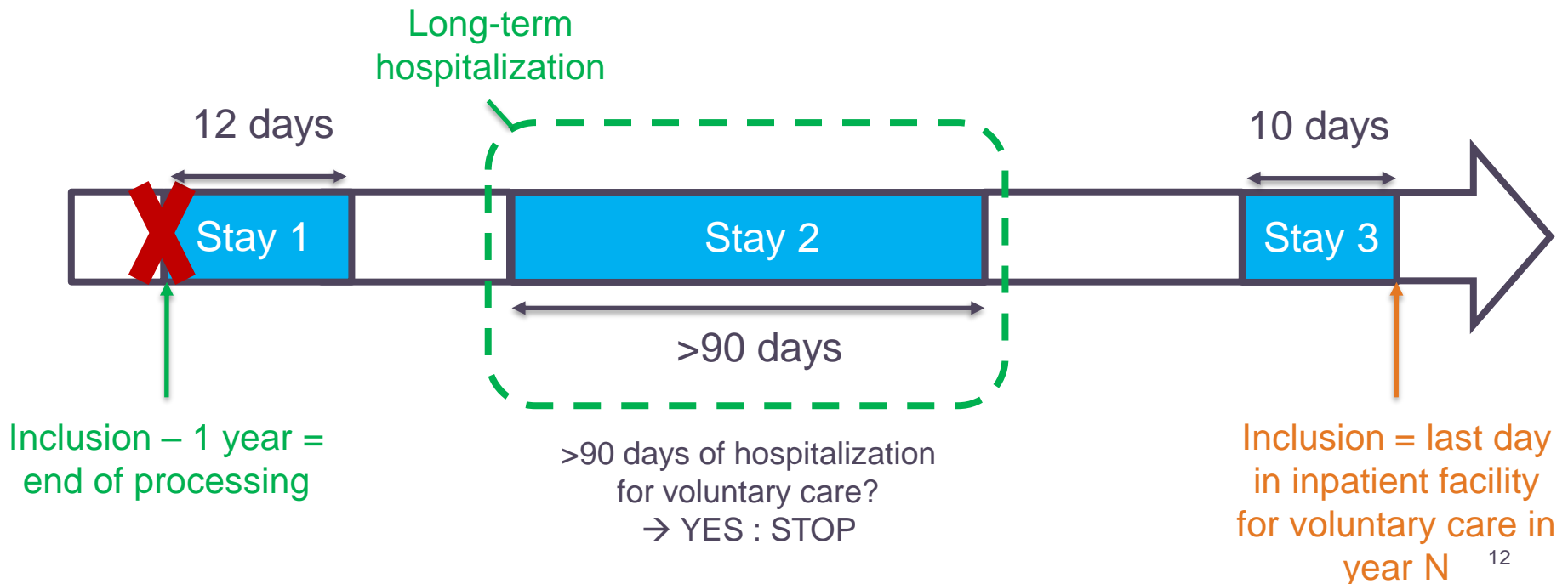
Definition



Quality indicators

Long-term hospitalization rate

- 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



Quality indicators

Standardized indicators

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

A long-term hospitalization

- Outcome is a ratio :
$$\frac{\text{observed number of "event"}}{\text{expected number of "event"}}$$

