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Quality Hospital Systems Utilization Outcomes in Outpatient

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Introduction

Value-based care is being designed by healthcare delivery systems all around the world, with value defined as a function of quality of care outcomes and cost. Mortality is a sentinel outcome metric of treatment quality that is critical to both patients and providers. Discovery Health (DH), a South African administrative funder of healthcare, examines standardised mortality rates (SMRs) at the condition level across hospital systems for the objective of healthcare system development using service claims data from client medical schemes. This outcome metric must be risk-adjusted for patient variables that make death more or less likely to occur in order to accurately assess and contrast variation in condition-level SMRs among acute care systems [1].

Description

The efficacy of risk-adjustment approaches applied to service claims data to reliably compute SMRs across hospital systems is described and evaluated in this study. While service claims data may have limits in terms of case risk adjustment, it is critical that we do not miss out on the valuable chance to use claims data as a credible proxy for commenting on healthcare system quality. The robustness of this methodology in demonstrating difference in performance on mortality outcomes among hospital systems is impressive. The average risk-adjusted SMRs across hospital systems where DH members were hospitalised for acute myocardial infarction, stroke, pneumonia, and coronary artery bypass graft procedures were 9.7%, 8.0 percent, 5.3 percent, and 3.2 percent, respectively, for the measurement period January 2014 to December 2016. This transparent examination of variation in SMRs at the hospital system level is the first of its type in the private sector of South Africa. Our methodological exercise is being utilised to generate a local pattern of SMR variation in the private sector as a foundation for examining reasons for variance and developing quality-of-care improvement measures. High-performing healthcare systems must look for opportunities for learning and development, such as those provided by comparing key quality of care outcome measurements across institutions.

Outpatient civil commitment (OCC) requires people with serious mental illness (SMI) to get the treatment they need to address immediate health and safety hazards. When such therapy is accessible, it must be delivered in the community as a less restrictive alternative (LRA) to institutional treatment. OCC failure has been characterised as variation in hospital use results following OCC assignment. The goal of this study is to identify the elements that account for this outcome variation and to examine if OCC is being utilised successfully. Twenty-five papers analysing post-OCC-assignment hospital use results were analysed, with seven meta-analyses and additional published investigations. Deinstitutionalization (bed availability), availability of a less restrictive alternative to hospitalisation, and sickness severity were all used as structural pre-determinants of hospital utilisation and OCC implementation. The study's design quality was graded based on causal certainty. Deinstitutionalization-related hospital-bed-cuts, when not taken into account, resulted in reduced hospital-bed-day utilisation in OCC follow-up studies [2-5].

Conclusion

Reduced hospitalisation was linked to OCC assignment combined with strong case management. Hospitalizations became the usual choice for providing essential treatment due to a lack of community services. Hospitalization was lower while on OCC assignment and higher outside of it, according to follow-up studies. Patients spent less time under OCC supervision than outside it, hence studies with defined follow-up durations frequently indicated greater use. Comparison-group studies that found no differences between groups show that more severely ill OCC patients can be used in the same way as less disturbed patients, which is a success. The average evidence-rank for causal-certainty was 2.96, with a range of 2-4 out of a possible 5, with no study scored 1 as the highest. Diverse mental health systems provide a wide range of OCC hospital use outcomes, all of which meet the law's legal obligation of providing needed treatment while safeguarding health and safety.

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Conflict of Interest

The authors declare that there is no conflict of interest associated with this manuscript.

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