

Implementing Pay for Quality at Unimed-BH: lessons learned

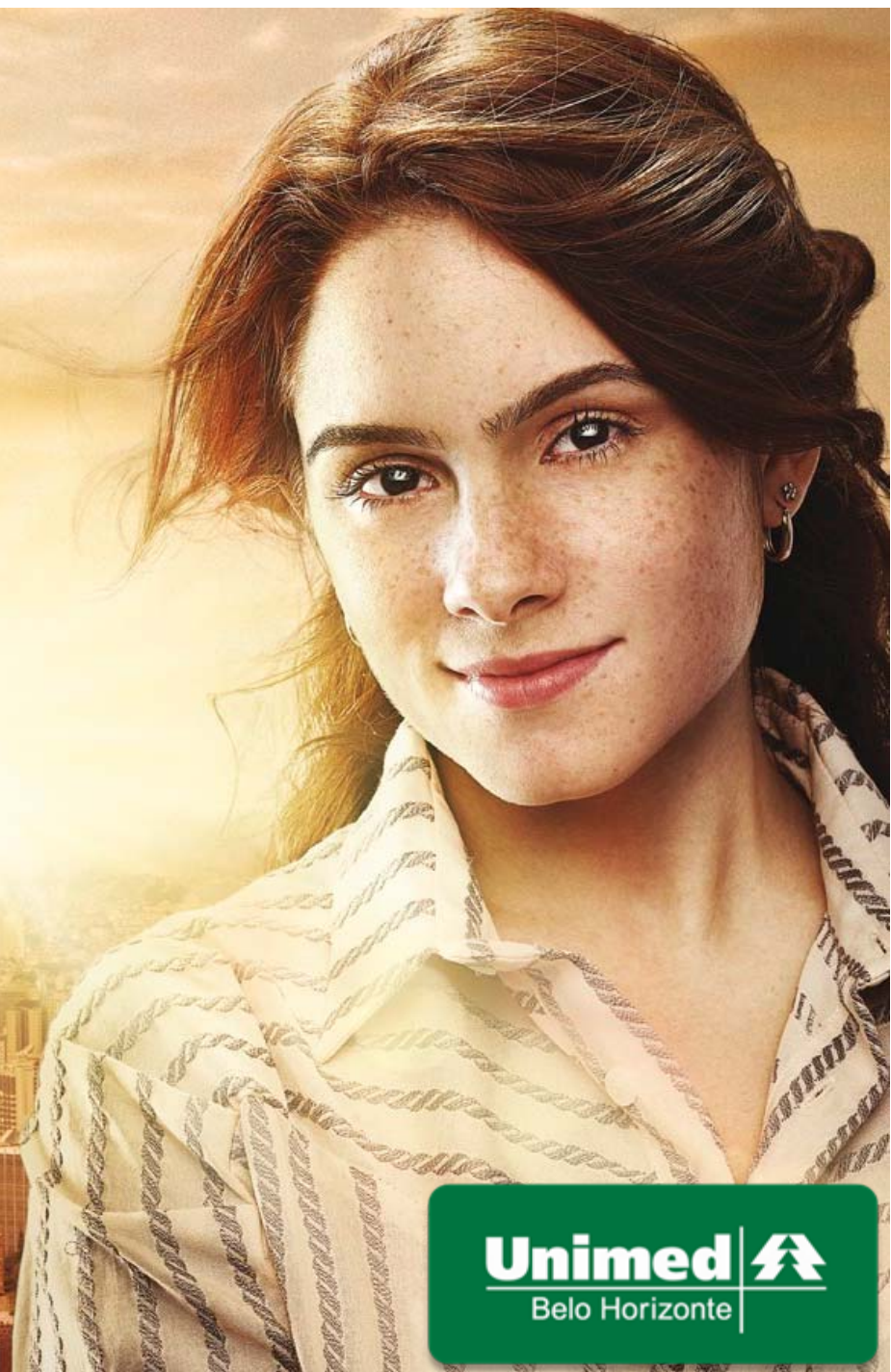


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Part one

The Brazilian health sector



Brazil: 7th biggest GNP, 6th biggest private health market in the world

Annual expenditure in health (US dollars) 2010

US\$ 1.2 Trillion

US\$ 4000 per capita



US\$ 61.5 Billion

US\$ 674 per capita



US\$ 117.4 Billion

US\$ 157 per capita



Germany US\$ 89.3 Billion
Japan US\$ 69.2 Billion
France US\$ 64.6 Billion

Fonte: IMF, Panorama Econômico Mundial, abr 2010.

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Unimed
Belo Horizonte

How is the Brazilian health sector organized?

The system is predominantly private and market-oriented

US\$ 130.7 billion = 8.4% of the GNP

SUS
(Public and universal)

Private health sector
(23% of the population)

43.2% of the expenses

US\$ 54.9 billion/year

61.5 million*

56.8% of the expenses

US\$ 75.8 billion/year

Health plans and out-of-pocket expenses with medication, hospital care and other services



*In September 2009. Sources: ANS and IBGE (2009)

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The Unimed System

- The world's biggest health cooperative model
- Founded in 1967
- 373 medical cooperatives
- 110,000 physicians
- 17 million clients
and 73,000 companies served
- Consolidated billing
of US\$17 billion (2010)



Unimed-Belo Horizonte (UBH):

Some of our figures

One of the 373 nonprofit medical cooperative

988.000

clients in our portfolio,
with 85% satisfaction

R\$ 1,57 bi

annual gross income

5.000

physicians with
82% satisfaction

75%

clients covered through
their employers

50%

of health plan
market in BH

Owns 10 facilities

8 out-patient and
2 hospitals (352 beds)

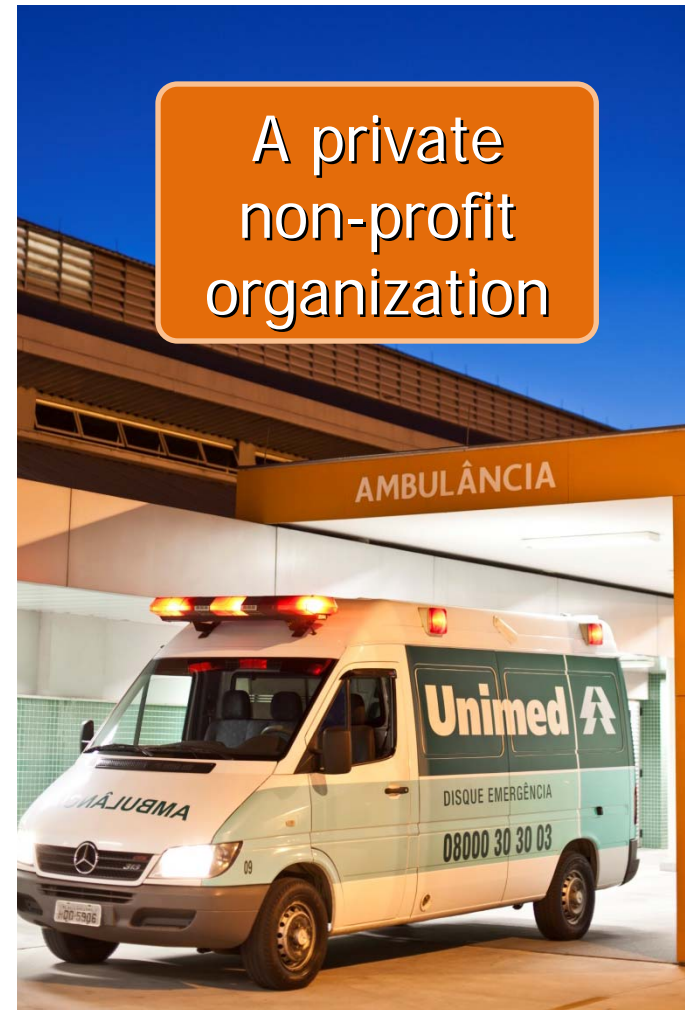
40.000

clients monitored in
P4Q health care programs

288

Contracted network:
hospitals, labs
and clinics

A private
non-profit
organization



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Improving quality care

More financial resources,
aligned to quality



Pay for Hospital Accreditation (incentives to hospitals)

Chronic Disease P4Q (incentives to physicians)

Increased overall efficiency

Pay for information

Reductions in readmissions, length of stay and hospital-induced infections

Quality of ambulatory care (diabetes, renal failure, depression, childhood asthma)

Continuing education and adoption of ongoing improvement measures

Health promotion and prevention (cancer screening – mammography, cervix cancer and colon cancer)

Patient satisfaction

Patient satisfaction

► Hospital Unimed:

250 beds



Capacity :
18.000 patients/month
(emergencies)



www.unimedbh.com.br

► Hospital Unimed in 2014: 600 beds



www.unimedbh.com.br

► Maternity and Day Hospital



www.unimedbh.com.br

▶ Contagem Unit



www.unimedbh.com.br

► Office Center and Institute for Education and Research in Health



www.unimedbh.com.br

► Churchill Unit for ambulatory care Health Promotion Center



www.unimedbh.com.br

► Barreiro Hospital

Center for Health Promotion and General Hospital



www.unimedbh.com.br

► Health Promotion Center



► Health promotion

Program	Number of participants *
New born nursing home visit	7.617
Nutrition care	4.559
Pregnancy care	2.159
Smoking cessation groups	1.708
Vaccination	1.457
Educational lectures	1.221
Diabetes Mellitus care	2.082
Hypertension care	416
Geriatric care	370
Total	21.589

*In 2010



Part two

Paying for Quality in Chronic Disease Management

► Pay-for-quality in chronic disease management

- ✓ **Introduction**
- ✓ Our strategy
- ✓ Our programs
- ✓ Results
- ✓ Challenges for 2011



► The burden of chronic diseases in Brazil

- \$ 9.3 billion: WHO projection for the Brazilian national income loss from heart disease, stroke and diabetes in 2015
- \$ 49 billion: cumulative projected losses in the next 10 years from deaths due to heart disease, stroke and diabetes
- Over the next 10 years deaths from chronic diseases will increase by 22% and deaths from diabetes will increase by 82%
- \$ 4 billion WHO estimation of economic gain of the next 10 years if Brazil achieve a 2% annual reduction in the national-level of chronic disease death rates

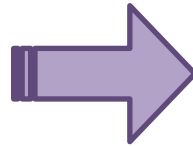


▶ The decision to innovate

Why did Unimed-BH embark on a program in payment for quality (P4Q) in 2007?