Dedicated target for each hospitals

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

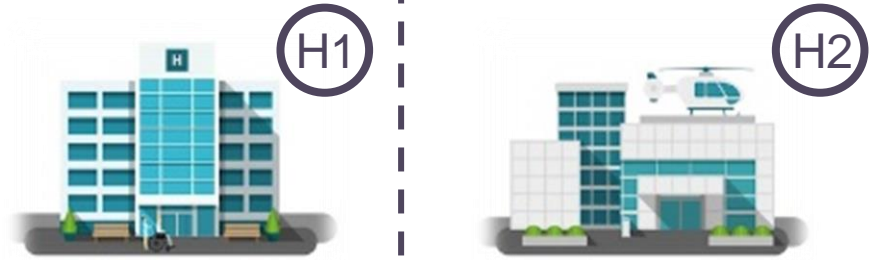
Quality indicators

Standardized indicators

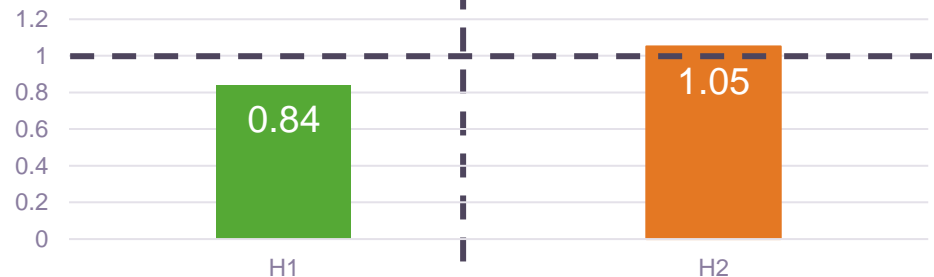
Raw Indicator

vs

Standardized Indicator



	Pop ex.: Schizophrenia					
	No	Yes	Total	No	Yes	Total
National incidence rate	5%	10%	-	5%	10%	-
Nb Stays	500	1,000	1,500	1,000	500	1,500
Nb observed events	25	80	105	45	60	105
Nb expected events	25	100	-	50	50	-
Ratio	105/125 = 0.84			105/100 = 1.05		



Quality indicators

Standardized indicators

Standardization carried out on **long-term hospitalization rate**

1 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 patient)

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

2 Compute probability of long-term hospitalization for each stay

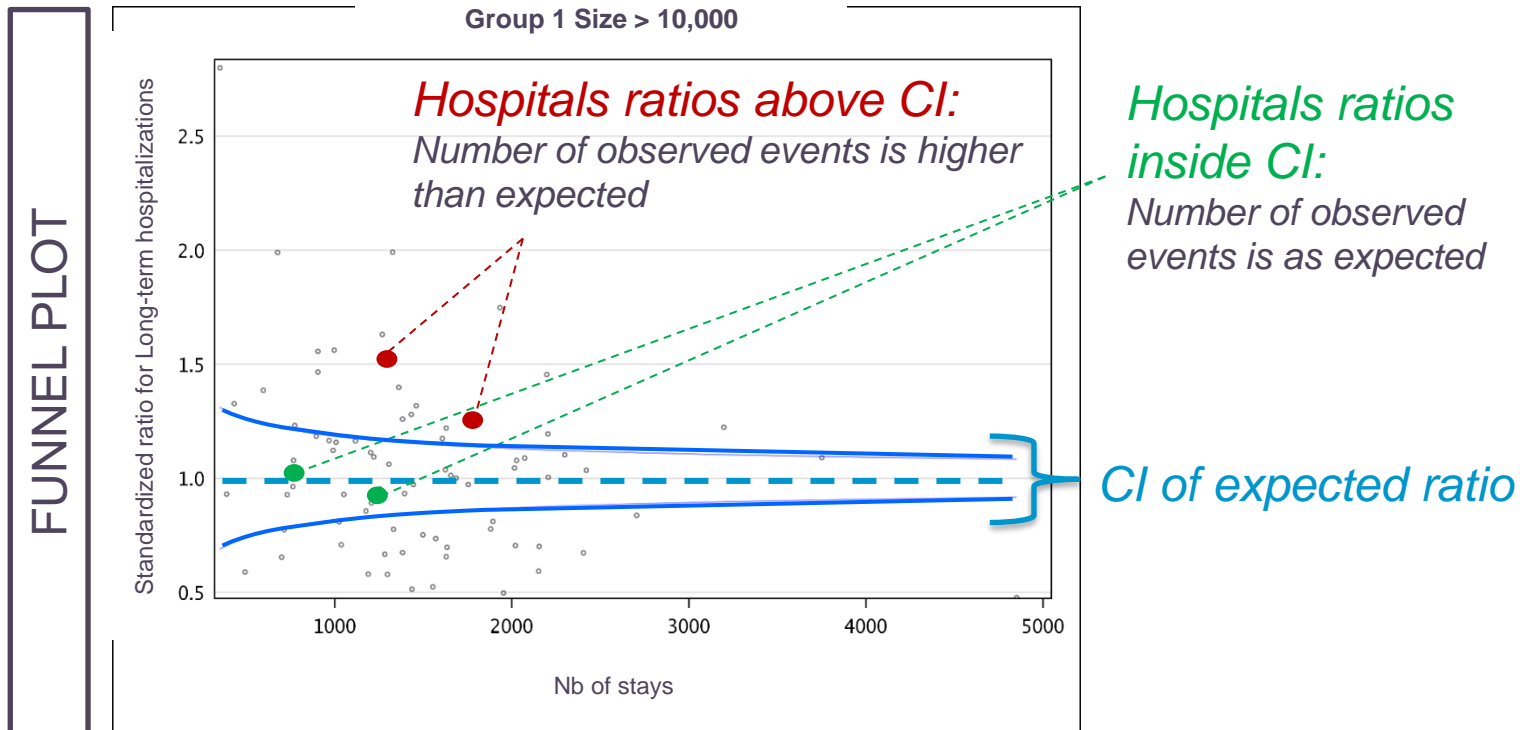
3 Expected number of long-term hospitalization = sum of probabilities

