

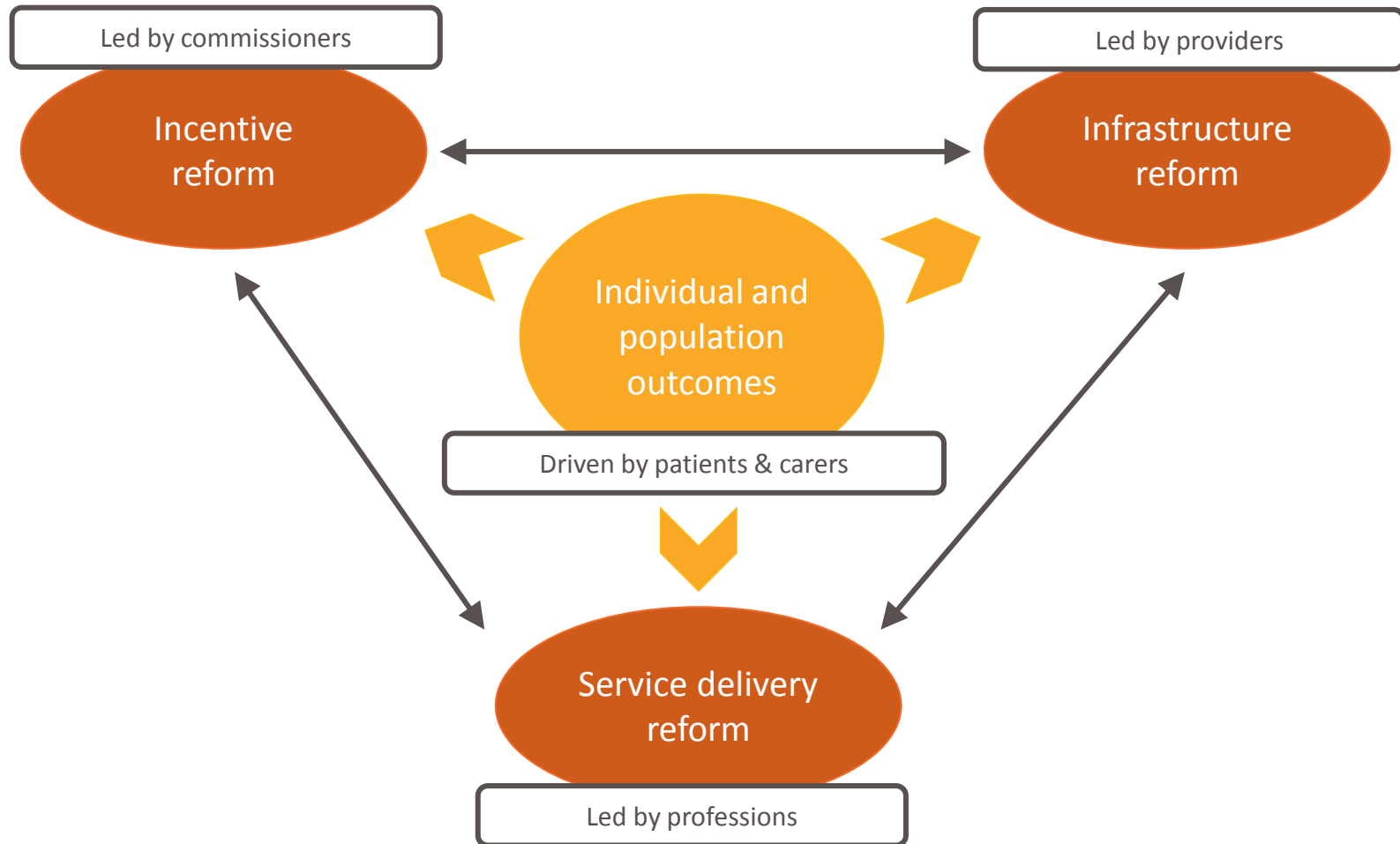
Outcomes that Matter: COBIC Case Studies

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Co-founder and Chief Executive, COBIC

