Case Mix Tools for Decision Making in Health Care

By Frank Markel

The publication of *Case Mix Tools for Decision Making in Health Care* represents a landmark achievement for the field of utilization management in Canadian healthcare. This coming of age can be seen in several ways. First, we find, at long last, through the development of the Complexity Measure, a response to the continual complaint of physicians, managers, and hospital administrators, when they are faced with an unfavorable utilization comparison, namely “My patients are sicker than those to whom I am being compared,” and as a result, “I have been inappropriately made to look inefficient.”

Many of us remember a time when the combination of weak analytic tools, and weaker managerial resolve prohibited the effective employment of utilization-management techniques, both within hospitals and between them. Those were the days when to question physician-utilization practise was to intrude on the private relationship between doctor and patient, and to link hospital funding to performance was to risk political suicide.

A reading of *Case Mix Tools* provides convincing evidence that those days are now behind us. In their stead, we find ourselves in a world where physicians have taken on the challenge of working within admitted fiscal constraints, and have responded with an increased attention to achieving better utilization practices. As well, Ministries of Health have turned to Case Mix Measures as a necessary component of hospital-funding decisions.

This fundamental change has been made possible by a combination of tighter fiscal constraints, an introduction of program management in many hospitals, focusing the management team on the care of an identified patient group, the development of credible patient-grouping methods (described in several of the articles in the text), and the application of sophisticated information systems in many larger hospitals.

The reader of this collection of articles will come away convinced of the vitality of the field, the commitment to improvement in our techniques, and the significant results which have already been achieved.

Reviewed by Frank Markel, Ph.D., Executive Vice President, Rehabilitation Institute of Toronto.

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