

## Summary

### Background and integration into the NOSO Strategy

Healthcare-associated infections (HAIs) do not only cause patients suffering, they also increase healthcare costs. Although many healthcare facilities are endeavouring to combat HAIs and already have specific measures in place, there is nevertheless considerable potential for improvement. The Federal Council responded to this need for action in March 2016 by adopting the National Strategy for the Monitoring, Prevention and Control of Healthcare-Associated Infections (NOSO Strategy) and mandating the Federal Office of Public Health to implement it.

The National Strategy for the Monitoring, Prevention and Control of Healthcare-Associated Infections (NOSO Strategy) comprises four action areas. One of the four key measures defined by the Governance action area states that “strategy implementation [should be] supported with suitable tools and positive *incentives*”. This is because various experts suspect that the current system either does not provide sufficient incentives or actually incorporates disincentives.

### Aims of the study

This study highlights:

- the incentives already in place to prevent HAIs in Swiss hospitals and care homes, and the assessment that should be made of them;
- what other countries’ experience of incentive systems has been;
- the resulting recommended ways of optimising incentive systems in Switzerland.

### Methods

The results presented are derived from twelve exploratory discussions with key stakeholders in the Swiss healthcare system, an extensive literature search and sixteen phone interviews with hygiene and finance managers at selected acute-care hospitals or with organisations that focus on patient safety.

### Terminology

Incentives are stimuli intended to encourage or inhibit certain behaviours in the target group. They do not directly contribute to resolving the issue at hand, but entail an *indirect* chain of effects. The actual intended effect (impact) stems from the behavioural changes (outcomes) brought about in the target group.

Incentives are distinct from commands and proscriptions because they do not prescribe or forbid a particular behaviour, but merely endeavour to influence it.

## Financial incentives for care homes

The current system for financing care homes does not provide appropriate financial incentives to reduce HAIs. The exploratory discussions confirmed this state of affairs, which had already come to light in the consultation report on the NOSO Strategy.

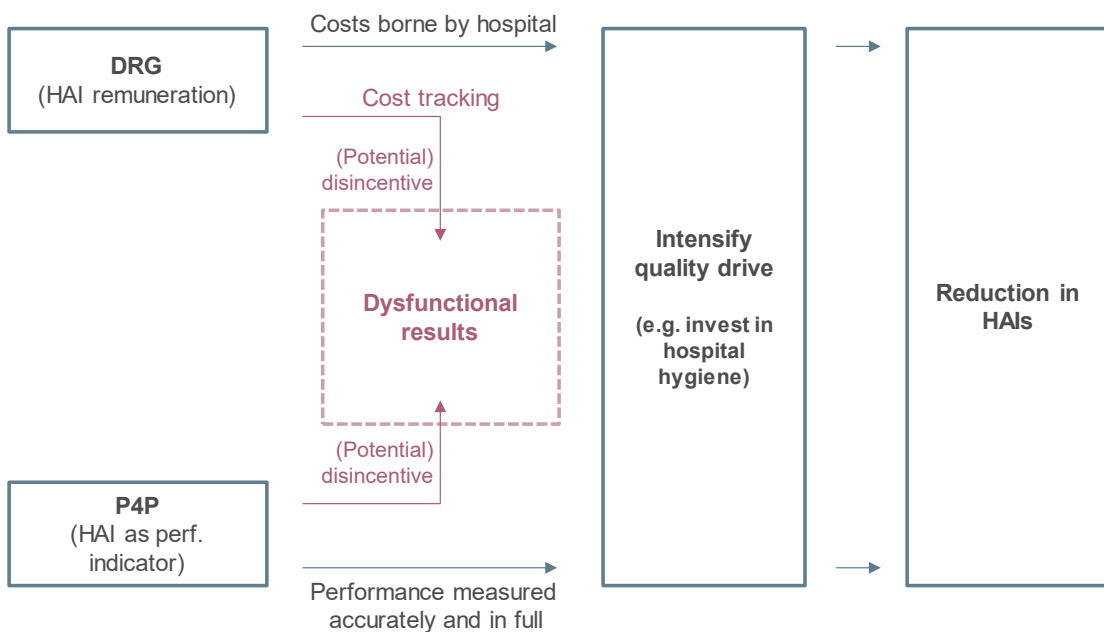
## Financial incentives for hospitals

The analysis of financial incentives for hospitals investigates the **DRG fee-per-case system** and **pay-for-performance (P4P) models**. The diagram below illustrates how both remuneration models deliver incentives:

- Under the fee-per-case system, hospitals are incentivised to reduce HAIs because they receive no additional income to cover the costs resulting from infections, and therefore have to bear these costs themselves.
- Pay-for-performance models that include financial rewards or penalties provide an incentive to reduce HAIs by remunerating achievement in preventing them.

However, both financing systems may include disincentives and produce dysfunctional results.

**Figure 5: Diagram of effect mechanisms**



Source: Own model.