Context and problems to solve

- Predominance of fee-for-service model
- Hospital-centered medical care provided by specialists
- Fragmented health care
- Physician pay improvement policies were not met health care improvements for the clients
- Late identification of chronic pathologies, avoidable hospitalization



Resulting in

- Unsatisfactory remuneration for physicians
- Difficult patient access
- Increasing costs

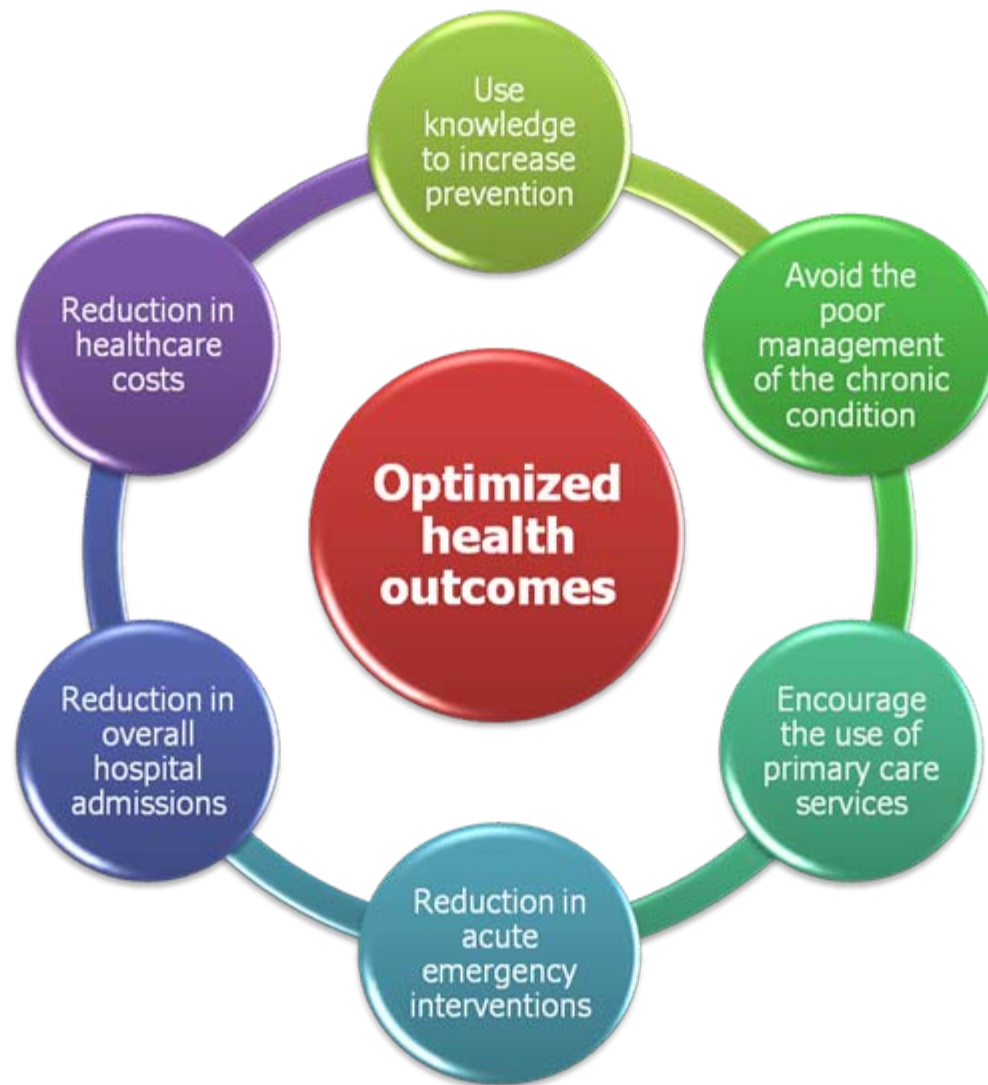


► Pay-for-quality in chronic disease management

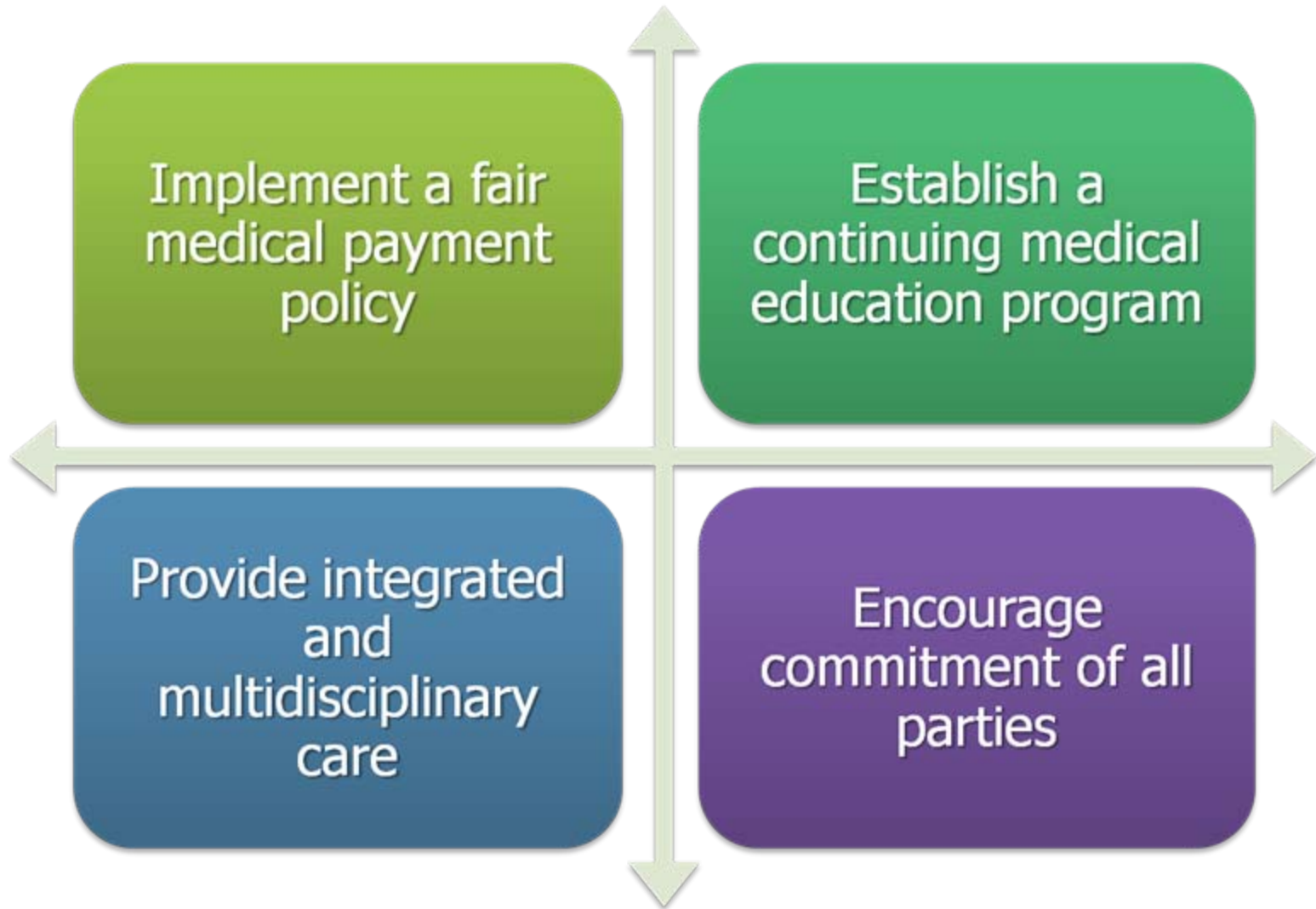
- ✓ Introduction
- ✓ **Our strategy**
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► Our strategy



