Information for and from Strategic Purchasing

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Why this topic?

- Strategic purchasing defined: allocations driven (at least in part) by information on provider performance and/or the health needs of the people that they serve
- A strong and useful information system is an essential pre-requisite for strategic purchasing
- So there is no strategic purchasing without information

2 key issues: for and from

- Unified information system for strategic purchasing is a key "governance for UHC" reform implementation step
- Information from strategic purchasing databases to serve future payment decisions and beyond

1. Information for provider payment

- Content: individual-level data with essential elements (e.g. patient and provider IDs, symptoms, diagnosis, procedures, etc. – will be subject of following presentation)
  - Anneke will describe in next presentation

Organization of information for provider payment as a step towards UHC

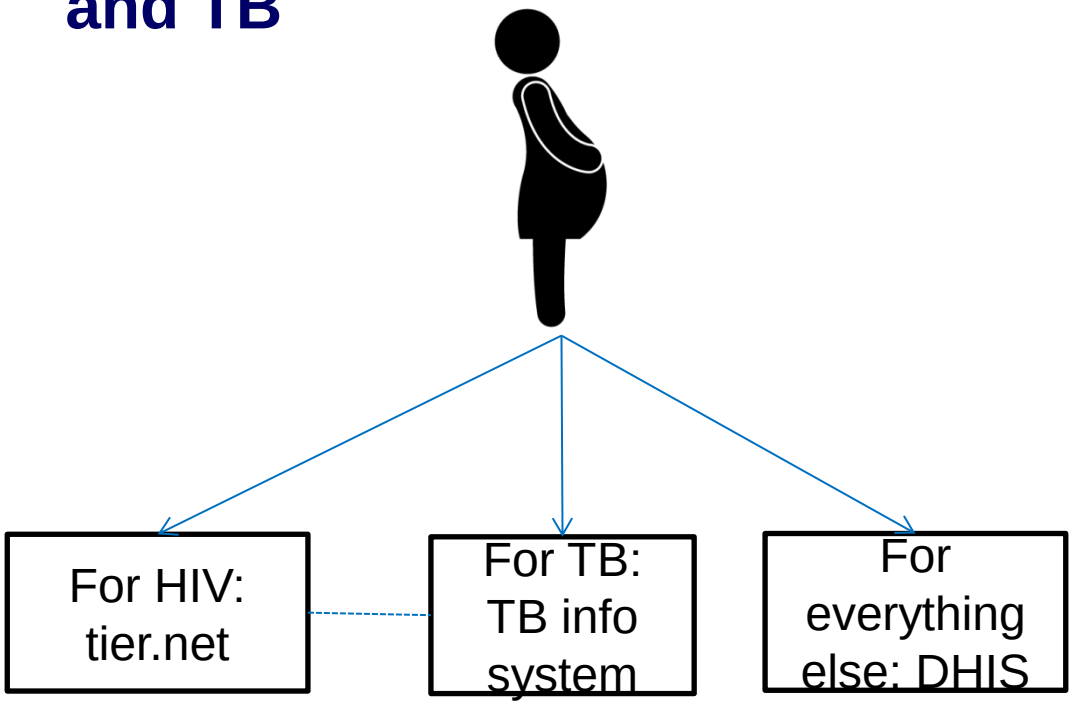
- Key issue of governance for UHC is to embed schemes and programs within the overall system
- Scheme- and program-level information systems may reinforce efficiency and equity problems associated with fragmentation
  - Also involves duplication of responsibilities, wasted time, effort…
- Unified information systems – even before funding is pooled – can be critical early implementation step in driving system change towards UHC

Problem in Ghana: data organized at scheme level

- One department of the hospital manages/inputs the patient activity data on NHIS claims forms for the insured population – for purposes of provider payment
- Another department of the hospital manages/inputs the patient activity data for all patients – for purpose of MOH statistical reporting
- But the content of the data is the same
- System-level governance gap – why not one form with a field that indicates the patient's insurance status?

Problems of information organized at program level in South Africa

Example: information systems for pregnant woman with HIV and TB



- Data entry is done separately
- Systems do not speak to one another
- No patient identification

Implications

- Information is used to monitor and report, not to manage patient care or provider behaviour
- Incomplete picture of individual patients, population health, efficiency, and quality of providers
- Inability to coordinate or integrate across levels of care
- HIV and TB programs have better information that is not coordinated across the system
- An undue administrative burden

