Developing an Outcomes Based Approach
Stockport Together Case Study

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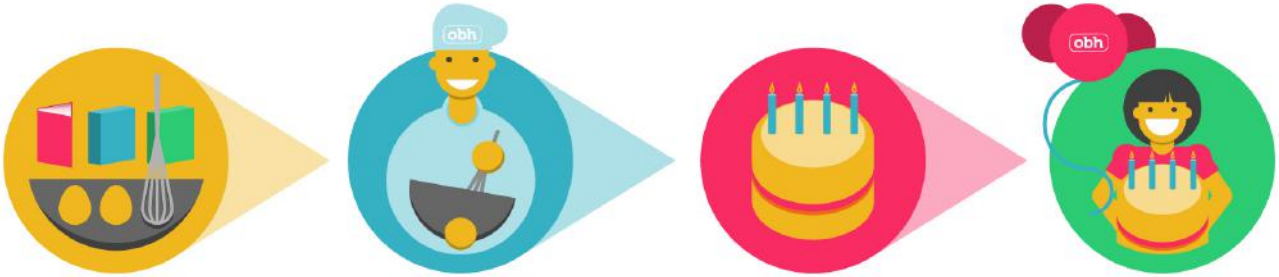
	Inputs	Processes	Outputs	Outcomes
Cake Pathway	Ingredients Mixing bowl Recipe book	Following the recipe Adding ingredients Mixing	Birthday Cake	**Happy child** **Cake tastes good** **No food poisoning**
Care Pathway	Staff Training Buildings	Blood pressure check Blood sugar test X-Ray Weight Assessments	Blood results Scan results Weight measurement Examination results	**Good quality of life** **Getting back to work** **Able to self-manage** **Prevent complications** **Less pain**



Source: Outcomes Based Healthcare, adapted from Alliance (Scotland): We've Got to Talk about Outcomes, June 2013

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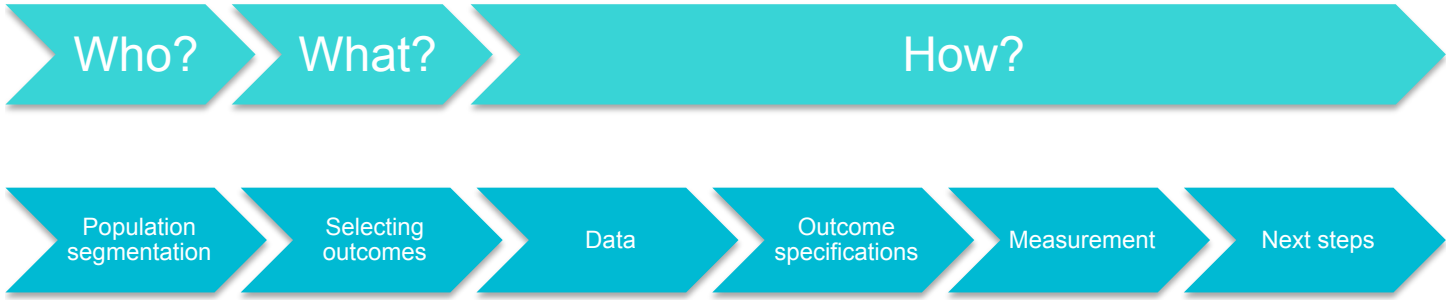
Any new outcomes based payment framework should:

- Be **simple**, unambiguous and understandable
- Begin with **achievable** performance targets, which progressively become more challenging as confidence increases in the underlying measures and their ability to improve
- Be limited to a relatively **small number** of outcomes which matter to the target population
- **Not impose** excessive measurement and reporting burden on commissioners or providers
- **Not restrict** provider innovation in supporting delivery of improved outcomes

Source: Outcomes Based Healthcare. (2015). Structuring Outcomes Based Incentives - Contractual Options and Key Considerations.

