Greiðslukerfi - Vorfundi SH 2015

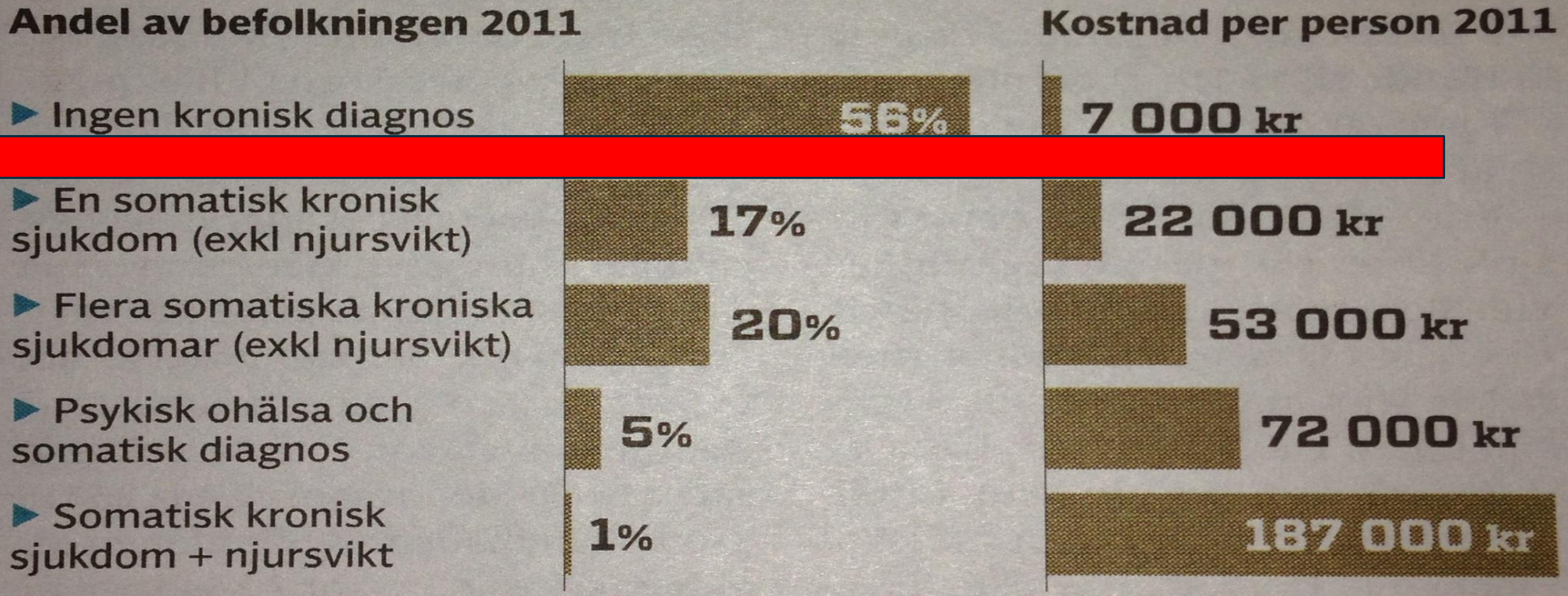
Oddur Steinarsson

Sérfræðingur í heimilislækningum og MBA

Framkvæmdastjóri lækninga HH

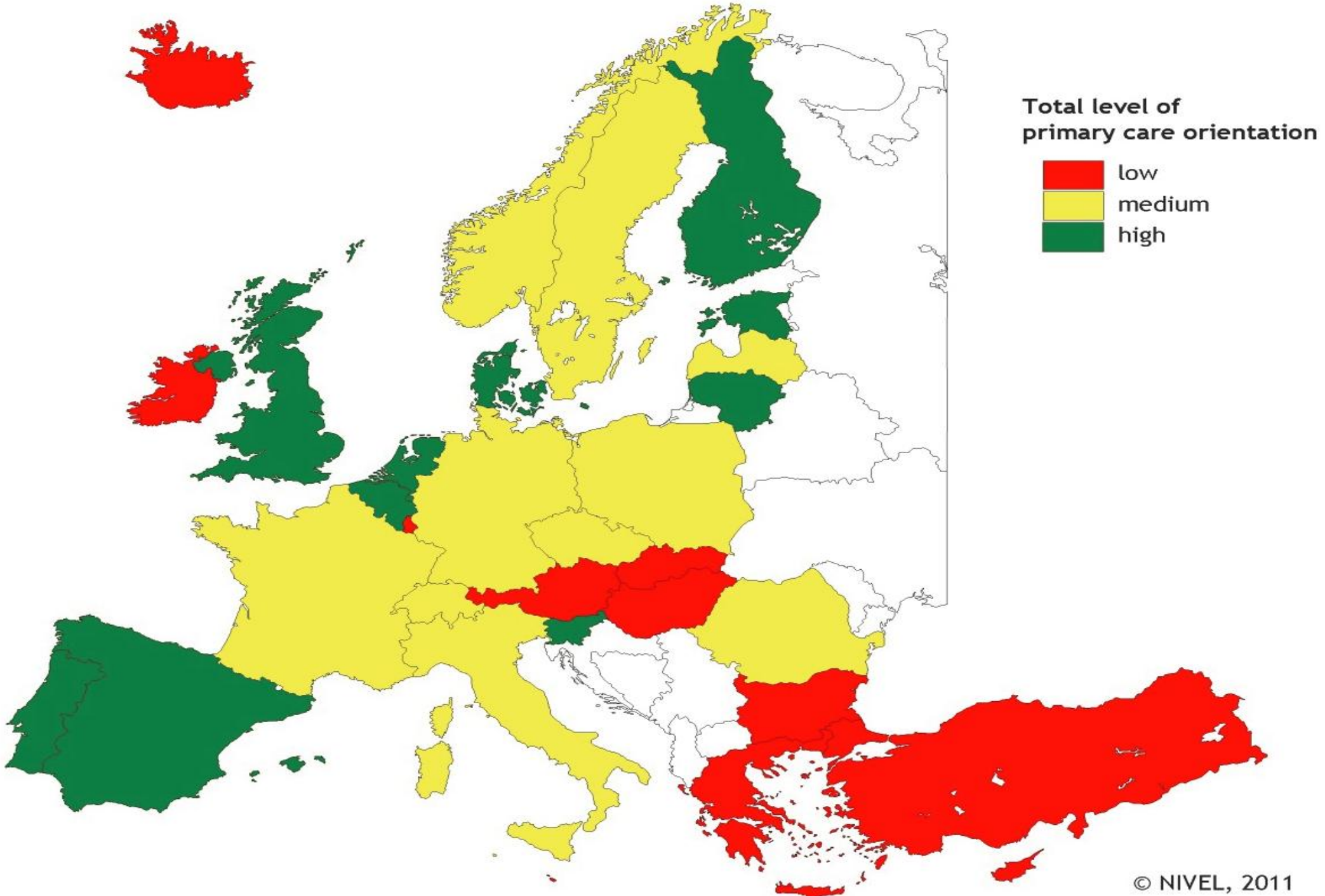
VÅRDKOSTNADER

Kronisk sjukdom får notan att dra i väg



Grafik: Elin Brander

Källa: Vårdanalys


Total level of
primary care orientation
low
medium
high
© NIVEL, 2011

Payment reform requires more than one method, you have dials, adjust them!!!

“fee for health”

“fee for value”

“fee for outcome”

“fee for process”

“fee for belonging

“fee for service”

“fee for satisfaction”

VG PRIMÄRVÅRD
THE REIMBURSEMENT MODEL (FINANCIAL MODEL)

THE OBJECTIVES WHEN CREATING THE MODEL

▸The politicians asked for a reimbursement model that could contribute to

- Strengthen the patients' position
- Increase the availability to primary care
- Increase the quality of the primary care
- Increase the part of the consumption of healthcare made in the primary care
- Equal terms for all providers in the region

THE MODEL THAT WAS CREATED …

- A mixture of components, equal to all primary care centers
- A capitation (fee per person), that is almost 85 % of the reimbursement, follows each person's choice of primary care center
- The capitation varies with the age and sex and with the ACG casemix calculated for all listed persons in each primary care center
- Reimbursement for coverage (visits in primary care versus all outpatient healthcare)
- Reimbursement for reaching quality goals
- Reimbursement for socioeconomic and geographic factors and for using interpreters
- Reimbursement for special missions

