

Diverse activity-based management tools: process of harmonization

Marie-Caroline CLEMENT¹, Aline CUSSON¹, Françoise BOURGOIN¹,
Axelle MENU-BRANTHOMME¹, Anis ELLINI¹

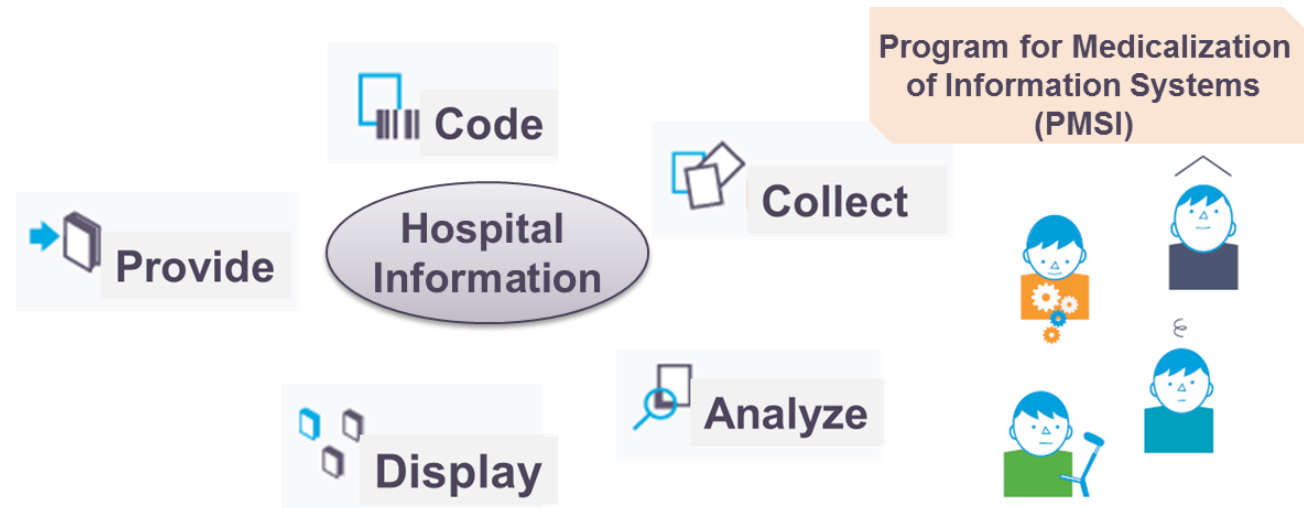
¹ Technical Agency for Information on Hospital Care (ATIH), France

Overview

- Context
- Process
- Impact
- Next steps
- Conclusion

Context

- Duties of Technical Agency for Information on Hospital Care (ATIH):



- The last few years: PMSI data quality has been improved
 → health actors started to use it to manage and finance the hospitals
- Diverse actors and institutions developed activity-based management tools