► Our objectives



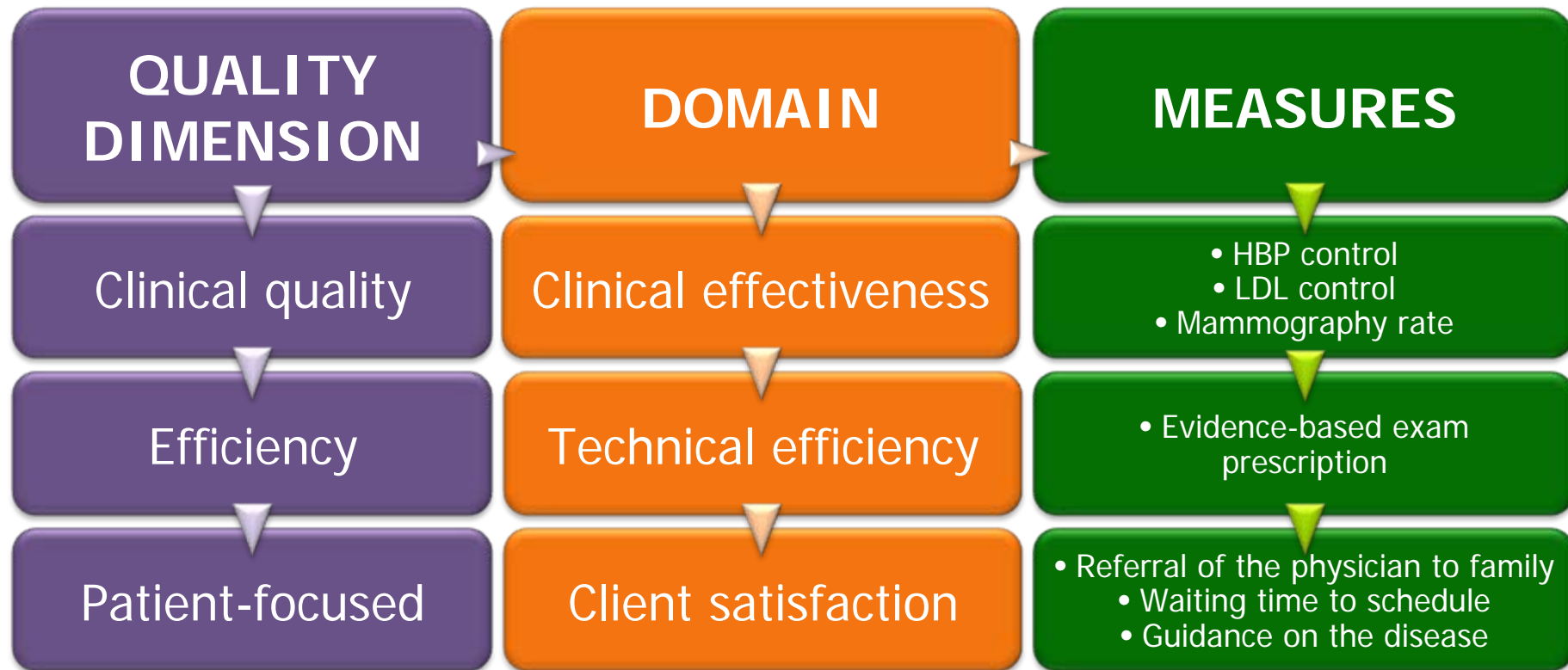
► Our design

- Primary care physicians, geriatricians, cardiologists, endocrinologists, pneumologists and nephrologists were invited
- Disease-management protocols designed with the participation of cooperative members
- Voluntary physician participation
- Voluntary client participation with signed term of agreement in accordance with regulatory agencies

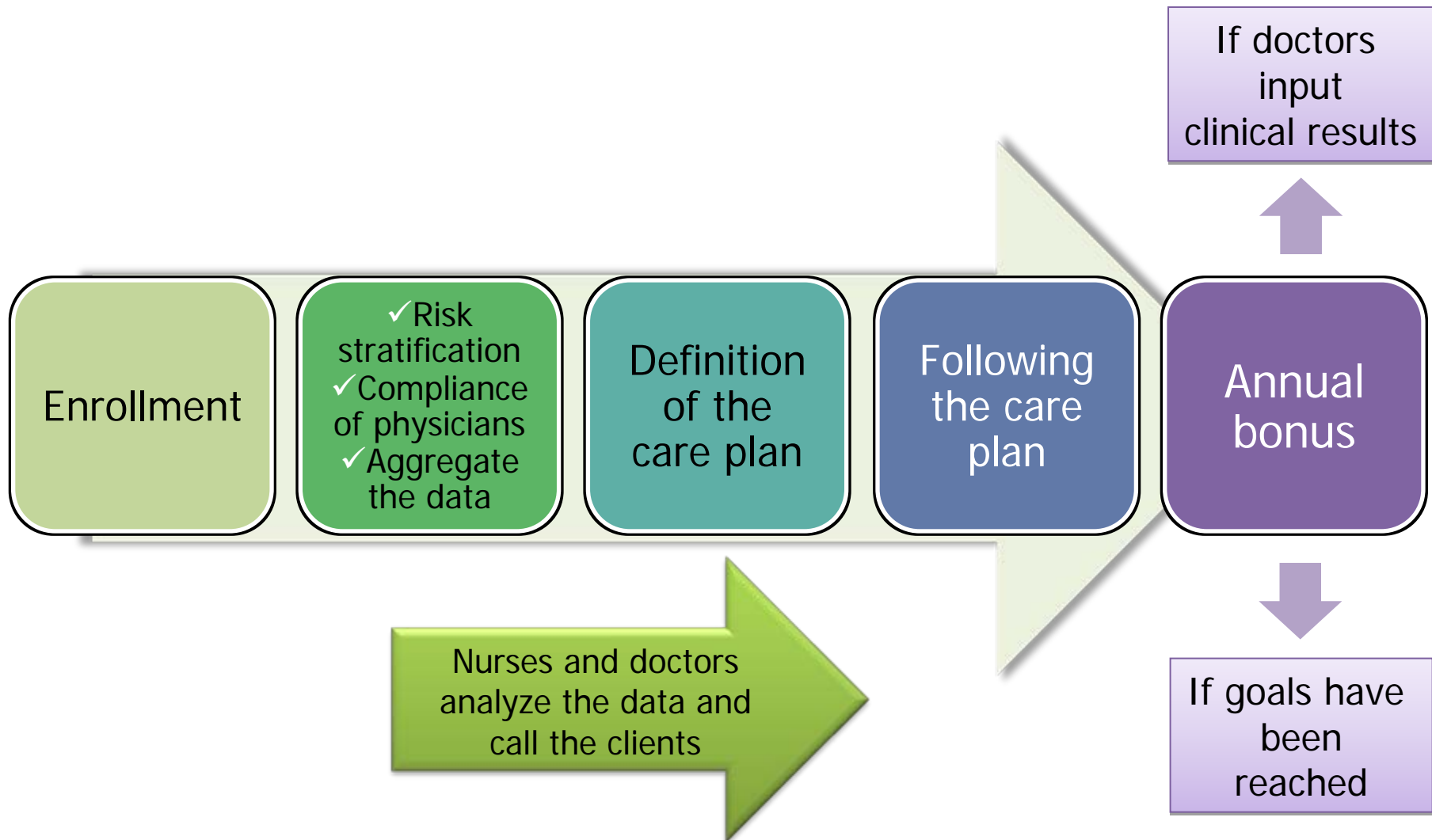


► P4Q in chronic diseases

Unimed-BH is re-designing, refining, and developing new approaches to increase results in chronic disease treatment



▶ Chronic disease management



► Pay-for-quality in chronic disease management

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▶ CCV health program goals, targets and incentives

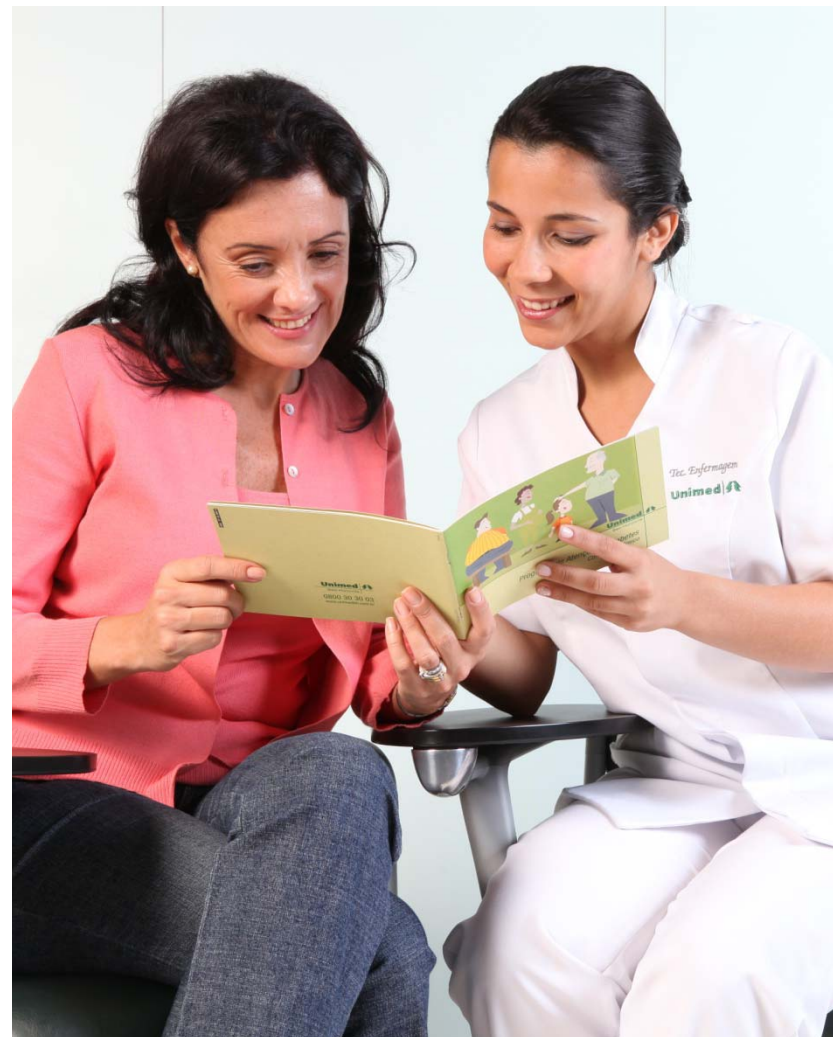
Indicators	
Referral to cardiac rehabilitation program (post CABG, PTCA, cardiac failure)	Y/N
Referral to the smoking cessation group	Y/N
Blood pressure control	Target
LDL	Target