Reimbursement based on age and sex

Vega

Contacts in VG Primärvård

Doctors and nurses

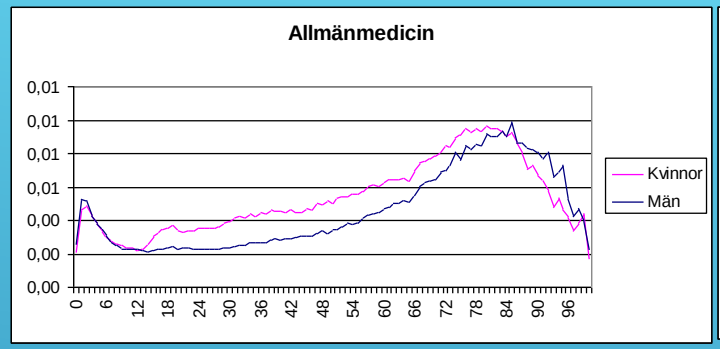
Pediatric care

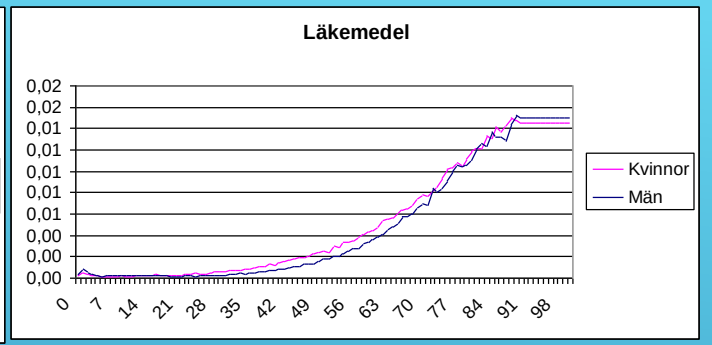
Psyciatric care

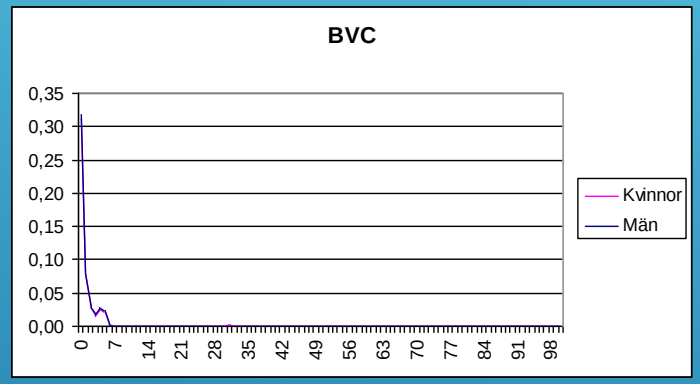
Medicines

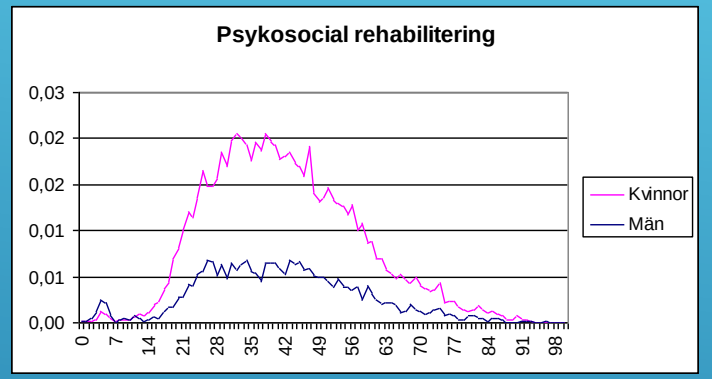
Datavalidering och viktning

Tabulering efter kontakttyp och kön i ettårsåldersklasser 0 – 100 år





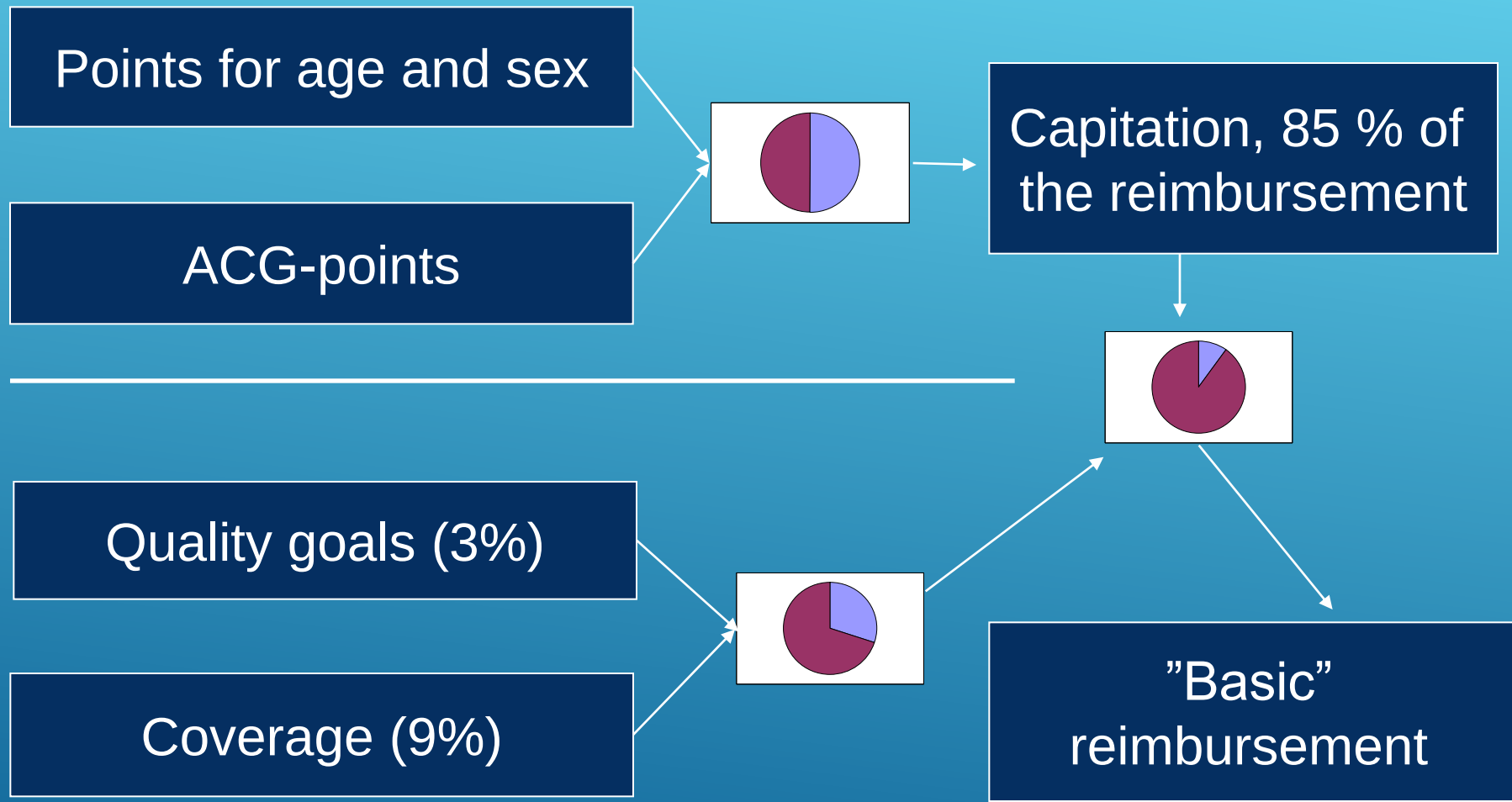




Viktlista för VG Primärvård

Ålder	Kvinnor	Män	Ålder	Kvinnor	
0	2,5268870041629200	2,7806072424697100	51	0,3950162683680 52	0,265
1	2,0819680149656400	2,3069515282863800	52	0,3957832828751 12	0,272
2	0,7629329690843290	0,8464866851705780	53	0,4099766461537 12	0,277
3	0,4487285298381850	0,5084285234090840	54	0,4190299833037 25	0,318
4	0,4211744448830550	0,4610445606207740	55	0,4374170139382 81	0,313
5	0,2956509060003940	0,3197734678579090	56	0,4466105634406 94	0,319

The reimbursement model



Reimbursement for coverage

The overall aim is to increase the number of outpatient contacts that take part in the primary care out of all outpatient contacts in the healthcare system.

A number of exclusions in the calculation have been made over time, due to the mission that the primary care centers have been given and due to poor registration.

One of the factors in the model that has been most tampered with over time …

From 2015 some of the telephonecontacts made from the primary care centers are included in the calculation, but with a lower weight than a visit. The weight for homevisits increase over time…

Reimbursement for reaching qualitity goals

The overall aim is to pay the primary care centers that deliver better care more, and to increase the overall quality in the primary care

What indicators to use and what result the primary care centers should reach is discussed in a group of professionals, mainly doctors

REIMBURSEMENT FOR GEOGRAPHIC FACTORS

- Based on a selfmade system
  - distance from the primary care centre to the nearest hospital with emergency unit (0-6 points)
  - distance from the primary care centre to the nearest town >5000 inhabitants (0-6 poäng)
  - inhabitants/km2 in the municipality where the primary care centre is situated (0-6 poäng)
  - if the primary care centre is situated on an island whithout a bridge to the mainland (med bilfärja 2 poäng, utan 4 poäng)
-

REIMBURSEMENT FOR SOCIOECONOMIC FACTORS

elderly (>64 years) living alone	6,15
born abroad (Southern or eastern Europe, Asia,Africa and Southamerica)	5,72
Unemployed	5,13
lone parents	4,19
individuals who have moved during the latest year	4,19
poor education	3,97
children <5 years	3,23

