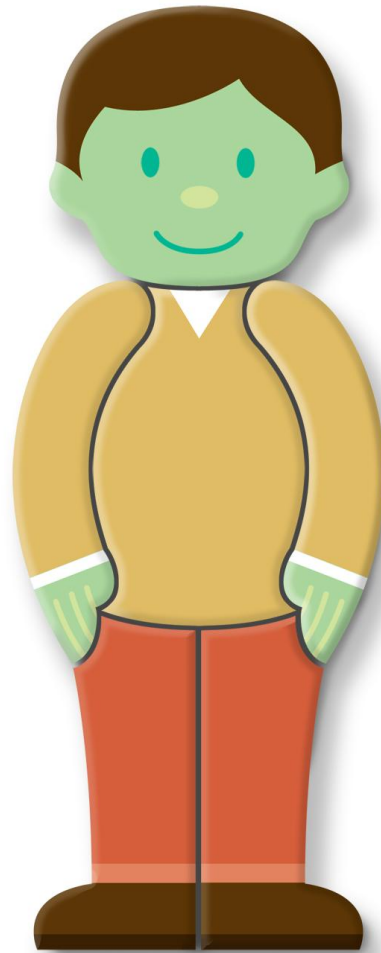
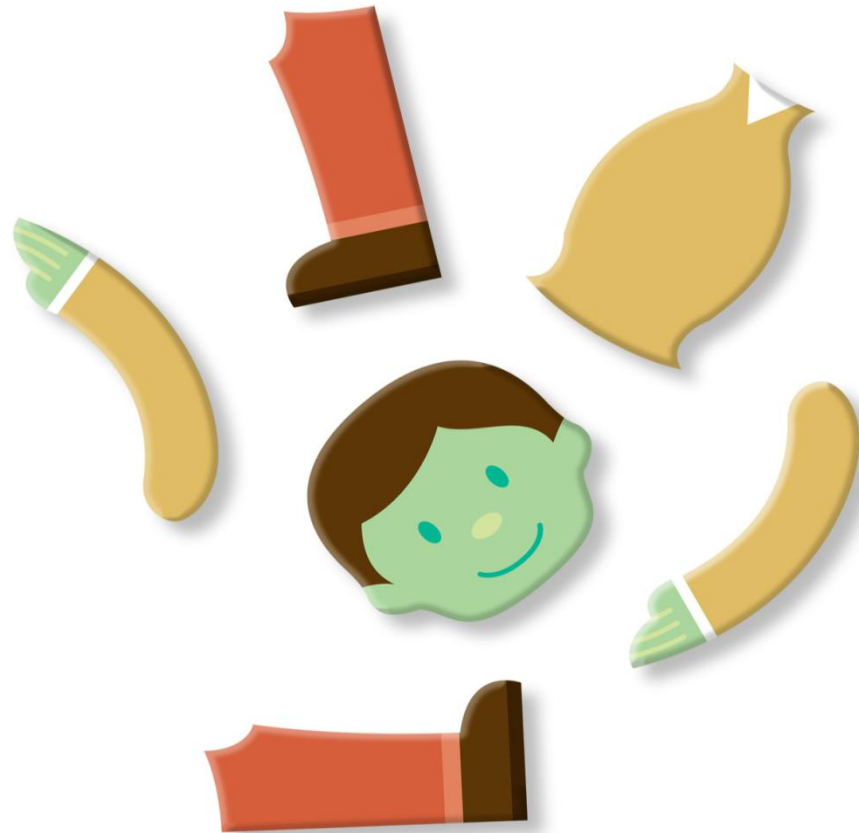




