

Constructing a national set of performance measures in Brazilian private healthcare

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Objective:

The project's objective is to establish a national set of performance measures based on standard information exchange between health plan organizations (HPOs) and healthcare providers (HPs).

Methods:

Brazilian Public Health System ("*Sistema Único de Saúde*"- SUS), Federal Constitution 1988, provides universal and free healthcare services to Brazilian population, estimated as 180 million people. Besides public healthcare services, around 33 million people contract private health plan organizations. National Supplementary Health Agency – NSHA ("*Agência Nacional de Saúde Suplementar*"- ANS) was created in 2000 to regulate and assist private HPOs. There are more than two thousands HPOs that contract more than ten thousand hospitals and clinics in Brazil. The quality of the performance indicators already collected by NSHA from the HPOs, the lack of widely common information standards in private sector and the difficulties found with the complex information exchange among HPOs and HPs have led NSHA to elaborate a national standard for electronic form exchange proposal, known as the supplementary health information exchange (TISS – "*Troca de Informação em Saúde Suplementar*"). The project was developed from August 2003 until July 2004 and sponsored by the Interamerican Development Bank. Similar to the public health system, the standard information exchange for the private health sector may provide a solid construction of performance and epidemiological indicators and wide information dissemination.

The NSHA regulators have analyzed several claims between HPOs and HPs and made several visits and interviews to HPOs and HPs to discuss which relevant information should be exchanged and which indicators should be produced. The TISS project indicators consist of 30 measures, divided in three domains: socio-demographic and mortality; morbidity and risk factors; and access of care and use of services. Total members enrolled, sex ratio, crude birth and death rate, child mortality rate, maternal mortality rate, perinatal mortality rate are examples of the socio-demographic and mortality domain. Hospitalization and ambulatorial morbidity rate by pregnancy, childbirth and puerperium, diseases of the respiratory system, diseases of the circulatory system, infectious and parasitic diseases, diseases of the genito-urinary system, diseases of the digestive system, injuries and poisonings, mental and behavioral disorders, malignant neoplasm and external causes, live births by maternal age and prenatal consultations are examples of the morbidity domain. Doctor's consultation per member, live births with prenatal consultation and cesarean rate are examples of the third domain.

Results:

The TISS project has been presented to stakeholders in seminars and meetings organized in different regions in Brazil since July 2004. All stakeholders have considered that only through national standard information exchange can a set of performance indicators be constructed. NSHA is introducing legislation to enforce the compliance to the standards and performance indicators in agreement with HPOs and HPs.

It has been a historical feat in Brazil bringing together HPOs and HPs to discuss standard information exchange in order to improve patient billing and rationalization, reduce administrative costs and enable interoperability, connectivity and also epidemiological analysis. Many groups have been formed all around the country in order to adapt their billing forms. A permanent national health information standards advisory committee is being created so that future changes or the inclusion of new indicators will be discussed among experts, including representatives of HPOs, HPs, consumers, purchasers and policy makers.

Conclusions:

The authors consider that a standard information exchange in the private health sector is the only way to construct a solid set of performance measures, similar to the public health system. A national set of performance measures will improve public health policies and establish accountability in the healthcare market. The authors believe that in few years healthcare markets will significantly improve quality, effectiveness and efficiency and provide meaningful information to consumers and purchasers. The process of managing a national set of indicators based on standard information exchange between HPOs and HPs will be constantly evolving with broad-based participation.