

Integrating Care Management into the UK's National Health Service

Matt Siegel

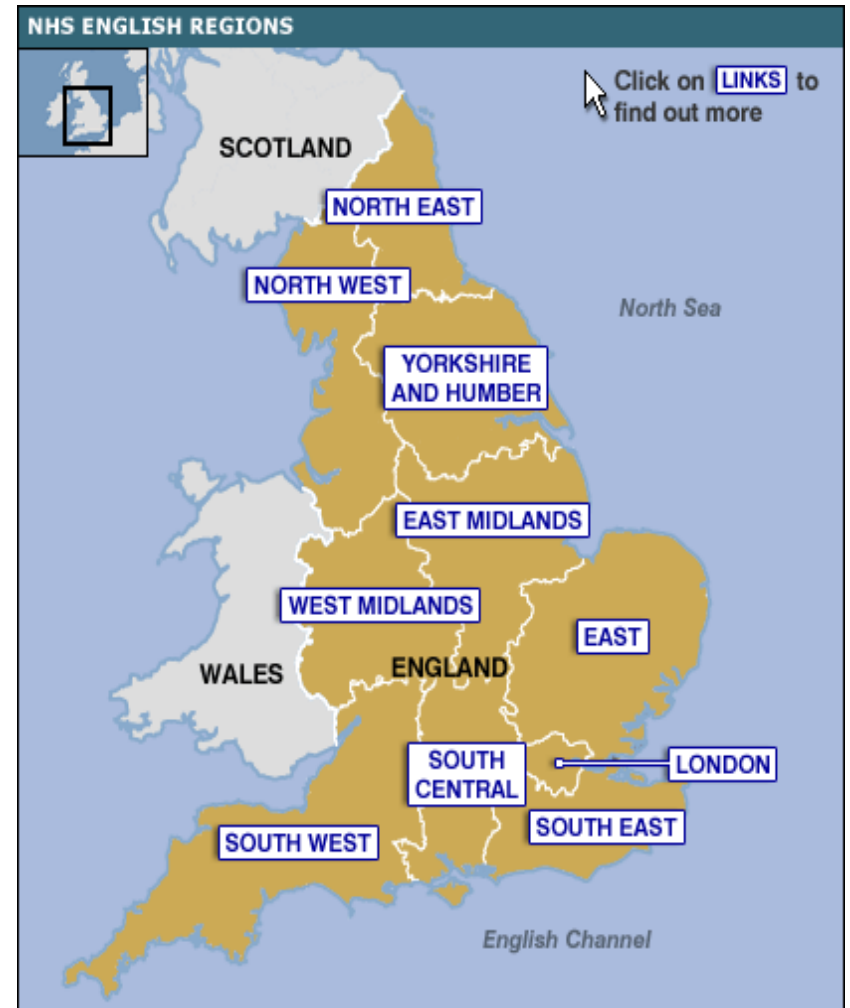
Vice President, Analytics

21 September 2009



The NHS

- Established in 1948
- Founding principles:
 - Services provided free at point of use
 - Services financed from central taxation
 - Everyone is eligible for care
- NHS in England
 - 10 Strategic Health Authorities
 - 152 Primary Care Trusts
 - 8700 ‘Surgeries’ with 32,000 GPs
- £105 billion (\$175 billion) annual budget (approx 8% of GDP)
 - 80%+ spent by PCTs
 - £10.5 billion on circulatory, endocrine, respiratory conditions



NHS is creating conditions for success in integrated care management

Payment

- **Shift from centralised, largely salaried and fee-for-service care provision to devolved budgets, local control and risk-based allocations:**
 - Person-based Resource Allocation (PBRA)
- **Payment models are being implemented to make the Medical Home a real possibility:**
 - Practice-based Commissioning (PBC)

Infrastructure

- **General Practices have strong incentives to understand their patient populations and achieve quality standards:**
 - Quality and Outcomes Framework (QOF)
- **Electronic Medical Records (EMRs) are pervasive and highly utilised**
 - Data on BMI, BP, smoking status, patient preferences...

