

QUALITY ASSURANCE DALAM IMPLEMENTASI MANAGED CARE

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AGENDA

INTRODUCTION

DEFINITION

QA PROGRAM IN MANAGED CARE

QUALITY INDICATOR

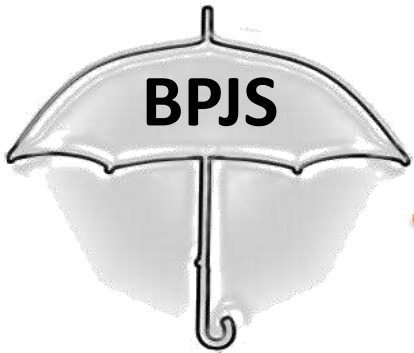
AGENCY TO CONTROL QUALITY

CONCLUSION AND RECOMMENDATION

INTRODUCTION

QUALITY IN HEALTH INSURANCE

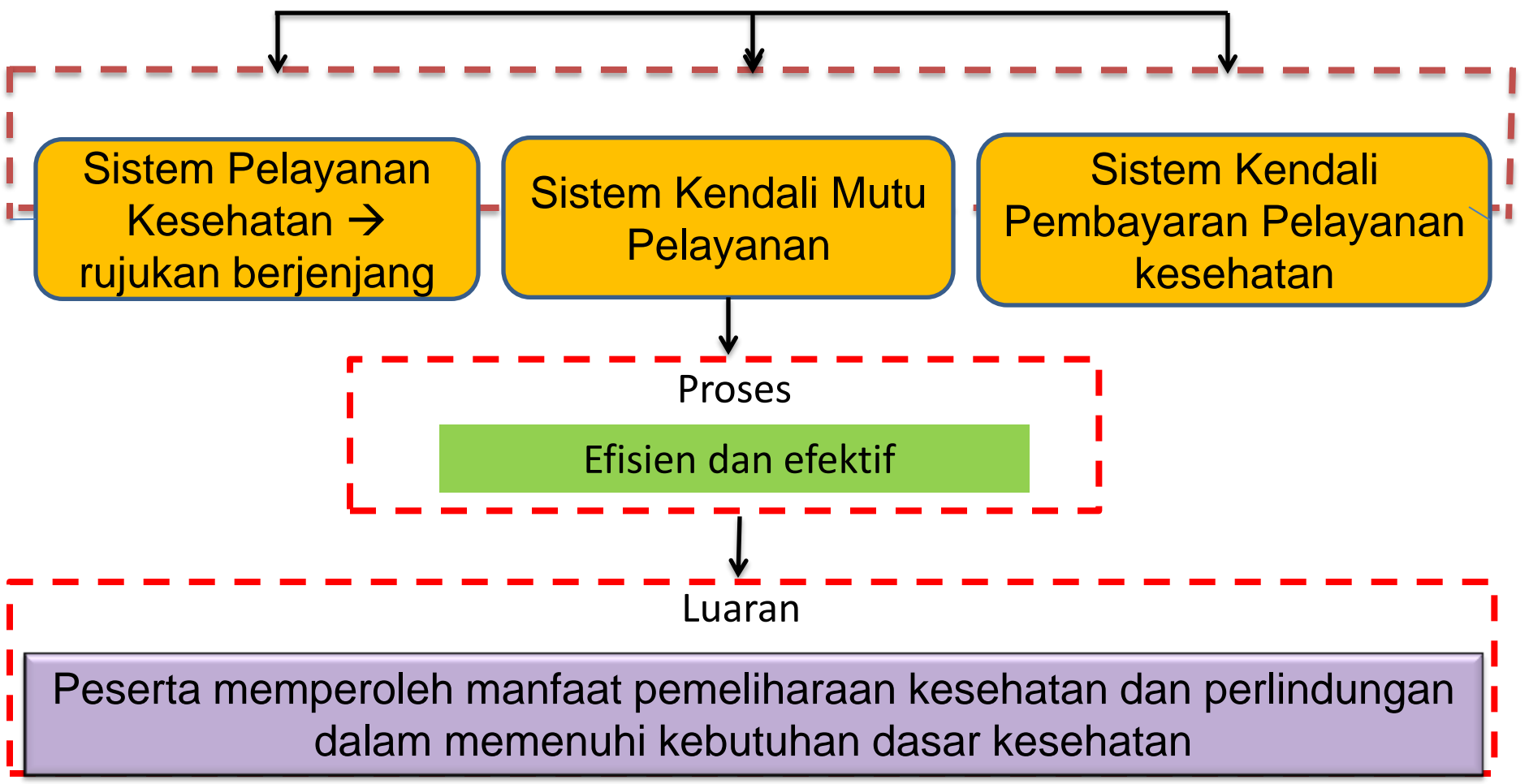
- Stakeholder (Health policy maker, manager kesehatan, peserta dan klinisi menginginkan pelayanan kesehatan yang bermutu tinggi, aman, mudah di akses dan memenuhi kebutuhan mereka → membutuhkan informasi untuk :
 - Mengembangkan kebijakan dan program yang dapat meningkatkan akses ke pelayanan kesehatan
 - Membantu mengarahkan pilihan peserta untuk berobat
 - Menjamin akuntabilitas
 - Mengukur kualitas layanan yang diterima pasien
 - Membantu menelusuri biaya pelayanan kesehatan
 - clinical decision making