# The LTC Year of Care Funding Model



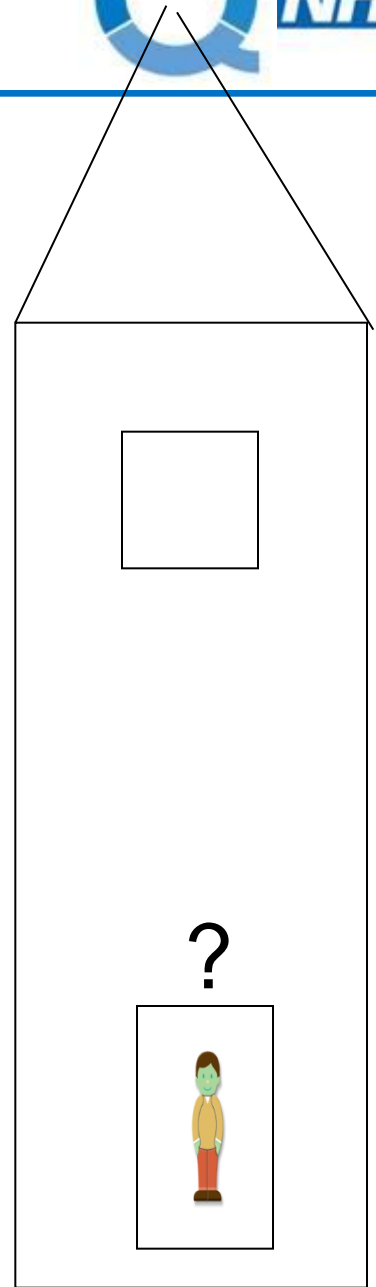
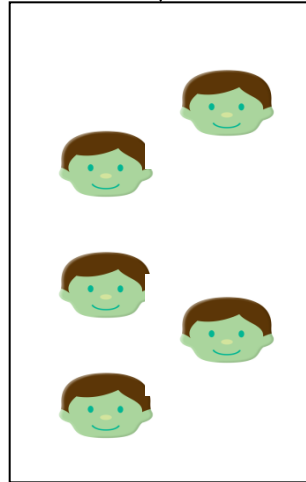
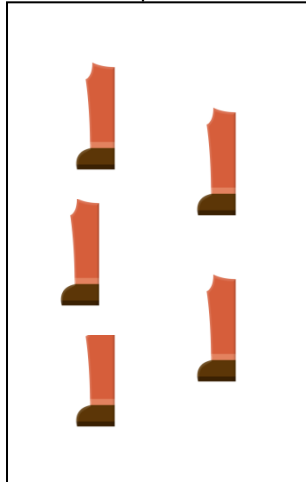
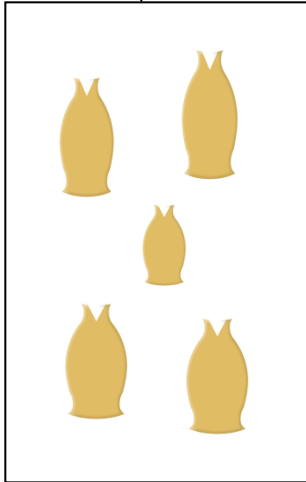
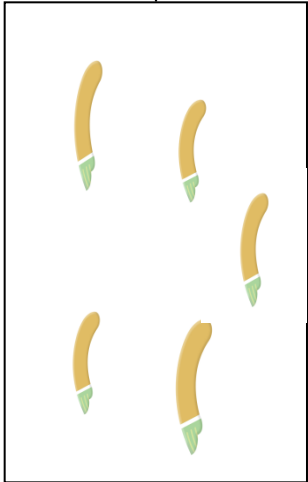


