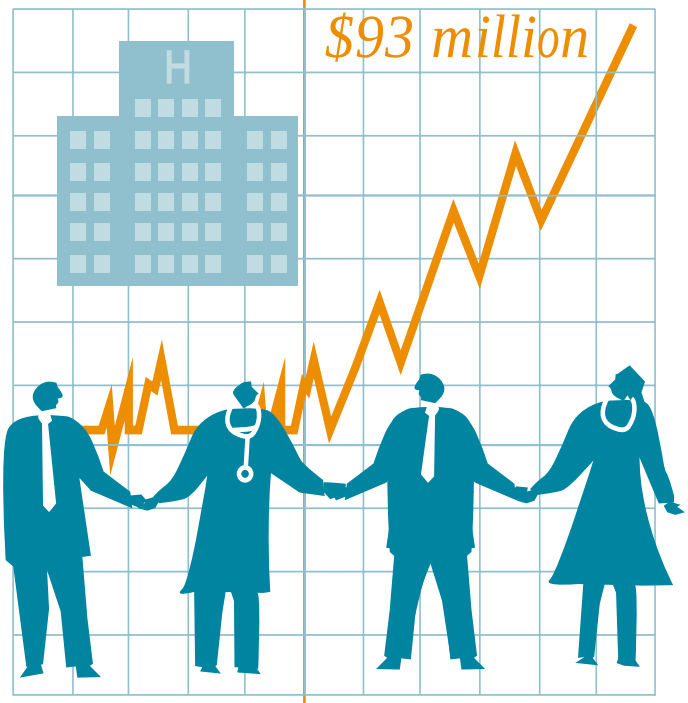
JPPC NEWS

A Partnership of the Ontario Ministry of Health and Long-Term Care and the Ontario Hospital Association

The Ontario Joint Policy and Planning Committee (JPPC) is the partnership through which the Ontario Ministry of Health and Long-Term Care and the Ontario Hospital Association work jointly to develop optimal health care policy, strategic planning and management decisions for the Ontario hospital system.

Hospital Funding Committee



This summer the Hospital Funding Committee was pleased that the MoHLTC used the Funding Formula to distribute $93 million to the hospital field.

The Committee has reviewed the comments and suggestions from the spring consultation sessions. The work plans for the JPPC were established based on the most urgent needs identified in that feedback. The next iteration of the Funding Formula will be completed by the end of October to enable the MoHLTC to use the formula with the 2000/2001 data in the winter.

The Hospital Funding Committee will be holding a strategic planning retreat this December. Topics that are going to be discussed include impact of the implementation of ICD-10, data quality review for clinical data sets and future funding formula improvements.

Rate Sub-Committee

The Rate Sub-Committee reviewed all of the comments received during the spring consultation sessions as well as the letters that were written. As a result of this feedback, the Committee has been doing research into using equivalent weighted cases in the teaching factor; using distance to other hospitals for the isolation factor; modifying the size factor; modifying the chronic factor so that all hospitals that provide chronic care receive an adjustment; other methods for dealing with outlier hospitals; and the possible merging of the tertiary factors. The Committee hopes to have this work completed by the end of October so that they can proceed with other research suggested during the consultation sessions.

Complex Continuing Care Technical Working Group

The Complex Continuing Care Technical Working Group, which has been established to help the Rate Sub-Committee further develop and refine the rate model as it applies to complex continuing care, has reviewed preliminary RUG-weighted patient day information provided by CIHI and has made some recommendations to refine this data. The group is now completing a long-term data blitz on the data to help hospitals understand the data and achieve more consistent coding across the province.

Volumes Sub-Committee

The Volumes Sub-Committee reviewed all of the comments received during the spring consultation sessions as well as the letters that were written. In response to these comments research was completed over the spring/summer and modifications have been made to the income adjustment factor. This factor now looks at the percentage of a hospitals' referral population that come from a low-income region.

During the consultation session people expressed concern with the population projections that were used. The general opinion was that the Ministry of Finance population projections, which are updated more frequently from tax return information, would be a better data set. This data set has been secured and used in the analysis.

Performance Committee

The Performance Committee's goal is to help hospitals evaluate their performance at a functional centre and global level. In order to do this global indicators are being developed to help hospitals find comparable hospitals for the comparison. The Committee will develop approximately five indicators for each functional centre based on the OCDM functional centre data. The ultimate goal of the committee is to have an interactive secure web-based system.