OXFORD AHSN | 6TH DECEMBER 2016

Systems approach: the COBIC triangle

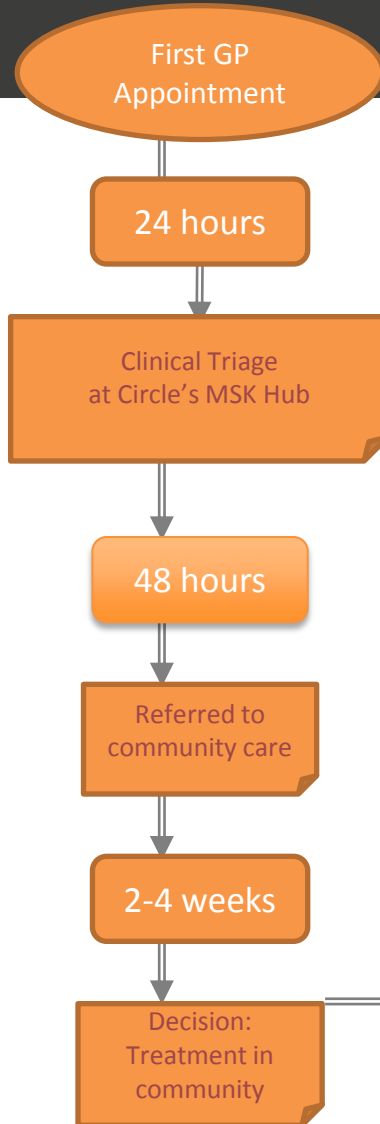


What is an outcome?

“The results people care about most...including functional improvement and the ability to live normal, productive lives”

International Consortium for Health Outcome Measurement, 2013

The Circle MSK system



- ✓ Right clinician first time round
- ✓ No need to go back to GP
- ✓ Waiting times and outcomes monitored
- ✓ Less inappropriate treatment - more care in community

Indicative waiting times



Bedfordshire MSK

Shared Decision Making

- 35% of patients having a dedicated discussion on Shared Decision Making choose alternative options to surgery

Referrals to Secondary Care

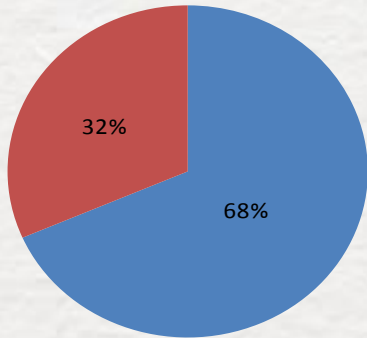
- Through the operation of the contract we have seen a 24% reduction in Secondary Care referrals

Patient Outcomes

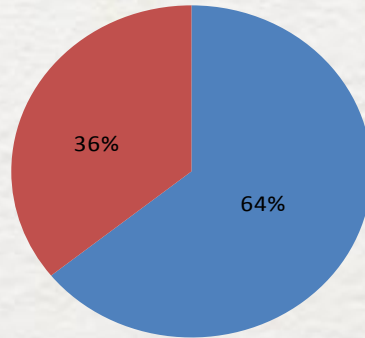
- Outcomes are now being tracked across the entire pathway
- 7.700 patient outcome measures have been collected since day one throughout physiotherapy

Case Mix

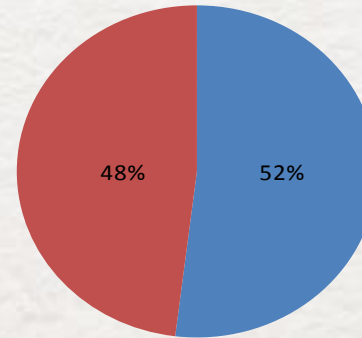
2012



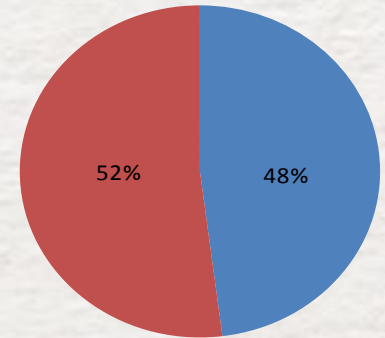
2014





Now



2018



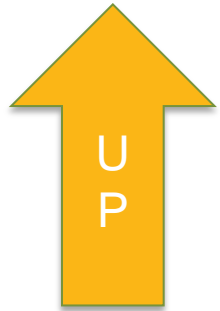
 % of Activity within Secondary Care*
 % of Activity within Community**

There has been a clear shift in activity from activity taken place in Secondary Care to Community settings. It is expected that this trend will continue in to 2016 and beyond.