Outcomes development process overview



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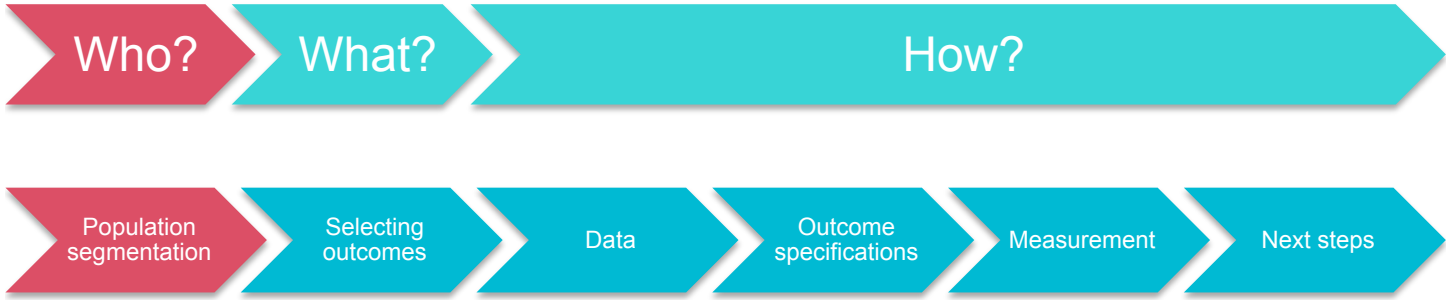
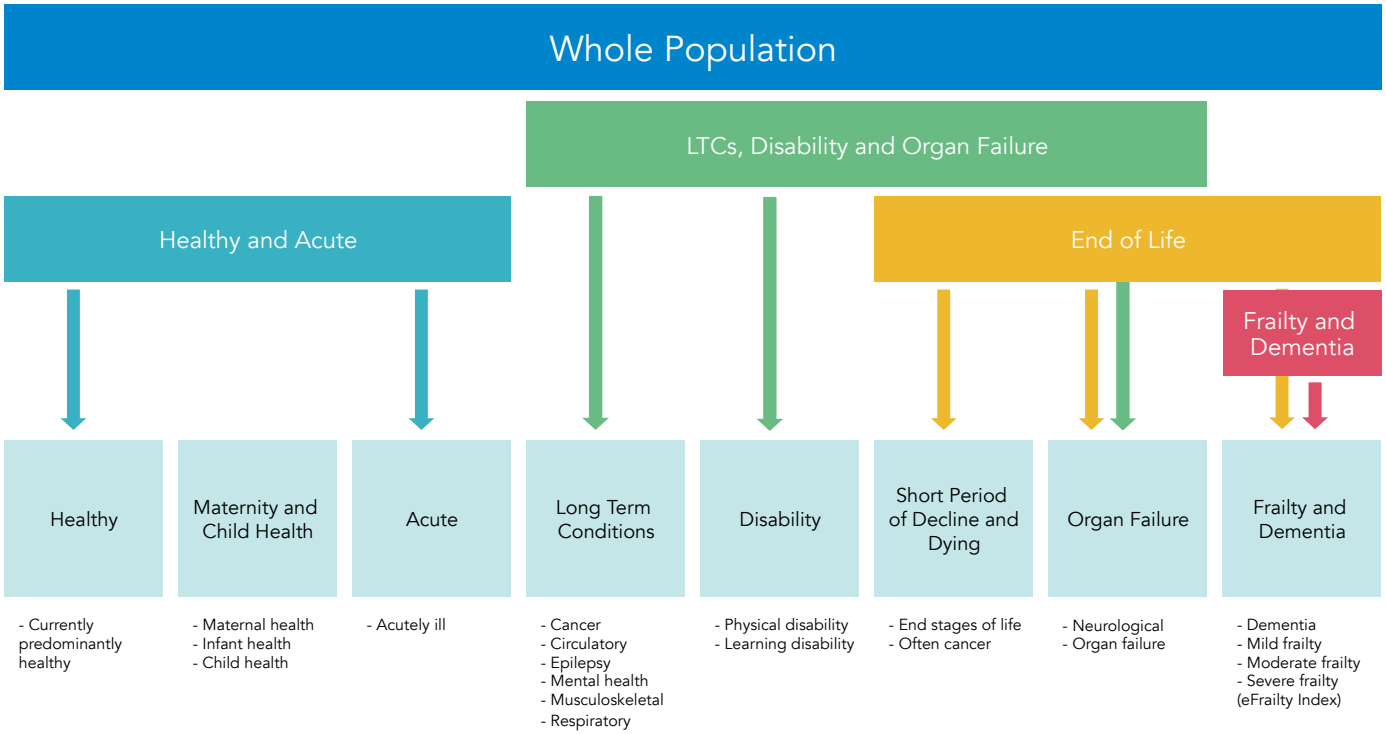
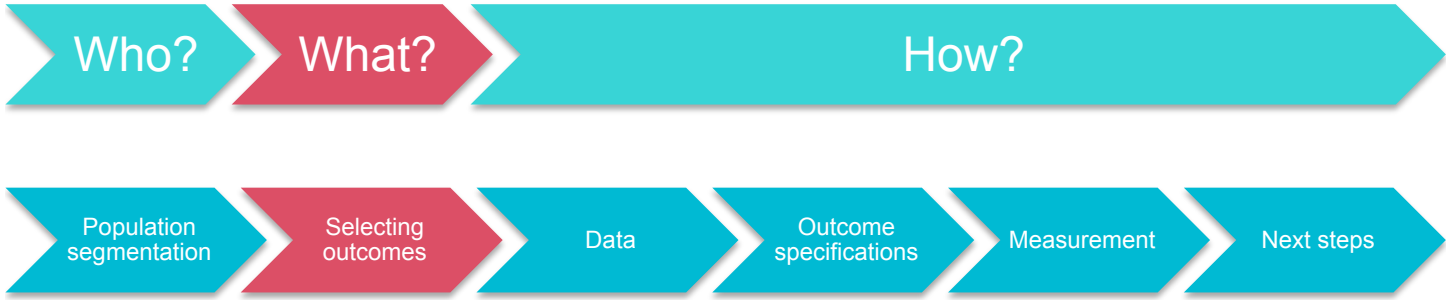


