دائـــرة الـصـحـة
DEPARTMENT OF HEALTH

PAY FOR QUALITY STANDARD

● PUBLIC / عـــــــام

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1.Standard Purpose and Scope

The Pay for Quality (P4Q) program is a strategic initiative introduced by the Abu Dhabi Department of Health (DoH) to enhance the quality, efficiency, and accountability of healthcare delivery through performance-based incentives. This initiative aligns with the leadership's better health outcomes and supports the broader goal of promoting longevity for the residents of Abu Dhabi.

Purpose:
1.1 Objective: The Pay for Quality (P4Q) model is designed to promote optimal resource utilization by linking financial incentives to measurable improvements in clinical care, patient experience, patient safety, and population health outcomes. The implementation will occur in phases, with the initial phase focusing on the Assistant Reproductive Technology (ART) service, as detailed in Appendix A

1.2 Financial Impact: A key feature of the P4Q model is its financial impact on healthcare facilities, which is determined by their performance metrics within a specified timeframe. This approach aims to incentivize high-quality care and penalize lower quality.

1.3 Quality Measurement: The P4Q schemes assess quality based on structures, processes, and outcomes. Facilities delivering high-quality care are rewarded, while those with lower quality of care may face penalties.

1.4 Patient Outcomes: The overarching goal is to enhance patient outcomes by aligning healthcare facility payments with the quality of care delivered.

Scope
1.5. The standard applies to all healthcare facilities and third-party administrators of government funded programs licensed by DoH within the Emirate of Abu Dhabi as per the defined targeted populations for each service line highlighted in the appendix.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	JAWDA	JAWDA is the Arabic word for Quality. The indicators are aimed at improving the quality of the healthcare services provided to nationals and residents in the Emirate of Abu Dhabi and beyond.
2.2	KPI	Key Performance Indicator
2.3	Muashir	Muashir is a unique, comprehensive, and reliable quality framework that came as an evolvement from the Jawda program
2.4	Malaffi	Malaffi is the region's first Health Information Exchange platform, that safely and securely connects public and private healthcare facilities in the Emirate of Abu Dhabi. Malaffi enables the meaningful, automated exchange of important patient health information between healthcare facilities, creating a centralized database of unified patient records, improving healthcare quality and patient outcomes
2.5	Pay for Quality	Pay for Quality in healthcare, also known as value-based payment, comprises payment models that attach financial incentives/disincentives to facility performance.

2.6	Quality Measures	Jawda clinical KPI quality measures are tools that help quantify healthcare processes, outcomes, patient perceptions, and organizational structures. Categories: This might include and not limited to o Clinical Care: Effectiveness and safety of care. o Patient Experience: Patient satisfaction and engagement. o Efficiency: Resource use and cost-effectiveness. o Equity: Fairness and accessibility of care. o Timeliness: Speed and responsiveness of care delivery. o Research and Medical Tourism o Emiratization o Accreditation and certification
2.7	Shafafiya	Shafafiya is an initiative by the DoH aimed at enhancing transparency and efficiency in the healthcare system of Abu Dhabi and automating claims and billing information.

3.Standard Requirements and Specifications

3.1 Program Objectives:

3.1.1 The Pay for Quality model is based on the following core principles:

3.1.1.1 Patient-Centered Care: Prioritize the needs and well-being of patients, ensuring that all care improvements are aligned with patient health outcomes and satisfaction.

3.1.1.2 Outcome Focused: Financial incentives should be tied to improved patient outcomes, such as reduced readmission and complication rates.

3.1.1.3 Continuous Improvement: Encourage healthcare facilities to continuously assess and enhance their care processes, using data-driven insights to improve both the quality and efficiency of care.

3.1.1.4 Transparency: Establish clear reporting standards and regular feedback mechanisms to ensure that facilities are aware of their performance relative to the quality benchmarks and expectations.

3.1.2 The program will aim to drive several significant benefits:

3.1.2.1 Improved Patient Outcomes: By linking financial incentives to key performance indicators, such as readmission rates, infection rates and patient satisfaction, the program encourages healthcare facilities to focus on delivering high-quality, patient-centered care. This results in more effective treatments, reduced complications, and overall better health outcomes for patients.