*Efforts underway to integrate/coordinate TB and HIV system

Source of slide: Susan Sparkes

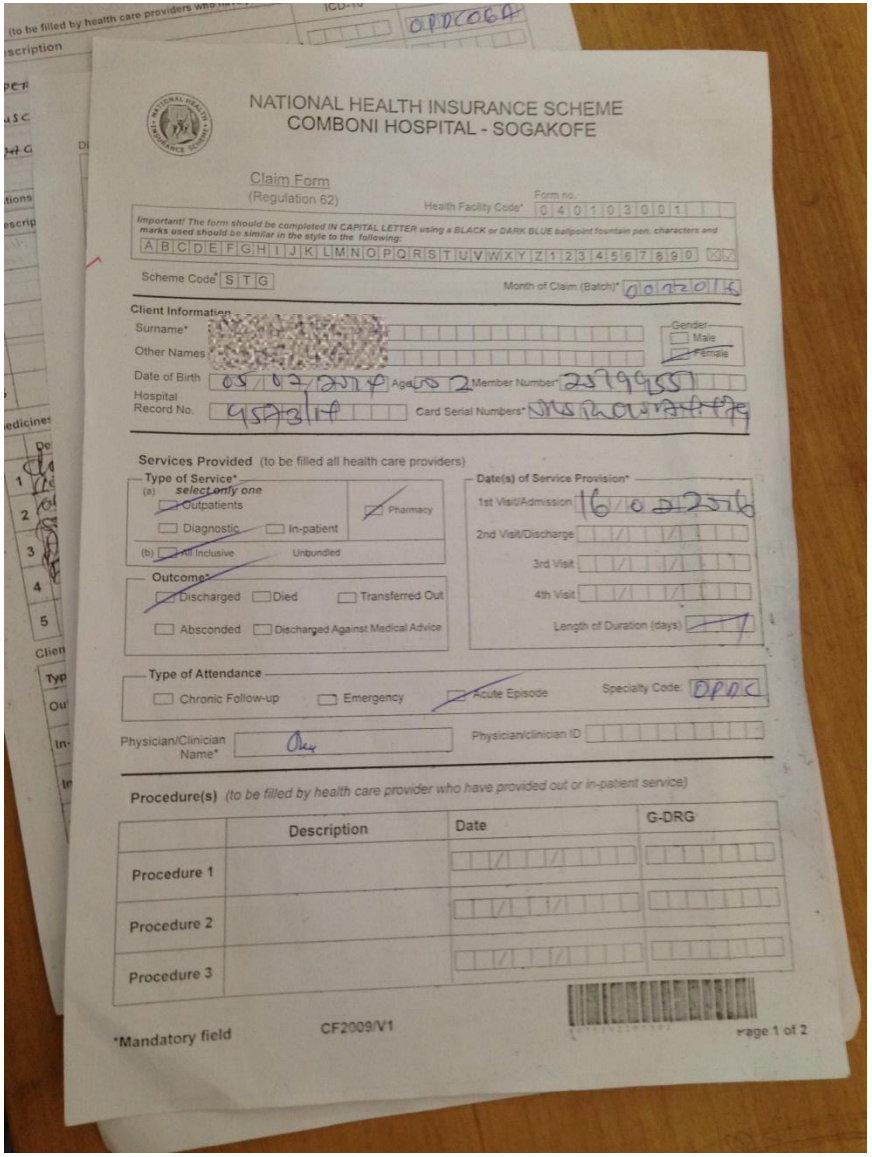
Shared systems can provide foundation for universality: the Kyrgyz experience

- Plans to begin oblast (province) level provider payment reform in 1997, provincial ministry as the purchaser
- Late 1996, government decides to introduce new SHI fund
- Concern about two systems, lack of coordination ("we're too poor to have two health systems") leads to development of the "joint systems approach"
  - MOH and SHI jointly manage patient activity data
  - SHI managed a small amount of total spending, but all of the patient activity data…for 4 years
- 2000: gov't announces that budget will be pooled in SHI fund over the coming years – applying SHI payment methods
  - SHI can simulate what hospitals will get under these systems
  - Works closely with each hospital on restructuring plan
  - SHI fund goes from managing 10% to 90% of prepaid money over coming 3 years, without major problems

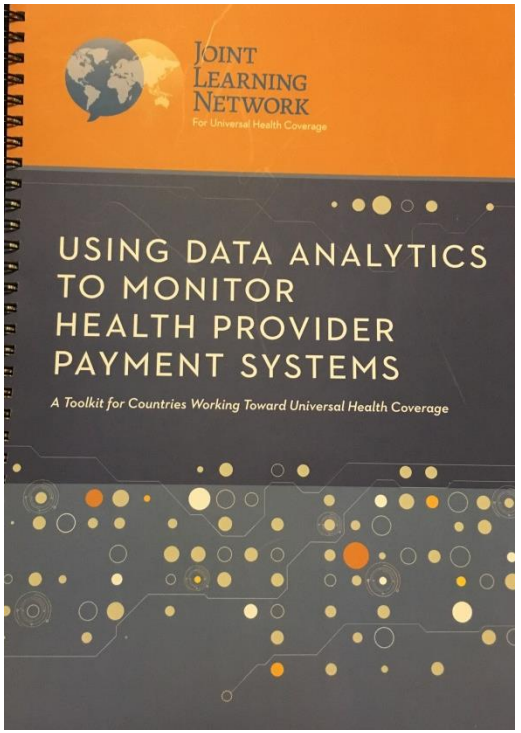
2. Information from provider payment systems

- Individual level data from provider payment systems are a powerful and largely untapped resource for health policy decision-making
- Requires thinking ahead (for the governance agenda, again) about what we want to know, how to design forms appropriately, and keeping “UHC => unified systems” idea
- And also requires thinking, more generally (something we often undervalue in the quest for tools to answer our questions)