Team  
A

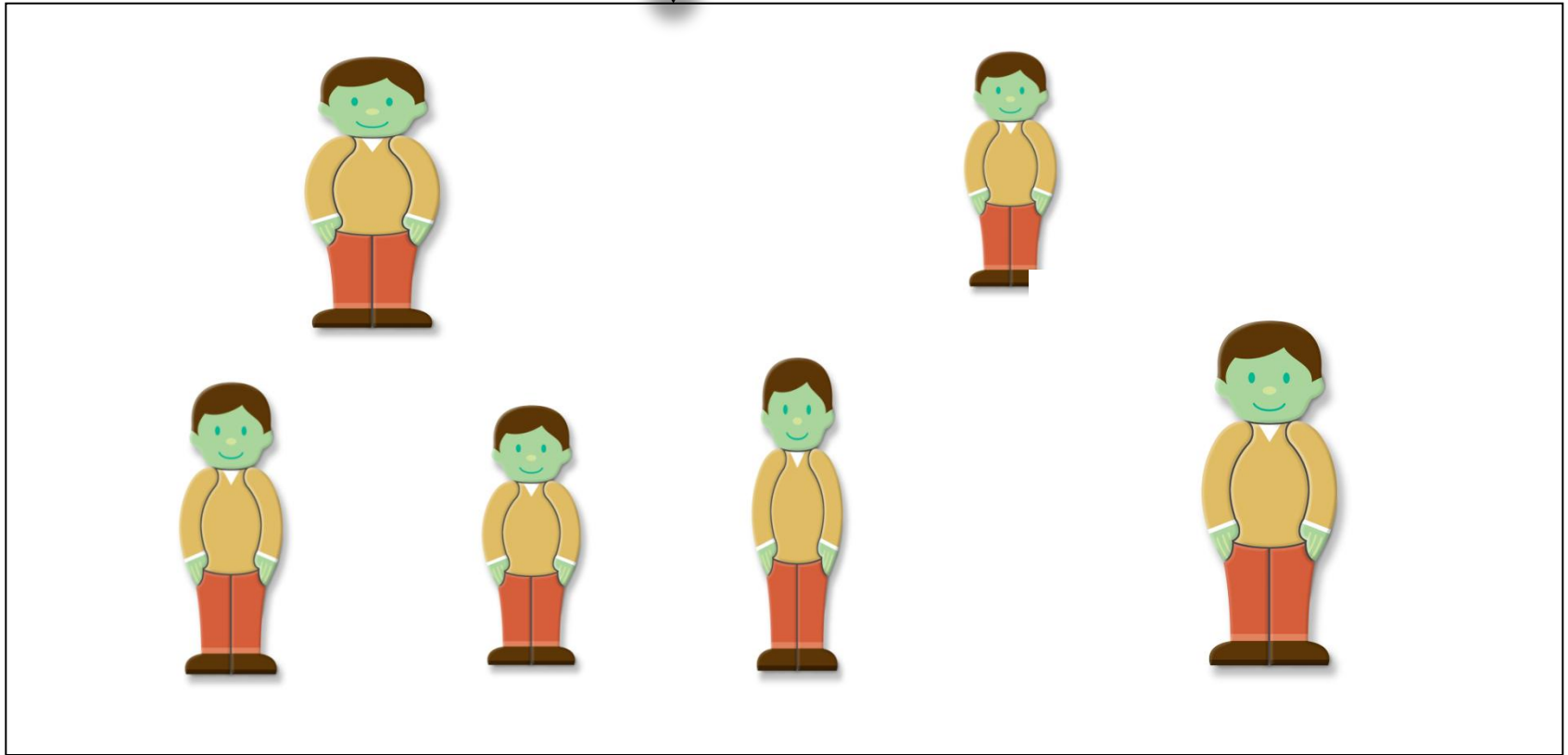
Team  
B

Team  
C

Team  
D



# Integrated neighbourhood Care Team



# Primary drivers



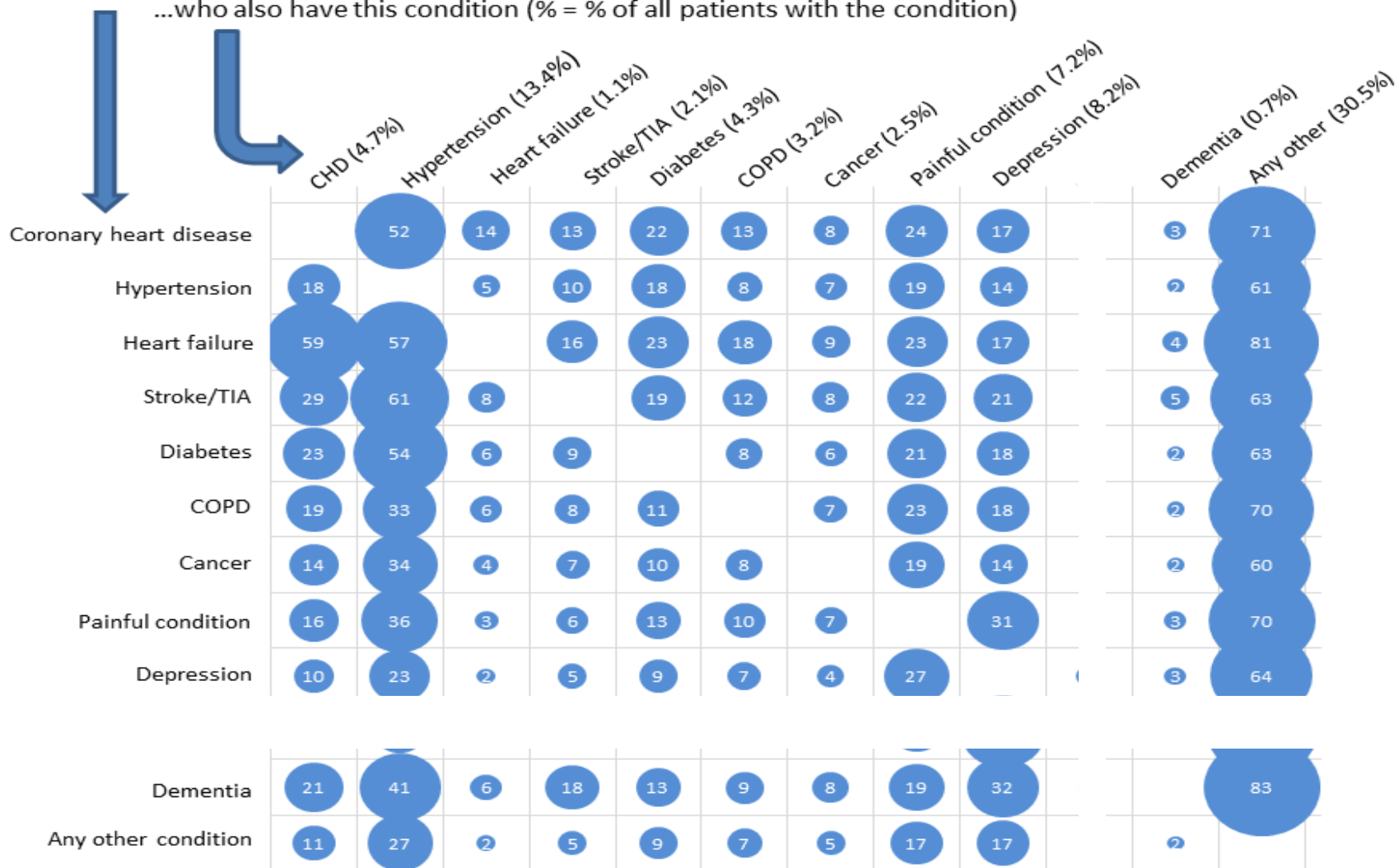
- Systematic risk profiling of population
- Integrated locality care teams including social care, community services, allied health professionals and general practice
- Maximising number of patients who can self manage through systematic transfer of knowledge, and care planning

