The LTC Year of Care Funding Model
Integrated neighbourhood Care Team
Primary drivers

- Systematic risk profiling of population

- Integrated locality care teams including social care, community services, allied health professionals and general practice

- Maximising number of patients who can self-manage through systematic transfer of knowledge, and care planning
### Long Term Conditions

#### % of patients with this condition...

- **Coronary heart disease** 52
- **Hypertension** 18
- **Heart failure** 59
- **Stroke/TIA** 29
- **Diabetes** 23
- **COPD** 19
- **Cancer** 14
- **Painful condition** 16
- **Depression** 10
- **Dementia** 21
- **Any other condition** 11

#### ...who also have this condition (% = % of all patients with the condition)

<table>
<thead>
<tr>
<th>Condition</th>
<th>CHF (4.7%)</th>
<th>Hypertension (13.4%)</th>
<th>Heart failure (1.1%)</th>
<th>Stroke/TIA (2.1%)</th>
<th>Diabetes (4.3%)</th>
<th>COPD (3.2%)</th>
<th>Cancer (2.5%)</th>
<th>Painful condition (7.2%)</th>
<th>Depression (8.2%)</th>
<th>Dementia (0.7%)</th>
<th>Any other (30.5%)</th>
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<td>Coronary heart disease</td>
<td>52</td>
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<td>Heart failure</td>
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<tr>
<td>Stroke/TIA</td>
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<td>Painful condition</td>
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<td>Dementia</td>
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Data from the Scottish School of Primary Care’s Multimorbidity Research Programme.
Other European LTC financial models

• **Alzira model Valencia**; capitated payments single integrated provider. Significant shift from hospital to community 25% less cost – but

• **CREG project Lombardy**; multiple providers but common risk adjusted pathways developed reinforced by capitated contractual model; still in pilot stage

• **Netherlands**; bundled payments but disease specific orientation, costs increased

• **Gesundes Kinzigtal Germany**; multiple providers and insurers, bundled capitation payments since 2007 but as part of care change; reduction in morbidity and mortality, morbidity adjusted efficiency gain 16%

Gesundes Kinzigtal Integrated Care: improving population health by a shared health gain approach and a shared savings contract, H. Hildebrandt, C. Hermann, R. Knittel, M. Richter-Reichhelm, A. Siegel, W. Witzenrath

Money for value: the Kinzigital -way to measure the produced value and health gain in a local area
Helmut Hildebrandt, CEO OptiMedis AG and CEO Gesundes Kinzigtal GmbH, Germany
Scope of the Year of Care Funding Model

Illustration of initial scope

Phase 1 – Year of Care includes:
- integrated health and social care teams,
- community services (inc. specialist support),
- free social care services,
- third and independent care providers of health and social care,
- unplanned acute care relating to LTC,
- and elements of post-discharge 30 day social care services

Primary care and ambulance support (resources and outcomes) are linked but distinct

Wider social care support (resources and outcomes) is linked but distinct
4 key elements

- Identifying and supporting people with LTCs
- Developing costed pathways of need
- Commissioning and contracting of the model
- Systems architecture
The National Project Team Propose that the LTCs included should be based on the Scottish School of Primary Cares Multimorbidity Research Programme (excluding schizophrenia.)

These LTCs are:

- Coronary Heart Disease
- Hypertension
- Heart Failure
- Stroke/TIA
- Diabetes
- COPD
- Cancer as LTC (not chemo/radiotherapy)
- Depression
- Dementia
Identifying and Supporting Patients

Identifying patients:

• Retain risk prediction as a useful way to categorise population into those above and below the i-point.
• Risk tools must use acute and primary care source data
• Risk score must be risk of an emergency admission in next 12 months reported as the absolute risk probability (a value between 0.0 and 1.0 inclusive) to allow consistent national comparisons
• I-point: use top 10% of risk-scores to help determine where the i-point should be
• Use Scottish LTC list for total cohort excluding schizophrenia, pain, cancer Rx
To develop the system for identifying, assessing and classifying people with LTCs

**AIM**

**PRIMARY DRIVERS**

- Identify population that would benefit from this model
- Agree an integrated needs led assessment framework
- Agree categories of support
- Define typical pathways per category of support

**SECONDARY DRIVERS**

- Agree the LTC Cohort
- Agree method of using Risk Profiling Data to identify categories
- Agree sharing of data to support cohort
- Agree common assessment tool
- Map assessed level of needs as categories of support
- Agree common assessment processes and people involved
- Agree categories:
  - Numbers
  - Definitions
- Understand profiles of categories
- Understand and allow for (progression/deterioration) change in category of support
- Define units of care
- Agree “buckets” of care

Reflections:
To define the year care budget and costing pathways.