Creating the 'Medical Home' in the UK

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Care coordination and/or integration
- Focus on quality and safety
- Enhanced access to care
- Payment structures to support a Medical Home

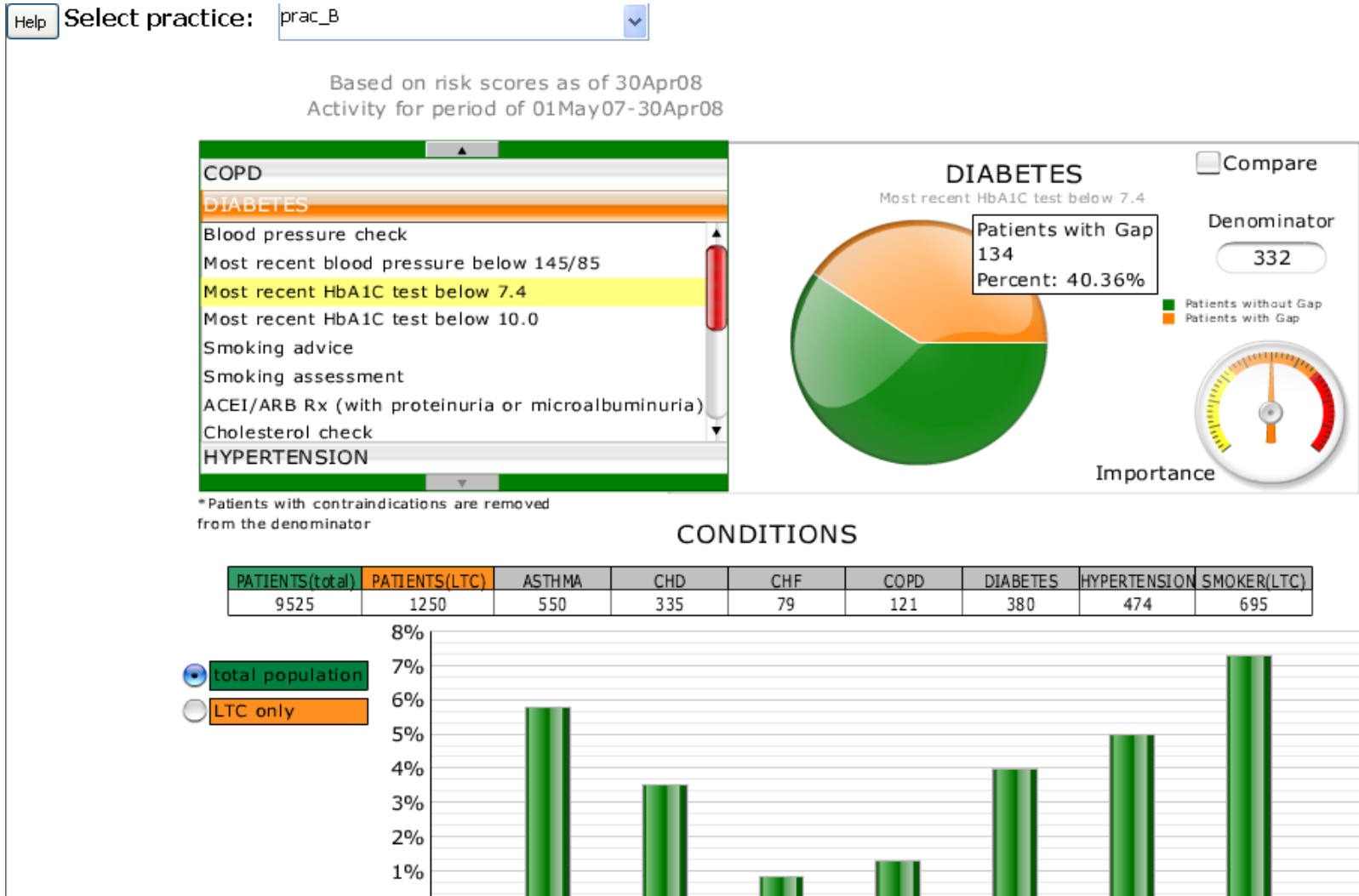
Seven key principles of a Medical Home*

*American College of Physicians and others, March 2007

Opportunities for integrated care management – Conditions for success

- **Personal physician**
 - Comprehensive GP registration, particularly LTC patients
- **Physician directed medical practice**
 - GPs as independent contractors; group practices with clinical focus
- **Whole person orientation**
 - Preventive, clinical and social needs
 - Pervasive use of real time EMRs (data on smoking, BMI, BP, lab values)
- **Care coordination and/or integration**
- **Focus on quality and safety**
 - Quality and Outcomes Framework (QOF)
- **Enhanced access to care**
 - QOF targets/payments tied to patient experience
- **Payment structures to support a medical home**
 - QOF targets/payments tied to quality of care
 - PBRA links payment to risk, need and inequalities

