

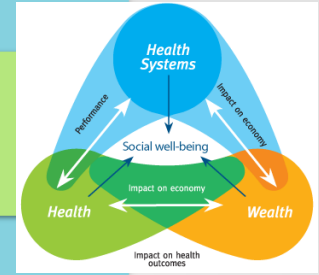
The relevance of international collaboration for effective Public Reporting of Health Systems Performance in Italy

Fabrizio Carinci

**Senior Statistician, AGENAS
Member of the Bureau of the OECD Health Care Quality Indicators Project
carinci@agenas.it**

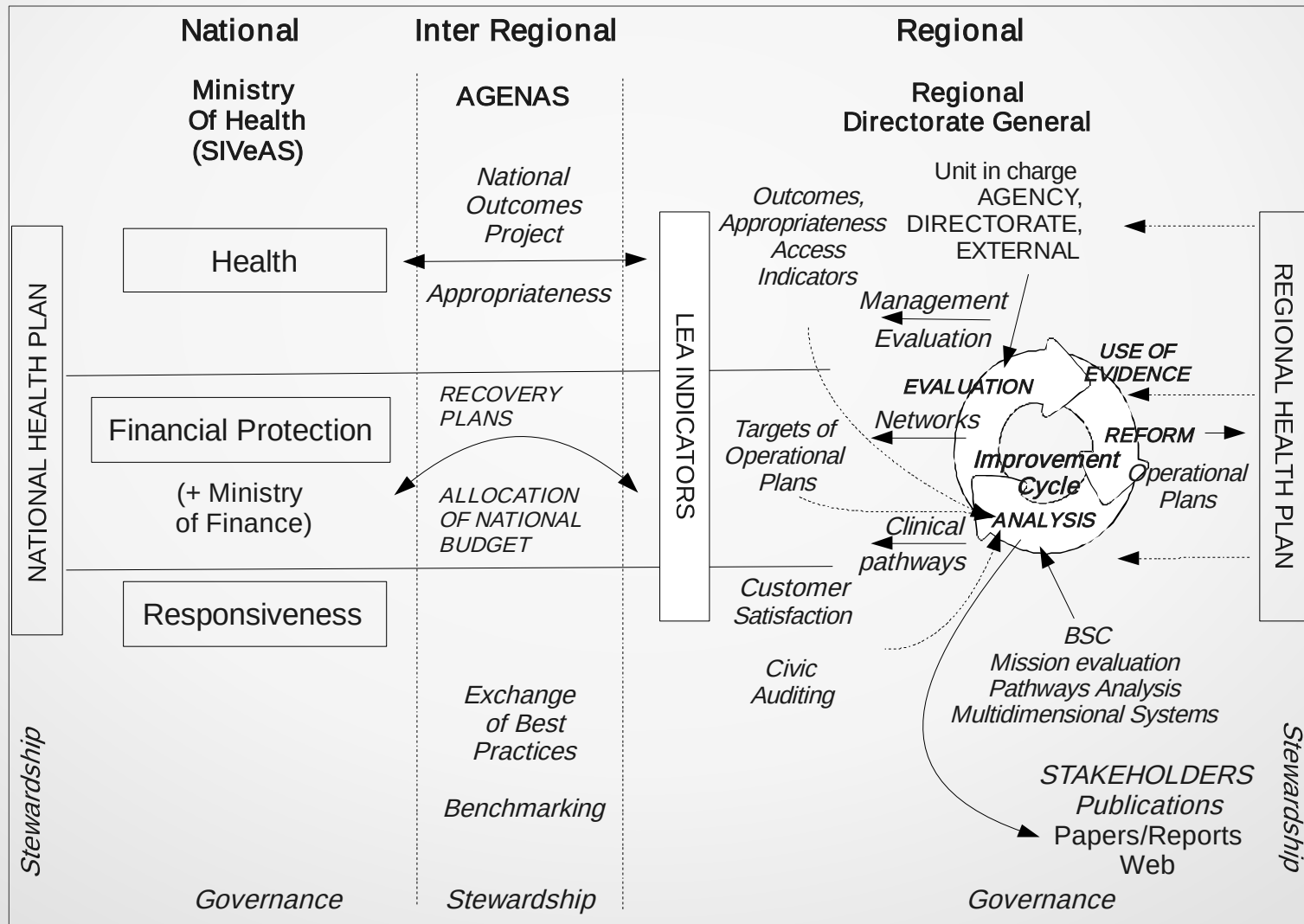
**Auditorium of the Italian Ministry of Health, Rome
Friday 26th September 2014**