3.1.2.2 Enhanced Patient Experience: This can lead to higher patient retention and better overall satisfaction.

3.1.2.3 Accountability and Transparency: Linking payments to performance metrics increases accountability among healthcare facilities. It ensures that facilities are rewarded for delivering high-quality care rather than the volume of services provided.

3.1.2.4 Data-Driven Decision Making: Continuous tracking of KPIs allows healthcare organizations to make informed, data-driven decisions. This can lead to more effective strategies for improving care and reducing costs.

3.1.2.5 Healthcare Accessibility: Value-based care models often include KPIs that focus on health accessibility, ensuring that desired patient populations receive high-quality care.

3.1.3 Eligibility: These include licensed healthcare facilities within the Emirate of Abu Dhabi. However, the applicability of the pay for quality program will be prioritized in alignment with the healthcare strategic initiatives. The existing eligible facilities or services are given in the appendix.

3.2 Performance Metrics and Weight

3.2.1 The pay for quality program includes performance metrics set by the DoH for applicable service lines e.g. Jawda KPIs. Further program-specific metrics could be added as required, to ensure enhanced coverage of different quality domains. JAWDA clinical KPIs are developed based on evidence-based practices and published on DoH website which are utilized to evaluate the efficiency, effectiveness, and quality of a healthcare facility's performance. Examples:

3.2.1.1 Complication rates refer to the frequency of adverse events or complications that occur during or after medical procedures or treatments. High complication rates can indicate potential issues with the quality of care provided

3.2.1.2 Readmission rates refer to the percentage of patients who return to a hospital within a specific period after being discharged. These rates are often used as indicators of the quality of care provided by hospitals and reducing readmission rates is a key indicator for better patient outcomes and lower healthcare costs

3.2.1.3 Mortality rates are critical measures of the overall health and effectiveness of healthcare systems and can focus on deaths due to specific causes, such as heart disease, cancer or specific procedures. Their rate reflects the effectiveness level for healthcare interventions

3.2.1.4 Patient experience scores measure how well a patient's expectations about their healthcare experience are met

3.2.1.5 Data quality metrics for the required data sets may be incorporated to ensure healthcare performance data completeness and accuracy where applicable.

3.2.2 The selected quality metrics chosen for reimbursement decisions should be based on:

3.2.2.1 Evidence-Based: Based on scientifically validated clinical guidelines and best practices.

3.2.2.2 Relevant: Reflecting the needs of the patient population and the type of care being provided.

3.2.2.3 Measurable and Feasible: Able to be quantified with available data sources, and realistic in terms of data collection.

3.2.3 Different weights might be assigned to each of the Jawda metrics indicators reflecting their relative importance of the total score.

3.2.4 Review related Appendix for more information specific to the different services which will be released in phases.

3.3 Data Collection and Reporting methodology

3.3.1 Collection: Data will be collected centrally by DoH via automated integration with Malaffi or Shafafiya platforms as per the published Jawda profiles. Other modalities or channels of data collection may be applicable for other types of KPIs e.g. patient experience which will be communicated before implementation. Pay for quality program will not replace existing data collection processes with new processes unless specified otherwise.

3.3.2 Frequency: Data will be assessed biannually to establish healthcare facility outcomes and performance analysis will be generated for each eligible healthcare facility

3.3.3 Transparency: Results will be available for healthcare facility review via a designated dashboard to reflect their performance for each of the selected measurable elements, The dashboard will reflect their own results only.

3.3.4 Targets: The targets will be based on set thresholds from designated international benchmarks or market averages. The targets are set by taking into consideration the requirement to have clear, measurable and achievable goals that align with the DoH strategic objective to enhance the level of care for the desired population.

3.3.5 Methodology: Healthcare facilities will be categorized into 3 groups based on their performance.

3.3.5.1 Aspirational (Incentive) zone: This reflects the facilities above the target.

3.3.5.2 Acceptable (Neutral) zone: This reflects facilities between the threshold and target.

3.3.5.3 Below Acceptable (Deduction) zone: This reflects the facilities below the set threshold.

The selected KPIs will be compared with the desired rates which could be the local market average or international benchmarks, and additionally the percentage of KPIs achieving the desired rate within the facility may be measured. The threshold will be the minimal value to be achieved to be considered as acceptable performance or above. The target reflects the best practice that is incorporated in the model.