*Cost of Firsts, Follow Ups, Daycase and Inpatient procedures

**Cost of Community Physio, DA Physio, Other Secondary, Podiatry and Community Work Up

Impact already being seen



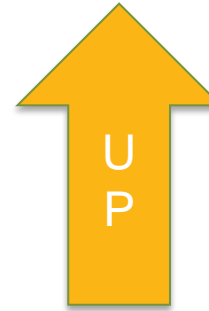
Shared Decision Making

35% of patients having a dedicated discussion choose alternatives to surgery



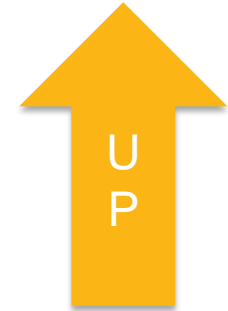
Referrals to hospital care

24% reduction in referrals to hospital-based care



Patient Outcomes

Tracked across whole pathway
7,700 measures collected
84% positive health gain (from 70% in 1yr.)



Community-based care

From 32% of total spend in 2012 to 48% now.
On track for 52% by 2018

Bedfordshire MSK Case Study: Impact within 12-18 months

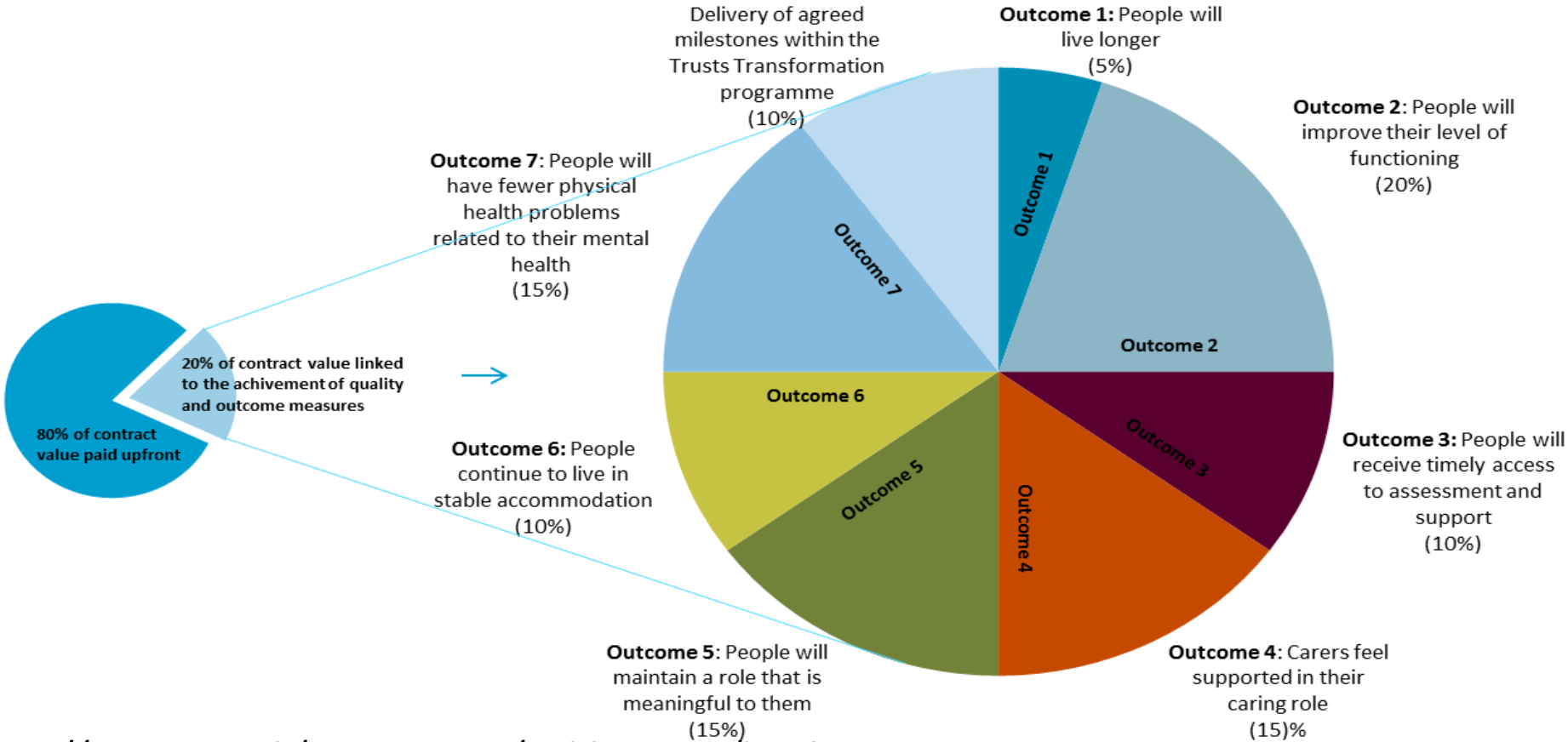
>and...

