Quality-Based Procedures (QBP): What You Need To Know

Background

Prior to the introduction of Health System Funding Reform (HSFR) in 2012, a significant proportion of hospital funding was allocated through a global funding approach. Global funding, however, did not account for complexity, service levels nor the actual costs of treating patients in hospitals. Furthermore, it provided minimal incentives for health care providers to adopt best practices that resulted in improved patient outcomes in a cost-effective manner. To address these concerns, the Ontario government implemented a Quality-Based Procedure (QBP) strategy. QBPs were implemented to incentivize health care providers to adopt best practices in order to become more efficient and effective in their patient management. After five years, QBPs have become an integral part of HSFR and have played a key role in advancing the government's quality agenda.

What are QBPs?

Quality-Based Procedures (QBPs) are specific groups of patient services that offer opportunities for sharing of best practices, process improvements, clinical redesigns, improved patient outcomes, enhanced patient experiences and cost savings, thereby allowing the health care system to achieve even better quality and system efficiencies. An evidence-based framework was used to identify procedures that had the potential to improve quality outcomes and reduce costs. This evidence-based framework assessed patients and patient services using five perspectives including:

Practice Variation

- Is there variation in clinical outcomes across providers, regions and populations?
- Is there a high degree of observed practice variation across providers or regions in clinical area where a best practice or standard exits, suggesting such variation is inappropriate?

Availability of Evidence

- Is there a clinical evidence base for an established standard of care and/or care pathway? How strong is the evidence?
- Is costing and utilization information available to inform development of reference costs and pricing?
- What activities have the potential for bundled payments and integrated care?

Feasibility/Infrastructure for Change

- Are there clinical leaders able to champion change in this area?
- Is there data and reporting infrastructure in place?
- Can we leverage other initiatives or reforms related to practice change (e.g. Wait Time, Provincial Programs)?

Cost Impact

- Does the clinical group contribute to a significant proportion of total costs?
- Is there significant variation across providers in unit costs/ volumes/ efficiency?
- Is there potential for cost savings or efficiency improvement through more consistent practice?
- How do we pursue quality and improve efficiency?
- Is there potential areas for integration across the continuum?

Impact of Transformation

- Is this aligned with Transformation priorities?
- Will this contribute directly to Transformation system re-design?

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As part of the initial HSFR implementation efforts, the Ministry of Health and Long-Term Care (Ministry) adopted a multi-year implementation strategy to phase in new QBPs.

Each year, the Ministry released a set of tools and guiding documents to support the field in adopting the new QBPS. The implementation timelines for the current QBPs were as follows:

Year 1

- Acute Primary Unilateral Hip Replacement
- Rehab Primary Unilateral Hip Replacement
- Acute Primary Unilateral Knee Replacement
- Rehab Primary Unilateral Knee Replacement
- Unilateral Cataract Day Surgery
- Chronic Kidney Disease (CKD)

Year 2

- Acute Stroke Hemorrhage
- Acute Stroke Ischemic or Unspecified
- Acute Stroke Transient Ischemic Attack
- Acute Chronic Obstructive Pulmonary Disease (COPD)
- Acute Congestive Heart Failure (CHF)
- Acute Non-Cardiac Vascular Aortic Aneurysm
- Acute Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)
- Gastrointestinal Endoscopy
- Chemotherapy

Year 3

- Acute Hip Fracture
- Acute Primary Bilateral Joint Replacement
- Rehab Primary Bilateral Joint Replacement
- Acute Tonsillectomy
- Acute Neonatal Jaundice
- Acute Pneumonia

Year 4

- Knee Arthroscopy
- Cancer Surgery: Prostate
- Cancer Surgery: Colorectal

Year 5

- Non-Routine and Bilateral Cataract
- Cancer Surgery: Breast
- Cancer Surgery: Thyroid

Year 6

- Acute Neonatal Jaundice (Retired)

Year 7

- Non-Emergent Integrated Spine Care
- Non- Emergent Shoulder Surgery
- Integrated Corneal Transplant
- Cancer Surgery : Neurosurgical Brain
- Cancer Surgery : Neurosurgical Spinal
- Cancer Surgery : Thorax Lung
- Cancer Surgery : Thorax Esophagus
- Cancer Surgery : Thorax - other
- Cancer Surgery: Abdominal HPB
- Cancer Surgery: Genitourinary GU
- Cancer Surgery: Hysterectomy

Important to Know

QBP Tools & Resources can be downloaded from the Health Quality Ontario's QBP Connect website at: http://www.hqontario.ca/Quality-Improvement/Our-Programs/QBP-Connect

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How are QBP volumes managed?

Since the implementation of the first set of QBPs in Year 1 of HSFR, the Ministry has increased the roles of the Local Health Integration Networks (LHINs) and Cancer Care Ontario in the planning and management of QBP volumes. Both the LHINs and CCO now have a lead role in the management of allocations (initial distribution of volumes between health care providers at beginning of year based on business planning), reallocations (reorganization of volumes between health care providers during the year based on current performance) and year-end reconciliations (settlement of final volumes based on review of all volumes performed).

To further support the LHINs and CCO's efforts, the Ministry established three unique QBP categories including:

- LHIN-Managed Elective QBPs
- LHIN-Managed Non-Elective QBPs
- CCO Managed QBPs

The separation of QBPs into these categories attempted to recognize that QBPs have distinct service demand and capacity characteristics. By managing the QBPs in these groupings, the LHINs and CCO are better able to ensure access to elective procedures and improve performance in relation to wait time targets. The QBP groupings are as follows:

Important to Know

LHIN-Managed Elective

- Acute Primary Unilateral Hip Replacement
- Rehab Primary Unilateral Hip Replacement
- Acute Primary Unilateral Knee Replacement
- Rehab Primary Unilateral Knee Replacement
- Acute Primary Bilateral Joint Replacement
- Rehab Primary Bilateral Joint Replacement
- Unilateral Cataract Day Surgery
- Non-Routine and Bilateral Cataract
- Acute Non-Cardiac Vascular Aortic Aneurysm
- Acute Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)
- Acute Tonsillectomy
- Knee Arthroscopy
- Non-Emergent Integrated Spine Care
- Non- Emergent Shoulder Surgery
- Integrated Corneal Transplant

LHIN-Managed Non-Elective

- Acute Chronic Obstructive Pulmonary Disease (COPD)
- Acute Congestive Heart Failure (CHF)
- Acute Stroke Hemorrhage
- Acute Stroke Ischemic or Unspecified
- Acute Stroke Transient Ischemic Attack
- Acute Hip Fracture
- Acute Neonatal Jaundice
- Acute Pneumonia
- Acute Neonatal Jaundice (Retired)

CCO Managed

- Chronic Kidney Disease (CKD)
- Gastrointestinal Endoscopy
- Chemotherapy
- Cancer Surgery: Prostate
- Cancer Surgery: Colorectal
- Cancer Surgery: Breast
- Cancer Surgery: Thyroid
- Cancer Surgery : Neurosurgical Brain
- Cancer Surgery : Neurosurgical Spinal
- Cancer Surgery : Thorax Lung
- Cancer Surgery : Thorax Esophagus
- Cancer Surgery : Thorax - other
- Cancer Surgery: Abdominal HPB
- Cancer Surgery: Genitourinary GU
- Cancer Surgery: Hysterectomy

Resources

For additional QBP education materials, visit https://hsimi.on.ca/hdbportal/node/471 on the Ministry of Health and Long-Term Care, Health Data Branch, Health System Information Management and Investment (HSIMI) website.