Tugas dan Peran BPJS

UU NO 40/2004 psl 24 & UU No 24/2011 psl 11

MANAGED CARE



PENTINGNYA QA DALAM BPJS dengan konsep MANAGED CARE

- BPJS menjamin seluruh penduduk Indonesia (UNIVERSAL COVERAGE) → perlu jaminan bahwa mutu layanan baik
- Pengendalian biaya melalui sistem pembayaran prospektif (kapitasi dan INA CBG's) → berdampak pada mutu layanan
- Sifat pelayanan kesehatan : “asymetri information” → perlindungan pasien
- Masih terbatasnya standard standard mutu layanan yang dijadikan acuan nasional

Are you ready for managed care?

Tuesday, May 7

The beginning of a new conversation.

Transformation is the order of the day.
Our choice: to react to new realities as
they unfold or become actively involved
in shaping the future of our field.



PREMIER HEALTHCARE TRAINING INSTITUTE 12TH ANNUAL CONFERENCE

Quality Assurance

- *All of the activities that make it possible to define standards, to measure and improve the performance of services and health providers so that care is as effective as possible*

Quality Assurance

- defined as “the process for objectively and ***systematically monitoring and evaluating*** the quality and appropriateness of patient care, for pursuing opportunities to improve patient care for resolving identified problem”.
- The focus of quality assurance is the ***discovery and correction of errors***. These activities are carried out by, quality assurance personnel or department personnel.

QA PROGRAM IN MANAGED CARE

- Credentialing → seleksi PPK
 - Provider yang bermutu
- Standard standard
 - Formularium obat
 - SPM / Clinical Pathway
 - Pemanfaatan IGD
 - Penalty for non urgent emergency room use
- Utilization review → fungsi monev

UTILIZATION REVIEW

- PROSPECTIVE UR
- Authorization for expensive drug/CT scan/MRI
- Special Procedure for expensive treatment
- CONCURRENT UR
 - Case management for large claim → manajemen kasus → Discharge planning → PERAN CASE MANAGER
- RETROSPECTIVE UR
 - Benchmark kinerja antar PPK → indikator : rasio utilisasi, rasio rujukan, rasio persepan, rasio penggunaan alat penunjang canggih (MRI), rasio severity level, ALOS , unt cost RJTL , unit cost RI, dll

AGENCY TO CONTROL QUALITY



- National Committee for Quality Assurance (NCQA)
 - is an independent, not-for-profit organization that is committed to improving health care quality.
 - NCQA has developed quality standards and performance measures for a broad range of health care entities including physicians.
- AHRQ (Agency of Healthcare Research and Quality)
 - Government agency (dept HHS) that function as part of the Department of Health to support research to help improve the quality, safety, efficiency, and effectiveness of health care for all americans

NCQA

National Committee for Quality Assurance

maintains and regularly updates quality standards utilized by **the health insurance** industry to gauge levels of ongoing quality and improvement.

- Quality Management and Improvement (QI)
 - Implementing corrective actions based on assessment results, aimed at addressing identified deficiencies and improving outcome.
- Utilization Management (UM)
 - Evaluating and determining coverage for and appropriateness of medical care services,
- Credentialing and Recredentialing (CR)
 - A process by which an organization reviews and evaluates qualifications of licensed independent practitioners to provide services to its members.
- Members' Rights and Responsibilities (RR)
 - Communicating information to member's that addressing complaints and appeals, benefits and access to medical services, choosing physicians and hospitals
- Member Connections (MEM)
 - A process by which the organization provides members with access to health care information and tools to better manage their health.

AHRQ

Agency of Healthcare Research and Quality

- The AHRQ, an agency within the Department of Health and Human Services (HHS), focuses on improving the quality, safety, efficiency, and effectiveness of healthcare for all Americans.
- To further this goal, AHRQ established QIs, organized into four categories:
 - (1) Prevention Quality Indicators;
 - (2) Inpatient Quality Indicators (28 indicators);
 - (3) Patient Safety Indicators (17 indicators)
 - (4) Pediatric Quality Indicators.