> average cost per referral reduced from £833 to
£536

Data from Bedfordshire MSK, courtesy of Circle,
Jan 2016

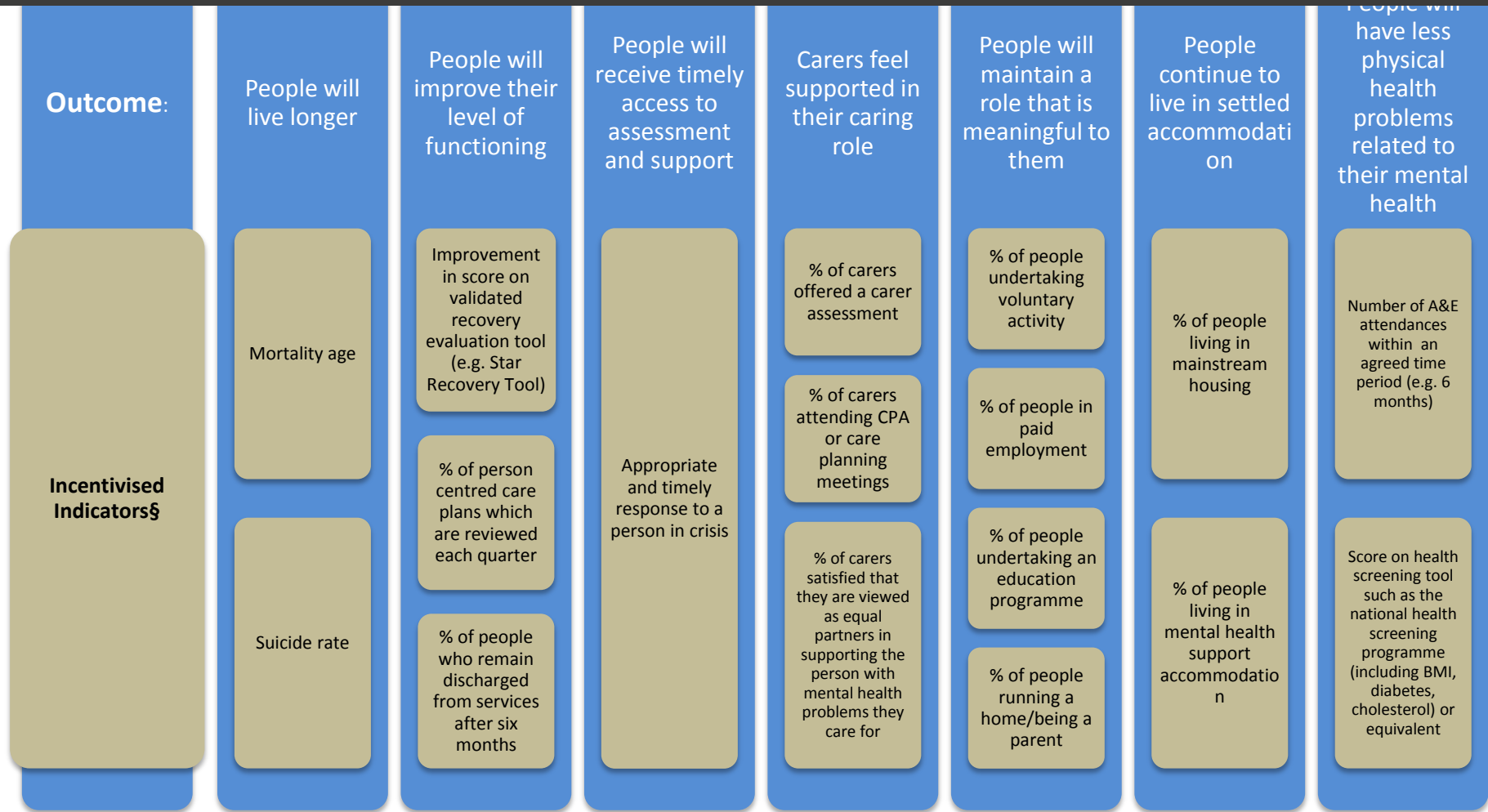
Oxfordshire Mental Health Case Study

Figure 1: Seven outcome measures and corresponding proportions that is linked to payment