3.3.6 Data Validation: The data collected must be checked to ensure accuracy, consistency and integrity. Timely integration with DoH centralized data platforms e.g. Malaffi, Shafafiya etc. should be ensured in alignment with the required data sets as given in the appendix.

3.3.7 Case mix or risk adjustment, also known as patient mix adjustment, is a statistical method used in healthcare to account for differences in patient populations when comparing outcomes across different facilities. It ensures fair and more accurate comparison between healthcare facilities. Risk adjustment is particularly important for outcome measures, because patient outcomes are driven not just by quality of care but also by age, gender, medical history, comorbid illnesses, behavioral and social factors, and physiological factors. Risk adjustment allows us to capture all the important dimensions of patient risk when applicable.

3.3.8 Review related Appendix for more information related to different healthcare services. The standard will be applicable to the specific service lines included in the appendix.

3.4 Incentive Structure and Payment methodology

3.4.1 Financial Incentives: Bonuses for meeting or exceeding performance targets, and deductions for underperformance.

3.4.1.1 Bonus Payments: Incentive payment for the healthcare facility exceptional performance based on their performance metrics outcomes within the aspirational quality zone.

3.4.1.2 Non-compliance deduction: Deduction from healthcare facilities for their below acceptable performance metrics performance within deduction zone.

3.4.2 Non-Financial Incentives: Recognition programs, public reporting of performance, and opportunities for professional development.

3.4.3 A facility may be disqualified from the pay for quality program if a major violation is reported against the facility or the facility is under investigation for fraud/abuse in the review period despite its performance.

3.4.4 Review related Appendix for more information on payment process and amounts

3.5 Compliance and Oversight

3.5.1 Monitoring: Regular audits and reviews to ensure compliance with quality standards will be conducted by DoH or designated parties to ensure adherence to relevant laws and regulations governing healthcare quality and payment.

3.5.2 Accountability Measures: Clear guidelines for addressing non-compliance and underperformance, including corrective action plans.

3.6 Continuous Improvement

3.6.1 Feedback Loop: DoH Quality sector will conduct a regular update to quality measures and performance metrics based on new evidence and stakeholder feedback escalated by the healthcare facilities' quality teams.

3.6.2 Training: DoH will conduct an initial education workshop and training for healthcare facilities on the methodology and provide regular updates for each new service included in the pay for quality program and for any future changes in the methodology.

4.Key stakeholder Roles and Responsibilities

4.1 Department of Health (DoH) will design the pay for quality model and its assessment methodology for each service line in consultation with subject matter experts

4.2 Health Care Facilities need to comply with the requirements of pay of quality program and facilitate the collected of the related data when applicable.
4.3 Health Care Professionals have a role to achieve patient centered care as follows:

> 4.3.1 Promote the allocation of appropriate resources to achieve optimal patient outcomes
>
> 4.3.2 Learn about Pay for Quality, quality measures, how their care impacts reimbursement, and their implication of their practice
>
> 4.3.3 Engage in decision-making processes and assist in developing and selecting best practices, measurable criteria, and implementing Pay for Quality
>
> 4.3.4 Determine areas for measurement development or research with the potential to create suitable measures

4.4 Healthcare payers to ensure smooth implementation of the pay for quality program

5.Monitoring and Evaluation

Regular audits and reviews to ensure compliance with quality standards will be conducted by DoH or designated parties.

6.Enforcement and Sanctions

DoH may impose sanctions in relation to any breach of requirements under this Standard in accordance with the Disciplinary regulation of the Healthcare Sector.

7.Exempted from Scope

- All healthcare service lines not listed in the appendix.
- All non-governmental healthcare insurance plans are offered by healthcare insurance companies.