Population segmentation

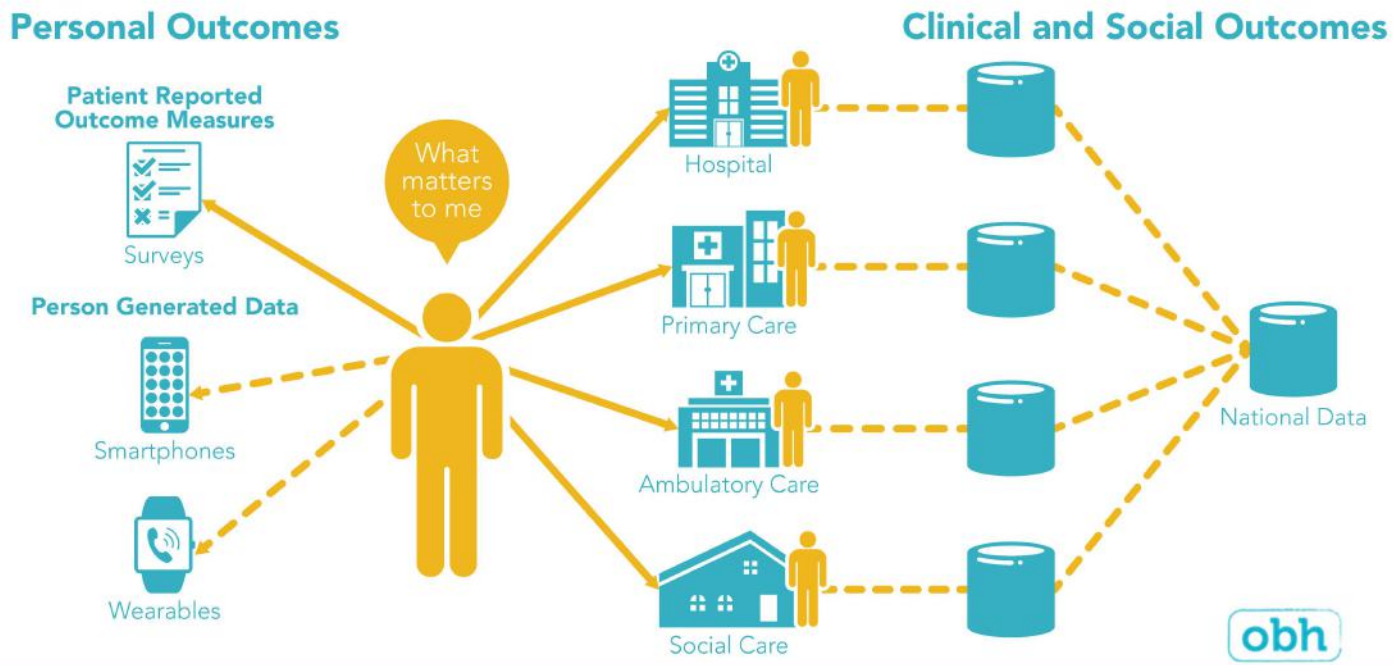


Source: OBH, adapted from the Bridges to Health model – Lynn J, Straube BM, Bell KM, Jencks SF, Kambic, RT. (2007). Using population segmentation to provide better health for all: the 'bridges to health' model. The Milbank Quarterly: 85(2): 185-208.

Outcomes development process overview



Types of outcome measures



How can you measure outcomes?

Selecting outcomes

Outcomes relating to need for emergency care	H5	Emergency admission/A&E attendance
	H6	Emergency admissions for acute conditions that should not usually require admission
	H7	Emergency readmission within 30 days
Outcomes relating to discharge from hospital care	H8	Patients back in hospital on day 30 after discharge
Public health outcomes	H9**	Physical activity
	H10**	Diet and nutrition
	H11	Obesity
	H12	Smoking
	H13	Alcohol consumption
	H14	Emergency admissions in people with alcohol-related liver disease

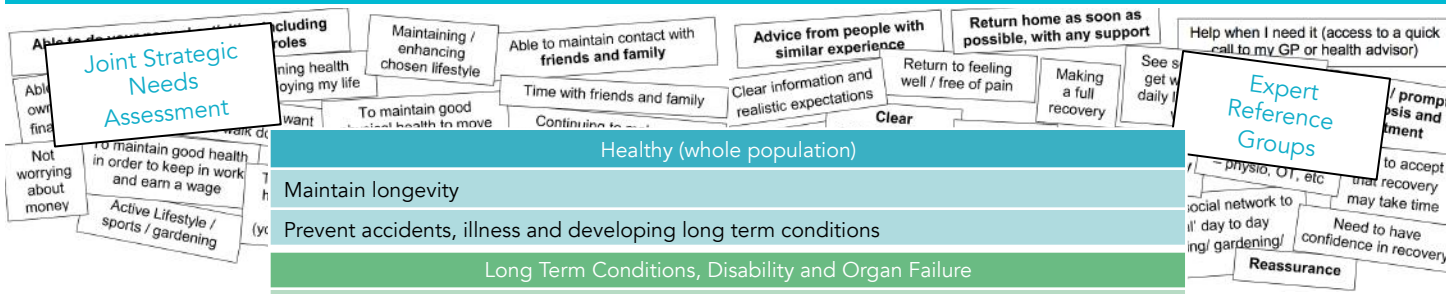
Risk factors in people with LTCs and/or disability	LTC14	Smoking in people with LTCs and/or disability
	LTC15	Obesity in people with LTCs and/or disability
Outcomes related to disruption by care	LTC16	Episodes of ill health requiring emergency admission
	LTC17	Days disrupted by care
Acute conditions related to long-term conditions	LTC18	Emergency admissions for chronic ACS conditions
	LTC19	Acute symptoms related to diabetes control
	LTC20	Repeated episodes of angina requiring emergency hospital admission
	LTC21	Exacerbations of asthma
	LTC22	Seizures in people with epilepsy
	LTC23	Acute Kidney Injury (AKI) in people with diabetes and/or circulatory conditions
	LTC24	Self harm/injury in people with depression and/or Serious Mental Illness (SMI)
Complications of long-term conditions	LTC25	Stroke in people with diabetes and/or circulatory conditions
	LTC26	MI in people with diabetes and/or circulatory conditions
	LTC27	Diabetes complications (such as stroke, MI, lower limb amputations, end-stage renal failure (ESRF), and blindness)
	LTC28	Episodes of acute respiratory disease in people with Serious Mental Illness (SMI)
	LTC29	Exacerbations of chronic respiratory conditions in people with Serious Mental Illness (SMI)

Outcomes related to complications of frailty	OPwF9	Potentially avoidable infections in older people with frailty and/or dementia
	OPwF10	Pressure ulcers in older people with frailty and/or dementia
	OPwF11	Serious falls in older people with frailty and/or dementia
	OPwF12	Fragility fractures in older people with frailty and/or dementia
	OPwF13	Delirium in older people with frailty and/or dementia
	OPwF14	Incontinence, UTIs and severe constipation in older people with frailty and/or dementia
Outcomes related to dementia	OPwF15	Dementia prevalence gap
Outcomes related to sustainability of care	OPwF16	Patients back in hospital on day 91 after discharge
	OPwF17	Patients readmitted as emergency within 30 days of discharge