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Ontario Waiting List Project – Update September 04, 2001

On November 10, 2000 the JPPC Launched the Ontario Waiting List Project. The project is funded by the MOHLTC as a research initiative mandated to provide recommendations on the development of waiting list management strategies and structures and the implementation of waiting list management systems.

The project structure included a steering committee and three clinical panels of physician experts encompassing: MRI, General Surgery and Cataract Surgery. The panels developed clinical urgency rating tools to determine patient priority waiting elective procedures. The tools were tested and results analyzed over the summer. The final meeting of the clinical panels occurred this September and their findings will be presented to the steering committee in November.

Outpatient Ambulatory Clinic Reporting

On April 01, 2000 the JPPC, under the auspices of the Ambulatory Care Implementation Team (ACIT), has been mandated to plan for the implementation of CIHI's National Ambulatory Care Reporting System (NACRS) as a basis for hospital based ambulatory care funding in Ontario. One of the intended provincial applications of capturing these data is to support a comprehensive funding model.

The work of ACIT has focused on the scope of ambulatory clinic activity; the readiness of hospitals and the identification of data capture models. This process has included: 1) readiness survey to sample of 80 hospitals, 2) an analysis of outpatient ambulatory clinic data to categorize clinic activity by costs and volume, 3) pilot testing with 22 regionally representative Ontario hospitals and 4) a hospital survey to evaluate the implementation of ER reporting. The committee is currently synthesising the result of these investigations as it prepares to present its finding to the Hospital Funding Committee in November.

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Ongoing Evaluation of the Resident Assessment Instrument for Mental Health (RAI-MH) Version 2.0 - An Update

The research and development efforts continue at the Resident Assessment Instrument - Mental Health (RAI-MH) Project of the Ontario JPPC, towards the finalization of the assessment instrument. The Psychiatric Working Group of the JPPC will develop a new case mix grouping, carrying out the translation of the MDS-MH into French, monitoring and supporting the voluntary implementation efforts, facilitate the addressing of legal issues with both the MOHLTC and the OHA, initiating an independent review process, and maintaining the visibility of the RAI-MH Project through a multitude of communication vehicles and events. In addition, the Project will be conducting a second limited inter-rater reliability study (n=100) that will involve nine (9) Ontario hospitals of the current thirty-seven (37) Phase II pilot hospitals, which have been involved in a voluntary implementation of the RAI-MH since 2000.

The designed applications of the RAI-MH include:

1. Care planning in response to identified needs of a person, irrespective of the provider
2. Funding, using a client based case-mix measurement system
3. Quality improvement, using patient-based quality indicators
4. Outcome measurement, based on validated clinical scales

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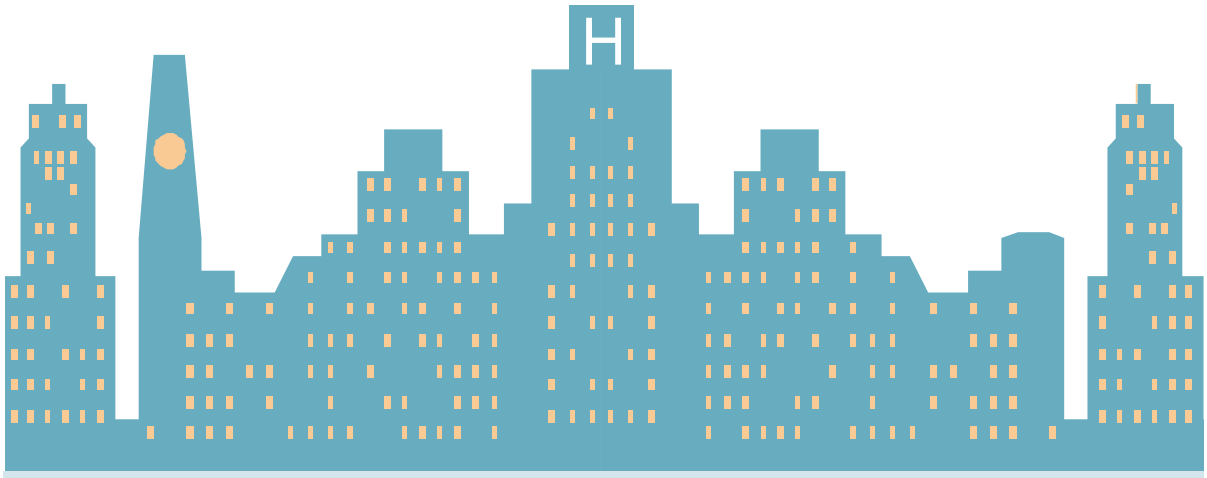

JPPC

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