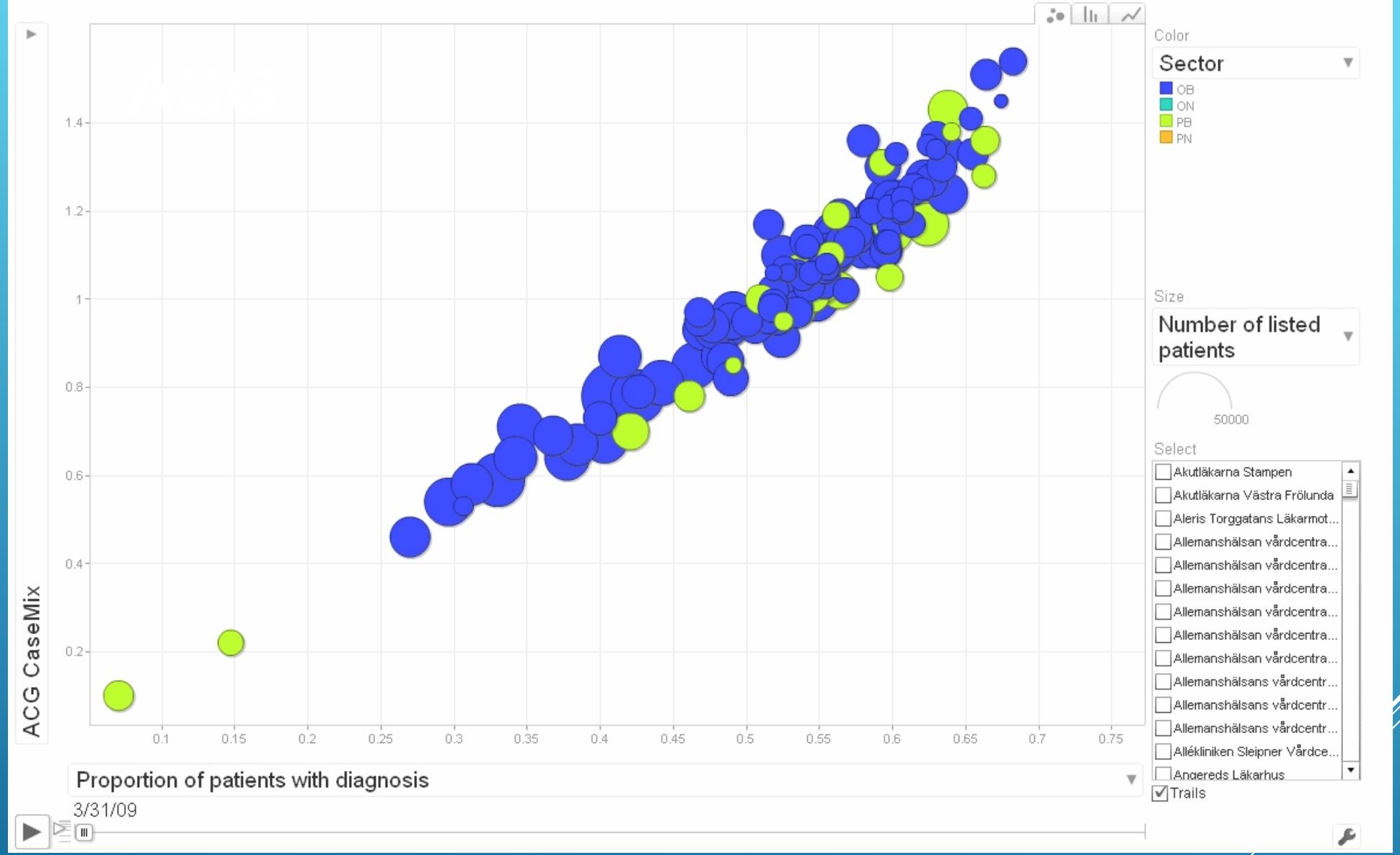
- CNI (Care Need Index) have been developed with inspiration from a Brittish rolemodel –Jarmans index
- Swedish GPs have valued to what extent a number of circumstances influence the workload of the primary care centres

- Primary care centres that have CNI>2,5 per listed person are reimbursed for socioeconomic factors

- The reimbursement payed is to cover all the costs of the primary care centres, including

1. personell, rent, medical equipment, prevention and health promotion, cooperation with other healthcare providers as well as authorities, medicines and medical diagnostic
2. Visits made by persons listed on the primary care center to another GP or primary care center anywhere in the country