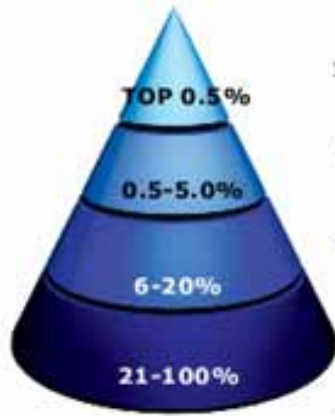
Supporting analytics: QOF + EMR = Real time patient registries and quality measurement



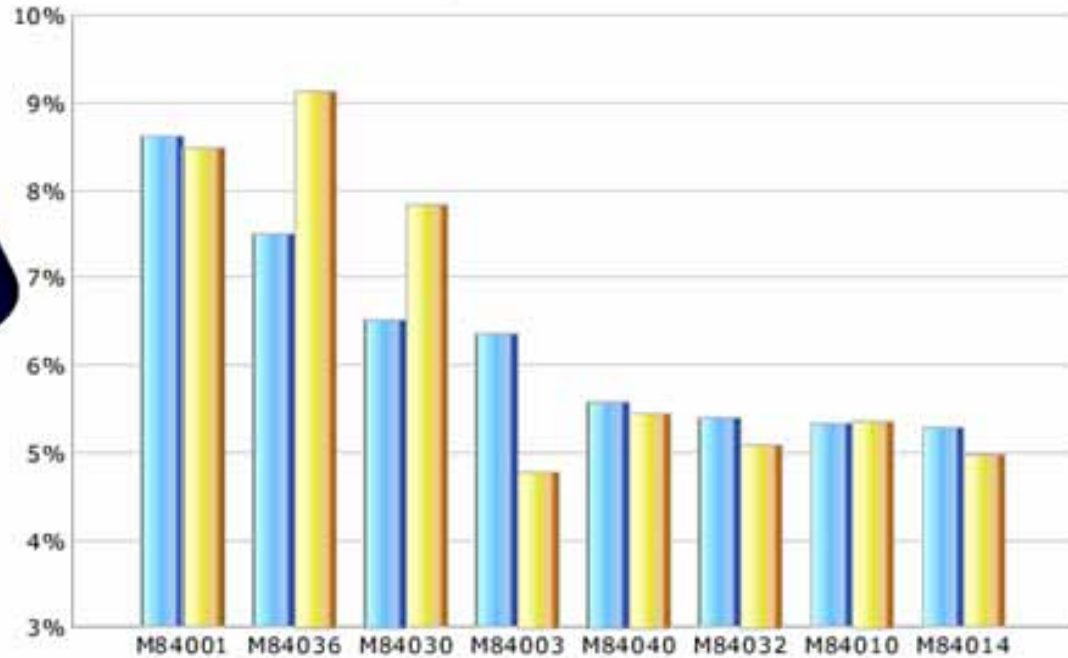
Opportunities for integrated care management

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Supporting analytics: Addressing inequalities



■ % of All Patients in Practice ■ % of Risk Segment in Practice
RISK SEGMENT DISTRIBUTION ACROSS PRACTICES
 (Date as of 31 March 2005)



	M84001	M84036	M84030	M84003	M84040	M84032	M84010	M84014	TOTAL
PATIENTS IN RISK SEGMENT	286	308	264	161	184	172	181	168	1724
ALL PATIENTS	14540	12660	11010	10712	9425	9104	9006	8916	85373