Performance measurement in the decentralized Italian framework



WHO Europe
Tallinn Charter

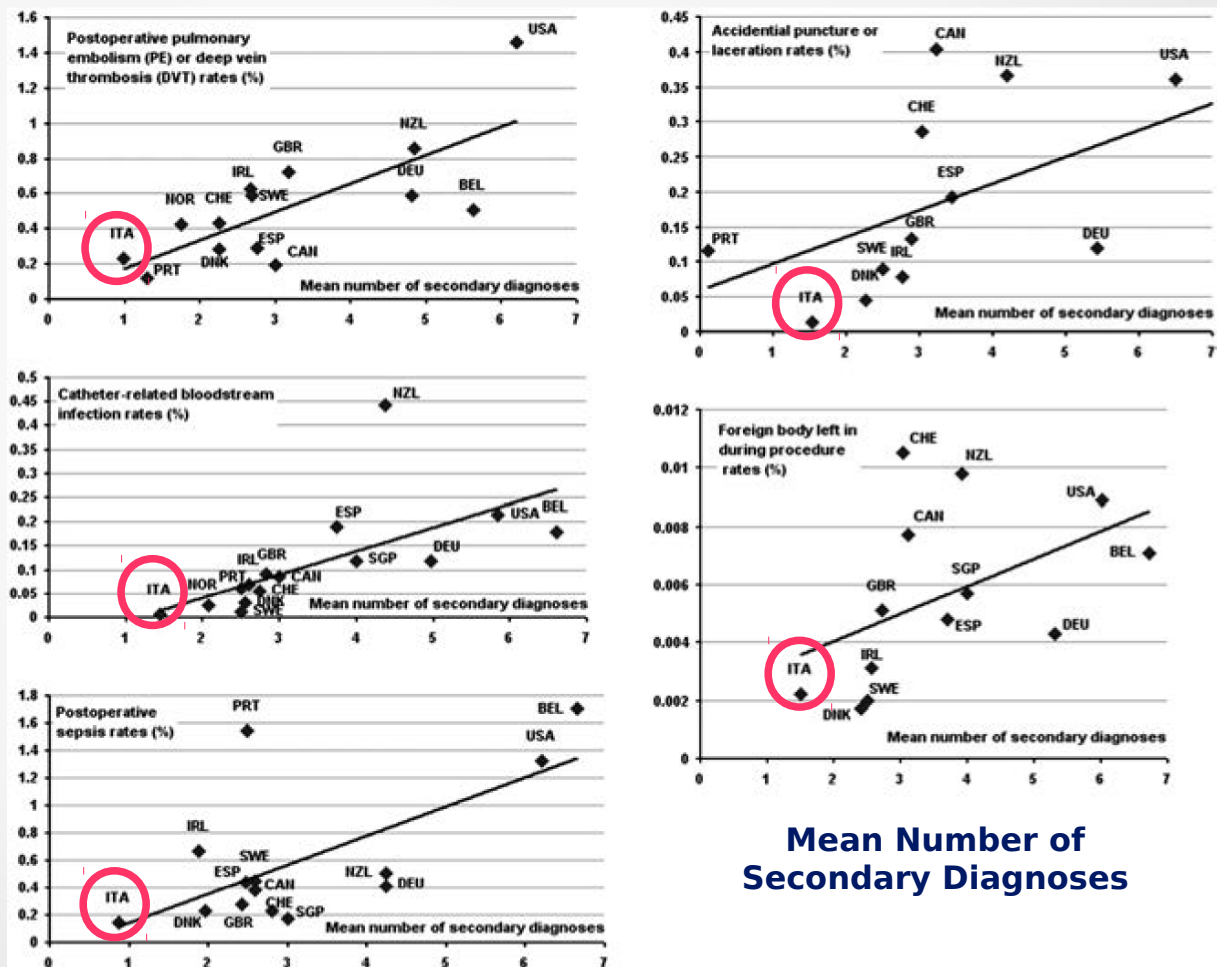
Carinci F, Caracci G, Di Stanislao F, Moirano F. Performance measurement in response to the Tallinn Charter: experiences from the decentralized Italian framework, Health Policy. 2012 Nov;108(1):60-6



International comparability of Patient Safety Indicators in 15 OECD Member Countries (1)

Drösler SE, Romano PS, Tancredi DJ, Klazinga NS, International Comparability of Patient Safety Indicators in 15 OECD Member Countries: A Methodological Approach of Adjustment by Secondary Diagnoses, Health Serv Res. Feb 2012; 47(1 Pt 1): 275-292.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3447235>

Age-sex standardized rates for 5 Patient Safety Indicators in 15 OECD Countries, Year 2007

