

# System Level Measures Framework Update July 2016

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## Integrated Performance and Incentive Framework (IPIF) and System Level Measures

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System Level Measures Framework has evolved from the Integrated Performance and Incentives Framework (IPIF). While IPIF focused mainly on primary care, the focus has now been broadened to include the whole health system. This broader focus reflects the vision of the IPIF Expert Advisory Group report and the priorities of the updated New Zealand Health Strategy (the Strategy). The System Level Measures Framework has provided the opportunity for IPIF to evolve into the system level performance measurement envisioned in the Strategy.

## System Level Measures for 2016/17

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The Ministry of Health worked closely with the sector to co-develop System Level Measures. These measures require actions from the broader health sector, across professions, settings and health conditions.

System Level Measures have nationally consistent definitions and will be reported nationally. Contributory measures have nationally consistent definitions and data sets but will be selected locally, based on local needs, and will not need to be reported nationally.

System Level Measures show district alliance progress at a national level, while contributory measures show performance at a local level. Contributory measures have a quality improvement focus and are front line service level measurements that show a tangible and meaningful result of the interaction between clinicians and patients.

For example, the System Level Measure 'Acute hospital bed days per capita' is affected by good upstream primary care, discharge planning, and good ongoing communication about a person's care between hospital and community care. Contributory measures for Acute hospital bed days per capita include, but are not limited to, length of stay, acute readmissions and flu vaccinations in the elderly.

The four new System Level Measures implemented from 1 July 2016 are:

1. Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0–4 year olds (ie, Keeping children out of the hospital)
2. Acute hospital bed days per capita (ie, Using health resources effectively)
3. Patient experience of care (ie, Person centred care)
4. Amenable mortality rates (ie, Prevention and early detection).

The following two System Level Measures will be developed during 2016/17, including definitions and identification of data sets. Implementation is planned for 2017/18:

5. Number of babies who live in a smoke-free household at six weeks post natal (ie, Healthy start)
6. Youth access to and utilisation of youth appropriate health services (ie, Teens make good choices about their health and wellbeing).

## Measures Library

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The System Level and contributory measures are published on Health Quality Measures New Zealand (HQMNZ): [www.hqmnz.org.nz](http://www.hqmnz.org.nz).

HQMNZ is a sector wide library of measures used within the New Zealand health system. It is a single collection point for all measures and their definitions.

A System Level Measures 'stack' (under which all of the System Level and contributory measure definitions and location of data sources are loaded), has been created on the HQMNZ. A link to this stack can be found on the HQMNZ homepage.

Measures can be located by either using the search box function, or by browsing through the stack.

## System Level Measures Implementation

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District Health Boards (DHBs), Primary Health Organisations (PHOs) and district alliances will drive implementation of System Level Measures. In their 2016/17 Annual Plans, DHBs have committed to providing a jointly developed and agreed Improvement Plan to meet the agreed improvement milestones for each System Level Measure.

DHBs will be submitting the Improvement Plan (the Plan), on behalf of their district alliance, to the Ministry by 20 October 2016 through the quarterly report database. The DHB and all stakeholders who have a significant contribution to make in developing and implementing the Plan (DHBs and PHOs as a minimum for 2016/17) must work together on development.

The Ministry acknowledges the timeframe for developing the Plan and for performance improvement is tight, and that this is a new way of working. These factors will be taken into account when Plans, improvement milestones and quarter four performance are assessed.

It is expected the development of relationships and processes will be a strong feature of quarter four performance for many alliances. While improvement milestones must be quantified, Ministry expectations for performance will be realistic. The Ministry understands there will initially be variability in the presentation of Plans. Only the core requirements will be used to assess Plans, unless there is a need for more information to justify the selected improvement milestones and/or contributory measures.

## Guidance for Developing Improvement Plan

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Submission of the Improvement Plan is the only deliverable for quarter one and will include:

- improvement milestones for the four System Level Measures (acute hospital bed days, ASH for 0–4 year olds, amenable mortality rates and patient experience of care)

- a suite of contributory measures for each of the four System Level Measures. The number of contributory measures chosen and the end-of-the-year quantitative goals of these will be decided locally
- district alliance stakeholder agreement with the Plan, improvement milestones and contributory measures. At a minimum the DHB and PHO must sign the plan. Ideally all stakeholders will sign to confirm their commitment.