- Visit to a GP 500 kronor
- Visit to other medical personell 300 kronor
- More if homevisit and in some cases during the summermonths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Aleris Torggatans Läkarmot...
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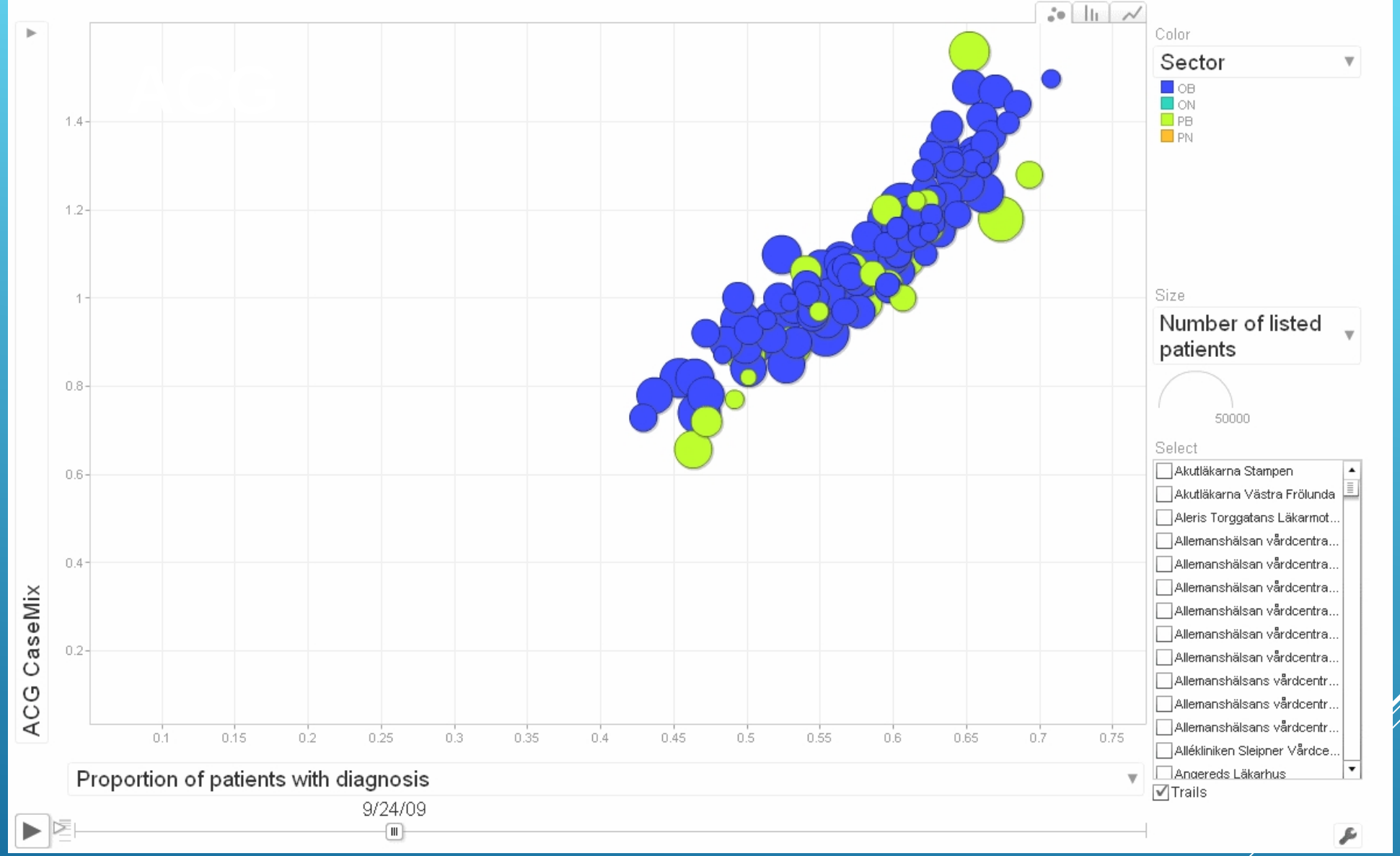
Allékliniken Sleipner Vårdce...
Angereds Läkarhus
Trails
Proportion of patients with diagnosis