## Pay-for-performance applied to HAIs

As yet, Switzerland has no pertinent experience of pay for performance (P4P). However, international comparisons indicate that P4P systems have a very mixed track record. The literature also shows that it only makes sense to use P4P in an overall quality context, i.e. other treatment

quality-related aspects need to be factored in alongside HAIs. Performance-driven remuneration systems that focus on individual factors in isolation from the overall context risk missing their targets.

### **Fee-per-case system**

The evidence currently available for Switzerland, as well as studies carried out in other countries, indicate that HAIs have negative cost implications for hospitals under a fee-per-case system. Under the DRG system, the additional costs caused by HAIs exceed any extra earnings. There is thus a bottom-line financial incentive to avoid HAIs. The interviews with hygiene and finance managers at selected acute-care hospitals in Switzerland confirmed this assumption. However, they also showed that the financial incentive has little impact on actual prevention measures. The financial incentive's lack of efficacy could be due to the following:

- Hospital management is unaware of the total extent of the losses caused by HAIs;
- The resulting losses are too insignificant, or;
- There is little conviction that prevention work will actually save costs.

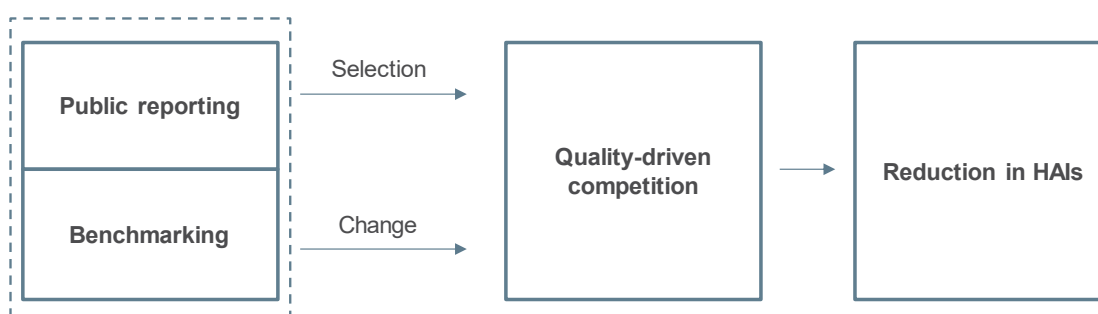
### **Ecoplan's recommendations**

1. It is not appropriate to modify the DRG system for two reasons:
  - Introducing an effective non-payment policy – i.e. not paying remuneration if certain infections occur – is very challenging, as is clearly illustrated by the example of the USA, where the hoped-for investments in HAI prevention programmes failed to materialise.
  - P4P remuneration cannot be introduced unless a comprehensive performance measurement system – of which HAIs would be only one of many quality aspects – is in place.
2. Additional investigations of the costs implications of further HAIs would be expedient and increase transparency.
3. Losses due to HAIs and the potential savings that could be achieved with low-cost, effective prevention measures should be actively communicated to specific target groups, including hospital management, health insurers and the Cantons.

## Reputation-driven and competitive incentives

A competitive incentive to reduce HAIs can be said to exist when prevention efforts are increased by quality-driven competition between service providers that has been intensified by mapping HAI-related indicators in a benchmarking or public reporting exercise.

**Figure 6: Diagram of effect mechanisms**



Source: Own model.

Explanation: The “Selection” effect mechanism is demand side-driven. Patients obtain information about hospitals’ quality, make comparisons and choose the best provider. This increases competition and motivates service providers to improve their quality. The “Change” effect mechanism is supplier-driven. Hospitals obtain information on how their performance compares with their competitors’ and improve their performance in response.

The interviewees at selected Swiss hospitals feel quality-driven competition and reputation are more important than financial incentives. Comparisons of quality data are a subject of lively debate within hospitals, even at management level. The literature also confirms that comparing and publishing quality measurements constitute an incentive to improve quality within hospitals. At present, little data is available in Switzerland on which to base a (nationwide) comparison of hospitals in terms of their performance on HAIs. The stakeholders who were surveyed therefore welcomed the idea of a national monitoring system in principle.

### Ecoplan’s recommendations

4. The Cantons should intensify reputation-driven and competitive incentives to prevent HAIs by addressing Swissnoso’s wound infection surveillance activities with their listed hospitals.
5. With regard to the incentives created by a nationwide monitoring system, the first step when introducing such a system would be to look at pertinent process indicators, because this will enable service providers to directly and quickly improve their performance in this area.

## Conditions and legal requirements

Conditions and legal requirements are not incentives in the true sense because they prescribe a particular behaviour rather than simply attempting to influence it. Nevertheless, they are mentioned in the report for the sake of completeness.

- National government does not impose any requirements for HAI prevention. However, the legal framework it provides offers scope to expand financial and reputation-driven incentive systems as well as quality controls.
- The conditions that the Cantons impose on hospitals as regards HAIs focus solely on their obligation to take part in ANQ measurements. We are not aware of any specific further-reaching measures that address HAIs. This latter point also applies to care homes.

## Ecoplan's recommendations

6. The Cantons can help improve the effectiveness of HAI prevention by making national standards and guidelines as well as participation in any future monitoring system a mandatory part of their contracts with service providers and by overseeing implementation of monitoring.