3 main ABM tools for the regional agencies to analyze hospital activity



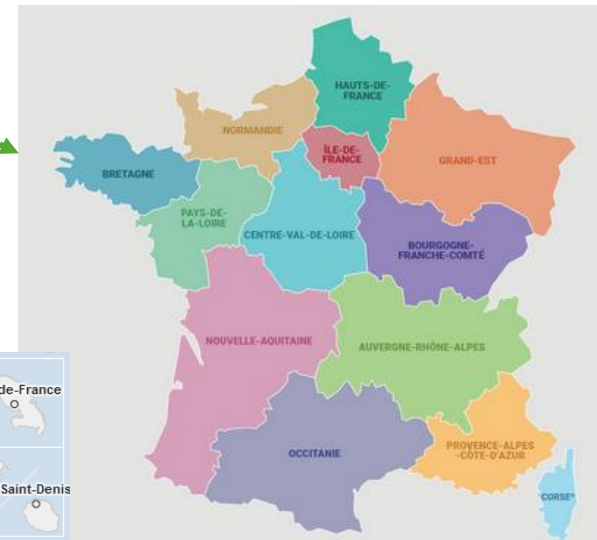
Server of PMSI databases



Web platform On-line dashboards



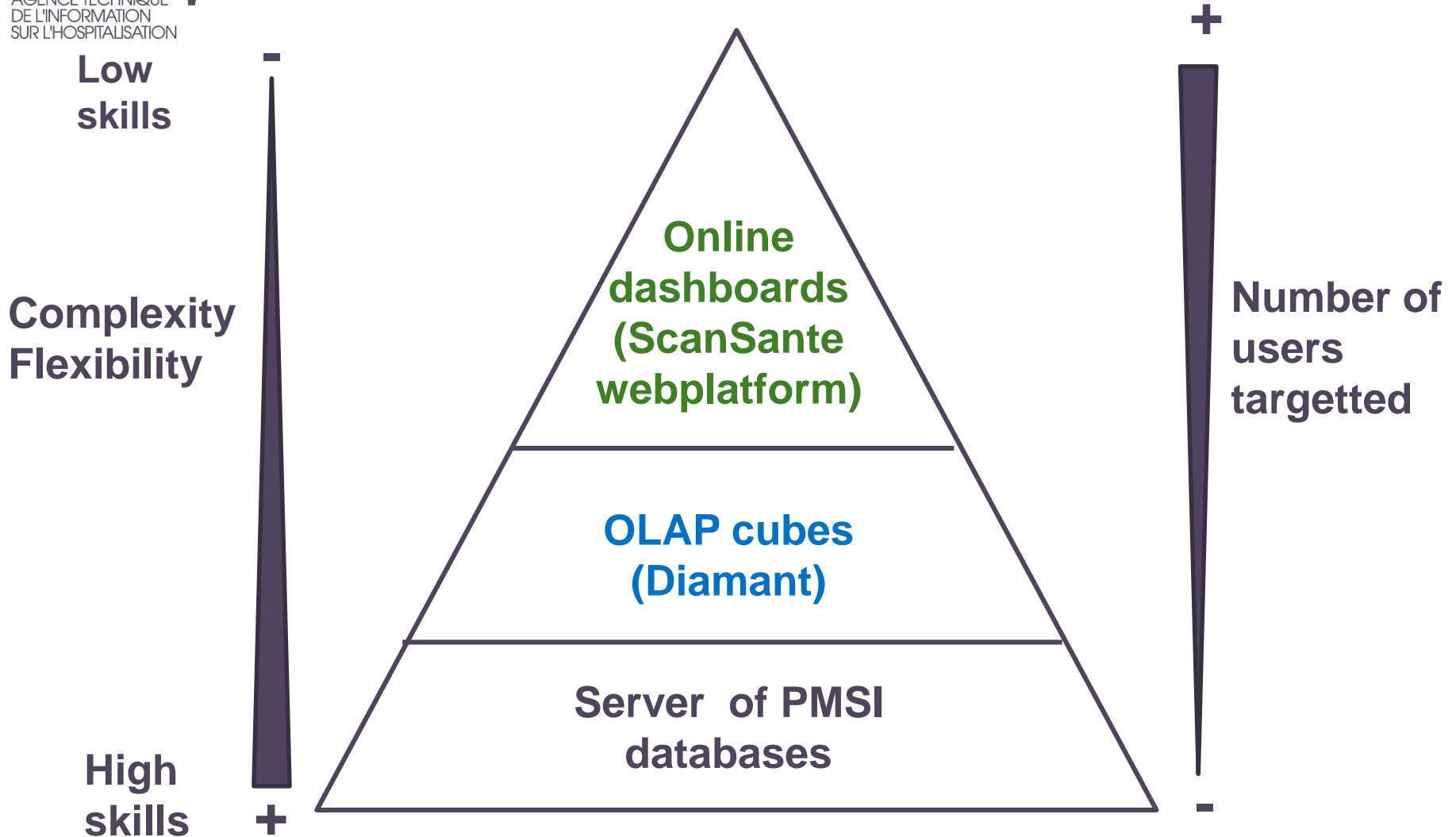
online analytical processing "cubes"