# Long Term Conditions

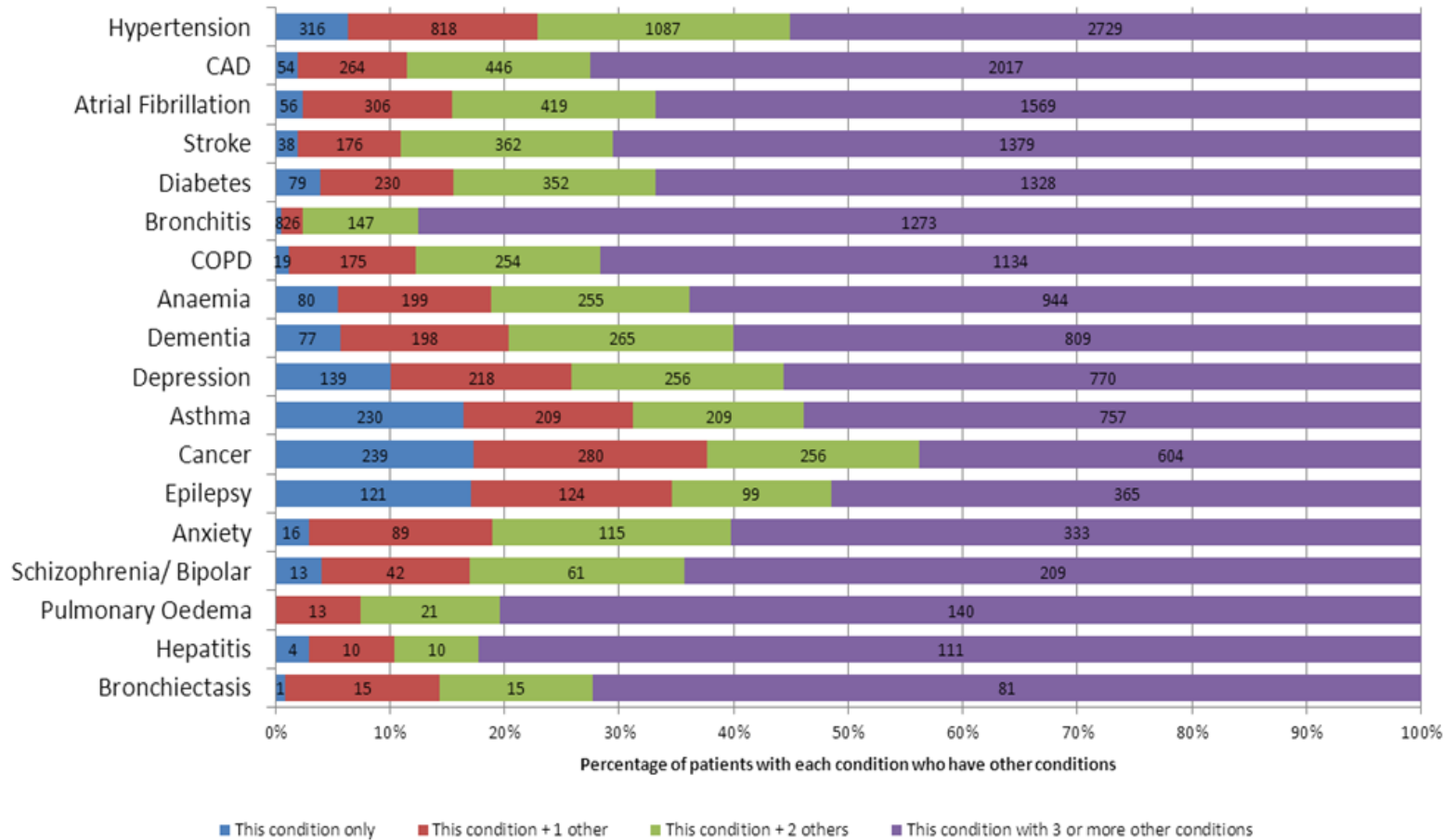


% of patients with this condition...

