Measuring integrated care

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The drivers

› Epidemiological and demographic changes

› General practice prevalence*: LTCs 42%, multimorbidity 23%

› Policy context:
  - Outcomes Frameworks
  - BCF
  - focus on user experience and outcomes

› Global interest in measuring IC

* Barnett et al, Lancet 2012
“Core” measures: OFs, BCF
BCF

- Performance-related payments from 2015:
  - delayed transfers of care
  - avoidable emergency admissions (composite of 4)
  - admissions to residential and care homes
  - effectiveness of reablement
  - patient/user experience measure (being developed)

plus

- locally agreed metric with measurable baseline in 2014/15 and meeting specified criteria

* See BCF guidance
BCF options for local metrics

**NHS Outcomes Framework**
2.1 Proportion of people feeling supported to manage their (long term) condition
2.6i Estimated diagnosis rate for people with dementia
3.5 Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days

**Adult Social Care Outcomes Framework**
1A Social care-related quality of life
1H Proportion of adults in contact with secondary mental health services living independently with or without support
1D Carer-reported quality of life

**Public Health Outcomes Framework**
1.18i Proportion of adult social care users who have as much social contact as they would like
2.13ii Proportion of adults classified as “inactive”
2.24i Injuries due to falls in people aged 65 and over

OR another suitable metric meeting specified criteria

The King’s Fund
Ideas that change health care
BCF – the technicalities

▷ BCF guidance on:
  - tech specs for national indicators
  - setting levels of ambition for improvement
  - assessing statistical significance of change

▷ In agreeing levels of ambition, be mindful of eg:
  • baseline against which to compare future performance
  • ensuring target exceeds long-run trend in improvement
  • ensuring seasonality is taken into account
  • ensuring target is achievable yet challenging
  • ensuring statistically significant improvement
User experience
DH-commissioned work

- Picker / King’s Fund / Nuffield / NV report recs:
  (a) add core questions on IC into existing surveys
  (b) develop basket of indicators to support service improvement and monitoring locally

- Picker / Oxford Univ report rec:
  - 18 questions (4 prioritised) for measuring user experience of IC based on NV definition
  - for inclusion in: GPPS, inpatient, MH, cancer, VOICES, social care user and carer surveys
  - process: evidence review, review of existing surveys, focus groups, cognitive testing
User experience indicator under development

› OFTAG indicator..................BCF indicator

› **NHSOF 2014/15:** “7 (Picker) questions subject to further testing to determine their appropriateness for inclusion in existing surveys......OF indicator will be based on questions identified”

› BCF: “shortcomings in existing measures, sp their ability to reflect experience across entire journeys of care & sectors.... national metric being developed for reporting in Oct 2015”

› Issues about (a) populations covered (b) dimensions of care

› Meanwhile ................. existing NHS and social care surveys have many questions relevant to IC
BCF criteria for a local metric of user experience

• meets SMART criteria

• aimed at target population eg frail elderly

• focused on target areas of improvement eg extent to which people feel supported to manage their LTC and have control over their daily lives

• measures patient experience across settings, considering how services work together
Issues to consider
Challenges of measuring integrated care

- Many definitions of integration
- Many forms of integration eg inter-organisational, functional (eg informational, human resource, budgetary), service/team and individual user, across different services or functions
- Schemes can have several simultaneous objectives, with varying emphasis on each
- Focus on user groups and care pathways varies
- Various mechanisms used to improve ‘integration’ eg shared information systems, cross-agency professional teams, pooled budgets, payment/reimbursement systems, governance
- Initiatives vary in scale and ambition
- Time lag for impact
- Multiplicity of parallel initiatives – attribution
Approaches to measuring integrated care

- Clarity about aim/s and target group/s
- Identify a conceptual framework eg:
  - OFs, NV “I” statements, pathways etc
- Identify data sources that meet pre-specified criteria
- Identify indicators that meet pre-specified criteria
- Prioritise indicators in consultation with stakeholders
- National policy suggests indicators need to cover 3 areas:
  - transformation of individual outcomes and experience
  - transformation of local health, care and support systems
  - change in process including engagement of other LA services and third sector
# Types of indicators

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<thead>
<tr>
<th>A. Community wellbeing and population health</th>
<th>D. Resource use / balance of care</th>
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<tbody>
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<td>- Public health measures (health and lifestyle)</td>
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<td>- Inequality</td>
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<td>- Wider social benefits</td>
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<th>B. Organisation processes and systems</th>
<th>E. Service proxies for outcomes</th>
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<td>- Staff views</td>
<td>- Hospital admission</td>
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<td>- Duplication</td>
<td>(ACSCs, emer readms)</td>
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<td>- Access to services/delays</td>
<td>- Social care packages</td>
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<td>- Process implementations</td>
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<th>C. Outcomes</th>
<th>G. User / carer experience</th>
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<td>- Life expectancy/mortality</td>
<td>- Surveys</td>
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<td>- Quality of Life</td>
<td>- End of life</td>
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<td>- Independence</td>
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<td>- Clinical/professional measures</td>
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Issues: generic

› Whole pathway perspective eg primary care
› Unit of measurement: commissioner/population-based vs provider
› Data quality eg coding of admission source, discharge dest
› Statistical issues: random variation, amenability to change eg PE/QoL
› Data gaps
› Independent sector providers, self-funders eg social care
› Challenges of new data collection: cost, burden tech spec, coding, sampling, inability to benchmark etc
› Practicalities of data compilation, processing etc
› Balance between comprehensiveness and practicalities
Issues: indicator content

- Stratifying indicators eg by age, condition etc
- Coverage of access, unmet need eg social care (LSE report*)
- Coverage of multimorbidity, mental health issues
- Aligning indicators with OFs, BCF metrics, mandate etc for:
  - consistency with national policy goals
  - benchmarking nationally and against peers
- Exploiting available data sources eg clinical audit data - discharged stroke patients with a joint health and social care plan
- Organisational / structure / staffing measures
- Exploiting data developments eg record linkage within/across health and social care

* http://www.pssru.ac.uk/archive/pdf/dp2867.pdf
Questions / discussion