Innovations in Primary Care in Israel

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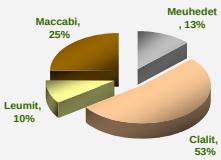
About Israel

- Size: 20,700 square kilometers
- Population: 7 Million; 20% minorities
- Elderly: 9.9% aged 65+
- Life expectancy at birth male/female: 77.4 / 81.6
- Infant mortality: 4.5% per 1,000 births
- Average no. of physician visits per year: 8.4
- Average length of stay (general hospitals): 4.2 days
- National expenditure on health
  - % of GDP: 7.8%; 2,069 $ PPP

Provision of Health Care Services

- Four competing not-for-profit sick funds; guaranteed freedom of choice



- Ministry of Health owns half the hospital beds; responsible for psychiatric care, preventive care and long term care

Primary Health Care in Israel

- All residents insured in a sick fund of their choice
- NHI law defines the overall budget and a uniform basket of services sick funds provide
- Prospective payments to sick funds using an age adjusted capitation formula
- Nationwide network of clinics and independent physician's offices; high access in rural areas
- PCPs are salaried or have a contract (prospective, per listed patient); no fee for service
- The PCP has a central role; over 90% of population have a regular PCP
- The PCP – physician of first contact and gatekeeper; direct access only to common used specialties

Innovative Strategies to Improve Quality of Care

1. Changes in structure
2. Performance measurement
3. Changes in processes of care
4. Training of primary care physicians

1. Redesigning Primary Care Services in Maccabi Healthcare Services*

- Objective: to improve quality of care.
- Tool for improvement: a structural change
- Traditionally, primary care services provided by a solo practitioner
- Redesign:
  - treatment is provided by a physician-nurse dyad
  - responsible for proactive prevention, life style counseling, treatment and regular follow up of patients.
- Since 2007 the model is implemented in 50 clinics.

*Source: Wilf-Miron R, Kokia E and Gross R. "Redesigning primary care services in Maccabi". Health Policy Monitor, September 2007. http://www.hpm.org/survey/is/a10/3

Main Features of Program

- Care is provided by a multi-disciplinary team
- Physicians have a defined community of members
- The encounter is used for comprehensive management of patients' health
- One-stop-shopping for preventive care
- Care is "patient-centered"

Based on the “chronic care model”, Bodenheimer et al. 2002

Incentives

- **Physicians:**
  - opportunity to improve patients' health
  - Opportunity to improve performance in internal quality measures
  - Teamwork will provide the physicians with more time for the clinical tasks (→job satisfaction)
  - Physicians receive funding for a trained nurse
- **Sick fund:**
  - Improve quality of care, equality among population groups and cost-efficiency

2. National Primary Care Quality Measurement System*

- System-wide voluntary cooperative effort to improve quality of primary care.
- Tool - measurement of medical indicators and feedback to the sick funds
- Based on the HEDIS indicators (50 to date)
- Uniform methodology to construct the measures based on data from Electronic Medical Records

*Source: Porath A., Rabinowitz G, Raskin Segal A (2008). Quality Indicators for Community Health Care in Israel Public Report 2005-2007. State of Israel Ministry of Health, Health Council, The National Institute for Health Policy and Health Services Research.

Main Features of the Program

- Endorsed by the Ministry of Health (2004); annual reports published to the public and available on the web
  - Reports present national trends by age group and SES (planned to present by geographic region)
  - Sick funds receive confidential report showing their score compared to the average
- Since 2007 sick funds reimbursed for participation
- Sick funds initiate programs to improve quality (e.g. monitoring, training, patient education)
- Improvement in many measures over time

Medical Conditions (2007 results)

- **Asthma** (78% preventive medications)
- **Breast cancer screening (60% among 50-74)**
- **Screening for colorectal cancer** (22% tested for fecal occult blood)
- **Flu vaccine** (59% among 65+)
- **Pneumococcal vaccine** (36% among 65+)
- **Diabetes** (49% Hga1c<7; 61% LDL<100 mg/dl; 73% BMI documented; 67% BP< 130/80)
- **Cardio vascular diseases** (76% cholesterol level tested; 68% beta blockers prescribed after angiography of bypass)
- **Children's health** (42% BMI documented; 66% of babies hemoglobin values documented)