**AIM**

**PRIMARY DRIVERS**
- Define current spend on LTCs
- Define Year of Care budget according to agreed scope of patient cohort and services
- Define methodologies and currencies to establish costs
- Cost future pathway

**SECONDARY DRIVERS**
- Define organisations included/excluded
- Define total spend and split by organisations included/excluded
- Define services included/excluded
- Define spend by service included and excluded
- Ensure clarity on the patient cohort
- Define service total by organisation and by service
- Define inclusions/exclusions by organisation and by service
- Understand activity levels and types of activity by provider
- Define consistent costing detail required
- Define basis for calculating costs
- Agree method for linking data
- Define units activity and unit cost
- Map cost of current pathway
- Review total spend against actual cost
- Impact assessment of future pathways
- Define unit costs of new ways of working
- Understand the RRR element of the pathways
- Define costs of pathways according to need

**Reflections:**

- Define the Year of Care Budget and Costing Pathways
To develop the Commissioning and Contracting mechanism for the model.

**AIM**

**PRIMARY DRIVERS**

- Define and agree a set of locally owned outcomes
- Develop commissioning mechanism
- Developing contracting mechanism

**SECONDARY DRIVERS**

- Identify and align outcomes from national and local outcomes framework
- Define and agree core categories and individual outcomes
- Identify stakeholder leads for agreed outcomes
- Evaluate current baseline for agreed outcomes
- Clarify needs assessment and scope (from Identifying and Supporting Patients group)
- Develop, identify and agree a range of integrated service models to commission
- Develop an implementation plan including transitions from current to new
- Develop and implement a monitoring framework
- Design a mechanism for market development and market management
- Clarify tariff recommendations (from Identifying and Supporting Patients and Costing pathways groups)
- Develop. Identify and agree a range of integrated models for contracting that capture the local commissioning intentions
- Develop an implementation plan for contracting
- Develop and implement a contacting monitoring framework
- Develop the procurement strategy
- Identify and agree risk sharing arrangements

**Reflections:**
AIM

To develop the systems architecture for the model

PRIMARY DRIVERS

Integration for Care Co-ordination

Costing Information

Needs Assessment

Practical Implementation

SECONDARY DRIVERS

Adopt NHS Numbers

Shared care plan

Directory of services

Electronic summaries

Link with QIPP DTV

Reflections:
To secure and maintain agreement to test the implementation of the Year of Care Funding Model

**AIM**

**PRIMARY DRIVERS**
- Identify and agree a model for effective stakeholder collaboration
- Agree a high level strategic vision and direction

**SECONDARY DRIVERS**
- Identify and map stakeholders:
  - Strategic
  - Operational
- Agree governance and high level working arrangements
- Identify and agree high level benefits and risks
- Identify strategic stakeholder leads
- Develop communication and engagement strategy
- Obtain high level ownership of Year of Care
- Agree the mission statement/milestones/objectives

Reflections:
Achieving the future state – Primary Drivers

LTC Year of Care Funding Model

Secure and Maintain agreement to test the implementation of the Year of Care Funding Model

Identify and agree a model for effective stakeholder collaboration

Define current spend on LTCs

Cost future pathway

Define the Year of Care Budget and Costing Pathways

Define methodologies and currencies to establish costs

Identifying and supporting patients

Agree an integrated needs led assessment framework

Identify population that would benefit from this model

Define categories of support

Agree categories of support

Develop commissioning mechanism

Developing contracting mechanism

Integration for care co-ordination

Needs Assessment

Costings Information

Data Quality

Practical Implementation

Agree a high level strategic vision and direction

Define Year of Care budget according to agreed scope of patient cohort and services

Define and agree a set of locally owned outcomes

Define and agree methods of establishing costs

Cost future pathway

Commissioning & Contracting

Systems architecture
Proposed Plans for Year Two

Early Implementer sites:
• Validate the currencies through use in shadow form and provide data and feedback
• Provide greater depth of costing data
• Further develop the commissioning and contracting of the model through testing implementation in a shadow year
• Further develop the systems architecture needed to implement the model

Fast Followers:
• Ongoing sharing of learning to support active engagement
# The Proposed Timeline

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2012 – March 2013:</td>
<td>Test implementation of the model</td>
</tr>
<tr>
<td>April 2013 – March 2014:</td>
<td>Shadow LTC year of care currencies, and development of national pricing model</td>
</tr>
<tr>
<td>April 2014 – March 2015:</td>
<td>National LTC year of care currencies and shadow national prices</td>
</tr>
<tr>
<td>April 2015 – March 2016:</td>
<td>National LTC year of care prices</td>
</tr>
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</table>