Outcomes related to dying in preferred place	EOL1	Dying in preferred place of death
	EOL2	Dying in usual place of residence
	EOL3	Dying in hospital for residents of care homes
Outcomes related to providing more proactive care at the EoL	EOL4	Proportion of those expected to die who are on the Palliative Care Register
Outcomes related to living better, receiving care in the right place, at the EoL	EOL5	Time spent at home in last [4 weeks] of life
	EOL6	Need for emergency hospital care for people on the Palliative Care Register
	EOL7	Need for emergency hospital care in last [4 weeks] of life
	EOL8	Emergency admissions for respiratory infections in last [4 weeks] of life
	EOL9	Emergency admissions for pain control in last [4 weeks] of life

Source: Outcomes Based Healthcare. (2017). Population Health Management. Outcomes Based Data and Technology Solutions.

Selecting outcomes



Healthy (whole population)
Maintain longevity
Prevent accidents, illness and developing long term conditions
Long Term Conditions, Disability and Organ Failure
Maintain longevity
Manage condition effectively
Limit progression of condition
Maintain autonomy
Have support for care-givers and appropriate rehabilitation services
Avoid exacerbations
Maintain existing functional ability
Frailty and/or Dementia
Maintain existing function
Maintain mobility
Being treated with dignity and respect
End of Life
Cope well with illness at the end of life
To 'die well' (advanced care planning, being treated with dignity, making a personal feel comfortable)

Selecting outcomes

Healthy (whole population)	Long term conditions, disability and organ failure	Frailty and/or Dementia	End of Life
↓ alcohol consumption	↓ premature deaths in SMI	↑ time spent at home	↑ people dying in preferred place of death
↑ physical activity	↓ smoking in LTCs	↓ pressure ulcers	↑ people identified on the Palliative Care Register
↓ obesity	↓ obesity in LTCs	↓ serious falls	↓ emergency hospital care during last weeks of life
↓ smoking	↓ emergency hospital admissions	↓ inpatient delirium	
↓ emergency admission for acute conditions that should not usually require admission	↓ organ failure exacerbations requiring emergency admission	↓ incontinence, UTIs and severe constipation	
	↓ days disrupted by care	↓ dementia prevalence gap	
	↓ strokes in diabetes/circulatory conditions	↓ emergency readmissions and returns to A&E	
	↓ diabetes complications	↑ 30 and 120 day recovery from fragility fractures	
	↑ early diagnosis of cancer		

Source: Kings Fund conference: Mainstreaming PACs and MCPs: sharing the learning, 21st March. Available from: https://www.kingsfund.org.uk/sites/files/kf/media/Dr%20Cath%20Briggs%20and%20Rupert%20Dunbar-Rees.pdf

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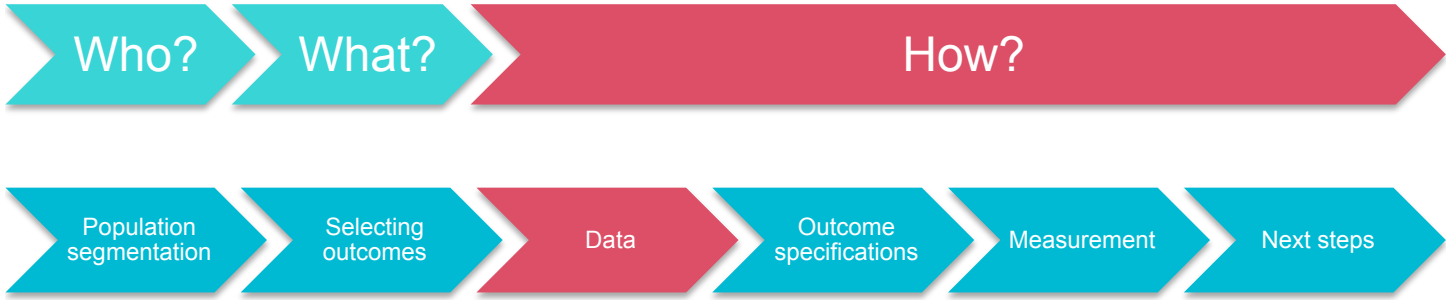
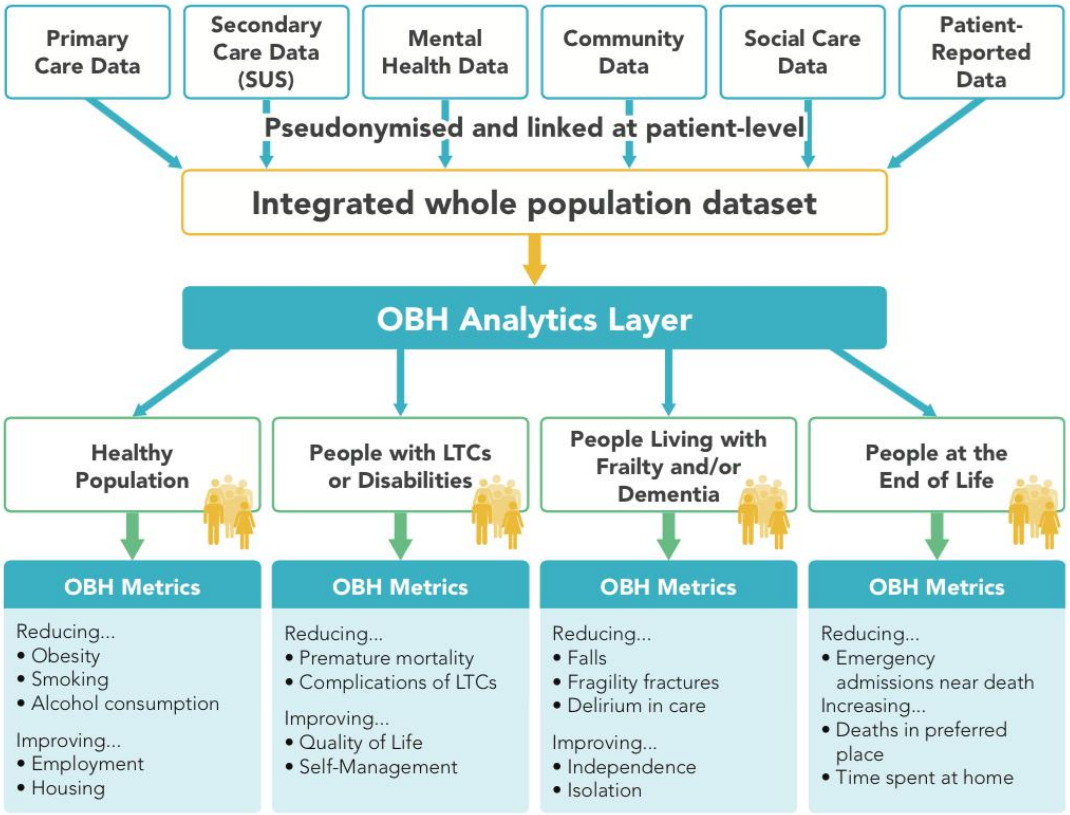