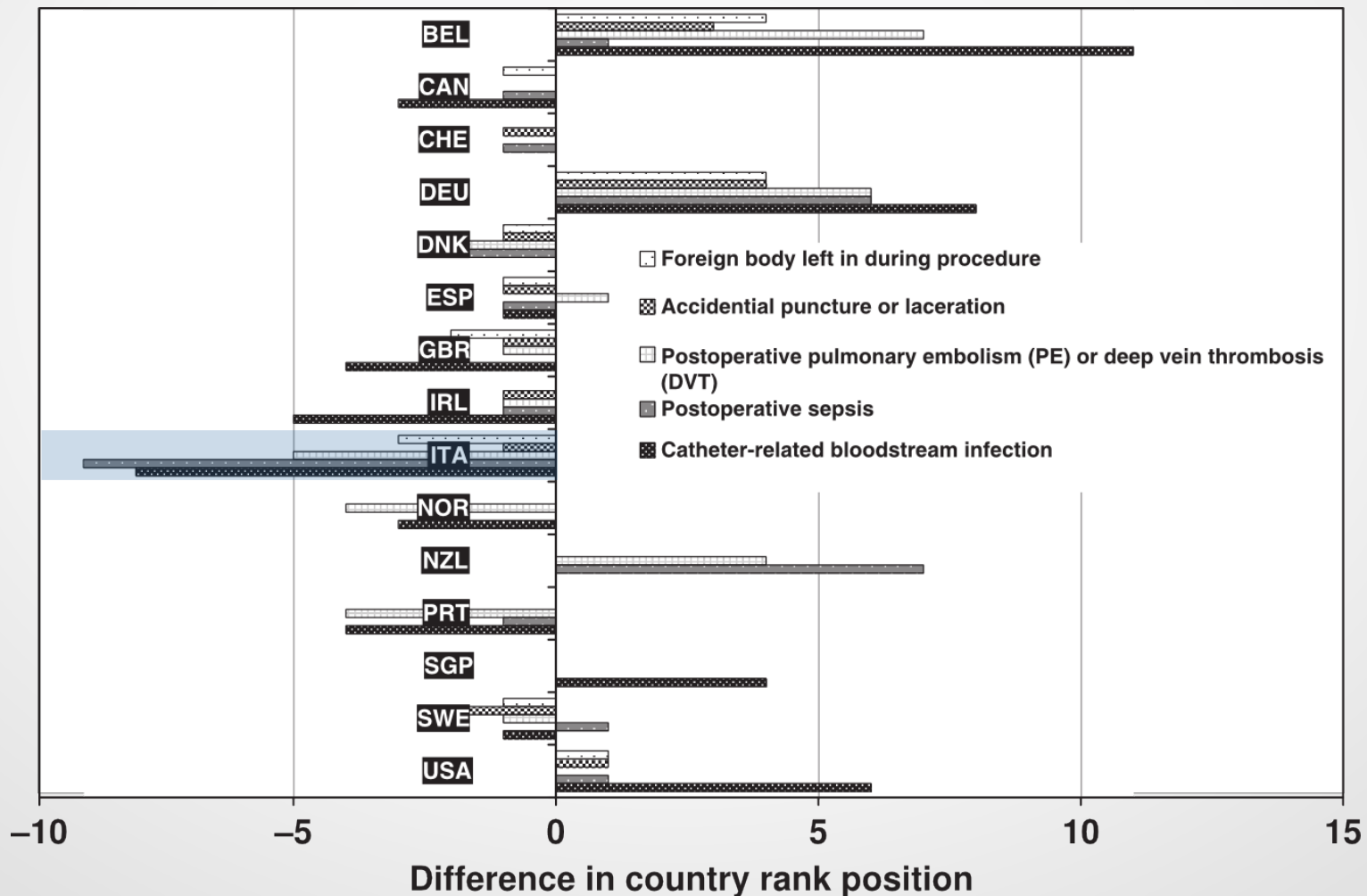


Mean Number of Secondary Diagnoses

International comparability of Patient Safety Indicators in 15 OECD Member Countries (2)

CHANGE IN COUNTRY RANKING AFTER ADJUSTMENT BY NUMBER OF SECONDARY DIAGNOSES

Drösler et al, Health Serv Res. Feb 2012; 47(1 Pt 1): 275-292



OECD Medical Practice Variation Project

OECD Health Policy Studies



Geographic Variations in Health Care

WHAT DO WE KNOW AND WHAT CAN BE DONE
TO IMPROVE HEALTH SYSTEM PERFORMANCE?



OECD Publishing, 16 September 2014

Chapter 10

Italy: Geographic variations in health care

Fabrizio Carinci, Francesco Di Stanislao, Fulvio Moirano, AGENAS
and

Carla Ceccolini, Flavia Carle, Francesco Bevere, Ministero della Salute, Italy¹

This chapter outlines variations for nine health care activities and procedures carried out in Italy for the timeframe 2007-11. During the study period, national and median provincial rates declined for almost all procedures, except for caesarean rates and knee replacements. The coefficient of variation remained generally stable, with the exception of a decrease in hospital medical admissions and increase in catheterisation and knee arthroscopy. However, the gap between the highest and lowest rates, except for hospital medical admissions, generally widened, showing that extreme values are still present and shall raise the concern of policy makers. The increased implementation of programmes on quality monitoring (National Outcomes Programme, Griglia LEA) and efficiency (Recovery Plans) may have contributed to the steady reduction in overall rates, such as the declining caesarean section rates observed in southern regions in 2012. However, targeted action is still needed to reduce the high level of variation found to persist across the country.