▶ Diabetes Mellitus

program goals, targets and incentives

Indicators	
Annual ophthalmological evaluation	Y/N
Referral to the smoking cessation group	Y/N
Visit to the multidisciplinary prevention group	Y/N
Blood pressure control	Target
LDL	Target
Glucose control	Target



▶ Chronic kidney disease program goals, targets and incentives

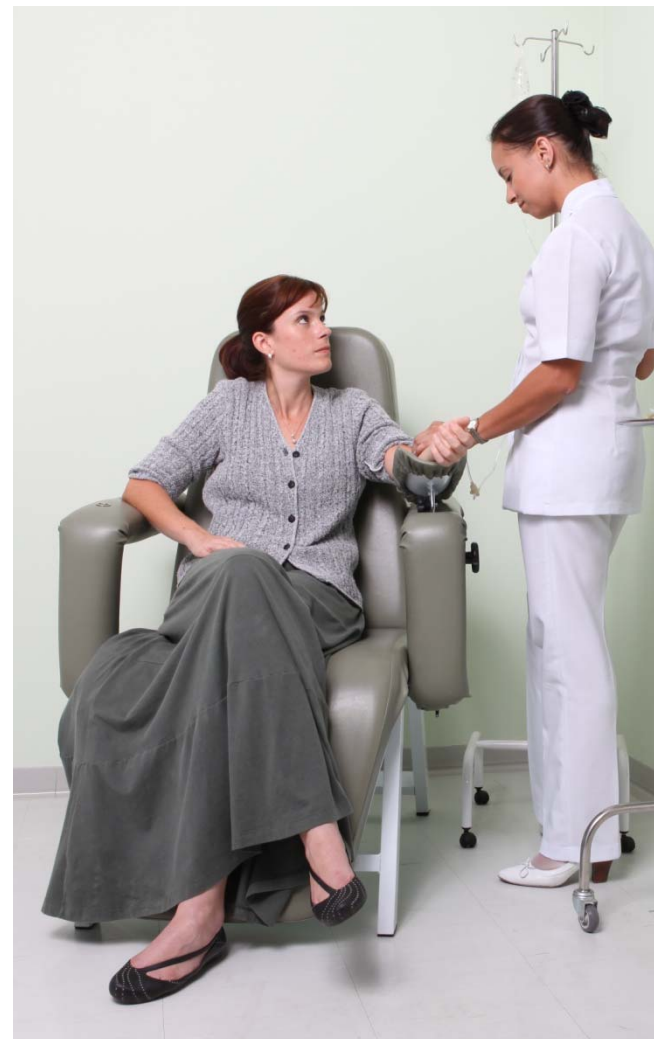
Indicators	
Referral to the smoking cessation group	Target
Blood pressure control	Target
Utilization of Drugs	Target



▶ COPD

program goals, targets and incentives

Indicators	
Referral to the smoking cessation group	Target
Referral to the pulmonary rehabilitation	Target
Influenza vaccine	Target



► Mental health program goals, targets and incentives

Indicators

Hospitalizations

Emergency rooms visits

- **Crisis management:** in case of clinical decompensation, the program encourages outpatient care by enabling payment of extra visits



▶ Childhood asthma program goals, targets and incentives

Indicators

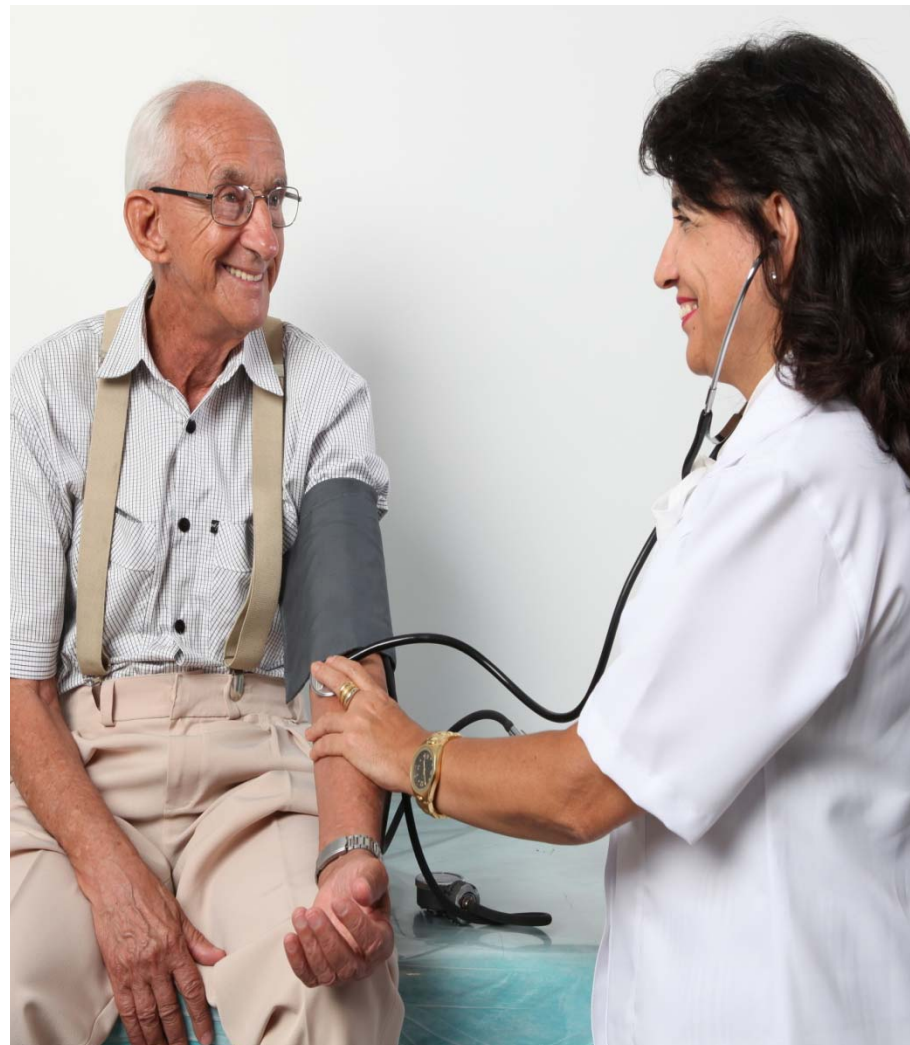
Hospitalizations	None during 6 months
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- ▶ **Crisis management:** in case of clinical decompensation, the program encourages outpatient care by enabling payment of extra visits



► Geriatric care program goals, targets and incentives

Indicators	
Influenza vaccine	Target
Use of inappropriate medication	Target
Doctor of reference	Target



Well child care program goals, targets and incentives

- ▶ Risk factor identification for chronic diseases and conditions

Indicators	
Emergency room usage	Max 2 per year



► Pay-for-quality in chronic disease management

- ✓ Introduction
- ✓ Our strategy
- ✓ Our programs
- ✓ **Results**
 - ✓ **Global**
 - ✓ Specific
- ✓ Challenges for 2011



▶ Client participation in the programs

	2008	2009	2010
Total enrollment			
Cardiovascular diseases	1844	3744	5019
Diabetes	2158	2598	2729
Well child care	2570	3760	5372
Childhood Asthma	478	833	824
Mental disorders	-	393	1357
Geriatric care	-	-	4579
Chronic kidney diseases	-	-	312



▶ Cooperative members participation in the programs

2008

2009

2010

	n	% total	n	% total	n	% total
CCV Health	85	10.0	99	10.9	111	12.7
Diabetes	84	9.9	102	11.2	127	14.5
Well Child Care	91	18.4	114	24.1	154	35.4
Childhood Asthma	39	7.9	46	9.7	43	9.9
Mental Health	-	-	18	15.7	35	31.0
Geriatric care	-	-	-		72	19.1