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

Quality indicators

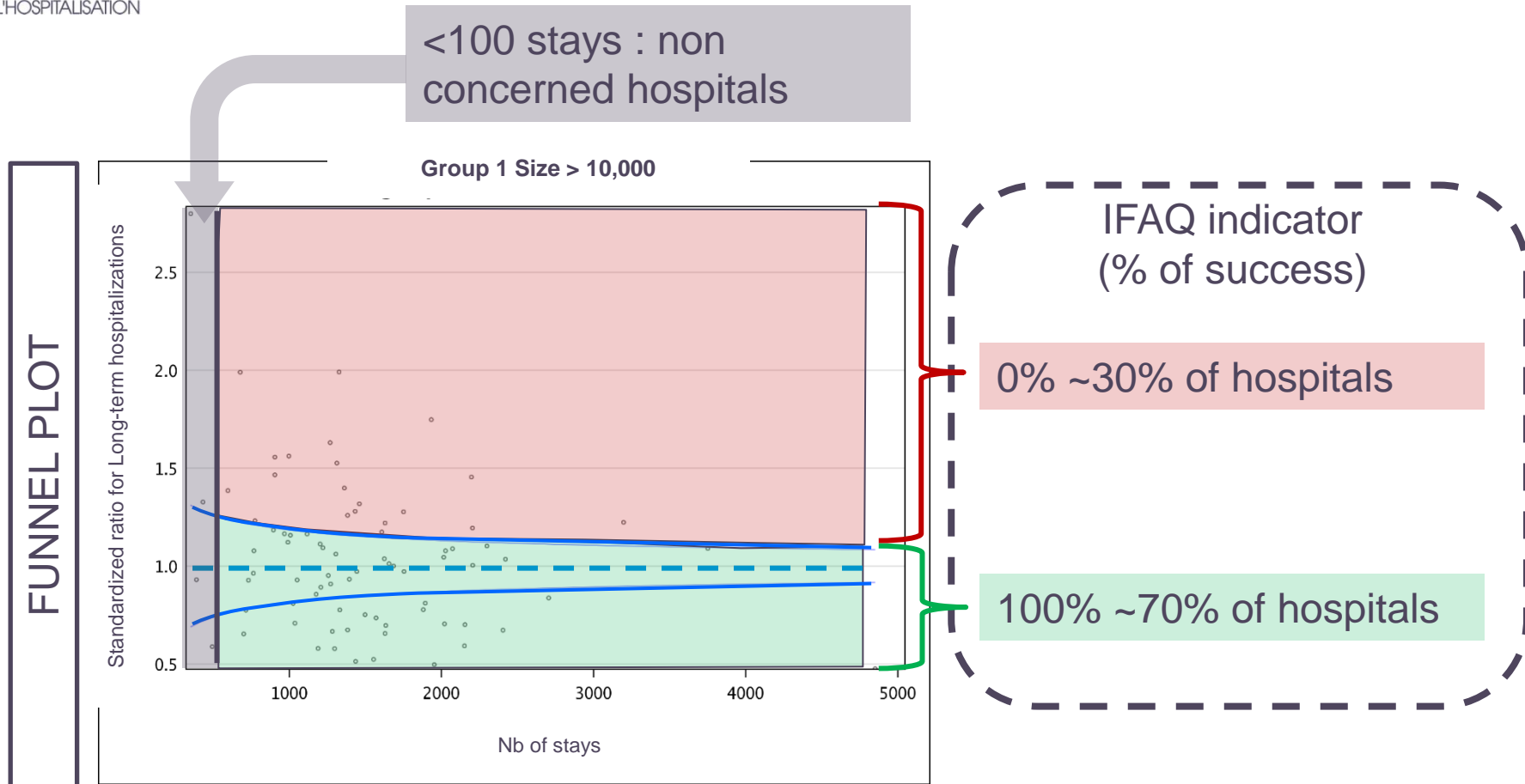
Standardized indicators

- 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



Quality indicators

Standardized indicators



Next steps

Next steps

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

Annex

Quality indicators

list of indicators

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

○ 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