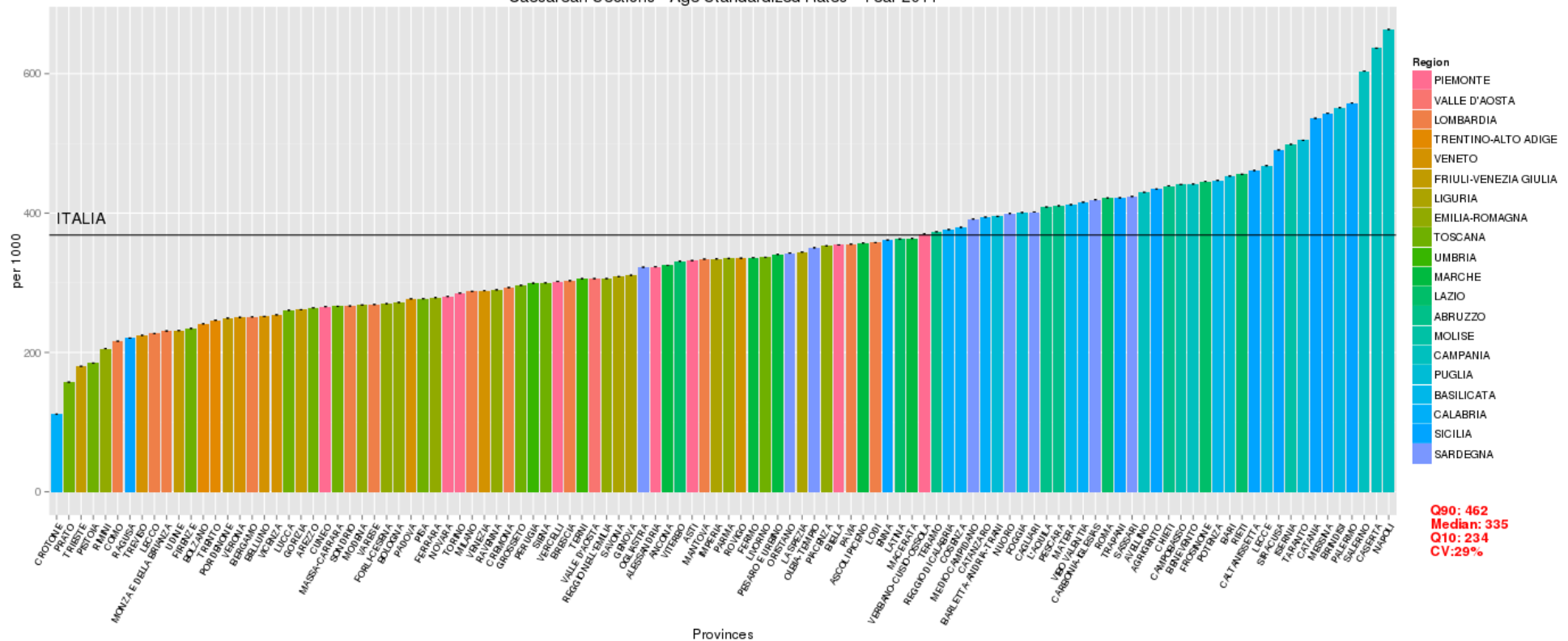
Caesarean Sections – Italy 2011



Carinci F, Ceccolini C, Di Stanislao F, Carle F.
OECD Project Medical Practice Variation. Country Report: Italy
 Second meeting of the Expert Group on Medical Practice Variations
 OECD Headquarters, Paris, 25-26 April 2013



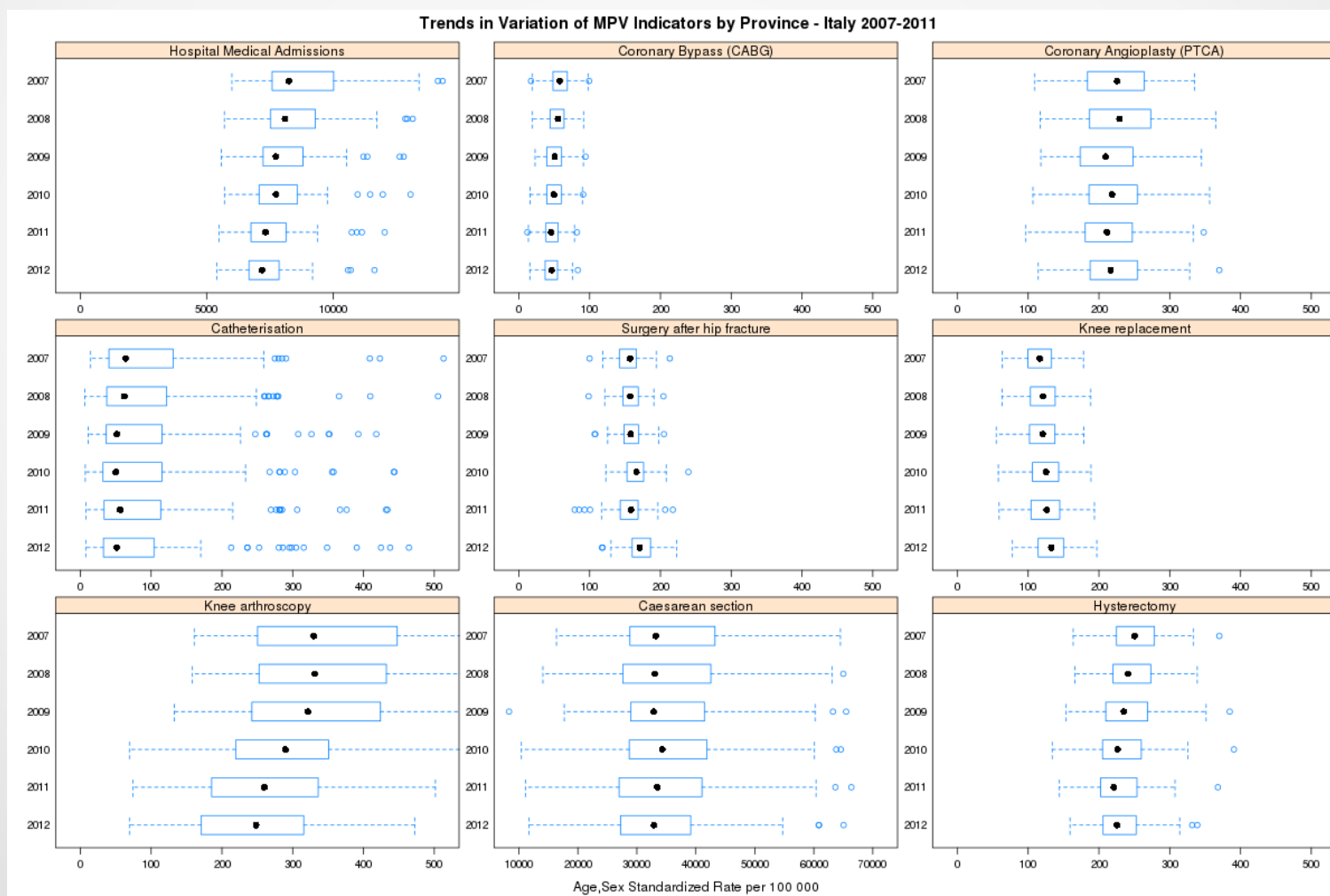
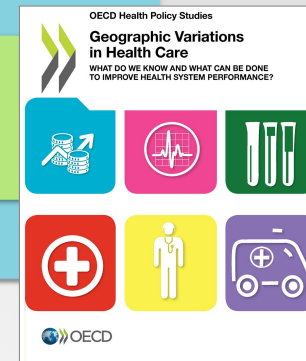
Caesarean Sections - Age Standardized Rates - Year 2011



Trends for selected indicators in the OECD MPV Project - Italy 2007-2011

Carinci F, Di Stanislao F, Moirano F, Ceccolini C, Carle F, Bevere F, Italy: Geographic variations in health care, in *Geographic variations in health care: what do we know and what can be done to improve health system performance?*, OECD 2014.

http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/geographic-variations-in-health-care_9789264216594-en#page287