3/31/09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Proportion of patients with diagnosis
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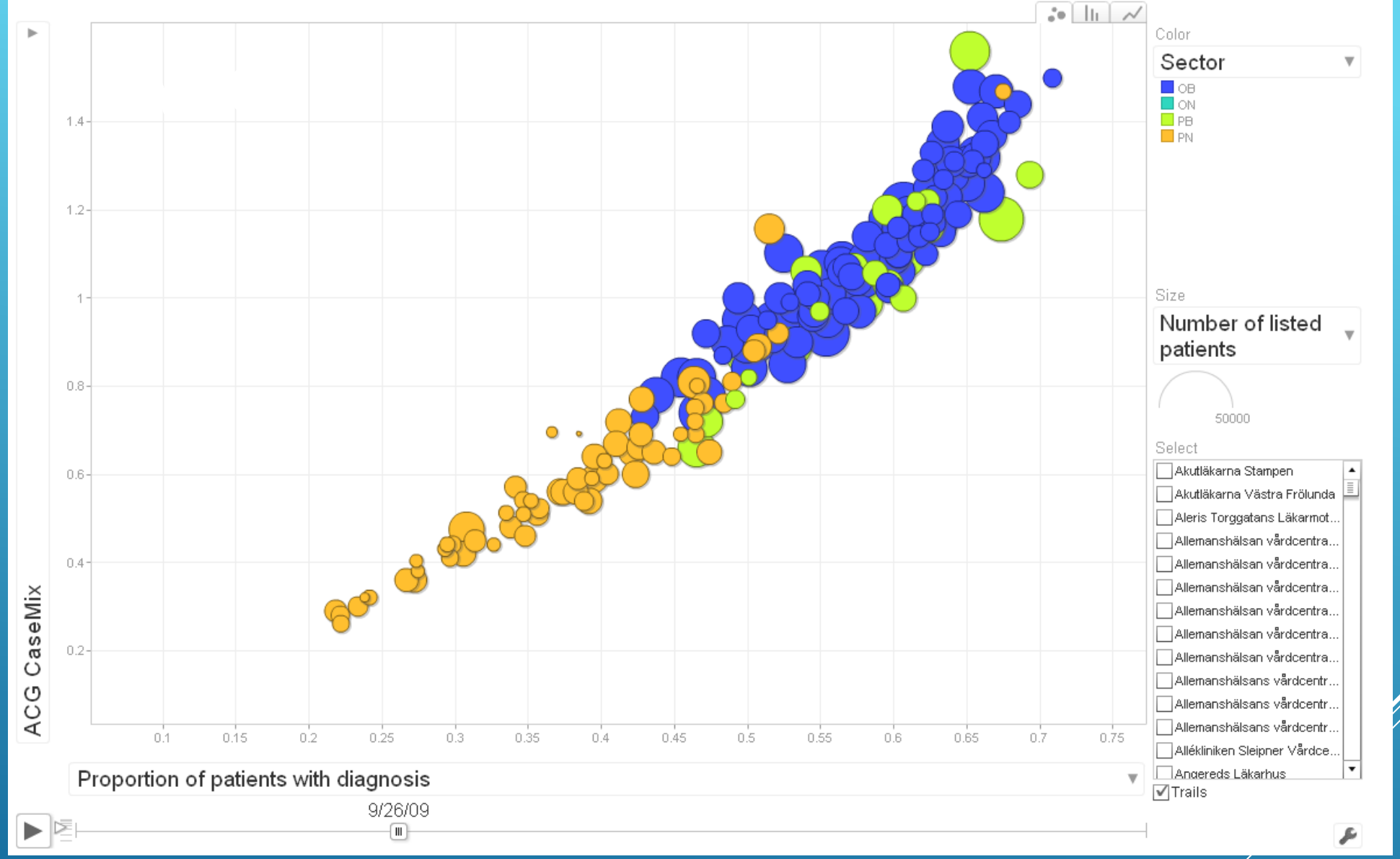
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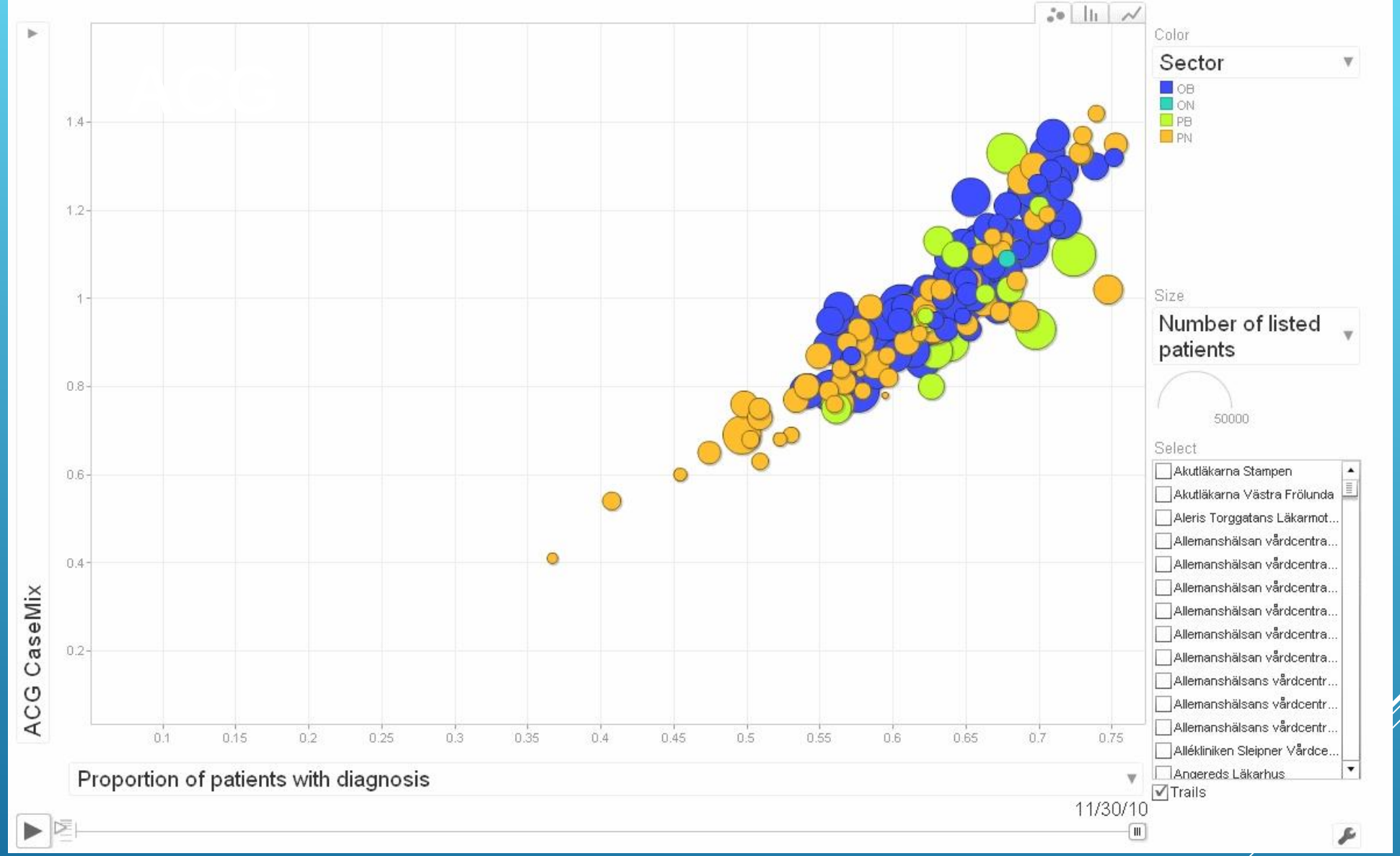
Angereds Läkarhus
Trails
Proportion of patients with diagnosis