Improvement milestones should be based on a district's trend data and baseline and be appropriate for the needs and priorities of local communities and health services, particularly equity gaps.

Data to support the implementation of acute hospital bed days, ASH for 0–4 year olds and amenable mortality rates is available on the Nationwide Service Framework Library (<http://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures>).

For patient experience survey, the alliances should use the adult inpatient experience survey summaries to set their improvement milestone for 2016/17. This can focus on one or all of the four domains of the survey. Adult inpatient experience survey summaries are published nationally by the Health Quality & Safety Commission and locally by DHBs. Further information about this survey and past survey summaries can be found on the Commission website: (<http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/health-quality-and-safety-indicators/patient-experience/adult-inpatient-experience/>).

For primary care, uptake of the National Enrolment Service and the primary care patient experience survey are part of the contributory measures. PHOs that participated in the pilot of the primary care patient experience survey may also use their survey results for this System Level Measure.

Contributory measures for each System Level Measure will be selected by the district alliance from the Measures Library. The measures and the end-of-year quantitative goals chosen should be appropriate to the needs and priorities of local communities and health services, particularly equity gaps, and contribute to the achievement of the System Level Measure milestone.

The National Health Targets will continue in their current form, including the requirements to meet the national target and report quarterly. PHOs and DHBs are expected to meet the targets identified in each individual National Health Target and any other performance expectations agreed in Annual Plans.

Further information on the development of the Improvement Plan is available on the Nationwide Service Framework Library, including the Guide to using System Level Measures for Quality Improvement. (<http://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework>)

### **PHO Capacity, Capability and Performance Payments for 2016/17**

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The \$23 million PHO incentive pool will be used to build capacity and capability in primary care. This will help achieve the System Level Measures milestones and the two primary care National Health Targets. The payments will be made to the PHOs through their contracted DHB as per current processes.

Two capacity and capability payments and one 'at risk' performance payment will be paid to PHOs:

- Payment 1: 25 percent capacity and capability payment up front in quarter one 2016/17
- Payment 2: 50 percent capacity and capability payment in quarter two 2016/17 once the Ministry approves the district alliance's improvement plan
- Payment 3: 25 percent performance payment in quarter one 2017/18 based on quarter four 2016/17 performance.

For the 25 percent performance payment, PHOs will be paid for achieving the milestones for the three System Level Measures and for achieving the two primary care National Health Targets:

- ASH rates for zero to four year olds
- Acute hospital bed days per capita
- Patient experience of care
- National Health Target Better help for smokers to quit
- National Health Target Increased immunisation for eight-month olds.

### Primary Care Patient Experience Survey

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The Ministry and the Health Quality & Safety Commission are introducing patient experience measures for primary care, using online patient surveys. The survey looks at a patient's experience of the whole health care system using primary care as a window. It focuses on the coordination and integration of care, rather than just the last visit to a general practice's surgery. Patient feedback is voluntary and anonymous.

The survey has been piloted by Procure Networks, National Hauora Coalition, Whanganui Regional Health Network, Compass Health and Pegasus Health, and is now live in the field for practices within those PHOs. Additionally, Midlands Health Network participated in the cognitive testing process.

The survey will be adopted by all practices as part of the PHO Services Agreement. However there is a phased roll out.

The roll out is dependent on the general practice's access to the National Enrolment Service (NES). NES will capture the patient contact information required to send the surveys. NES will begin a national rollout in July 2016, and is expected to be in use by all general practices by the end of March 2017. PHOs will lead the roll out for their practices.

Participation in the survey will be recognised as a source of evidence that can be used towards meeting Indicator 9 of the Royal New Zealand College of General Practitioners Foundation Standard and Aiming for Excellence: *The practice includes patients' input into service planning.*

PHOs and general practices can access the survey results via a secure online dashboard.

Further information on the primary care patient experience survey, including the survey tool, can be found on the Health Quality & Safety Commission website (<http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/health-quality-and-safety-indicators/patient-experience/primary-care-patient-experience/>).

### For more information

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Further information about System Level Measures, including frequently asked questions, is available on the Ministry website at <http://www.health.govt.nz/systemlevelmeasures>.

If you have any queries, please contact the National Programme Manager, Kanchan Sharma on (04) 8163415 or at [PIF@moh.govt.nz](mailto:PIF@moh.govt.nz).