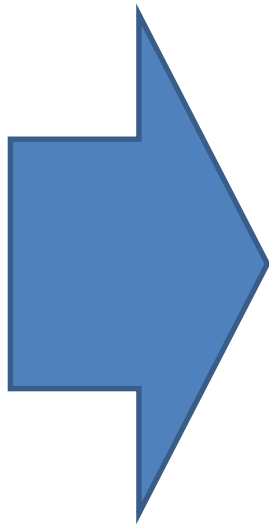
AHRQ

Agency of Healthcare Research and Quality

- Mission : to develop *scientific evidence* that enables health care decision maker (patients, clinicians and policy maker)
 - By conducting, supporting, and disseminating scientific research design to improve the outcomes, quality, and safety of health care,
 - reduce its cost,
 - broaden access to effective services
 - and improve the efficiency and effectiveness of the ways healthcare services are organized, delivered and financed

- AHRQ AIM :

- To assess availability of health insurance
- Access to care
- Costs



prevent over use, under use and mis use of health care services → tools must be available to measure patient outcomes and the quality of health care that patient receive

METHODS :

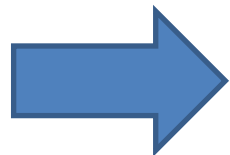
- Research → evidence based
- Survey
- Benchmark

SURVEY

- Provide information :
 - Identify trends in health insurance, health services, hospitalizations, cost, access and quality of care
- Data :
 - Health insurance coverage, Health care use and expenses, payment of health care services
 - Health care cost and utilization
 - Patient satisfaction

Medical expenditure panel survey (MEPS)

- Subyek : individu / rumah tangga dan providers
- Topic :
 - Access to health care : → satisfaction with and access to medical treatment, dental treatment and prescription medicines, ambulatory care, emergency departement
 - Health care cost/expenditures → prescription drug expenditure, dental expenditure, expenditure by medical condition
 - Kepuasan peserta



SUSENAS , SAKERTI, RISKESDAS

STANDARDS OF AHQR

1. PREVENTION QUALITY INDICATOR (PQI)

- Used to indentify **hospital admissions** that could have been avoided through higher quality outpatient care → used primarily concerning patients who experience return visits

2. IN PATIENT QUALITY INDICATOR (IQI)

- This concern the quality of patient care inside a hospital → number of studied reflect patient **mortality rates** in a given hospital caused by lack of care or surgical procedures

STANDARDS OF AHQR

3. PATIENT SAFETY INDICATOR (PSI)

- These concern the quality of care patients in a hospital, but unlike (IQIs) → they deal specifically mortalities related to avoidable complications, such as those caused by outdated hospital machinery

4. PEDIATRIC QUALITY INDICATOR

- These concerned with many of the same aspects as previously mentioned, but concerning the pediatric population

AHQR indicators will improve hospital care

- 3 sets of quality indicators:
 - Prevention → mencegah terjadinya komplikasi
 - Mis : edukasi diet pasien ranap DM yang mau pulang
 - In patient care → volume, mortality dan utilization
 - Volume of procedures → is associated with lower mortality
 - Utilization of procedures → over use, under use and miss use
 - Acute stroke mortality rate
 - Infeksi nosokomial
 - dll
 - Patient safety
 - Rate of complications of anesthesia
 - Obstetric trauma rate –caesarian delivery
 - Obstetric trauma rate –vaginal delivery without instrument
 - Death rate in low mortality DRG
 - Transfusion Reaction Rate
 - dll

AHQR Assessment Tools

consumers' experiences with health service

- Sejak anda menjadi peserta BPJS, berapa banyak masalah yang anda hadapi untuk bertemu dokter ? Apakah anda merasa puas ?
- Dalam 10 tahun terakhir, berapa banyak masalah yang anda hadapi untuk bertemu dokter spesialis ?
- Dalam 10 tahun terakhir, ketika anda menelp pada jam kantor, berapa sering anda mendapatkan pertolongan atau jawaban yang anda harapkan dari provider ?



Kepuasan peserta

KESIMPULAN

- Jaminan kualitas merupakan prinsip utama yang harus dicapai dalam implementasi managed care
- Perlu sosialisasi ke stakeholder tentang program QA dan indikator yang digunakan untuk memantau kualitas provider BPJS
- Penilaian kualitas perlu komprehensif , dilihat dari perspektif pemegang kebijakan, PPK, peserta dan lembaga asuransi

REKOMENDATION

- Perlu dikembangkan indikator2 yang lebih luas untuk menilai dan memantau mutu layanan yang lebih comprehensive
- Perlu suatu institusi / lembaga yang khusus untuk membantu peningkatan mutu pelayanan secara berkelanjutan → seperti AHRQ / NQCA
- Perlu kerjasama dengan lembaga riset, institusi pendidikan dan organisasi profesi untuk mengembangkan standar standar mutu pelayanan → evidence based

Terima

Kasih