0 2

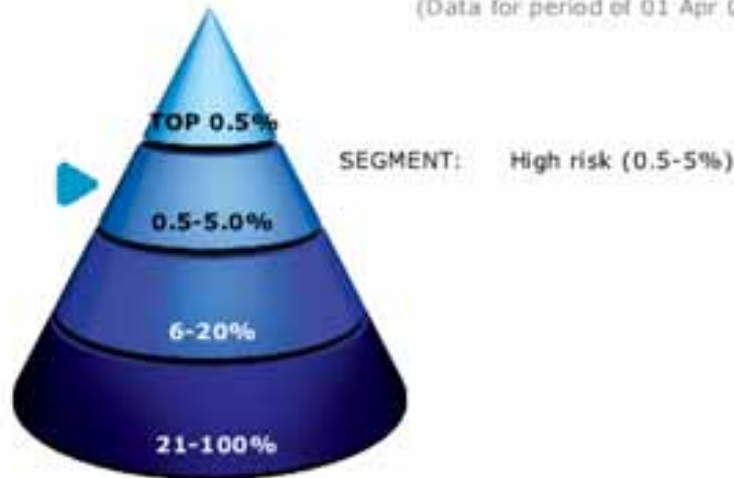
0 PLEASE SELECT THE RISK SEGMENT YOU WANT TO LOOK AT 2

Challenges for integrated care management

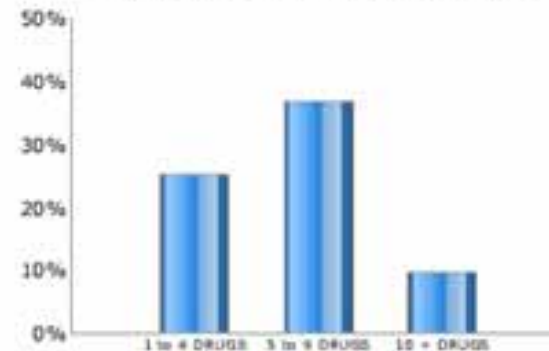
- **Personal physician**
 - Same practice, not same physician
- **Physician directed medical practice**
 - GPs as data controllers (Data Protection Act)
- **Whole person orientation**
 - Access targets create lines of 'walking wounded'
- **Care coordination and/or integration**
 - Poor primary and secondary care data integration
- **Focus on quality and safety**
 - 'Manage to the QOF' (95% achievement, £120K bonus payments)
- **Enhanced access to care**
- **Payment structures to support a medical home**

Supporting analytics: Integrated data sources/health intelligence

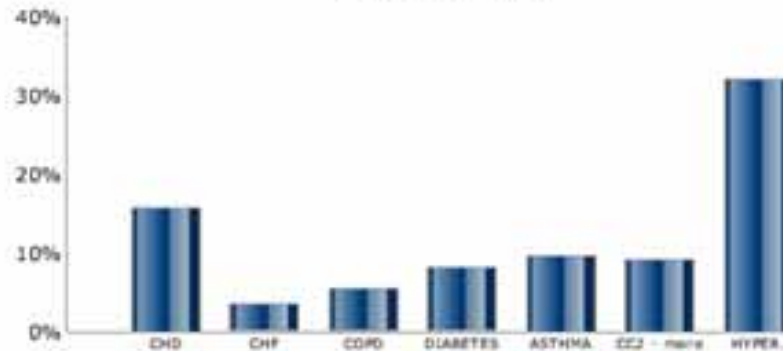
CLINICAL RISK PROFILE
(Data for period of 01 Apr 05 - 31 Mar 06)