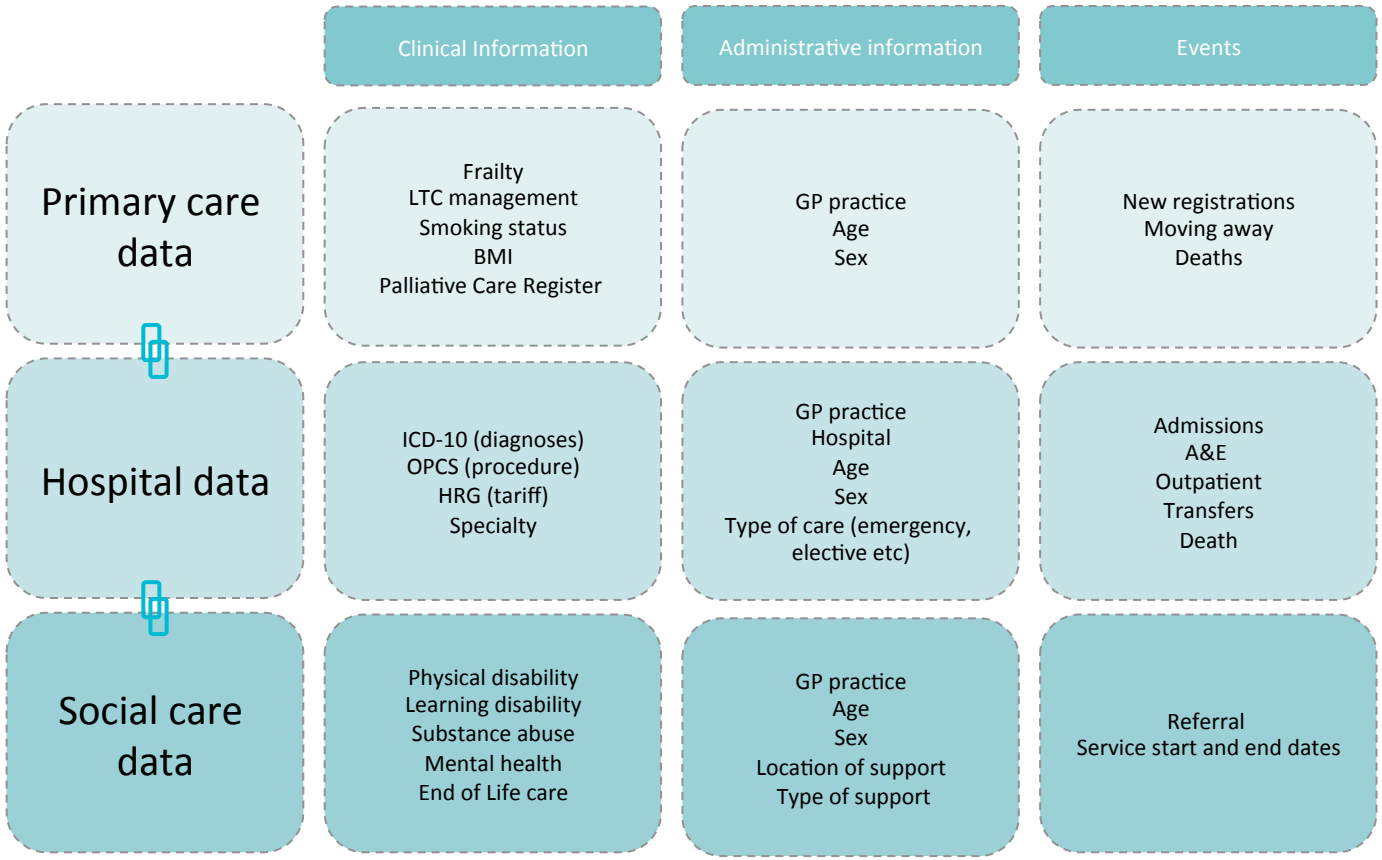
Data options

	Option 1 Outcomes Frameworks & Audits (e.g. NHS Outcomes Framework)	Option 2 National Datasets e.g. SUS or HES (secondary care)	Option 3 Local datasets (e.g. direct local provider and/or primary care data)
Reporting Time	Annual	Monthly	Monthly
Time to Access	1-2 years or more!	At least 6 weeks	At least 6 weeks
Flexibility of Reporting (e.g. by segment, frailty score)	+	++	+++
Linking Available	✗	✓	✓
Data Quality/Accuracy	+	++	+++
Set-up/ Development Time	+	++	+++