9/26/09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Proportion of patients with diagnosis
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Color
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Akutläkarna Stampen
Akutläkarna Västra Frölunda
Aleris Torggatans Läkarmot...
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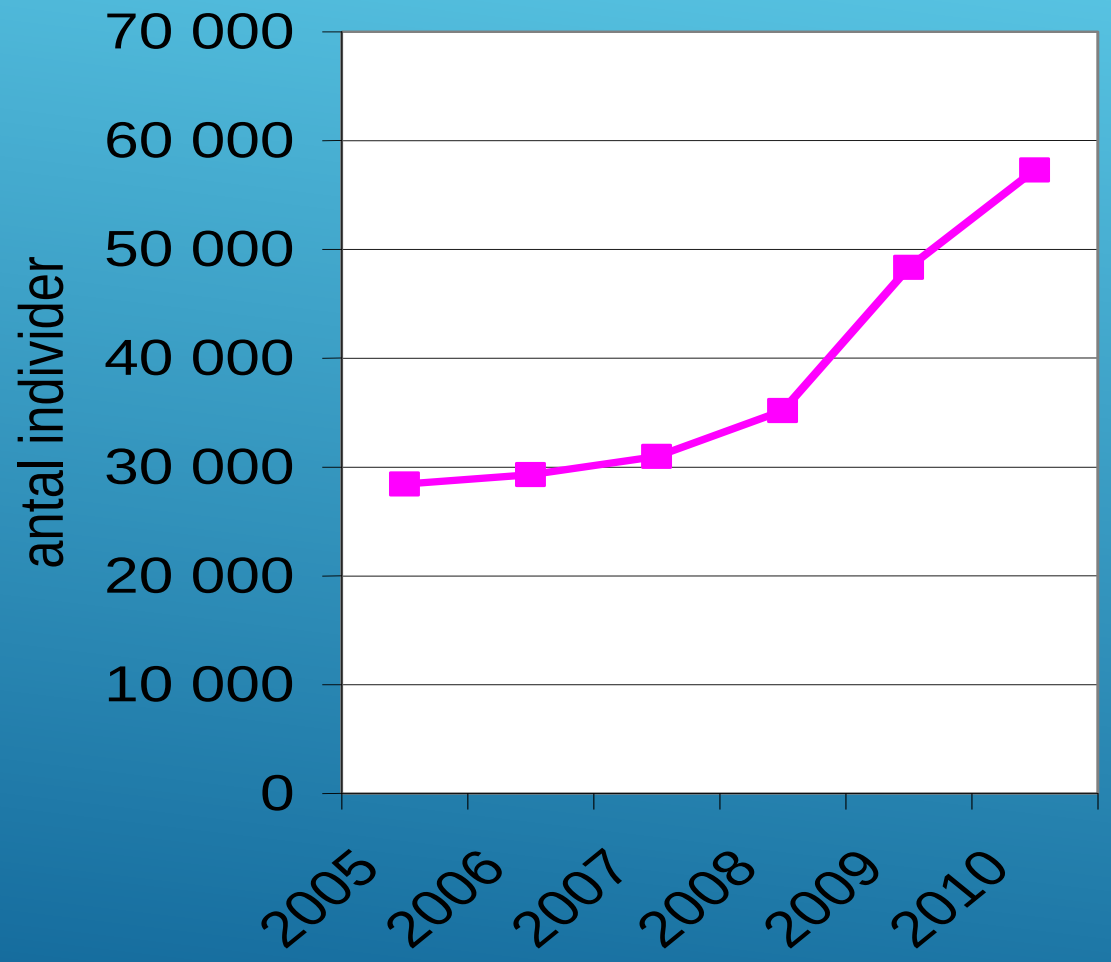
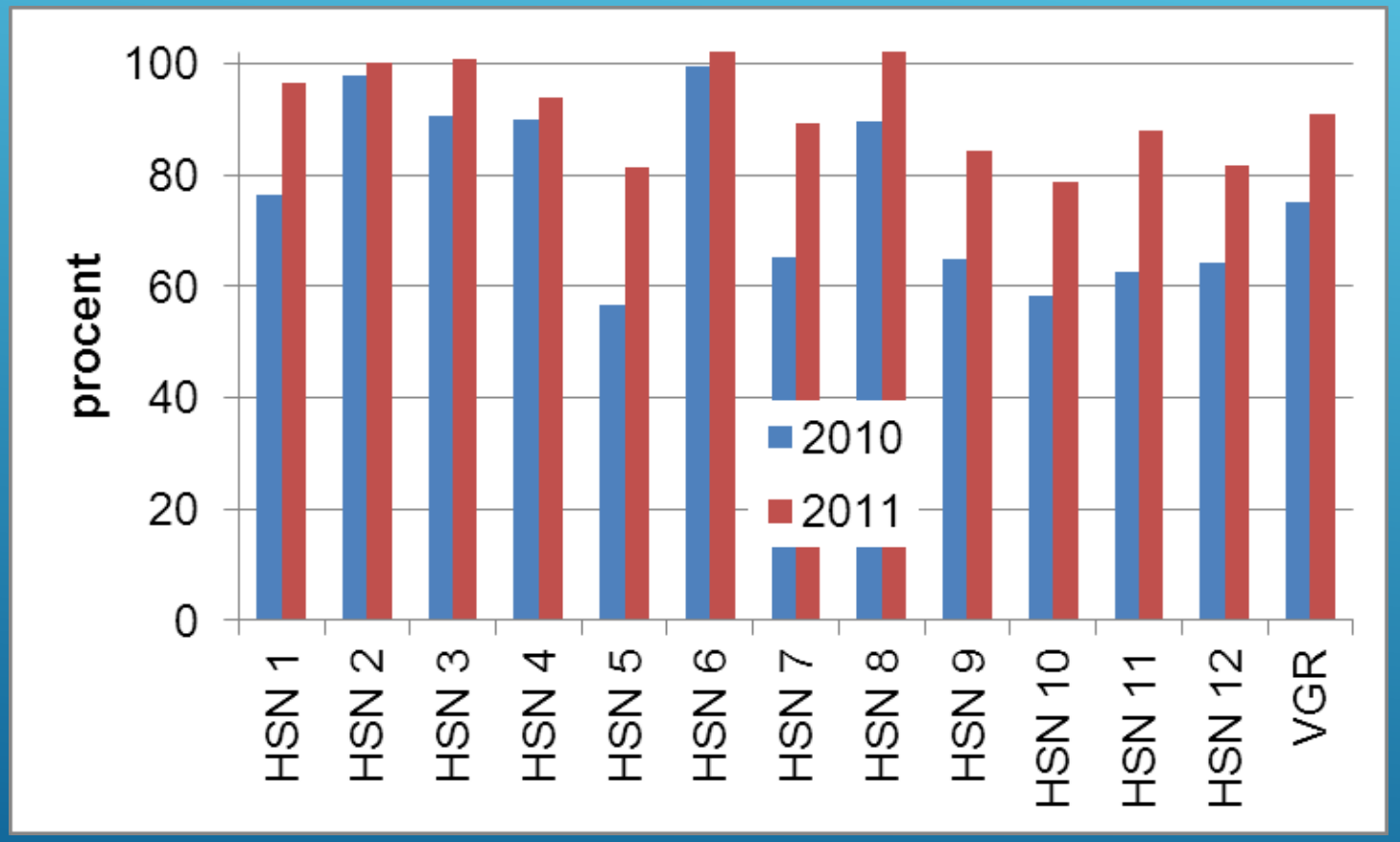
Angereds Läkarhus
Trails