Type of Measures

- Morbidity indicators (prevalence of diabetes, hypertension)
- Prevention indicators (screening, vaccinations)
- Performance indicators (medication to diabetics, beta blockers; measuring BP, BMI)
- Outcome indicators (achieving a recommended control value e.g. Hga1c <7 ; BP <140/90)
- Documentation indicators (vital information is recorded e.g.BMI)

3. Proactive Program in Clalit Health Services for Managing Clinical Quality*

- Objective: To improve Clalit's national quality indicators
- Tool for improvement: changes in process of care - proactive case management; patient centered care
- The change ("Yozma" Program):
  - Proactive identification of target group by clinic staff
  - Invitation of patients for special consultation to improve control of chronic conditions prevention
- Since 2008 implemented in 50% of clinics

*Source: Goldfracht et al. "Proactive Program for Managing Clinical Quality". Health Policy Monitor, April 2009.

Background: Organization of Primary Care in Clalit

- Provided mainly in multidisciplinary community clinics (8 districts; 400 clinics);
- Physicians have defined patient list (average size: 1,500); 90% work at a clinic with a nurse
- Guidelines issued for preventive medicine and management of chronic conditions
- Electronic medical record for all patients
- 72 quality indicators monitored internally by Clalit
- Periodic computerized reports on performance by clinic, physician and patient

Main Features of Program

- Each participating clinic selected a group of quality indicators for active intervention; received a list of patients with low scores
- Clinic proactively invited patients for lengthy consultation by nurse and physician
  - Check up by nurse to complete preventive procedures (vaccinations, BP measurement)
  - Physician checked for cardiovascular risk factors Patient referred to relevant tests
  - Patient received recommendations to improve control and management of chronic disease
  - Follow up visit scheduled with doctor and/or nurse

Incentives

- **Sick fund:** improvement in national quality indicators; cost containment
- **Clinic:** strategy for improving performance & gaining appreciation of district management
- **Physicians & nurses**: professional satisfaction from improving clinical care; positive feedback from patients

Outcomes of Yozma Program
(Internal Evaluation)

- Pilot conducted with 10 clinics (medium/low scores in quality indicators);Matched control clinics (size, SES, age, % chronics, staff characteristics; quality scores)
- After 6 months- improvement in indicators (e.g. patient satisfaction, mammography); high staff satisfaction; lower workload; cost containment
- Rapid dissemination: within a year voluntarily adopted by 50% of Clalit clinics

4. Training Primary Care Staff to Address Mental Distress *

- Objective: improve ability to diagnose and treat depression and anxiety
- Tool for improvement: training of primary care staff (knowledge, attitudes, skills)
- Training program:
  - Dissemination of guidelines for identifying and treating common mental health problems (depression; anxiety)
  - Compulsory training of primary care teams as part of Clalit's CME programs
- 90% of teams attended training seminars

Source: Goldfracht et al. "Treating Mental Distress by Primary Care Staff" Health Policy Monitor, October 2006.

Main Features of Program

- Developing guidelines by a multi-disciplinary team and disseminating them at clinic staff meetings
- Developing tools for identifying mental distress
- Internal marketing: one-day conference; in-service one day "train the trainer" seminar for district representatives
- Compulsory in-service one-day seminars for primary care teams at district level
- Three follow up seminars ("mood ruler"; prescribing medication and increasing patient compliance; staff's emotional difficulties in treating mental distress)

Incentives

- **Sick fund:** improved care and cost containment
- **Primary care team**: professional satisfaction; reduce workload (related to untreated condition); obligatory seminars and monitoring

Outcomes of Training Program
(Internal Evaluation)

- 90% satisfied with training seminars
- Before/after measurements indicated increase in knowledge & perceived skills; decrease in perceived barriers
- 15% increase in number of patients using anti-depressants; 15% rise in DDD for prescribed anti-depressants

Reflection on Innovations to Improve Quality of Primary Care

- Structural features: managed care system; strong primary care; highly developed IT
- National health policy: sick funds compete over patients and operate within tight budgetary constraints
- Growing realization among sick fund management that appropriate high quality primary care contributes to cost containment
- Consequently, sick funds initiate innovations to improve quality of primary care: changes in structure, process of care, and training of staff

Thank You!