OBH data approach

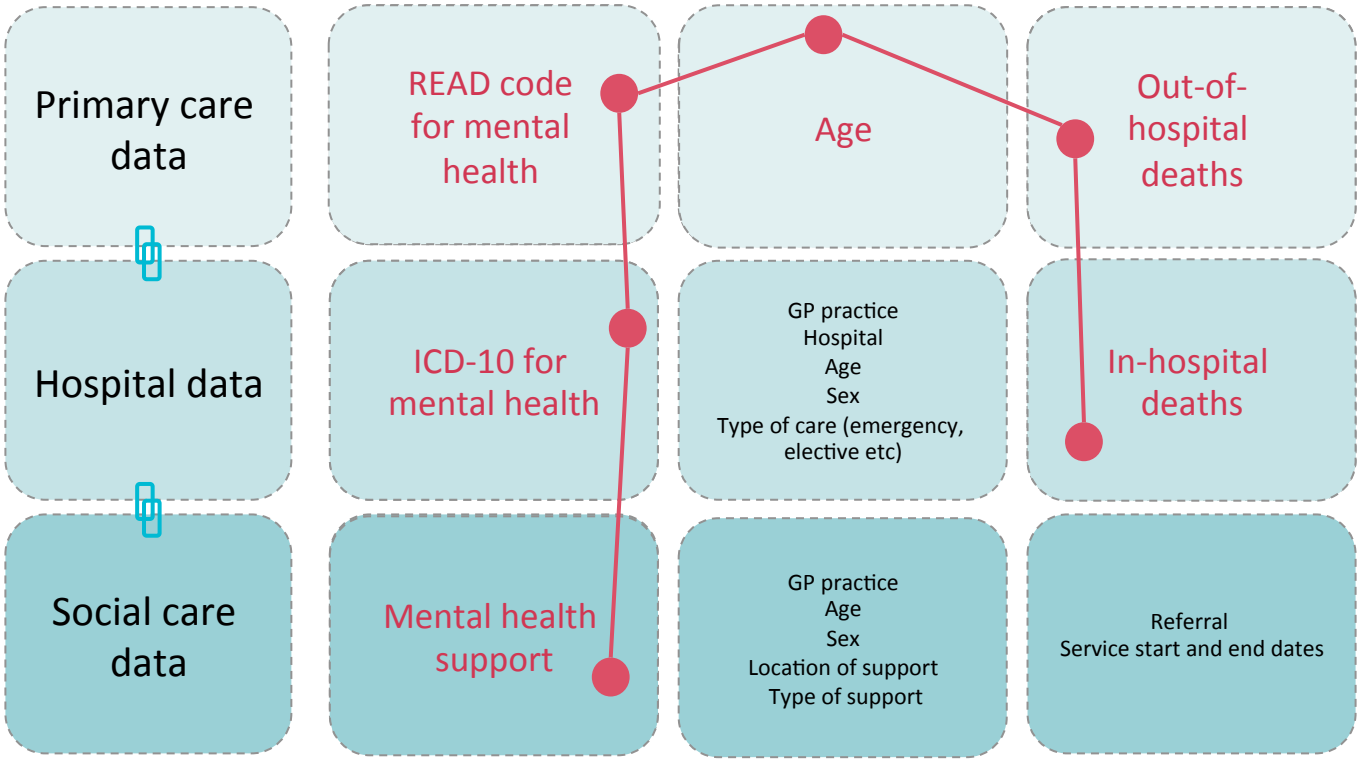


Data specification and linkage



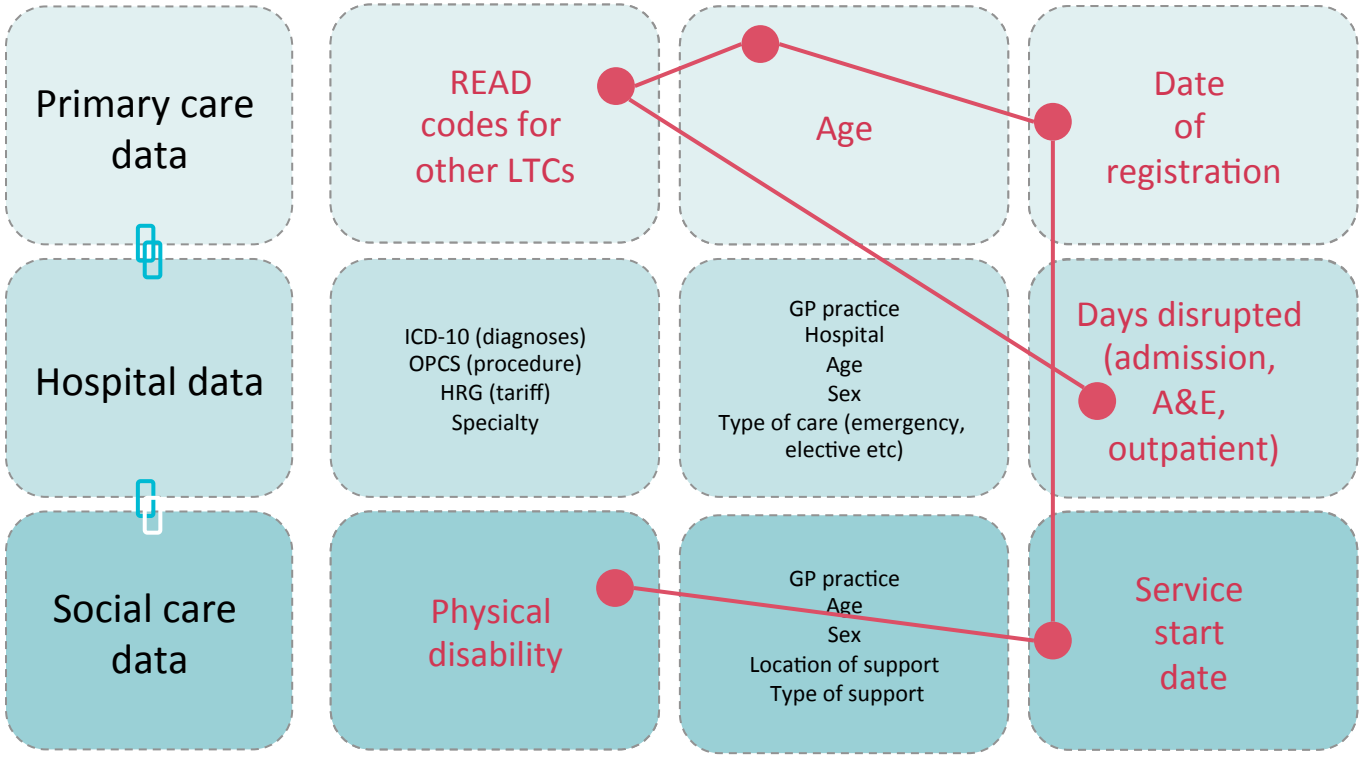
Data specification and linkage

Example: Years of Life Lost for People with Severe Mental Illness



Data specification and linkage

Example: Days disrupted by care for people with LTC, disability and/or organ failure



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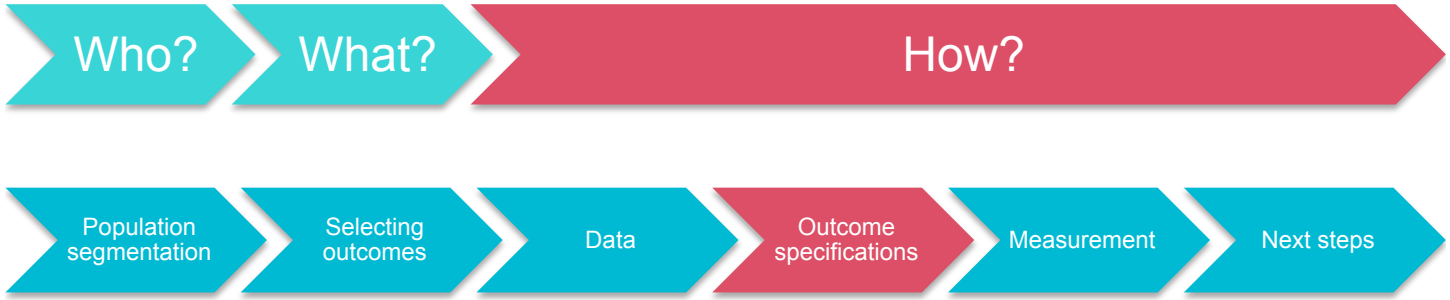

Technical specifications

- Description
- Rationale
- Population segment
- Numerator description
- Numerator data source
- Denominator description
- Denominator data source
- Calculation
- Type of measure
- Objective

OPwFD11. Reduce serious falls in older people with frailty and/or dementia
Outcome Description:
Measures the incidence of falls, either presenting to hospital, or occurring in an admission, in older people with frailty and/or dementia.
General Rationale for the Outcome (see OBH Reference Guide for Outcome Longlists for detailed references):
Having a fall can lead to injury, mobility issues and mortality. However, even when it does not lead to a physical injury, the fall itself often directly results in the loss of confidence. 17% of those over the age of 80 say that having a fall has made them worried about leaving the house. Fear of falling means that 5% of people aged 75 years and over won't leave the house by themselves. Therefore it is important to measure falls, even those that do not suffer a physical injury as a result, as the resulting loss of confidence, fear and independence have an impact on people's quality of life. One in three people over the age of 65 will fall each year. Older people are more