

CONFERENCE ABSTRACT

Outcomes Based Commissioning - can the care really follow the patient? An Australian perspective

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Introduction: The health sector is activity focused; it is counted, valued and bought. Is this sustainable and should alternative constructs be considered? This case study from Integrated Care on the Central Coast of NSW, Australia outlines the journey of building an Outcomes Based Commissioning Framework to support vulnerable older people.

Practice Change Implemented: The approach applied new thinking around funding outcomes to develop an innovative funding to drive improved care.

Aim and theory of change: The aim is to deliver care coordination for vulnerable population group, engage community based providers and pilot an alternative funding model.

Targeted population and stakeholders: The project encompassed needs assessment and predictive risk stratification for a population at risk of hospitalisation in the next twelve-months and experiencing health and socioeconomic disadvantage.

Timeline: Twelve-months.

Highlights: The project brought together essential components of care – identifying a population at future risk, collaboratively designing new models of care through care design, assessing the local community's capability to support the vulnerable and creating outcome based payment and contracting models. An outcome focus was developed through reducing hospitalisations and this provided the basis for an alternative funding model.

The model focused on care and ensured funding was available where care was required (at the hospital to pay for bed days or to pay providers for supporting people in their community). This shifted the focus and reimbursement from service activity to delivering on patient outcomes.

Sustainability and Transferability: This approach, drawing on existing funding, has potential to be sustainable into the future and challenges traditional funding of care. Transferability could be country wide, and the outcomes approach has implications in integrated care in all settings. It expands significantly on international outcome models by increasing payments to providers that successfully support patients to avoid unnecessary hospitalisations. Hybrid

models of activity based and outcomes based funding have potential into the future of health funding.

Conclusions: Potentially this care model is agreeable to providers, sits within existing health budgets, is transparent and allows care to follow the patient.

Discussion: An alternative care model has been trialed within an Outcomes Based Commissioning Framework. It incorporates new approaches to considering funding, engaging the market and fundamentally challenging the traditional approach to core business.

Lessons Learned: This new way of thinking challenges both the system and the people that work in it. It is a journey of change and needs support and guidance along the way. Political scrutiny adds an extra dimension to work of this type and the right stakeholders must be engaged. A number of secondary outcomes have emerged including:

Development of new contracts and KPIs

Improving links between clinical and financial performance staff

Establishing frameworks for care coordinators and general practitioners to work closer together

Keywords: commissioning; outcomes; based; patient; care