When you see a claims form…



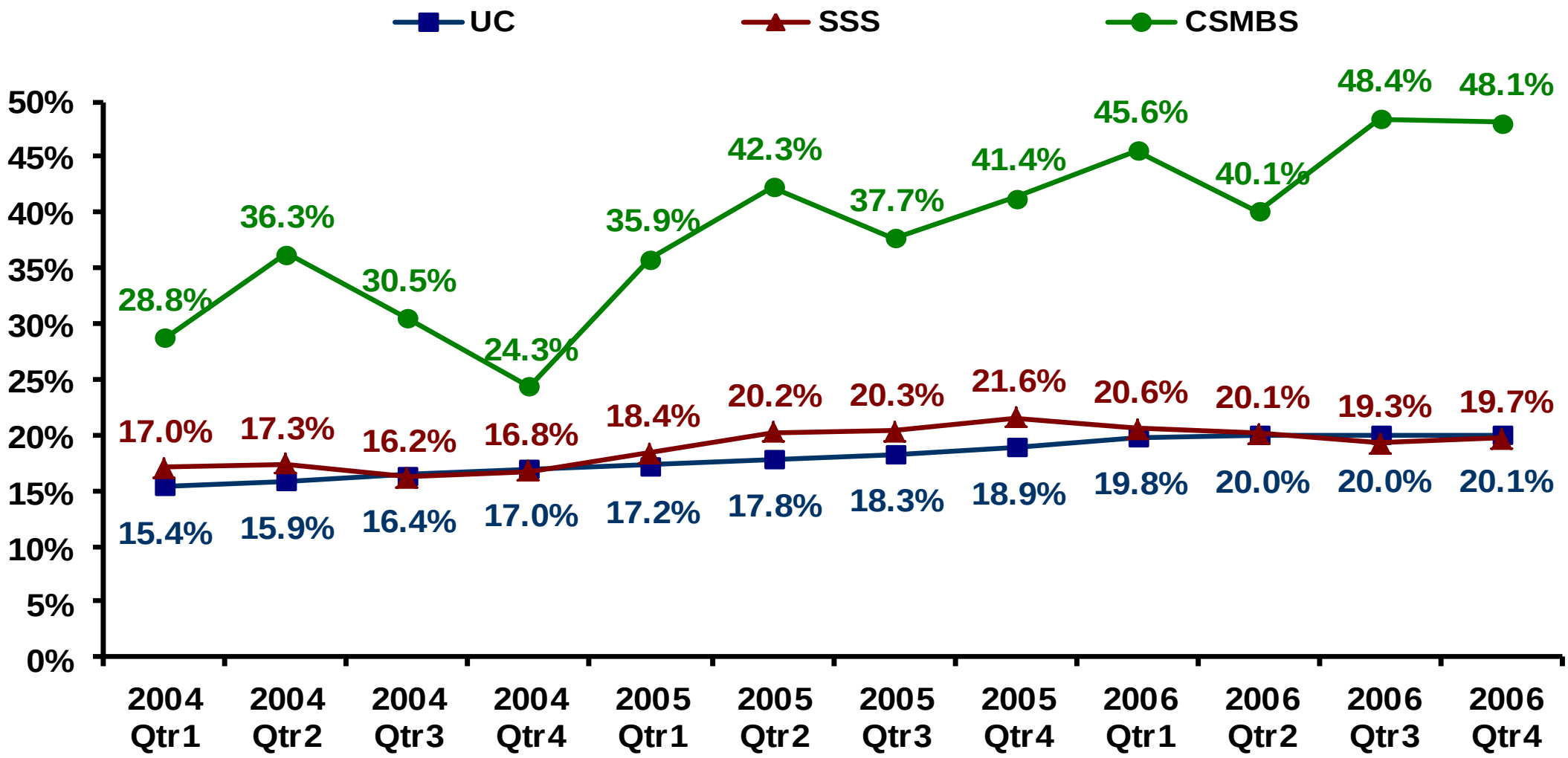
- …imagine a (powerful) database
  - It's not just for payment; it's a key source for applied policy research
  - and new support to help with how to use it



Another Kyrgyz example

- SHI fund managers review hospitalization data
  - "We have too many cases that could be avoided with good primary care"
  - Develop outpatient drug package, linked to clinical guidelines, for four conditions: bronchial asthma, hypertension, iron deficiency anemia, duodenal ulcer
  - Information system developed for this enables monitoring of treatment and prescribing practices for these conditions
- Message: they looked at their data, found a problem, developed a solution tailored to that problem, and monitored implementation (and later made further changes) – this reflects an adaptive system

Thailand: common data platform allows comparison of C-section rates across schemes



Source of slide: (Prakongsai, Limwattananon, Tangcharoensathien, Wisasa, presentation to Regional Forum on Health Care Financing in the Mekong countries, 2012)

Summary messages – reasons to elevate this issue on our agenda

No strategic purchasing without information

Unified (not scheme-level) information system facilitates reform for UHC

Implementation sequencing: pool the data before you pool the money

Use data to enable purchaser to develop its capacity (before going live)

When you see a claims form, imagine a database

Data analytics serve future decisions (not only for purchasing)