

Studying Case-Mix

Conceptual Context:

The 'Algebra of Effectiveness'.



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Institute for Healthcare Quality.

Diagnosis Related Groups [DRGs]: Opportunities for Indian Healthcare. 20th Oct 2017, Taj Lands End, Mumbai.

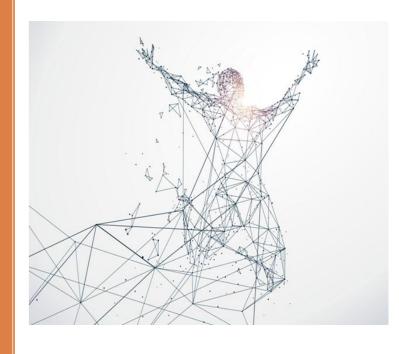
Disease Informatics

Disease:

Ancient / Modern / Post-modern.

Informatics:

Technology/Terminology/Ontology.





Classification as Science.

Coding Care.

Validation, Standardization,

Generalization, Stratification.

Comparing Apples:
Patient Differences and
Group Homogeneity.





Validation of Healthcare

Health: Individual / Population.

Health and Healthcare

The Analytical Approach:

Means-Ends.

Data- Driven.





Analysis of Purpose

Product of the Hospital: Heterogeneity.

Health-Care: Sociology.

Ecology of Care.

Basic Question:

'Who receives What from Whom at What Cost with What Effect'





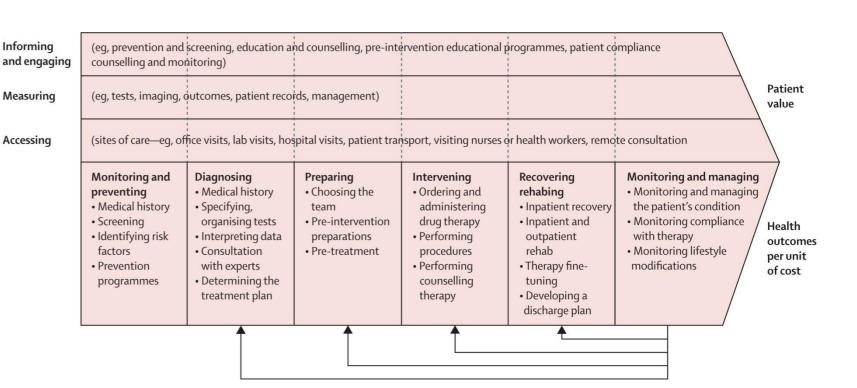
Value Chain

a. Providers:Understand how wellthe system is working.

b. Payers:
What they are paying for.

c. Public:
The appropriateness
of care and
transparency of cost.

d. Manufacturers: Where future needs and opportunities lie.





Purpose of Analysis

What is Risk? / Risk of What?

Prediction: Immediate vs Long Term.

Case-Mix Adjustment/ Risk Adjustment/ Severity Adjustment.

Bottom Line:

'Medical Meaningfulness'







Actionable Data.

Case-Mix as 'Information Innovation'

Case-Mix: New 'Type' of Information.

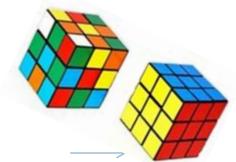
Reduce 'Analytical Burden': # of groups.

Reduce 'Action Thresholds'.

Data Value- Chain:

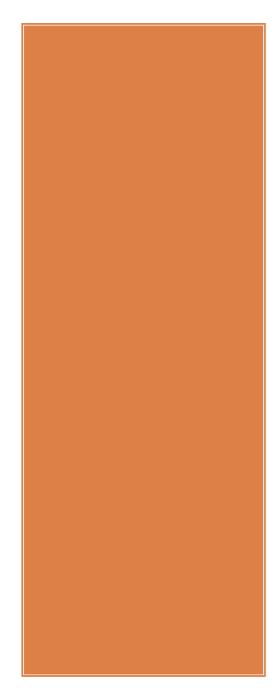
Data-Information-Knowledge-Action.