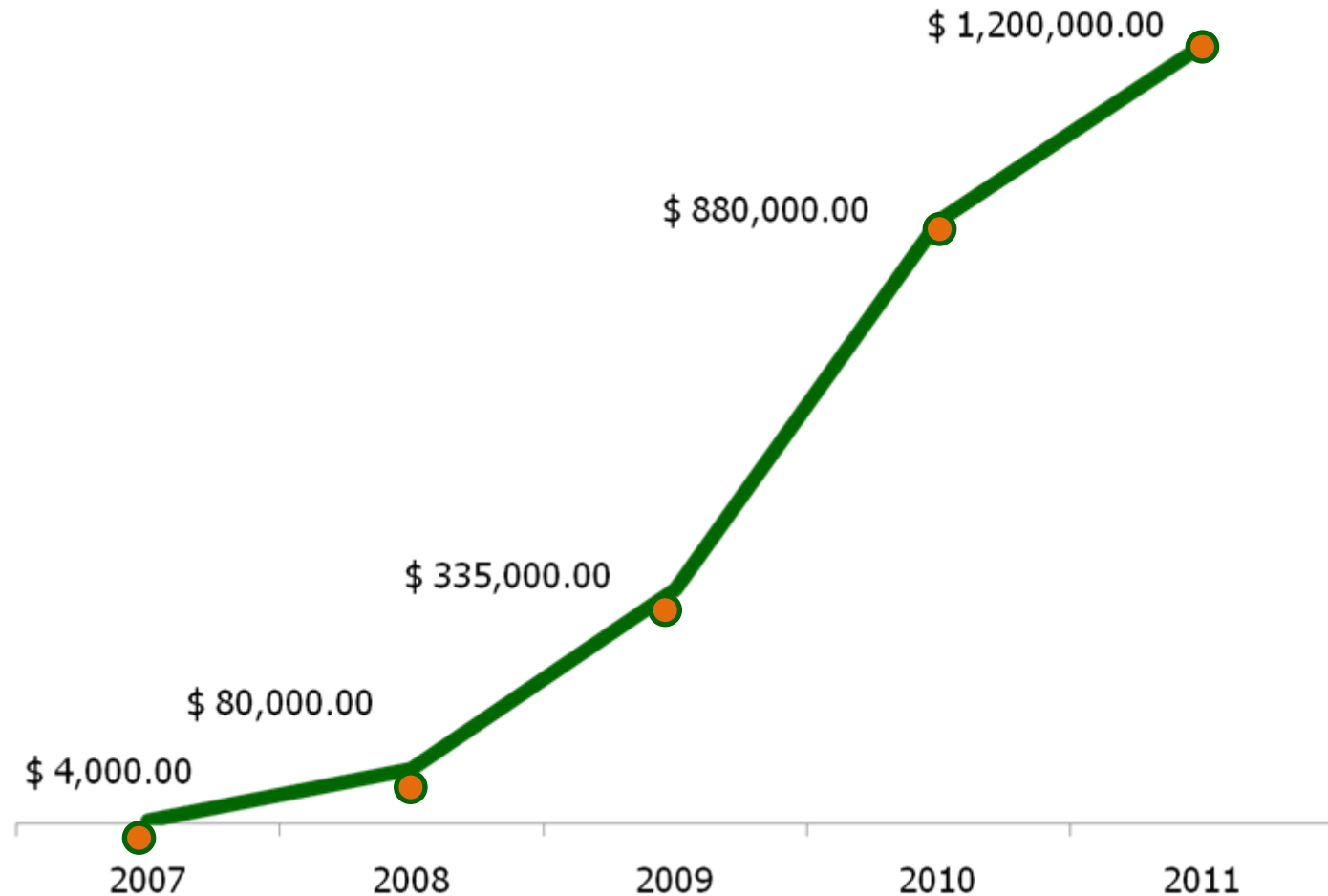


▶ Annual bonuses paid per program

PROGRAMS	2010	2011
Well child care	\$243,000.00	\$330,600.00
Geriatric care	\$140,000.00	\$190,000.00
CCV Health	\$130,000.00	\$180,000.00
Diabetes care	\$95,000.00	\$130,000.00
Childhood Asthma	\$32,000.00	\$45,000.00
Mental Health	\$41,000.00	\$56,000.00
Chronic renal failure	\$5,000.00	\$6,000.00



▶ Annual bonuses paid to cooperative members



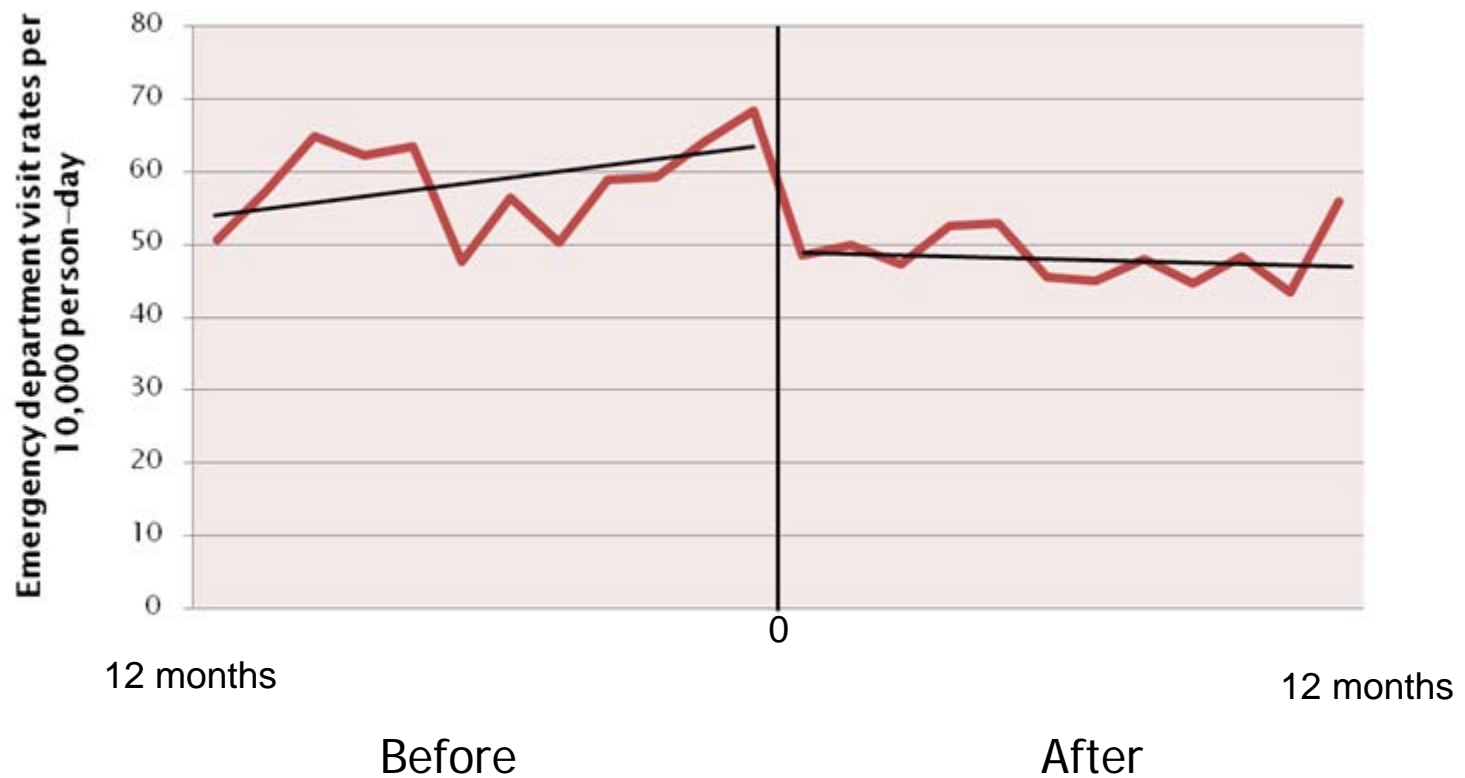
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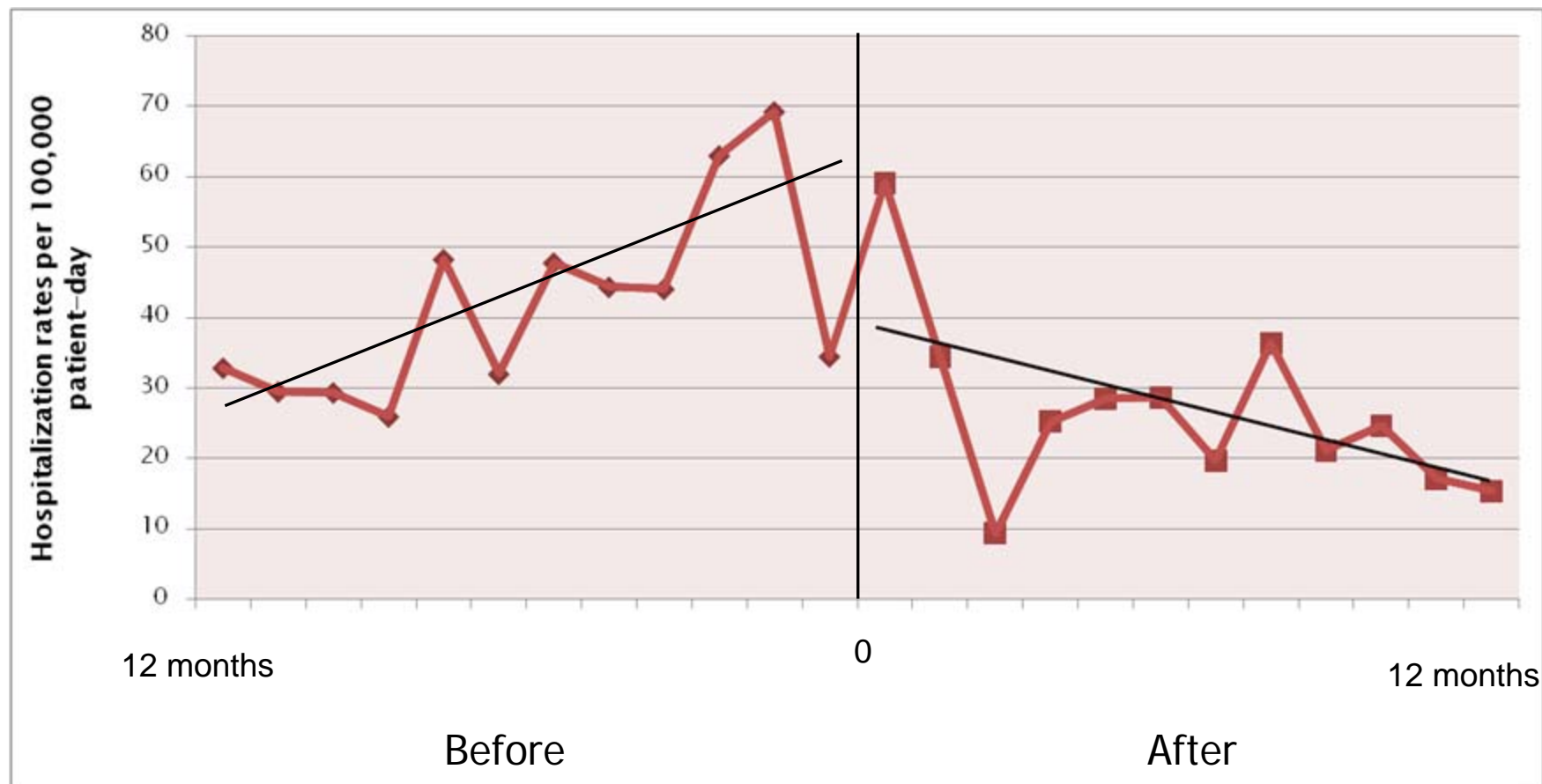
► Mental health