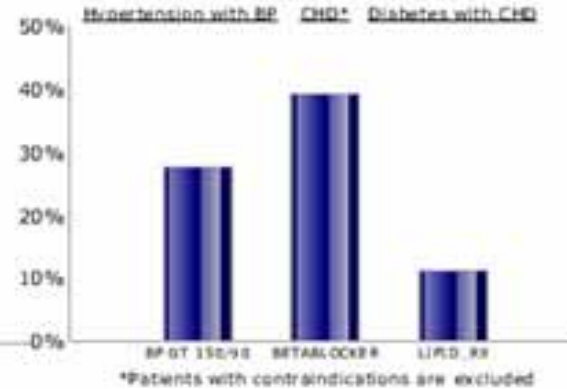
Polypharmacy in any One Month



LTC Prevalence



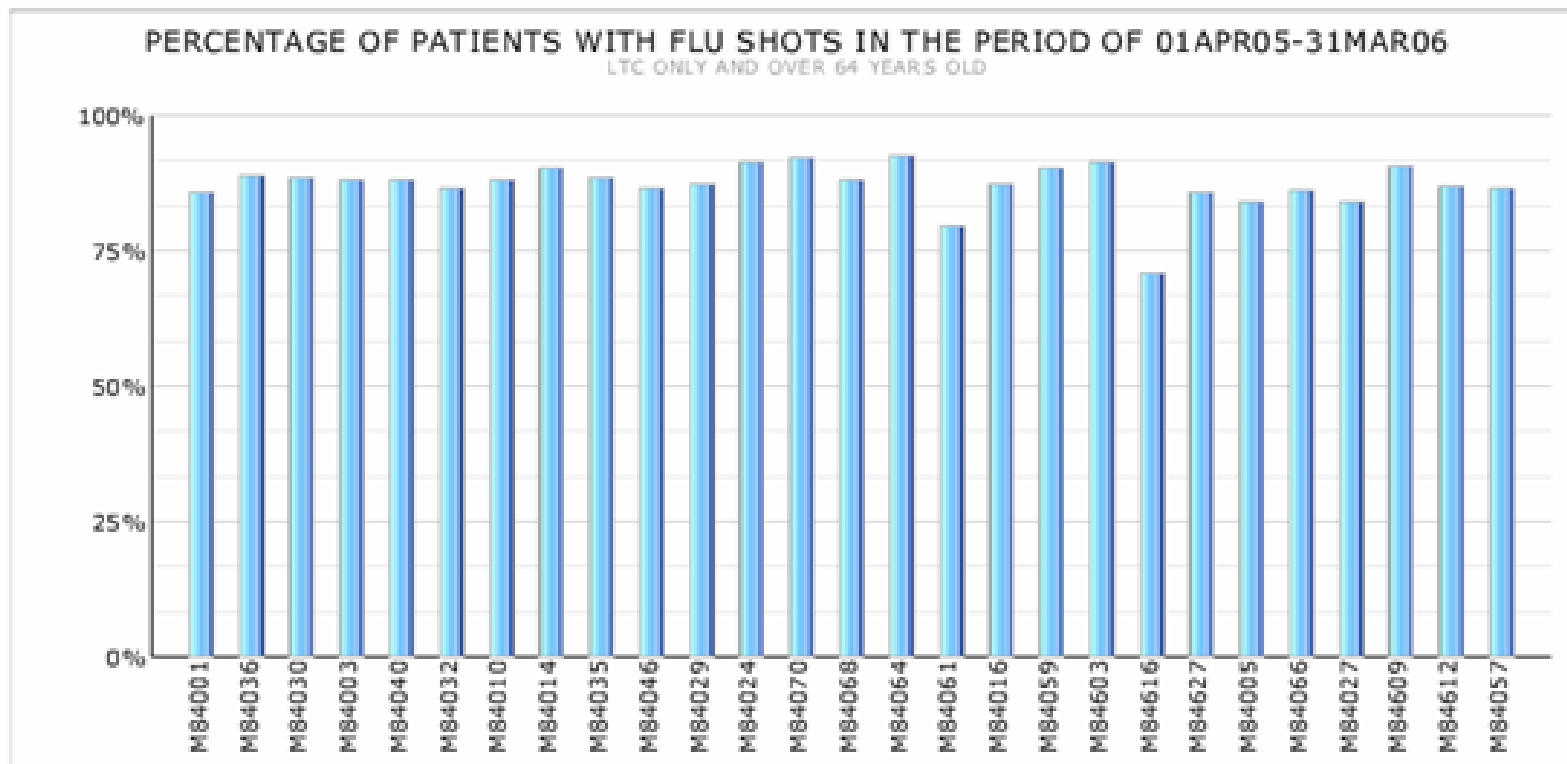
Key Clinical Quality Gaps



Challenges for integrated care management

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Supporting analytics: Managing to the QOF