End Result System





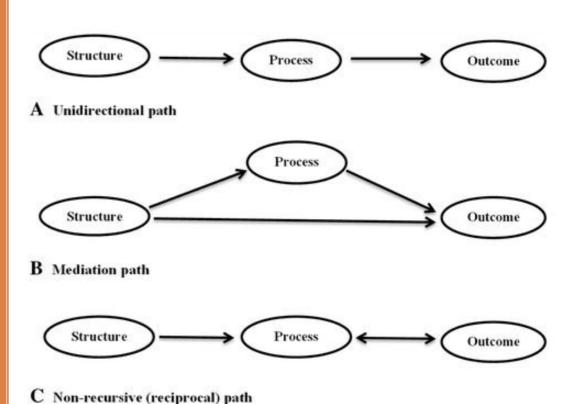
Quality as a Theory of Practice

Structure-Process-Outcome.

Input-Output model.

Relation between Structure and Outcomes.

Relation between Process and Outcomes.





Care 'Bill of Materials'

Flow: Lean/Six -Sigma/Optimization.

Activity- Based Analysis and Patient Level Data.

Patient 'Burden of illness'.

Episode Definition: "Business' Rules"

Data – Dictionaries and Data Quality.





Volume to Value

Caring about 'Cost' and 'Efficiency'.

Cost Behavior of Healthcare Organizations:

Retrospective Payment vs. Prospective Payment.

Accounting and Accountability.

Transparency is precondition for Accountability.

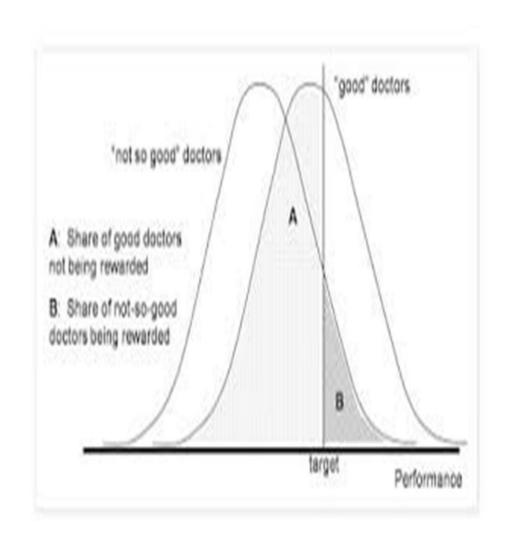


Deming's Prescription: Tools not Rules

Common Currency: Variation.

Risk/Cost/Flow/Quality in the Language of Data.

New Economics





Value of 'Value'



Goals Era: Accountability for Improvement.

Processual Agenda:

Co-operation of Professions.

Re-defining the

'Purpose of Healthcare'.

Triple Aim:

Quality- Cost -Health.





Goals Era: Improvement of Accountability.

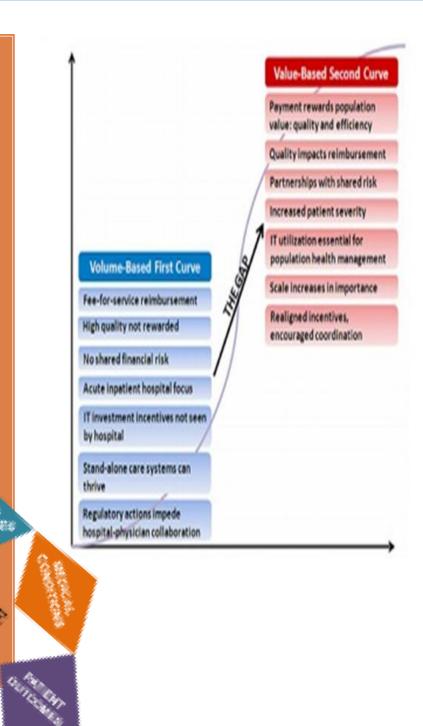
Structuralist Agenda:

Competition on Outcomes.

Re-defining the 'Nature of Healthcare'.

Value Based Health Care

Value Based Hospital.





End Result System: 100 years









Be the Change You want to See: See the Change You want to Be.

PLATFORMS FOR CHANGE:

Platform No 1: Process to Outcomes.

Platform No 2: Individual to Population.

Platform No 3: Fee- for- Service to Prospective Payment.

Platform No 4: 'What is the Matter with You' to 'What Matters to You.'Ms.Bisognano.

Platform No 5: 'What can I do for You' to 'What can I be a part of '. Don Berwick