Caesarean Sections – Italy 2011-12

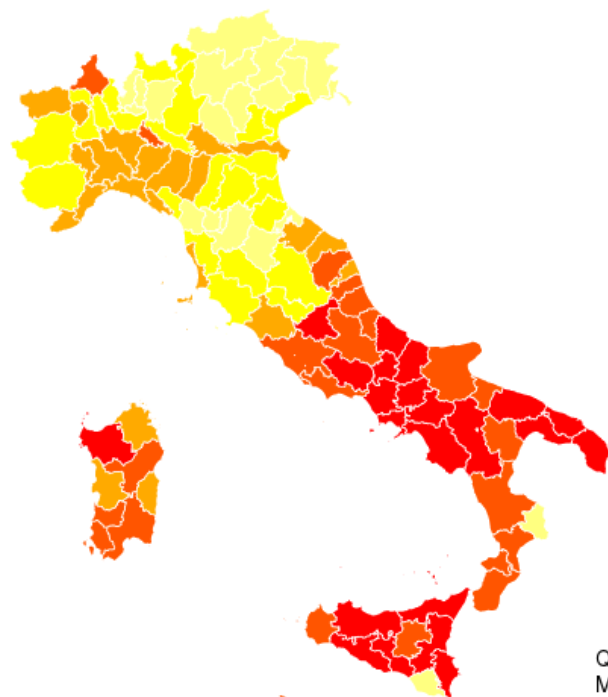


Ministero della Salute

Carinci F, Ceccolini C, Carle F.
International paper on updated Italian data
from the OECD Medical Practice Variation Project (*in preparation*)



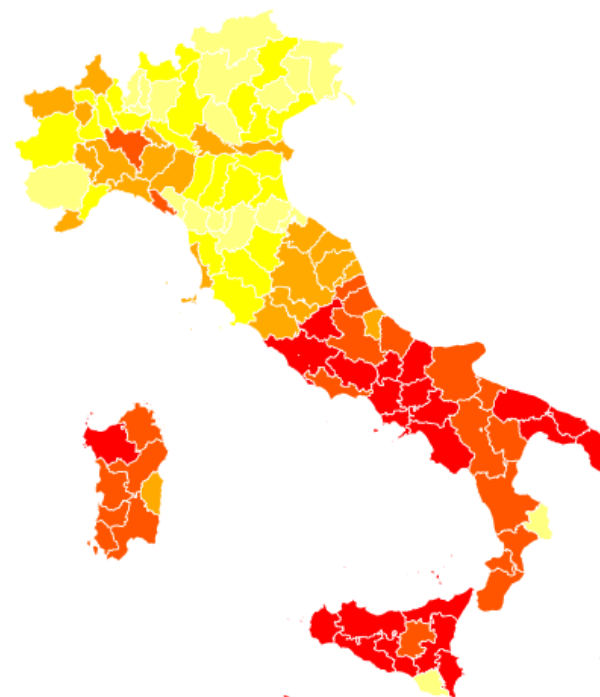
Caesarean Sections - Total - Year 2011



Q90:462
Median:335
Q10:234
CV:29%



Caesarean Sections - Total - Year 2012



Q90:456
Median:329
Q10:235
CV:28%



Caesarean section rates across and within selected OECD countries, 2011 or latest year

Srivastava D, Paris V, Lafortune G, Belloni A, Farebrother J. Geographic variations in health care use in 13 countries: A synthesis of findings, in "Geographic Variations in Health Care. What Do We Know and What Can Be Done to Improve Health System Performance?", Chapter 1, 27-77, OECD Publishing 2014.

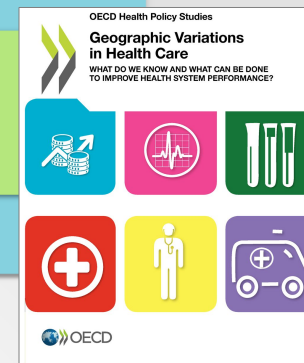
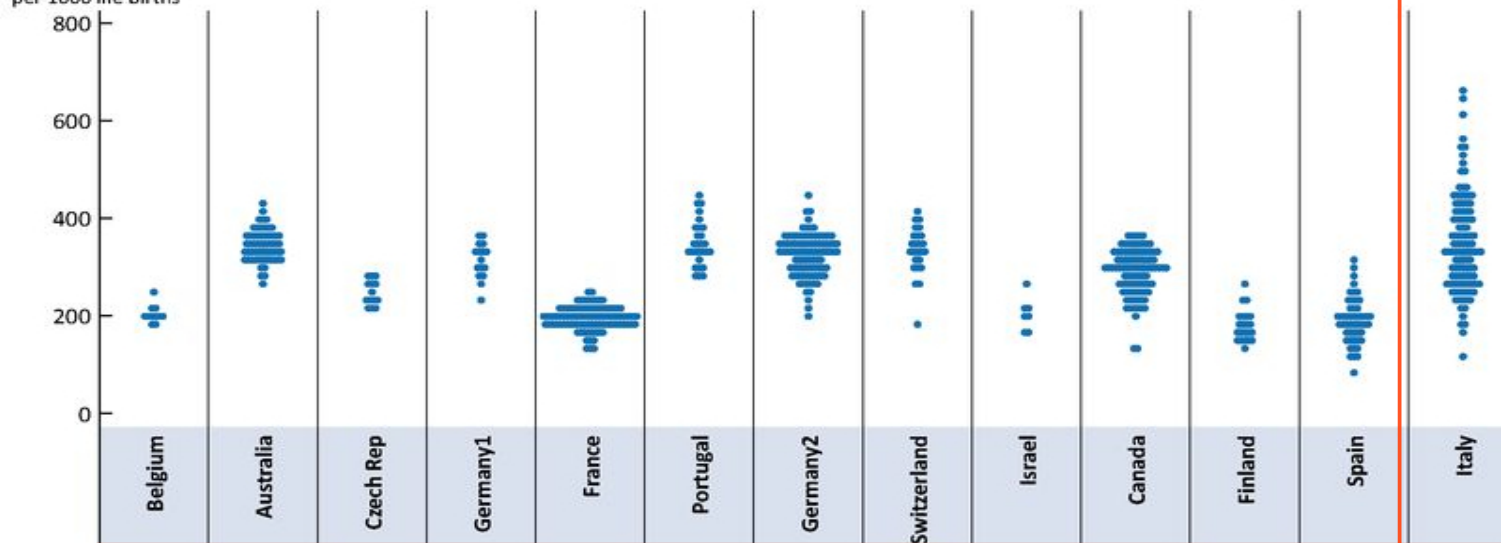