Emergency room before and after the program



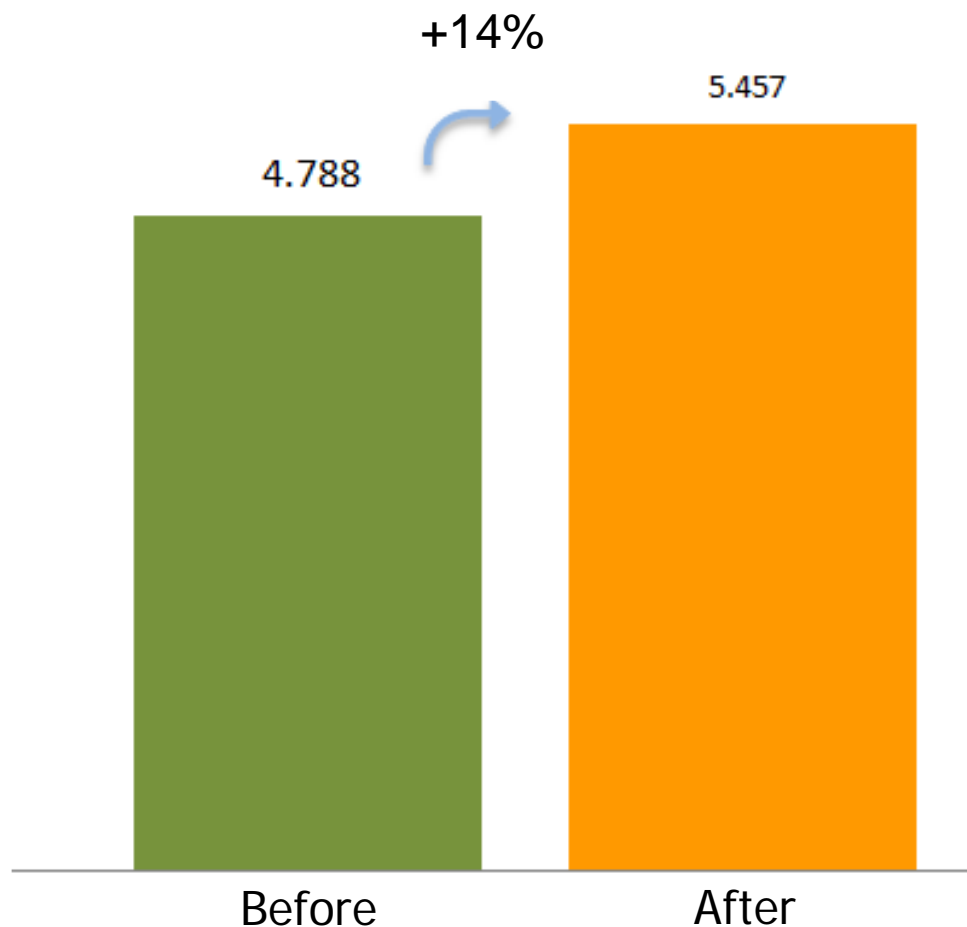
► Mental health

Hospitalizations before and after the program



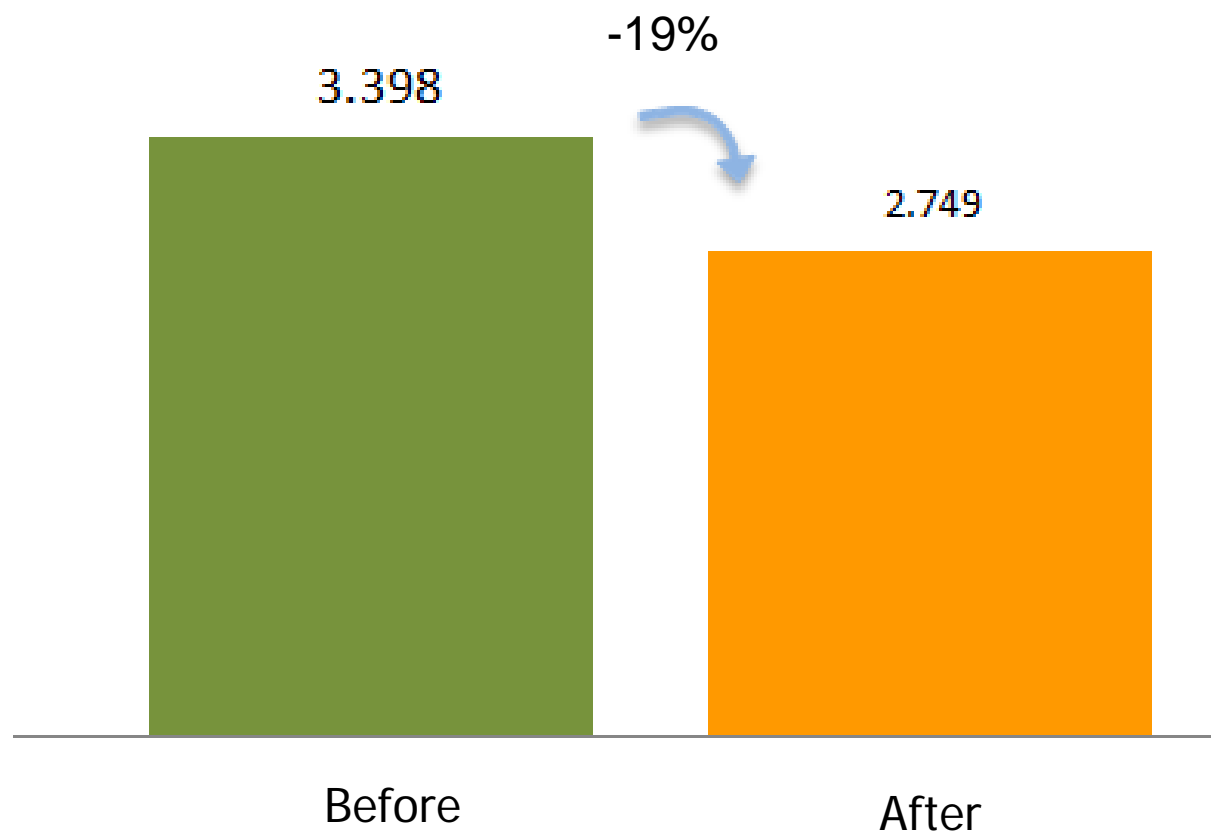
▶ Childhood asthma

Outpatient care before and after the program



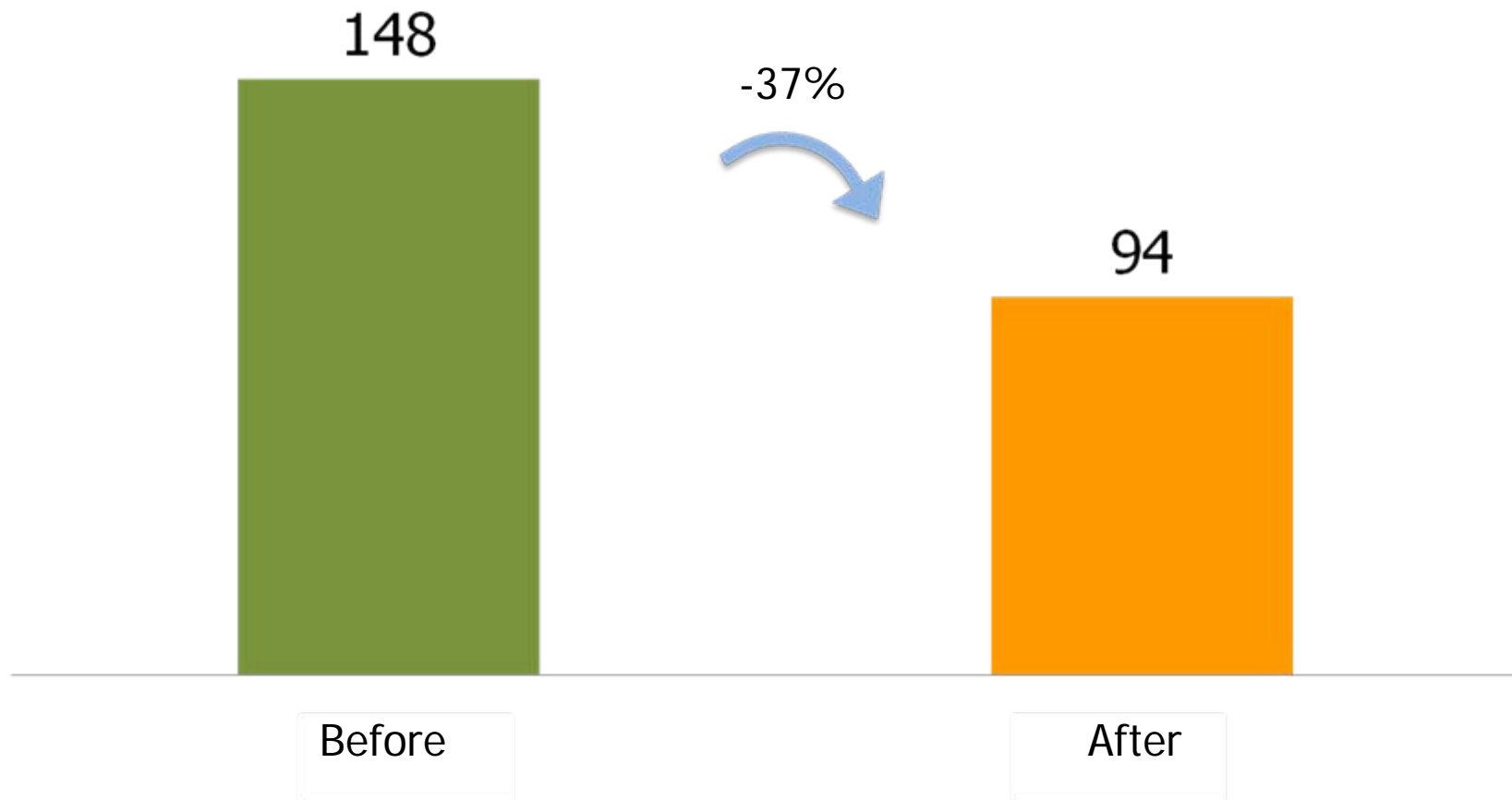
▶ Childhood asthma

Emergency room before and after the program



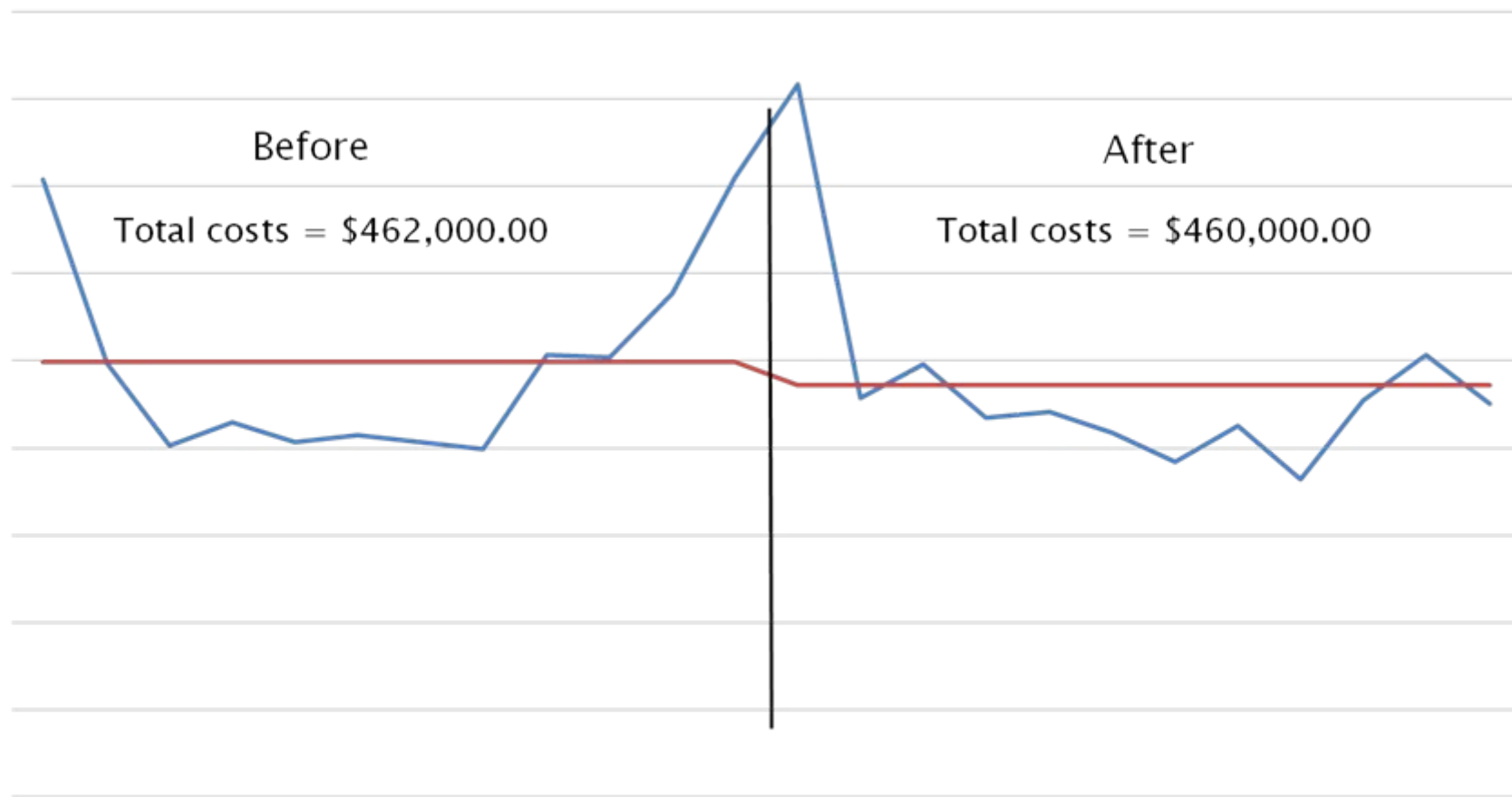
▶ Childhood asthma

