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Province-wide implementation of patient-level costing: Saskatchewan Improving Value in Healthcare Project.
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Introduction
The implementation of patient-level costing across the continuum of care, at the provincial level, is fundamental to any hope of changing the current management paradigms of the public healthcare system. The use of results allows for greater transparency in resource allocation and improvements in the organization of care and services. The cost calculation lays the foundation for the analysis of care pathways to enable value analyses. After presenting the Quebec province experience in previous PCSI conferences, here is the example of the province of Saskatchewan in Canada.

Methods
A positive proof of concept, carried out in 2022, convinced the decision-makers of the Saskatchewan's MoH to launch a process to implement patient-level costing for the entire province covering the entire population and care and service providers financed by a public envelope. Eventually, the whole continuum of care - hospital, community service, rehabilitation, long-term care, primary care, fee-for-service medical activities, etc. - will be integrated.

The MoH wanted to draw inspiration from the approach of the province of Quebec and improve it, going further in the concepts of value-based healthcare and integration of CIHI costing standards into the model.

The presentation will cover the main phases of this 3 years project, the key outcomes, as well as the overall approach and strategy.

Far from being a purely financial initiative, the case costing implementation includes a wide variety of clinical data, creating a rich source of information about quality of care and patient outcomes. The resulting information is used to understand patients' clinical outcomes, support the implementation of integrated practice units and provide medical leadership with the tools and metrics to support best practices in care variability, laying the foundation to valuebased healthcare.

Results
Financial and clinical data standardization is fundamental in patient-level costing, to ensure that the results are fully comparable across establishments.

A provincial costing result database covering three financial years in the acute care facilities is now available. Primary and community care and physicians' compensation are yet to be included in the model to be able to see full trajectories of care.

A benchmarking portal is available and disseminated to medical stakeholders and managers to start initiatives to improve practices and services as well as to improve cost/data results.

Beyond the patient-level data required for costing, the possibility of integrating descriptive patient-level data into the model (incidents, accidents, complications, infections, comorbidities, diseases acquired during hospitalization, etc.) so the impact of the quality elements of practices in terms of costs can be quantified.

These elements complement the analysis of care trajectories and allow clinicians to become aware of the financial impacts of their practice.

Conclusions

This presentation wants to demonstrate that case costing implementation, when incorporating a wide variety of clinical sources about the whole population and all health missions, provides a wealth of information about quality of care and patient outcomes that can inform managers and clinicians and support better decision making. The Saskatchewan province is in the middle of a wonderful journey through healthcare improvement.

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