<https://www.gov.uk/government/publications/local-payment-example-outcomes-based-payment-for-mental-healthcare>

Oxfordshire Mental Health Care: Incentivised Indicators



Example Case Study: Oxfordshire Mental Health Care



Outcomes Framework applied to mental health

- Live longer
- Level of functioning
- Timely access to assessment and support
- Carers feel supported
- Meaningful role
- Settled accommodation
- Fewer physical health problems
- Trust transformation milestones

Creation of new delivery partnership:

- Connection Floating Support
- Elmore Community Services,
- Oxford Health NHS Foundation Trust,
- Oxfordshire Mind,
- Response and Restore.
- Charities involved in strategic service planning
- re into lowest possible cost settings (e.g. day case into community)
- Help staff undertake goal-orientated care
- Monitor health-related quality of life as routine part of care

- Recovery College for users, carers and staff led by people with lived experience of mental ill health
- Promotion of goal orientated care
- New services many led by 3rd sector with statutory service support
- Talking Space Plus for anxiety and depression
- Employment coaching
- Creation of new adult mental health teams, all with 3rd sector staff as full members
- Planned shift of £1.5 million from statutory to 3rd sector
- High user and staff satisfaction
- 'Peer patients' trained to support other people with MH issues
- National commissioning awards



Key elements of COBIC generated reform

Defined population and scope

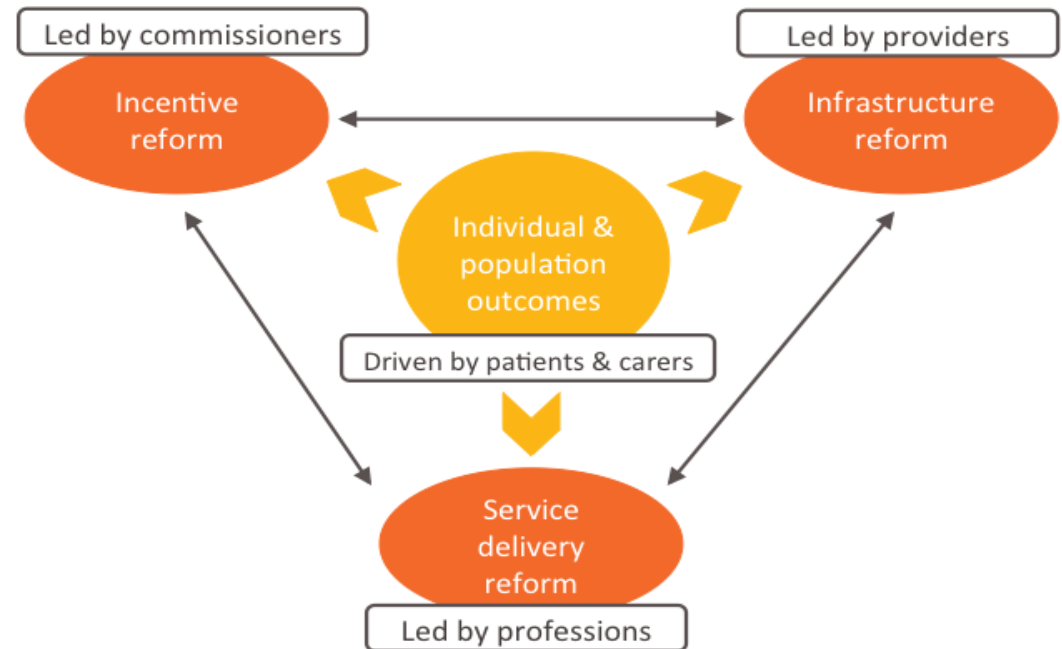
Desired outcomes and associated indicators

Service model redesign

Financial analysis and defined budget

Agreed contract form & duration, describing incentives & risk

Readied and prepared service providers



Design principles...

- > System goal = maximise value (outcomes / £)
- > Define value by reference to users ie outcomes that matter most to people
- > Measure outcomes and costs ... with transparency
- > Align incentives with system goals ie providers paid accountable for relevant outcomes
- > Organise care around users over full cycle of care eg frailty service

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