Figure 1.7. Caesarean section rate across and within selected OECD countries, 2011 or latest year

Standardised rates per 1000 live births



| | | | | | | | | | | | | | |
|---------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Crude rate | 194 | 323 | 237 | 314 | 196 | 328 | 314 | 332 | 185 | 270 | 161 | 170 | 369 |
| Std rate | 206 | 343 | 243 | 311 | 194 | 349 | 324 | 332 | 207 | 292 | 181 | 189 | 346 |
| Coeff. of variation | 0.09 | 0.10 | 0.11 | 0.11 | 0.12 | 0.13 | 0.13 | 0.15 | 0.16 | 0.16 | 0.18 | 0.25 | 0.29 |

Knee replacement rates across and within selected OECD countries, 2011 or latest year

Srivastava D, Paris V, Lafortune G, Belloni A, Farebrother J. **Geographic variations in health care use in 13 countries: A synthesis of findings**, in "Geographic Variations in Health Care. What Do We Know and What Can Be Done to Improve Health System Performance?", Chapter 1, 27-77, OECD Publishing 2014.

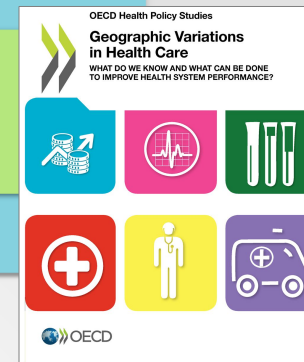
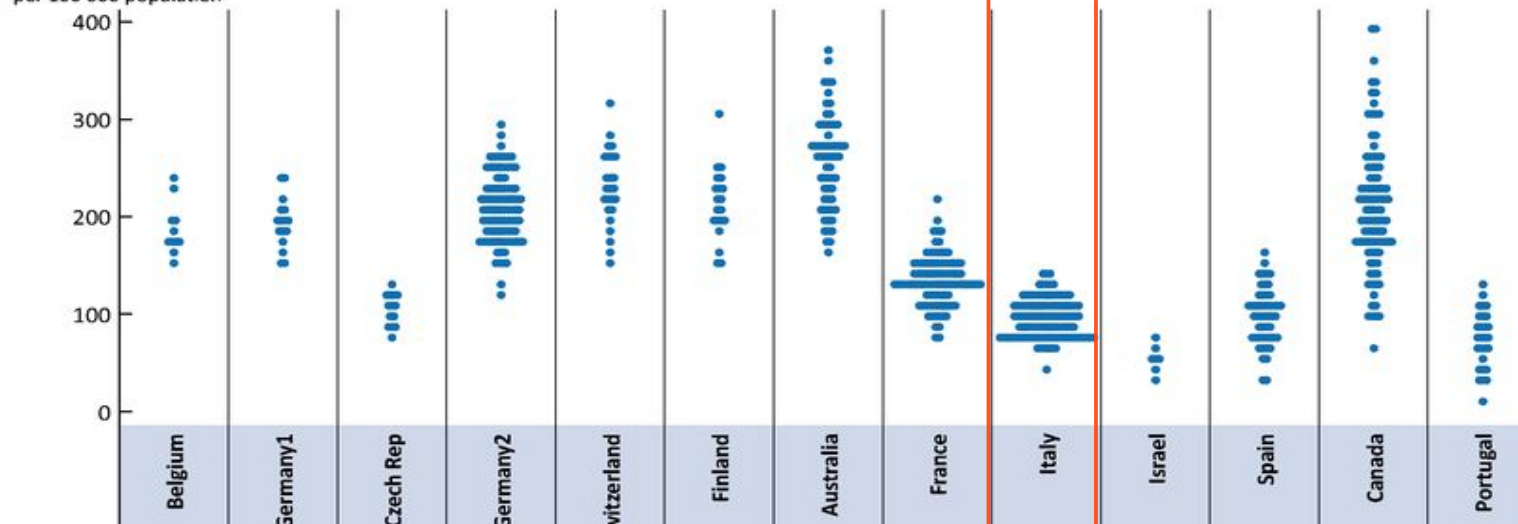


Figure 1.6. Knee replacement rate across and within selected OECD countries, 2011 or latest year

Standardised rates per 100 000 population



| | | | | | | | | | | | | | |
|----------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Crude rate | 210 | 215 | 113 | 215 | 257 | 240 | 238 | 133 | 122 | 45 | 106 | 193 | 77 |
| Std rate | 186 | 194 | 105 | 209 | 230 | 213 | 257 | 135 | 96 | 56 | 98 | 213 | 74 |
| Coeff. of variation | 0.14 | 0.15 | 0.16 | 0.17 | 0.17 | 0.18 | 0.19 | 0.19 | 0.20 | 0.28 | 0.31 | 0.32 | 0.39 |