8. Relevant Reference Documents			
No.	**Reference Date**	**Reference Name**	**Relation Explanation / Coding / Publication Links**
1	2022	DoH circular 2022/ 242	https://www.doh.gov.ae/-/media/694028A394F8432684FDDFC0C125DFF0.ashx
2	2012	HAAD CLAIMS & ADJUDICATION	https://www.bing.com/search?q=HAADCLAIMS%26ADJUDICATIONRULES&cvid=63b5141d8d7b4228bef001f5945d4d5e&gs_lcrp=EgRlZGdlKgYIABBFGDkyBggAEEUYOTIICAEQ6QcY_FXSAQw3NjE3NjMyMmowajSoAgCwAgA&FORM=ANAB01&PC=U531
3	July 2019	Pay for performance for hospitals	https://pmc.ncbi.nlm.nih.gov/articles/PMC6611555/
4	August 2023	Comparison of pay-for-performance (P4P) programs in primary care of selected countries: a comparative study	https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09841-6#Tab4
5	2024	Understanding Quality Key Performance Indicators - Process and	https://www.tasneefba.ae/sites/default/files/kpi_process_and_data_review.pdf
6	2014	Outcomes measures and risk adjustment	https://pmc.ncbi.nlm.nih.gov/articles/PMC3816010/#:~:text=Risk%20adjustment%20(also%20known%20as,to%20the%20outcome%20of%20interest.

Appendix A: Pay for Quality for ART (Assistant Reproductive Technology)

A.1 Eligibility for ART Pay for Quality program

A.1 All healthcare facilities licensed by DoH for ART services and hold an active status license during the assessment period.

A.2 Performance Metrics and Weight

A.2.1 The following JAWDA metrics will be utilized:

KPI	Indicator Description	Benchmark direction*	Targets**
ART001	Rate of severe and critical complications resulting from fertility treatment	Lower is better	- XX% of benchmark
ART006	Live births rate from frozen ART cycle	Higher is better	+XX% of benchmark
ART007	Clinical Pregnancy rate from frozen ART cycle	Higher is better	+XX% of benchmark
ART014	Multiple live birth rate among ART patients	Lower is better	-XX% of benchmark
ART015	Multiple clinical pregnancy rate among ART patients	Lower is better	-XX% of benchmark

*The benchmark will be reviewed periodically.
**The targets are set based on the desired direction of the indicators:

- For indicators having the lower desired direction, the target is set to be a certain percentage less than the benchmark.
- For indicators having the higher desired direction, the target is set to be a certain percentage above the benchmark.

A.3 Data Collection and Reporting methodology

A.3.1 Scope includes THIQA holder only

A.3.2 JAWDA KPIs are automated based on claims database utilizing Daman Pay for Quality dashboard and access will be provided to the applicable healthcare facilities

A.3.3 Within the applicable age bands (Under 35, 35-37, 38-39, 40-42, 43-45, above 45 years), performance is assessed for each KPI. The target is met if a certain percentage above or below the benchmark is achieved.

A.3.4 The index period for each KPI will be based on the timelines below considering the JAWDA profile definitions. Pregnancy rate is calculated within 6 months while Live birth within 1 year from the index period.

KPI	Reporting Interval	Example Reporting Period	Related ART Index Period
ART001	6 months	End of Q2 2025	Q3-4 2024
ART006	12 months	End of Q2 2025	Q1-2 2024
ART007	6 months	End of Q2 2025	Q3-4 2024
ART014	12 months	End of Q2 2025	Q1-2 2024
ART015	6 months	End of Q2 2025	Q3-4 2024

A.4 Incentive Structure and Payment methodology

A.4.1 The first phase for ART pay for quality will be incentive only while subsequent phases will have incentive and deductions.

A.4.2 The incentive and deductions will be calculated as a certain percentage of the related age band's total payment for the index period.

- For the incentive and deduction to be applicable, a certain percentage of the KPIs must achieve the target and the threshold respectively e.g. 50% of the 5 KPIs.

A.5 Implementation timeline

A.5.1 ART pay for quality will be an incentive based only during cycle 1

A.5.2 ART licensed Healthcare facilities will have access to their own historical data via a dedicated pay for quality dashboard.

ART P4Q	2024		2025				2026			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Cycle 0	Base Data		Claims Cycle / Assess							
Cycle 1			Base Data		Claims Cycle / Assess	Incentive				
Cycle 2					Base Data		Claims Cycle / Assess	Incentive / Deduction		