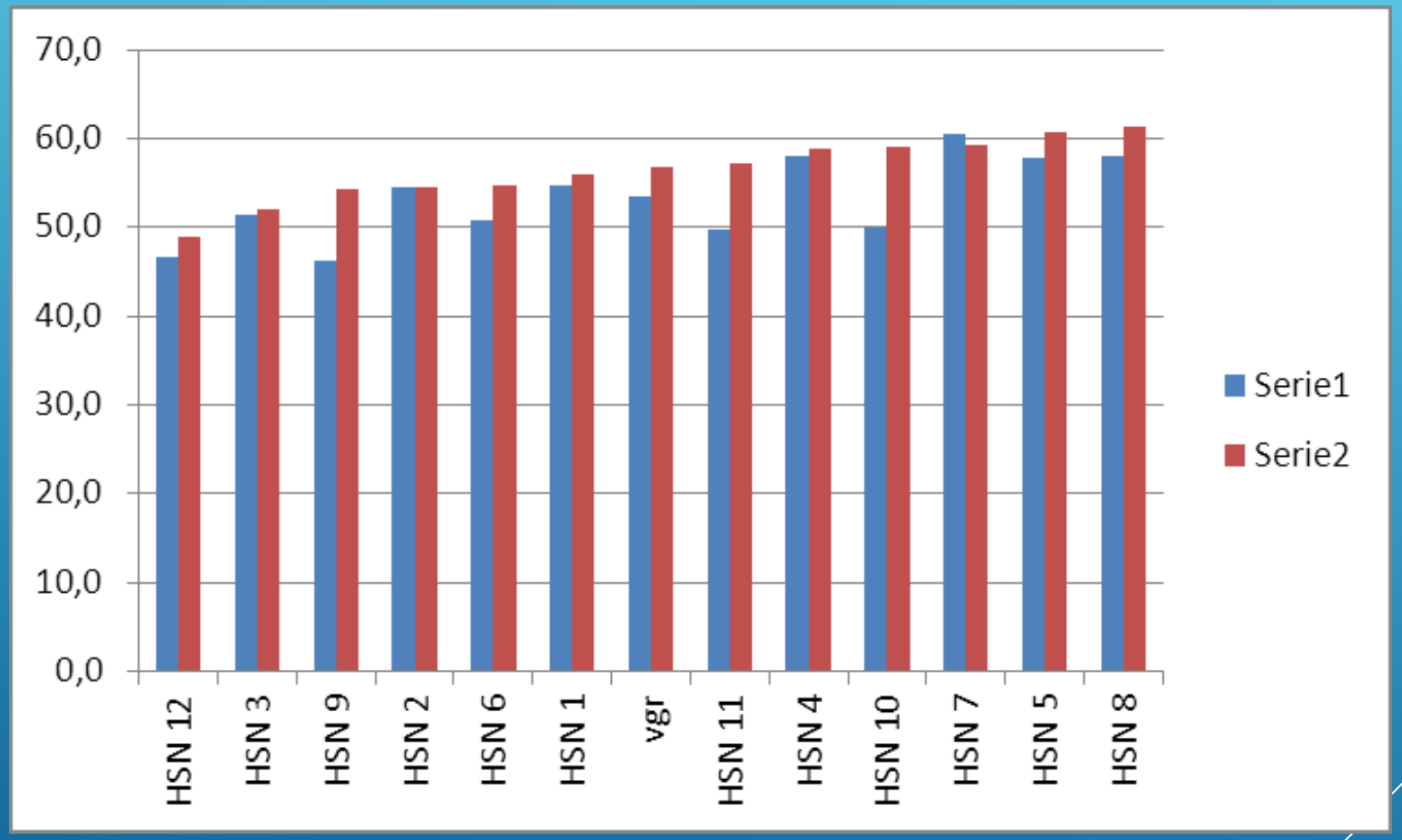
ANTAL VÄSTRAGÖTALÄNNINGAR MED DIABETESDIAGNOS I PRIMÄRVÅRD 2005 TILL 2010



TÄCKNINGSGRAD I NDR I PROCENT FÖR VÅRDCENTRALER I DE OLIKA HSN-OMRÅDENA 2010 OCH 2011.



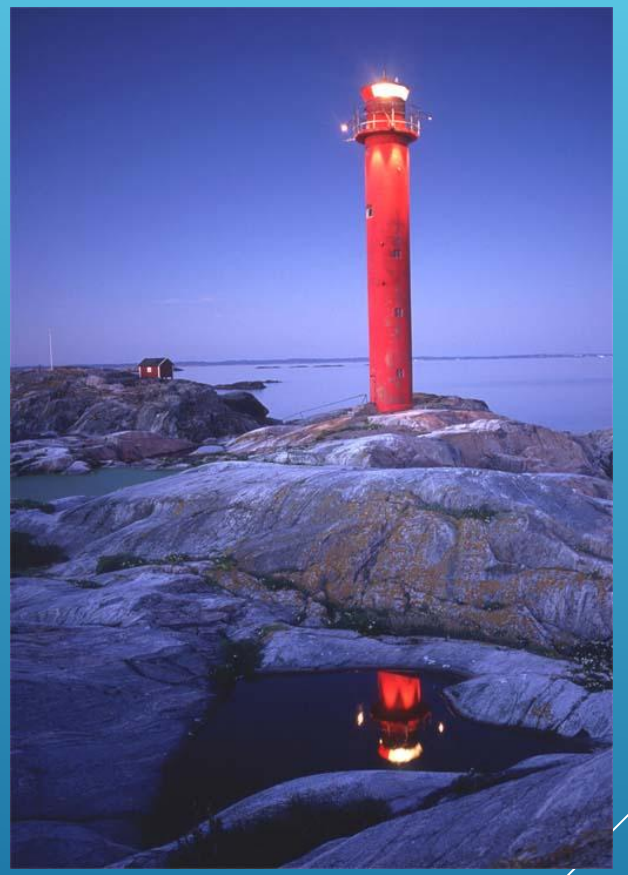
ANDEL AV PATIENTER MED DIABETES, PRIMÄRVÅRD, SOM UPPNÅTT BEHANDLINGSMÅLET HBA1C < 52 MMOL/MOL 2010 OCH 2011, INDIVIDER < 80 ÅR. PER HSN.



A few thoughts about further development of the model…

WHAT WE HAVE LEARNED…

- The reimbursement model makes a difference
- It is difficult to measure the quality of healthcare
- Follow-up and medical revision is important – mission to support as well as to inspect



FUTURE CHALLANGES…

- Continue to develop a systematic monitoring that stimulates and secures good quality of healthcare
- Continue to develop the reimbursement model to make sure that it rewards care with good quality to the people who need it
- Minimize the friction in the interface to models used to reimburse other healthcare providers – for instance the hospitals

- Gæðaþættir
- www.munin.vgregion.se