Why international collaboration

- We can improve ourselves in many ways:
 - better understanding of the methods
 - better interpretation of national results and interregional variability through common benchmarks
 - better understanding of data limitations and improved strategies to strengthen the information infrastructure and overall data quality
 - Acquire knowledge of effective strategies for quality and outcomes improvement with substantial advance
- We can contribute to foster international cooperation, which also allows to share costs and gain access to high level skills that are difficult to engage at national level
- We can shape the future evolution of international standards in performance evaluation

Shaping the future (1): contribute to evolving performance frameworks

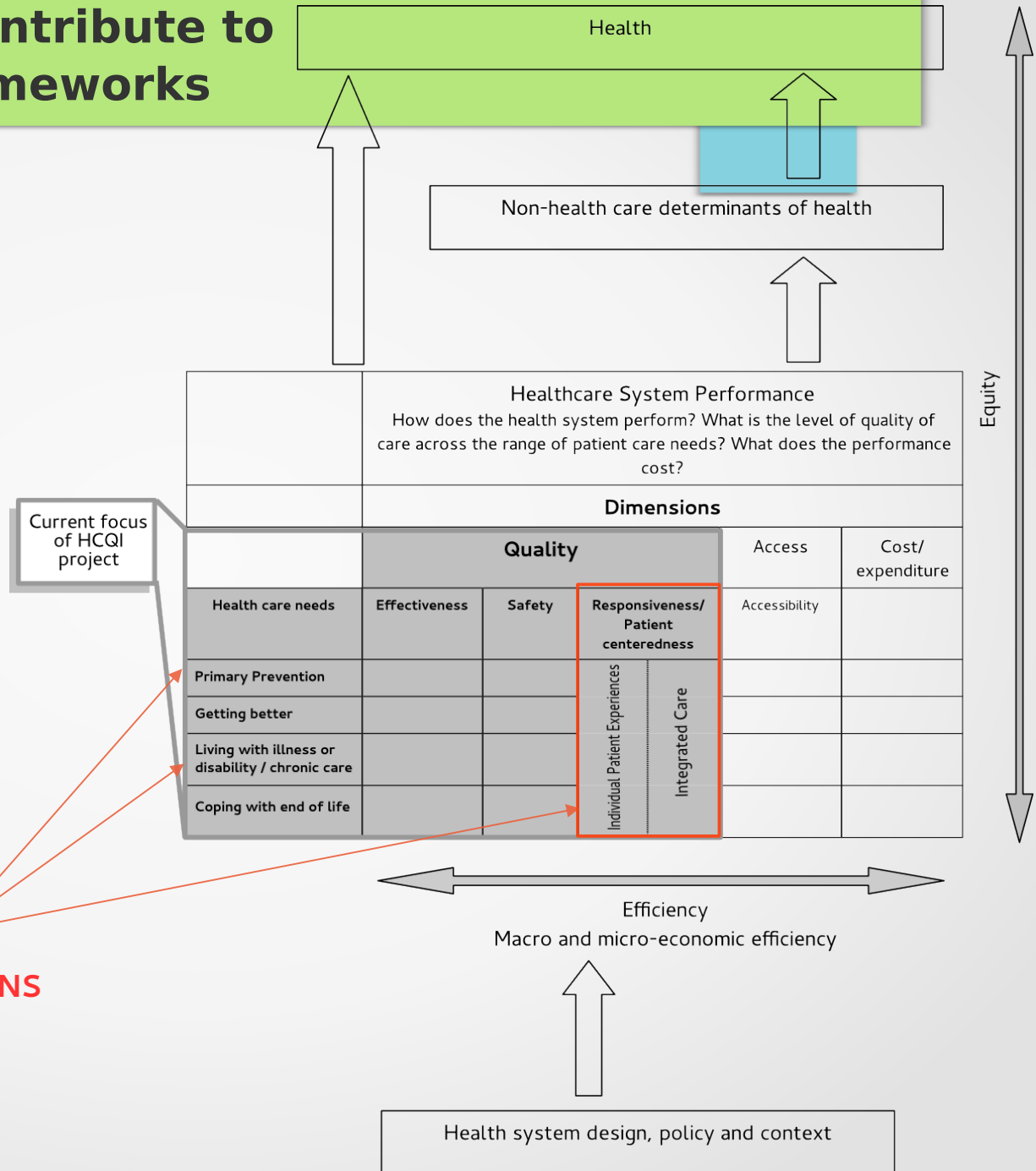
Increasing focus on the individual and community care

Expert Revision of the OECD performance framework and health care quality indicators

Carinci F, Van Gool K, Mainz J, Veillard J, Pichora E, Januel JM, Arispe I, Kim SM, and Klazinga NS on behalf of the OECD Health Care Quality Indicators Expert Group

NEW DEFINITIONS

Submitted, September 2014



Shaping the future (2): contribute to populating the matrix and identifying standardized definitions

Expert Revision of the OECD performance framework and health care quality indicators

Table 2. Results of the mapping of OECD Health Care Quality Indicators to the revised conceptual framework*

