

System Level Measures Framework Update - October 2016

In this issue

- System Level Measures and improvement plans
- System Level Measures reporting requirements
- Primary Health Organisation payments
- An update on the two System Level Measures in development 2016/2017
- Primary care patient experience survey
- New resources available

System Level Measures and improvement plans

Four System Level Measures (SLM) were implemented from 1 July 2016:

- Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0 – 4 year olds
- Acute hospital bed days per capita
- Patient experience of care
- Amenable mortality rates.

District Health Boards (DHBs), Primary Health Organisations (PHOs) and district alliances will drive implementation of the SLMs. DHBs, in their 2016/17 Annual Plans, have committed to providing a jointly developed and agreed improvement plan to meet the agreed improvement milestones for the above four SLMs.

DHBs will submit the improvement plan, on behalf of their district alliance, to the Ministry of Health (Ministry) by 20 October 2016 through the quarterly report database. The Ministry will assess the improvement plan by 30 November 2016.

Submission of the improvement plan is the only deliverable for quarter one and will include:

1. Improvement milestones for the four SLMs – the milestone must be a number that either improves or maintains performance from the district baseline or reduces variation to achieve equity. If the district performance for some of the SLMs is close to or above the national median, the alliance may choose to maintain performance for those SLMs and focus on others where the performance could be improved with targeted investment and activities.

For the Patient Experience of Care measure, alliances should use the results from the in-patient and primary care patient experience surveys developed by the Health Quality & Safety Commission (HQSC) to set their milestone for 2016/17. This could either be the total aggregate score of the in-patient survey results or focus on one of the four domains. Increasing the participation rate for the inpatient survey or uptake of the primary care survey could also be used as a milestone. Details about the primary care patient experience survey is included on page 3 of this update.

2. Contributory measures for each of the four SLMs – the alliances should select contributory measures from the Measures Library in the first instance. The Measures Library is still in development and district alliances may have local measures that are more appropriate to their local context that are not yet included in the Measures Library. Alliances can use local contributory measures that show a clear line of sight to the achievement of the improvement milestones, have clear attribution and have been validated locally (eg agreed definitions, data sets, extraction dates).

3. District alliance stakeholder agreement of the improvement plan - all stakeholders responsible for activities in the plan (DHB and PHOs at a minimum) must sign the submitted plan. This indicates stakeholder agreement with the plan, the improvement milestones and the contributory measures. If alliances are having difficulty reaching agreement, they may consider facilitation by a third party. The alliances must notify the Ministry prior to 20 October if they are unlikely to submit a jointly agreed improvement plan by that date.

All alliances are expected to have a detailed local improvement plan that demonstrates how they will achieve their improvement milestones. The local improvement plan does not have to be submitted nationally but will be made available to the Ministry on request.

System Level Measures reporting requirements

Quarter 1 – submission of the jointly agreed improvement plan.

Quarters 2 and 3 – exception reporting stating whether the alliance is on track to achieve their four SLM improvement milestones. Where alliances are not on track, a mitigation plan must accompany the report.

Quarter 4 – performance report against the four SLM improvement milestones. Where the alliances have not met their improvement milestones, the report must include whether:

- there has been an event outside of the control of the district alliance that caused the alliance to re-prioritise its activities (eg water contamination in Hawkes Bay)
- the improvement milestone is closer to being achieved in quarter four than it was in quarter one
- on reflection they consider the improvement milestone was too ambitious and why the alliance over estimated their ability to influence, particularly in year one.
- all parties to the improvement plan delivered their commitments and if not why.

All reporting will occur through the DHB quarterly report database.

Primary Health Organisation payments

A mixed approach to payments sees 75 percent paid to PHOs to build the capacity and capability required to meet the improvement milestones, particularly for high needs populations and 25 percent 'at risk' based on performance against the improvement milestones in quarter four. The payments will continue to be paid to PHOs through their contracted DHB.

The payment schedule is:

- 25 percent capacity and capability payment up front in quarter one. This was paid to PHOs on 15 July 2016
- 50 percent capacity and capability payment in quarter two once the Ministry approves the district alliance's improvement plan (15 December 2016)
- 25 percent performance payment in quarter one 2017/18 based on quarter four 2016/17 performance (15 September 2017).

The 75 percent capacity and capability payment is to build clinical and non-clinical infrastructure in primary care eg information technology, clinical governance and outreach services. The district alliance can also agree to use this funding to incentivise performance against contributory measures locally.

An update on the two System Level Measures in development 2016/2017

1. Youth access to and utilisation of youth appropriate health services.

The development of a youth measure is important because access and utilisation of effective and appropriate support and care is vital to young peoples' health and wellbeing.

The Ministry is co-developing a SLM for youth health. Thus far this has included a series of meetings and workshops with a wide range of experts in health services for young people including representatives from government agencies, DHBs, PHOs, youth health services, data experts and universities.

The most recent workshop in August identified a range of options for the youth SLM. The Ministry is now considering these options and will re-engage with the sector on the prioritised options in the near future. The Ministry will also work closely with young people over the next two months to ensure that the SLM develops in a way that is also meaningful and relevant to the issues that concern young people the most.

2. Proportion of babies who live in a smoke-free household at six weeks post natal (ie Healthy start).

A reduction in prevalence of smoking in pregnancy is a priority. This measure will focus attention beyond maternal smoking to the home and family/whanau environment and will drive an integrated approach between maternity, Well Child Tamariki Ora providers and primary care.

A method to evaluate the proportion of babies who live in a smoke-free household at six weeks post birth, using data collected from the Well Child Tamariki Ora 'first core contact', has been proposed. The Ministry is still consulting on this measure and has uploaded the measure to the Health Quality Measures New Zealand (HQMNZ) website <http://www.hqmnz.org.nz> to seek feedback.

We encourage you to provide feedback on this SLM to ensure it is robustly analysed. You can create an account on HQMNZ and provide comment directly into the measure. Go to <http://www.hqmnz.org.nz> and follow the Providing Comments link from the front page for instructions.

Primary care patient experience survey

The primary care patient experience survey is designed to understand patients' experience of the whole health care system. The survey focuses on the coordination and integration of care rather than just the patient's experience of their last visit to their general practice. PHOs and general practices are contractually required to participate in the survey. Patient feedback is voluntary and anonymous.

The primary care patient experience survey has been piloted by Procure Networks, National Hauora Coalition, Whanganui Regional Health Network, Compass Health and Pegasus Health. These PHOs and general practices can access the survey results via a secure online dashboard.

The primary care patient experience survey is available for new PHOs through the National Enrolment Service (NES) which is currently being rolled out. The patient preference field in NES captures the patient contact details which are needed for the primary care survey. PHOs with practices that have implemented NES can access all the resources required to participate in the primary care patient experience survey [here](#).

Primary care patient experience surveys are undertaken quarterly and the next survey week is 31 October – 6 November 2016.

New resources available

A report, Defining Amenable Mortality, can be found on the Nationwide Service Framework Library (NSFL) website. The report outlines the definition and calculation of amenable mortality, and lists the current amenable cause of death codes <http://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures>.

District alliances should use this report to determine their amenable mortality improvement milestones, identify appropriate contributory measures and determine appropriate interventions.

For more information

Further information about System Level Measures, including frequently asked questions and improvement science, is available on the Ministry website at <http://www.health.govt.nz/new-zealand-health-system/system-level-measures-framework/system-level-measures-framework-questions-and-answers> and the National Services Framework Library at: <http://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework>

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