Based on risk scores as of 31MAR05

LTC AND OVER 64 YEARS OLD

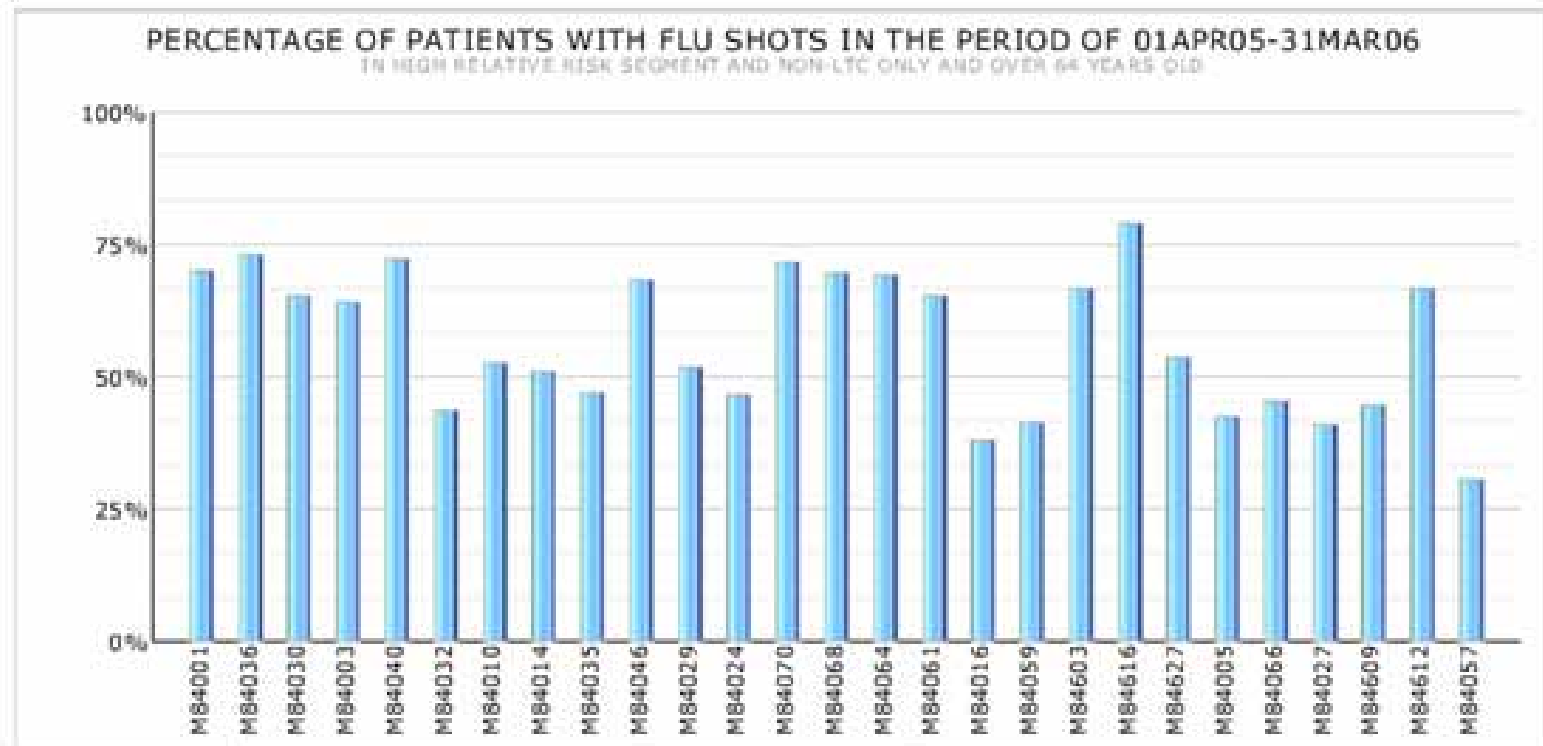
Scenario

SHOW LTC OPT.

SHOW SEGMENTS



Beyond the QOF: Proactive care management



Based on risk scores as of 31MAR05



LTC AND OVER 64 YEARS OLD

HIGH RELATIVE RISK
SEGMENT: 0.5 to 5.0%

Scenario
 SHOW LTC OPT.
 SHOW SEGMENTS

Building off of a solid foundation

- The NHS has put in place critical infrastructure and payment elements that may serve as examples for the US:
 - EMRs are pervasive and full of actionable data
 - PBC devolves control to GPs
 - PBRA supports funding following risk and need
 - QOF puts real money behind registries, quality and access
- Next Steps on the journey in the UK:
 - Moving from independent initiatives to an integrated approach
 - Joining of primary and secondary care services (and joining the data to make it happen and know when it *is* happening)
 - Blurring the lines between community and hospital-based provision
 - Devolving risk along with control