| | EFFECTIVENESS | SAFETY | RESPONSIVENESS / PATIENT CENTEREDNESS | |
|--|--|---|--|---|
| PRIMARY/SECONDARY PREVENTION | CD <i>Vaccination against diphtheria, tetanus and pertussis, children aged 1</i> <i>Vaccination against measles, children aged 1</i> <i>Vaccination against hepatitis B, children aged 1</i> <i>Influenza vaccination coverage, population aged 65 and over</i> | PS Obstetric trauma vaginal delivery with instrument Obstetric trauma vaginal delivery without instrument | PE Regular doctor spending enough time with patients during the consultation Other doctor spending enough time with patients during the consultation Other doctor providing easy-to-understand explanations Regular doctor providing easy-to-understand explanations Regular doctor giving opportunity to ask questions or raise concerns Other doctor giving opportunity to ask questions or raise concerns Regular doctor involving patients in decisions about care or treatment Other doctor involving patients in decisions about care or treatment Waiting time of more than 4 weeks for getting appointment with a specialist Medical tests, treatment or follow-up skipped due to costs Consultation skipped due to costs Prescribed medicines skipped due to costs Consultation skipped due to difficulties in travelling Waiting time of more than 1 hour on the day of consultation with a doctor | |
| | PC Hypertension hospital admission Annual retinal exam for diabetics | | | |
| | CC <i>Mammography screening in women aged 50-69</i> <i>Cervical cancer screening in women aged 20-69</i> | | | |
| GETTING BETTER | AC Admission-based AMI 30 day in-hospital (same hospital) mortality Patient-based AMI 30 day (in-hospital and out of hospital) mortality Patient-based ischemic stroke 30 day (in-hospital and out of hospital) mortality Admission-based ischemic stroke 30 day in-hospital (same hospital) mortality Admission-based hemorrhagic stroke 30 day in-hospital (same hospital) mortality Patient-based hemorrhagic stroke 30 day (in-hospital and out of hospital) mortality Hip-fracture surgery initiated within 48 hours after admission to the hospital Patient-based AMI 30 day in-hospital (any hospital) mortality Patient-based ischemic stroke 30 day in-hospital (any hospital) mortality Patient-based hemorrhagic stroke 30 day in-hospital (any hospital) mortality | PS Retained surgical item or unretrieved device fragment (15+ yrs) Postoperative PE or DVT (all surgical discharges) Postoperative PE or DVT (hip and knee discharges) Postoperative sepsis (all surgical discharges) Postoperative sepsis (all abdominal discharges) Postoperative wound dehiscence (15+ yrs) Retained surgical item or unretrieved device fragment (0-14 yrs) Accidental puncture or laceration (0-14 yrs) Accidental puncture or laceration (15+ yrs) Postoperative haemorrhage or haematoma (0-14 yrs) Postoperative wound dehiscence (0-14 yrs) Postoperative haemorrhage or haematoma (15+ yrs) | | |
| | CC Breast cancer five year relative survival Cervical cancer five year relative survival Colorectal cancer five year relative survival Breast cancer mortality in women Cervical cancer mortality Colorectal cancer mortality | | | |
| | PC Overall volume of antibiotics for systemic use prescribed Volume of cephalosporins/quinolones as proportion of all systemic antibiotics prescribed | | | PC Long-term use of benzodiazepines/benzodiazepine-related drugs in elderly patients Use of long-acting benzodiazepines in elderly patients Pilot of prescription safety indicators (6 indicators) |
| | | | | |
| LIVING WITH ILLNESS OR DISABILITY / CHRONIC CARE | PC Asthma hospital admission Chronic Obstructive Pulmonary Disease (COPD) hospital admission Diabetes hospital admission (uncomplicated, short and long-term complications) Diabetes lower extremity amputation Congestive Heart Failure (CHF) hospital admission Adequate use of cholesterol lowering treatment in diabetic patients First choice antihypertensives for diabetes patients | | | |
| | MH Excess mortality for patients with schizophrenia Excess mortality for patients with bipolar disorder Deaths after discharge from suicide among people diagnosed with a mental disorder Deaths after discharge from suicide among people diagnosed with schizophrenia/bipolar disorder In-patient suicides among people diagnosed with a mental disorder In-patient suicides among people diagnosed with schizophrenia or bipolar disorder Hospital (same) re-admissions within 30 days for patients discharged with schizophrenia Hospital (same) re-admissions within 30 days among patients discharged with schizophrenia Hospital (any) re-admissions within 30 days for patients discharged with schizophrenia Hospital (any) re-admissions within 30 days among patients discharged with schizophrenia Hospital (same) re-admissions within 30 days for patients discharged with bipolar disorder Hospital (same) re-admissions within 30 days among patients discharged with bipolar disorder Hospital (any) re-admissions within 30 days for patients discharged with bipolar disorder Hospital (any) re-admissions within 30 days among patients discharged with bipolar disorder | | | |
| COPING WITH END OF LIFE | | | | |

* Text in **Plain Bold**: Indicators finally retained for data collection 2015; Text in **Italic Bold**: Indicators finally retained outside data collection 2015; Plain Text: Indicators omitted from future data collection
Abbreviations: CD=Communicable Diseases, AC=Acute Care, PC=Primary Care, MH=Mental Health, PS=Patient Safety, PE= Patient Experiences

Shaping the future (3): exchange best practices for fair, transparent and effective (?) communication to the public

PERSONAL JUDGMENT

LEAGUE TABLES

SCIENCE



USER

Professional

Decision Maker

Researcher



Open questions

- Can system-level indicators be used at provider level? How can a system-oriented performance framework be adapted to hospitals or specific providers? Which OECD quality indicators can be adopted for hospital reporting?
- How can we identify international benchmarks for continuous hospital performance reporting? Which indicators shall be routinely communicated to the public? How to share relevant data, and to which level of detail for reliable analyses?
- Which countries shall be routinely compared (EU, OECD, universal/insurance, or any rule to define “peer countries”)?
- How to communicate results to the public (best practices, new approaches)? Is public reporting effective, sustainable and practically convenient? Are there new forms of communication, and how can citizens contribute to shaping the media?
- lessons from the world.....your turn

Rome, Friday 26th September 2014

**OPPORTUNITIES AND CHALLENGES OF
HOSPITAL PERFORMANCE PUBLIC REPORTING AT THE
NATIONAL LEVEL: INTERNATIONAL EXPERIENCES AND FUTURE
PERSPECTIVES**



International workshop

organized by:
Italian National Agency for Regional Health Services (AGENAS)
Italian Ministry of Health
Progetto Mattone Internazionale