vulnerable to falls, which are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the United Kingdom. In 2014, 3,996 deaths were reported in England and Wales as a result of having a fall, equating to 10 people every day. Falls are the largest cause of emergency admissions among older people, accounting for about 40% of ambulance calls among people over 65 years old.
Population Segment (defined using primary care and SUS data):
People: - aged 65 years and over, - who have mild, moderate or severe frailty and/or a diagnosis of dementia, - who are registered at a Stockport GP practice. Frailty has been defined using the eFrailty index (Clegg et al, 2016). The eFrailty index is calculated as the proportion of a total possible 36 deficits (using primary care data only), producing a score between 0 and 1. Frailty scores are classified into four categories: - Fit (0-0.12) - Mild (>0.12-0.24) - Moderate (>0.24-0.36) - Severe (>0.36)
Numerator Description:
Total number of admissions (by any method) with a primary or secondary diagnosis of a fall, for people in the population segment (as defined). See Appendix L for ICD-10 diagnosis codes for falls, as defined in the technical specification for PH OF 2.24.i.
Numerator Data Source/s:
Primary care data from all Stockport GP practices and SUS data from NHSD.
Denominator Description:
Total number of people in the population segment (as defined), aged 65 and over.
Denominator Data Source/s:
Primary care data from all Stockport GP practices and SUS data from NHSD.
Calculation used to derive the Outcome Value:
(Numerator value / Denominator value) x 100,000
Type of Measure:
Incidence rate (per x 100,000)
Objective:
REDUCE falls