Hospitalizations before and after the program



▶ Childhood asthma

Health care costs before and after the program

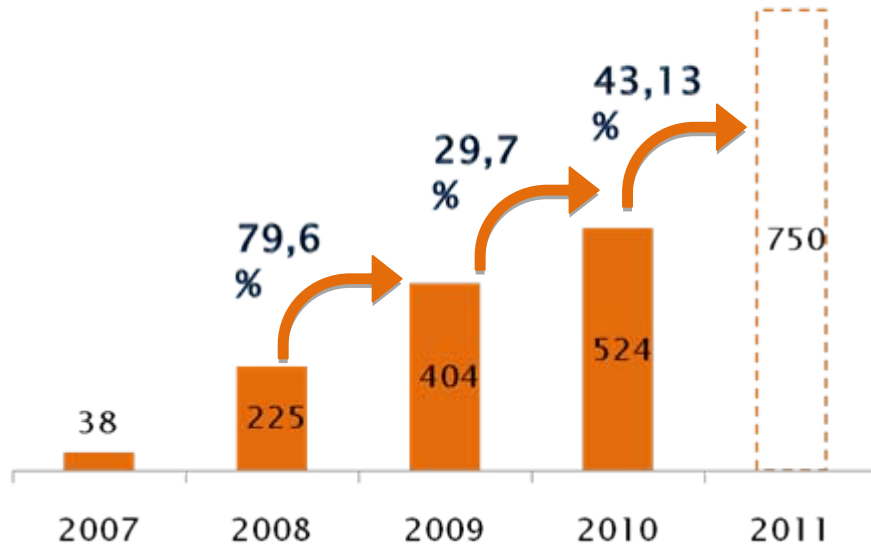


► Pay-for-quality in chronic disease management

- ✓ Introduction
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- ✓ Our programs
- ✓ Results
 - ✓ Global
 - ✓ Specific
- ✓ **Challenges for 2011**



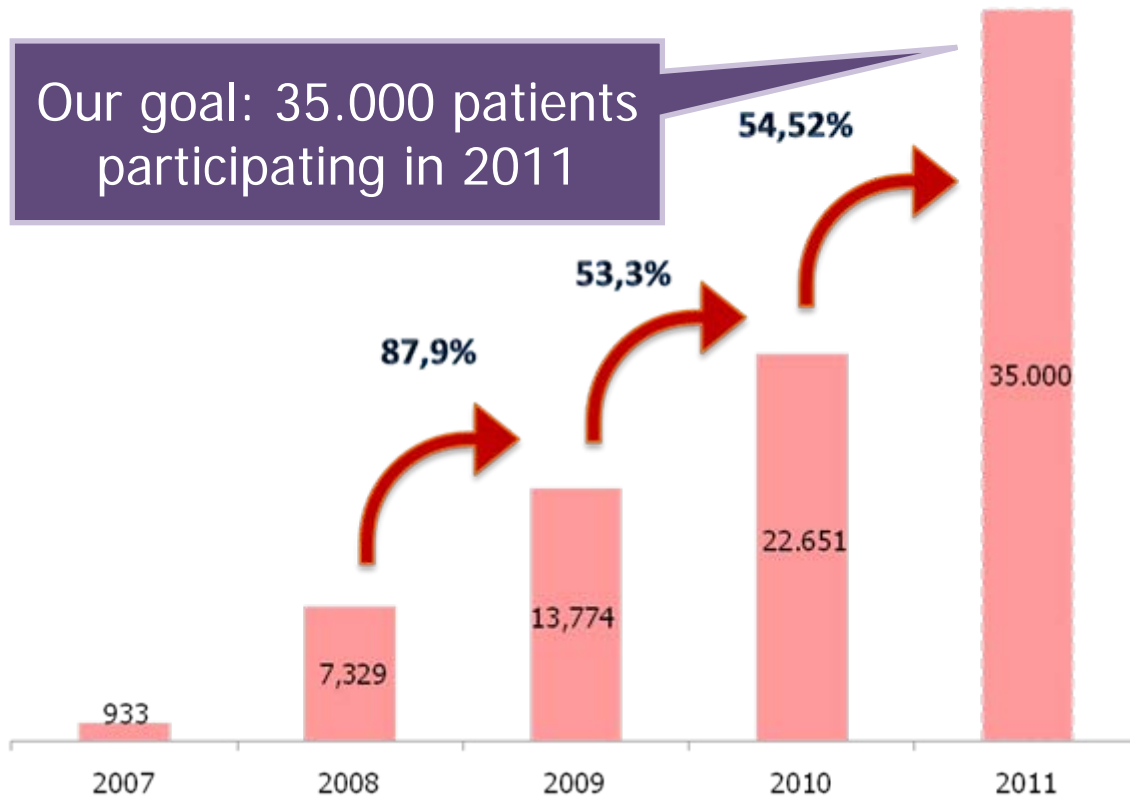
► Increase the number of physicians participating