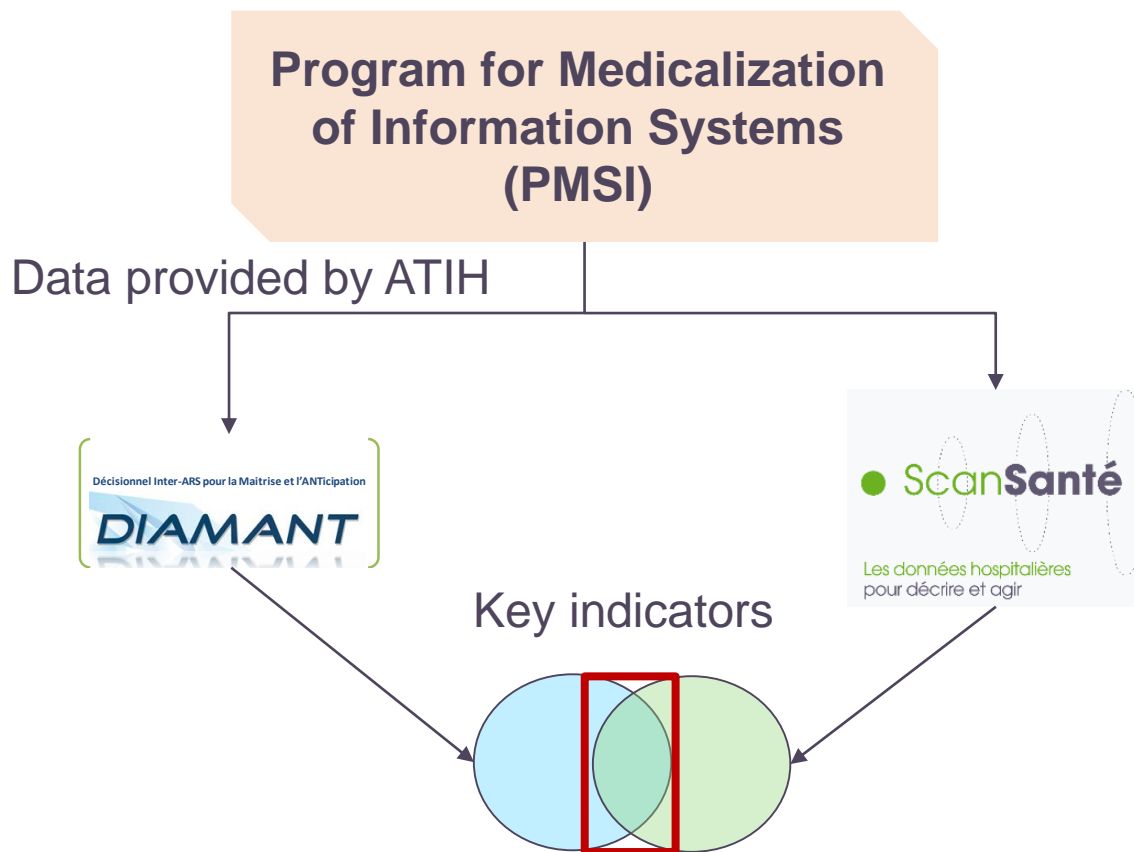
3 main ABM tools for the regional agencies to analyze hospital activity

- **Server of PMSI databases (ATIH)**
 - Software queries on the native database
- **“ScanSanté platform” (ATIH)**
 - All-in one tool
 - Displays pre-calculated key indicators via online dashboards
 - A wide range of data in open-access and a part in restricted access
- **“DIAMANT” (ARS)**
 - Provides key indicators using OLAP (online analytical processing) cubes technology; allowing the users to cross numerous variables
 - Access restricted
 - Most recent tool

Activity-based management tools



Why to harmonize?