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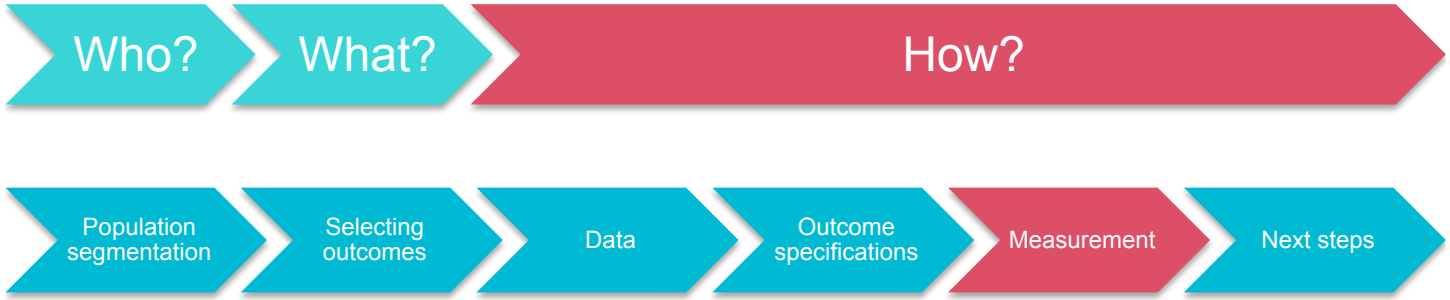

Measurement

Measurement

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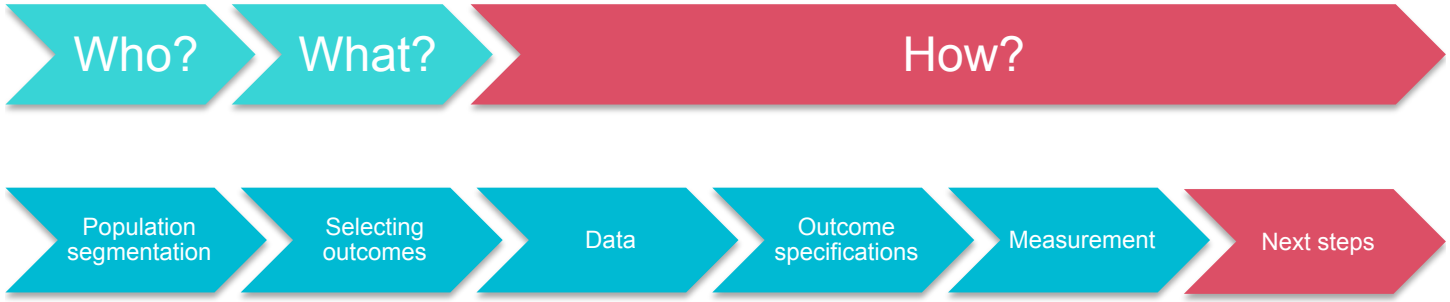
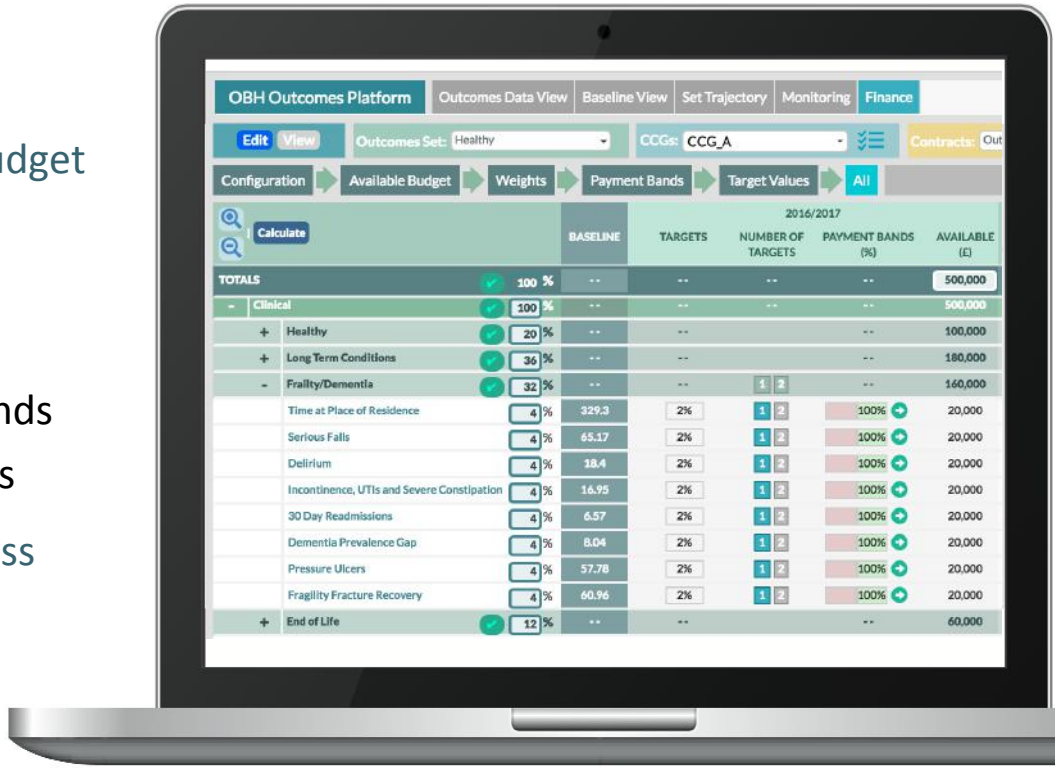


Next steps

- Set available budget
- Decide on:
  - Outcome weightings
  - Payment bands
  - Target values
- Monitor progress



Contact

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