Our goal: 750 physicians participating in 2011



► Increase the number of patients participating



Part three

Paying for Quality at Unimed-BH network

► Unimed-BH network: improving the quality of care

✓ Problems with the quality of care

✓ Accreditation

✓ P4Q

✓ What we have learned



► Brazilians hospitals (World Bank, 2009)



- Inadequate management
- Lack of accountability
- Contracts fee-for-service based

Hospital procedures consume 70% of financial resources

Small size, low complexity, and they are 34% less efficient in comparison to the best hospitals

Source: *Hospital Performance in Brazil: The search for excellence*, 2009

► Quality problems in Brazilian hospital network

Quality gap: inequity

- More qualified hospitals in metropolitan areas
- Unsafe hospitals in small towns

Serious deficiencies:

- Structural
- Process
- Results: lack of standardization of clinical process and evidence based medicine



► Unimed-BH network: improving the quality of care

✓ Problems with the quality of care

✓ **Accreditation**

✓ P4Q

✓ What we have learned



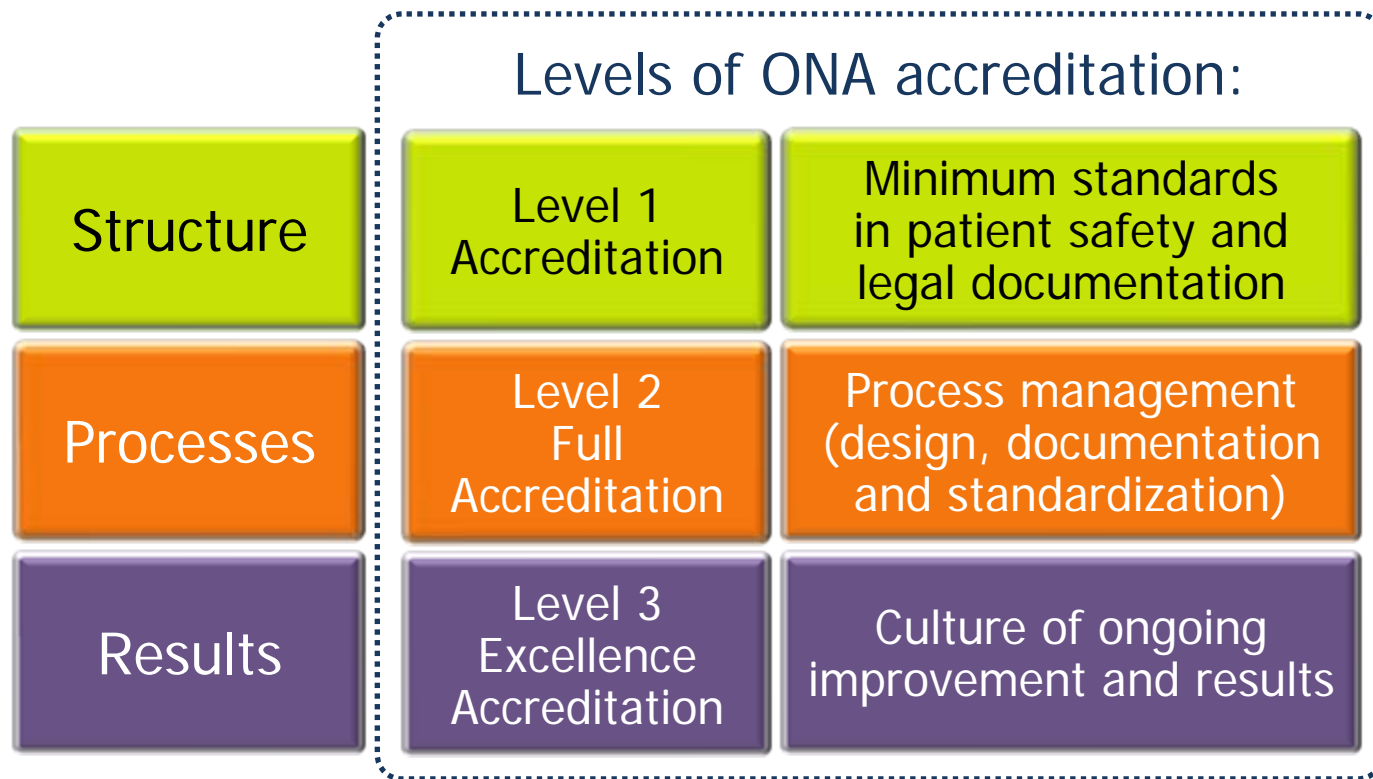
► The National Organization for Accreditation (ONA)

- A nongovernmental, nonprofit organization that accredits health care organizations in Brazil
- Supported by many stakeholders (government, hospitals, health plans and medical societies)
- Metrics based on PAHO, WHO, and the Joint Commission
- Contracts with independent audit companies



▶ The National Organization for Accreditation (ONA) methodology

Design based on Donabedian's concept of quality



► Unimed-BH network: improving the quality of care

- ✓ Problems with the quality of care
- ✓ Accreditation
- ✓ **P4Q**
- ✓ What we have learned



► Why did Unimed-BH adopt P4Q?

To motivate hospitals to provide better care and more rational management

Unimed-BH expected:

- Increased overall efficiency and patient satisfaction
- Health promotion and prevention
- Raise the quality of care
- Incentives to use the new IT tools
- Reductions in readmissions and length of stay



► Why did Unimed-BH adopt P4Q?

- Encourage through incentives the adoption of evidence-based medicine
- Make sure the network met the minimum requirements established by the law
- Meet provider demands for more financial resources aligned with quality
- Strengthen the bond between Unimed-BH and the hospital network



▶ Program premises and design

- Started in 2005
- US\$ 30 million invested in five years
- Designed and conceived by our professional staff
- Financial and technical support from Unimed-BH
- Hospital participation is voluntary
- 36-month ideal deadline to achieve accreditation
- ONA based



▶ Unimed-BH's hospital quality accreditation program summary

Index	Goal	Incentive	Validation
Accreditation process	Start	7% increase in per diem amount	UBH's auditors
	Being within the deadline		
Accreditation status	Certification	7% level I 9% level II 15% level III	ONA hired independent auditors
	Maintain the certification		



► Unimed-BH's hospital quality accreditation program


Benefits for the hospitals and Unimed-BH

- Culture of continuing education and ongoing improvement
- More financial resources, aligned to quality
- Opportunity for organizational self-knowledge
- All hospitals formed quality management teams
- Long-term investments (structure, equipment, processes and human resources)
- Improvement in hospital processes that impact the Cooperative's operation (authorizations, bill delivery, fewer disputes of charges)
- Image reinforcement



▶ Unimed-BH's hospital quality accreditation program Results

STATUS	Hospitals	Laboratories
Accreditation/ Certification	23 (48%)	8 (25%)



STATUS	Hospitals	Laboratories
ONA 2	8	1
ONA 3	6	0
ISO 9001	14	7
ISO 14000	2	0
ISO 18000	1	0
NIAHO	1	0
PALC	0	4



► Unimed-BH's hospital quality accreditation program

- Twelve more service providers (specialized clinics and laboratories) certified by ONA, ISO, and PALC
- Indirect encouragement for the qualification of the health sector's productive chain: laboratory, imaging, hemotherapy, hemodialysis and other services



► Important messages to providers

- There is an absolute need to give priority to investments in information technology.
- There is no need to fear assessment.
- Failures and errors are opportunities to improve.
- Clinical and management measures are negotiated at the beginning of the program.



► Unimed-BH network: improving the quality of care

- ✓ Problems with the quality of care
- ✓ Accreditation
- ✓ P4Q
- ✓ **What we have learned**



► What we have learned

- We should continually learn from high performance organization models: Group Health Cooperative, Geisinger Clinic, Mayo Clinic, Kaiser Permanente and SaludCoop (Colombia)
- We should continually invest in our own network, in primary care implementation, in IT development, in protocols based on Evidence Based Medicine and in payment reform (Pay for Quality)
- We might consider vertical integration with other small UNIMEDs.
- We should continue to develop new products, especially for the emerging middle class in Brazil.



► What we have learned

- It takes a long time and a continuous effort to implement programs like these.
- Participation and commitment from all parties is required (managers, doctors, health workers, patients and their families).
- There is no universal solution: disease management programs should be designed according to the local cultural, political and socioeconomic scenario.



A low-angle photograph of a woman with blonde hair, wearing a light blue ribbed tank top and denim jeans, swinging on a swing set. She is captured mid-swing, with her arms extended upwards holding the chains. The swing set has a red frame. The background is a clear, bright blue sky with some green foliage visible at the bottom left corner.

Thanks

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