Health Outcomes Measurement and Reporting

Submissions review
22 September 2017

competition commission
south africa

competition regulation for a growing and inclusive economy

Outcome measurement as an end goal

HMI's current position

•Need to strike a balance between cost and benefits of measurement
•HMI recognizes that outcomes depend on structure and processes
• But what ultimately matters to the consumer are outcomes
• And when combined with cost, they enable measurement of value (outcomes/cost)
•Given the need to minimize the compliance cost and to collect the most beneficial types of measures, the HMI is of the view that the system should focus on outcomes

Outcome measurement as an end goal

Stakeholders

•*Most stakeholders fully support the focus on outcomes measures, however:*

•Some stakeholders state that process measures are a good starting point, given the time it will take to implement outcome measures,
•Others emphasize that all three (structure, process and outcome) are useful
•Those process measures that have already been accepted by doctors and have been shown to improve results should be included

New independent statutory body

•*There is full agreement that the OMRO should be independent for it to be trusted by all stakeholders. It is critical that providers trust the institution and results reported*

•However some stakeholders are not in support of establishing a new body

- General idea is that we should build on existing structures to achieve QM&R as envisaged
- Some argue that the structure and capacity required for ORMO exist inside the CMS – so they recommend CMS
- Others argue for the OHSC and NDoH
- Others argue for HQA, COHSASA, Health Commission

Doctors' attitudes on outcomes reporting - survey

Reporting to providers N=695		Reporting outcomes to the public N=694	
Indifferent	**12.4**	Indifferent	**20.2**
Neither useful nor relevant	**5.0**	Somewhat opposed	**16.0**
I would be happy to participate	**77.3**	Very opposed	**8.9**
I would not want to participate	**5.3**	Somewhat supportive	**36.7**
		Very supportive	**18.3**

Org. method for QM&R – doctor survey, N=692

	Societies	Colleges	HPCSA	OHSC	Univ.	New body
1	51.5	16.2	12.3	12.8	14.8	31.3
2	13.0	21.7	6.1	9.1	13.8	15.5
3	9.8	18.4	9.6	14.1	19.4	11.4
4	6.7	16.4	9.4	13.6	17.3	10.7
5	5.5	10.9	13.6	17.7	11.5	7.1
6	13.6	16.4	49.0	32.7	23.3	24.0
Weighted score	**2.4**	**3.3**	**4.5**	**4.1**	**3.7**	**3.2**

Mandatory provision of data

•*Wide support for mandatory reporting to ensure sufficient participation*

•Poor response by practitioners to voluntary participation in the SANJR

•Voluntary system will result in different levels of participation and an unfair distribution of costs on providers

•There are some concerns relating to mandatory provision:

- Mandatory collection of comprehensive outcomes data will impose cost (time and money) on practitioners
- Administrative burden on practitioners will have to be carefully considered

Public, private, NHI

•*Some submissions emphasized the need to align HMI recommendations to the NHI perspective*

•Given NHI ambitions and developments, all OMRO activities should equally apply to public and private facilities.
•Mandatory provision should apply to both public and private practitioners as NHI services will be procured by the NHI from both private and public practitioners
•Different implementation time lines may be needed

Funding

•*Funding must be sustainable and linked to 'independence'*

•Cost of operating a registry is argued to be very high – R10 mn per year for one registry
•HMI presented four options – Gov., levies, voluntary, hybrid
•Levies – is an important measure of independence.
•Government - through Parliament, rather than MoH
•Voluntary- less reliable
•Many stakeholders (e.g.CMS and LHC) are in support of a hybrid model
•Others (e.g. IPAF) suggest using a patient levy payable in both public and private sectors.