Several identical indicators but with different results ☹️
→ Necessity to harmonize the calculation

Process



- A national plan to harmonize both tools has been launched by the Ministry of Health
- First step concerns psychiatry:
 - Psychiatric data is complex: ATIH has worked with experts to develop dashboards and benchmark tools since 6 years
 - Diamant needed ATIH's expertise to improve its data quality
- Set up of a working group to review the indicators with experts:
 - On psychiatric data
 - With an in-depth knowledge of both tools
- Psychiatric indicators displayed from both tools were listed by the tools' managers

INDICATOR DESCRIPTION		
CODE ID	INDIC_0007	
Name	Full-time days of hospitalization	
Definition	Nombre de journées de présence des patients à temps complet	
Producer	DIAMANT cube PSY ScanSanté : RME-Psy (D. par établissement / D. agréées) ; analyse croisée consommation / production ; cartographie consommation / production ; activité par nature de prise en charge ; activité infra-annuelle ; synthèse nationale	
Data source	RIM-P (RPSA)	
Access	DIAMANT : Avoir un accès DIAMANT ScanSanté : Libre ou Identifiant pour les profils national, régional et établissement	
Confidentiality	DIAMANT : Organisme habilité à utiliser DIAMANT ScanSanté : Ouvert ou Accès sous identifiants (sauf données de synthèse, en libre accès)	
Period	5 années glissantes	
Update frequency	DIAMANT : mensuel ScanSanté : annuel, sauf activité infra-annuelle qui est hebdomadaire	
INDICATOR AXIS		
Care consumption or production	Production et consommation de soins	
Analysis axis	Forme d'activité Temps complet 01 à 07 Exclusion de : Formes d'activité différentes de 01 à 07 ; inconnu ; non renseigné	
Type of care	PSY	
Financing	DAF / OGN	
Geographical axis	PRODUCTION : Région de l'établissement Département de l'établissement Territoire de santé de l'établissement FINESS / raison sociale de l'établissement CONSOMMATION : Région du patient Département du patient Territoire de santé du patient code GEO PMSI du patient	
Facilities	Modalités de financement	DAF ; OGN ; non renseigné
		Type d'établissement dans ScanSanté Activité : Publics ; PSPH ; Privés OGN Statut juridique dans ScanSanté RME :

Impact

- Finally, the harmonization will mainly concern:
 - Calculation:
 - Indicators provided by the ScanSanté in psychiatry had been set up in a working group of expert
→ share of ATIH's expertise / Adjustment on ScanSanté's indicators
 - Names: same indicator / same name
- Implementation:
 - Evaluation of the workload for each technical team
→ ending planed in 2018
 - Postponement of few changes concerning more than psychiatrics indicators → until the end of the process regarding all types of care (acute care...)

Next steps

- Harmonization for acute care indicators is on its way
- Next steps will concern:
 - Rehabilitation care
 - Home care
 - Funding
 - Human resources
- A strategy to keep up to date the harmonization work is in thought

Conclusion

- Harmonization between tools is essential for users:
 - How can they understand that similar indicators give different results?
 - To assure the reproducibility of the results
 - To allow benchmark from results providing by different tools
- Indicators included in a new ABM tool should be consistent with the pre-existing ones or differences should be clear
- Users should be:
 - informed about the calculation, the bias and the limits of each indicator → be transparent
 - guided for the analysis of data displayed

Thanks for your attention

**Agence technique de l'information
sur l'hospitalisation**

117, bd Marius Vivier Merle 69329 Lyon cedex 03

Téléphone : 04 37 91 33 10

Fax : 04 37 91 33 67

www.atih.sante.fr

<http://www.scansante.fr/>