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



### Number of conditions experienced by band 1 patients with long term conditions in Kent and Medway, 2010/11





- **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. Witzernath*

Money for value: the Kinzigtal -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

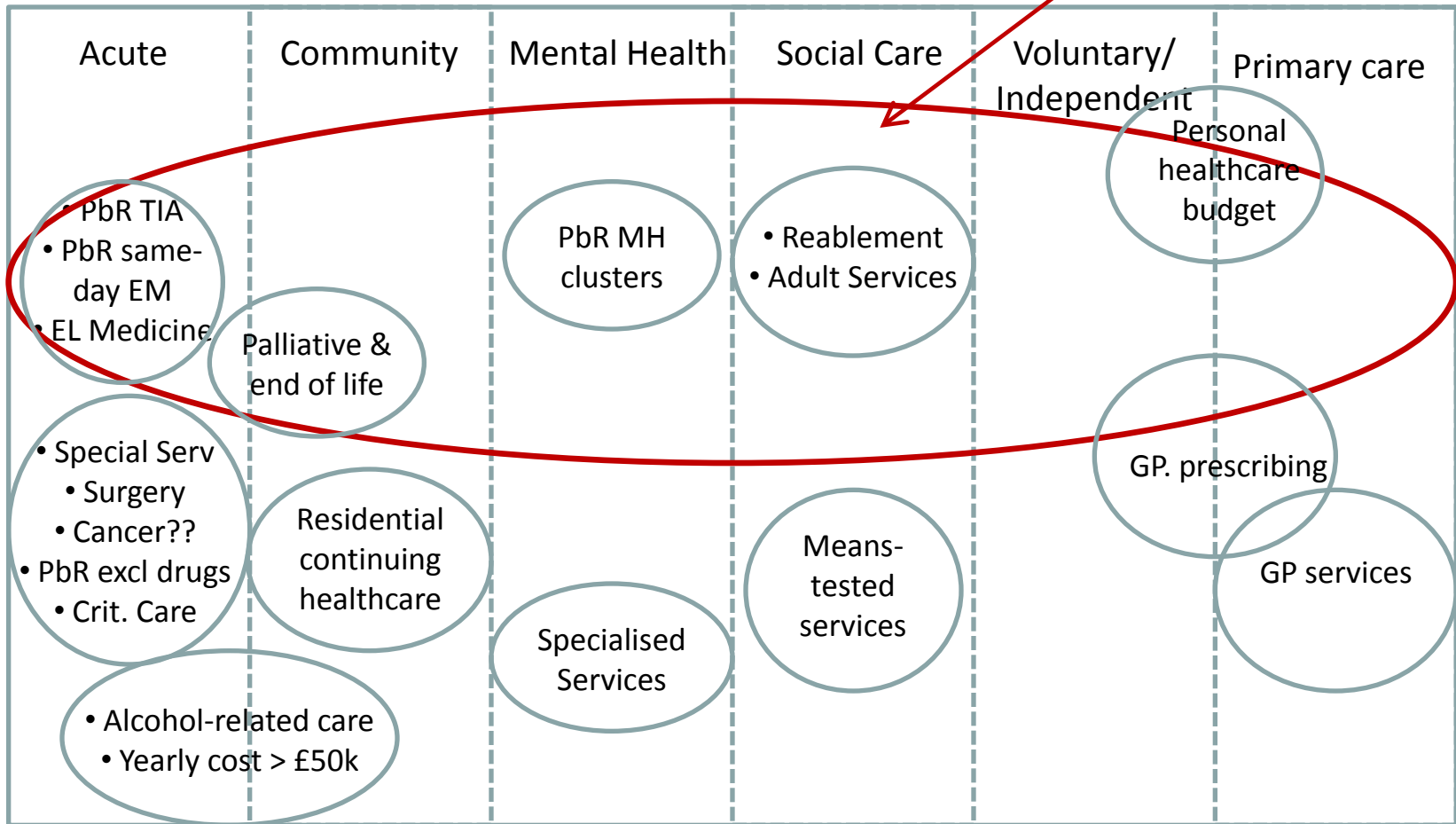
- integrated health and social care teams,
- community services (inc. specialist support),
- free social care services,
- third and independent care providers of health and social care,
- unplanned acute care relating to LTC,
- and elements of post-discharge 30 day social care services

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

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

# Selection of Services

Within tariff



# 4 key elements



- Identifying and supporting people with LTCs
- Developing costed pathways of need
- Commissioning and contracting of the model
- Systems architecture

# What LTCs Should be Included

---

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 patients:

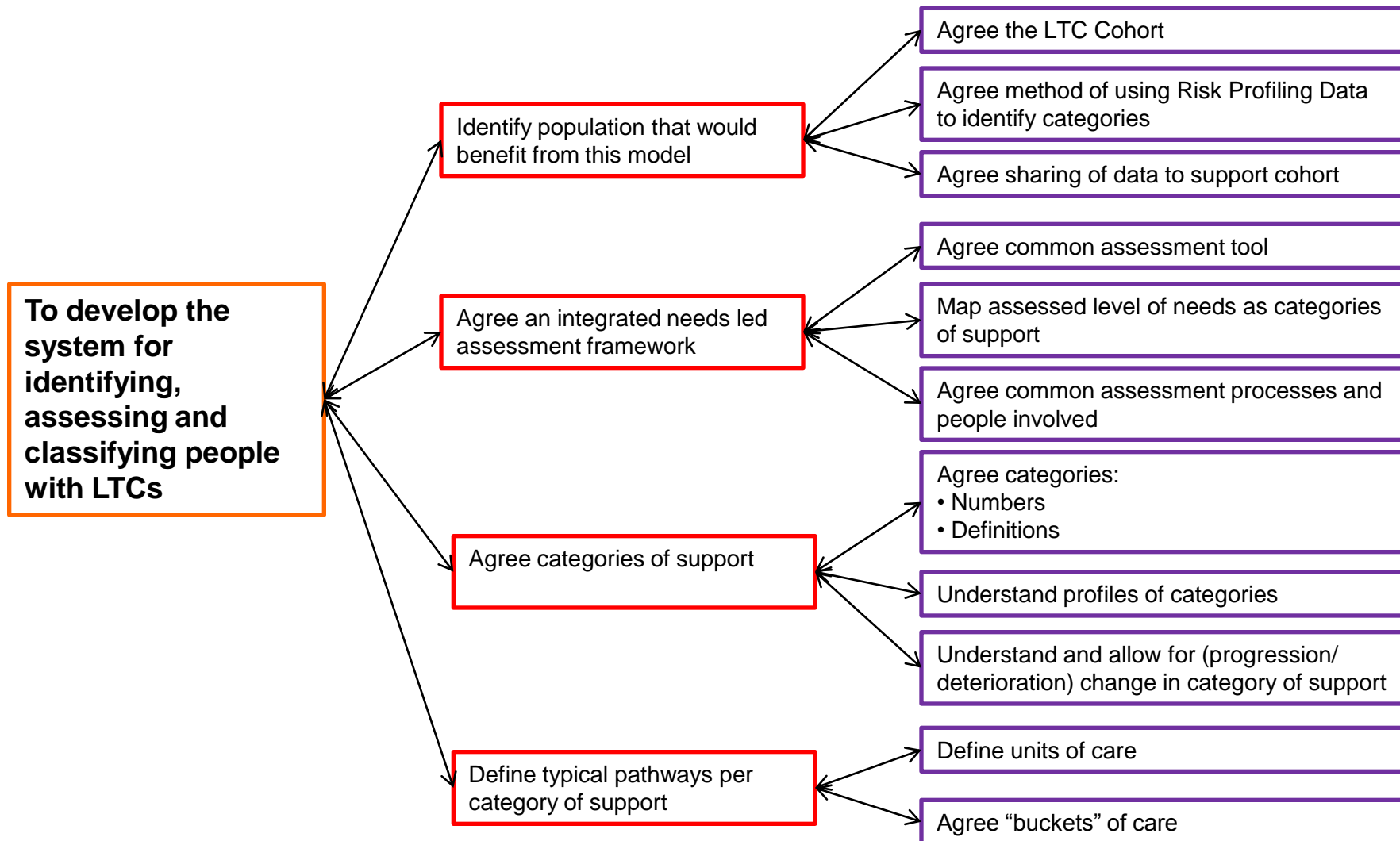
- Retain risk prediction as a useful way to categorise population into those above and below the i-point.
- Risk tools must use acute and primary care source data
- Risk score must be risk of an emergency admission in next 12 months reported as the absolute risk probability (a value between 0.0 and 1.0 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

# Driver diagrams – Identifying and Supporting Patients

## AIM

## PRIMARY DRIVERS

## SECONDARY DRIVERS



Reflections:

# Driver diagrams – Define the Year of Care Budget and Costing Pathways

## AIM

## PRIMARY DRIVERS

## SECONDARY DRIVERS

**To define the year care budget and costing pathways.**

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

- 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
- 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:

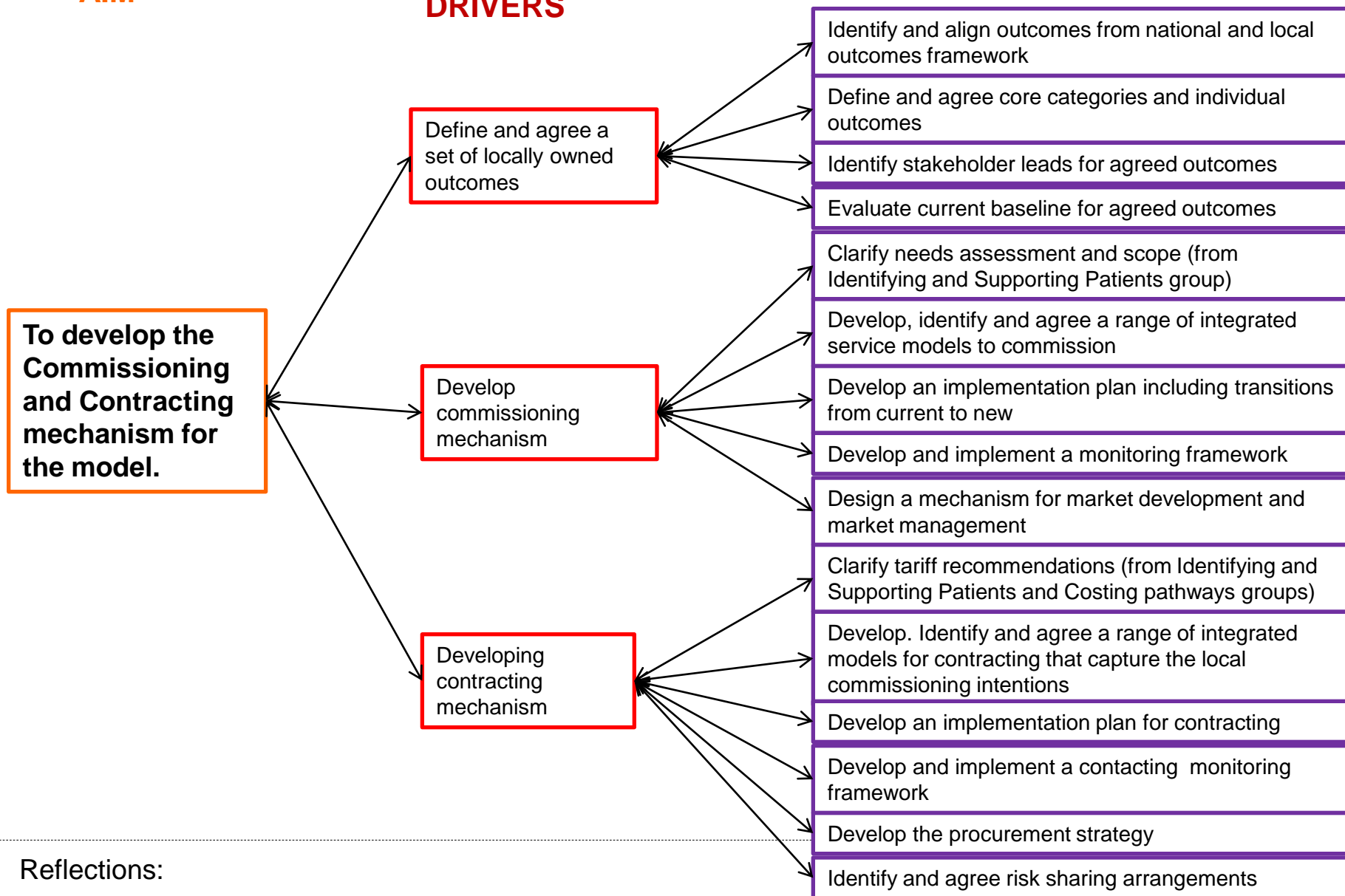


# Driver diagrams – Commissioning and Contracting

## SECONDARY DRIVERS

### AIM

### PRIMARY DRIVERS



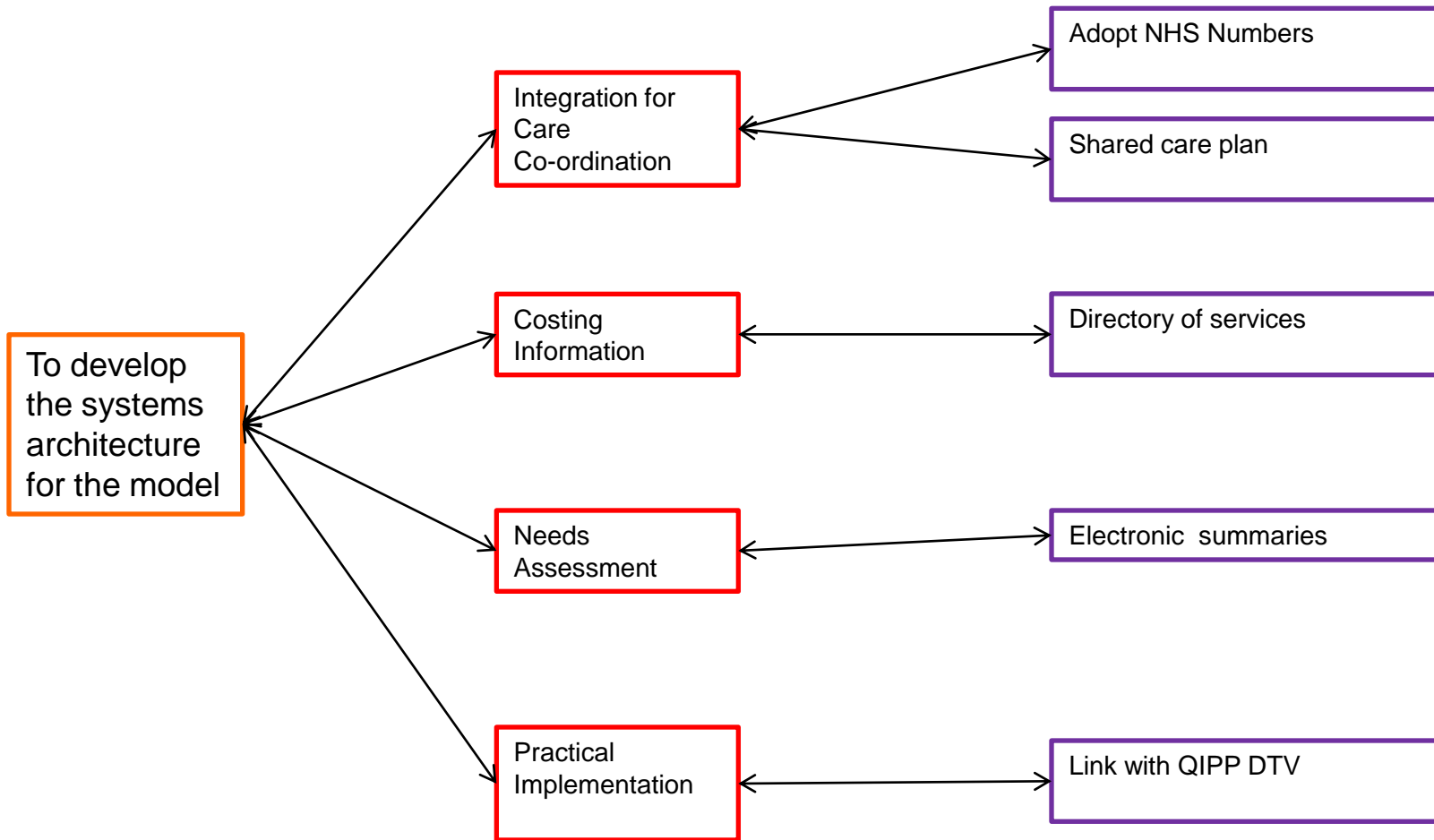
Reflections:

# Driver diagrams – **Systems Architecture**

## AIM

## PRIMARY DRIVERS

## SECONDARY DRIVERS



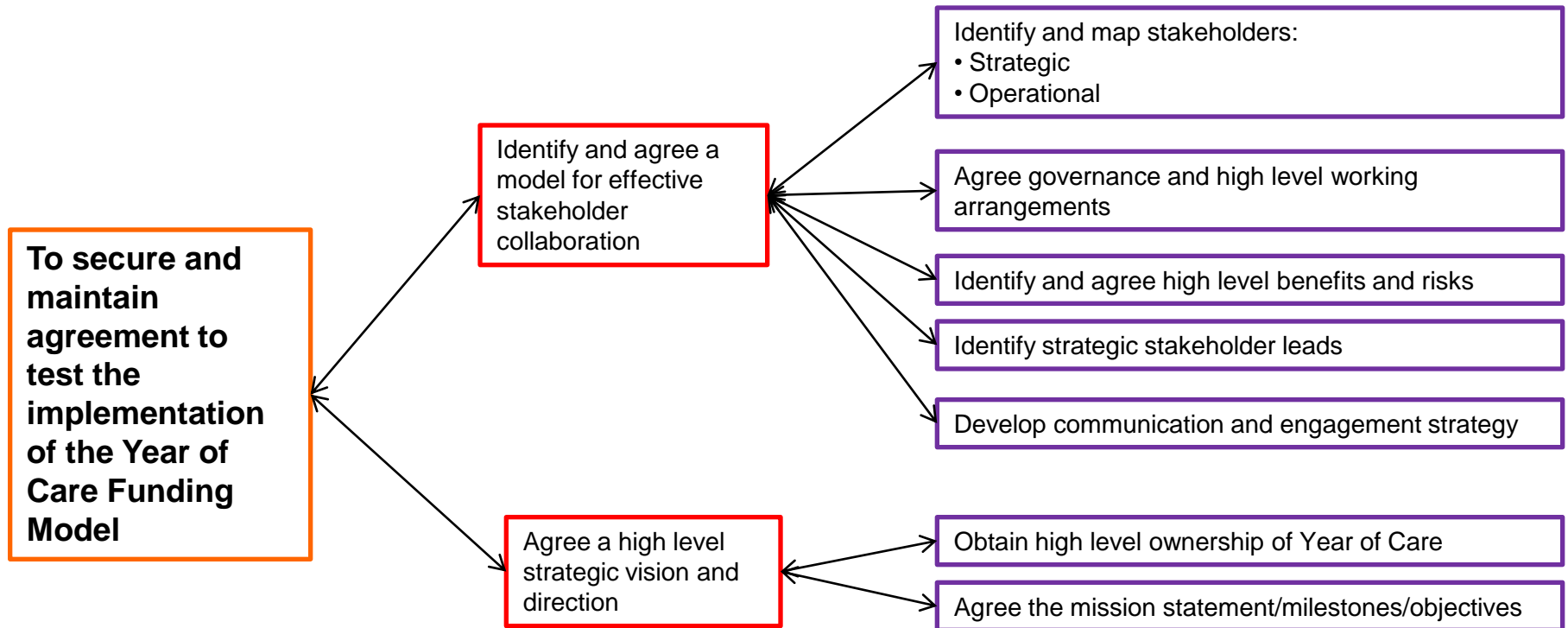
Reflections:

# Driver diagrams – **Secure and Maintain agreement to test the implementation of the Year of Care Funding Model**

**AIM**

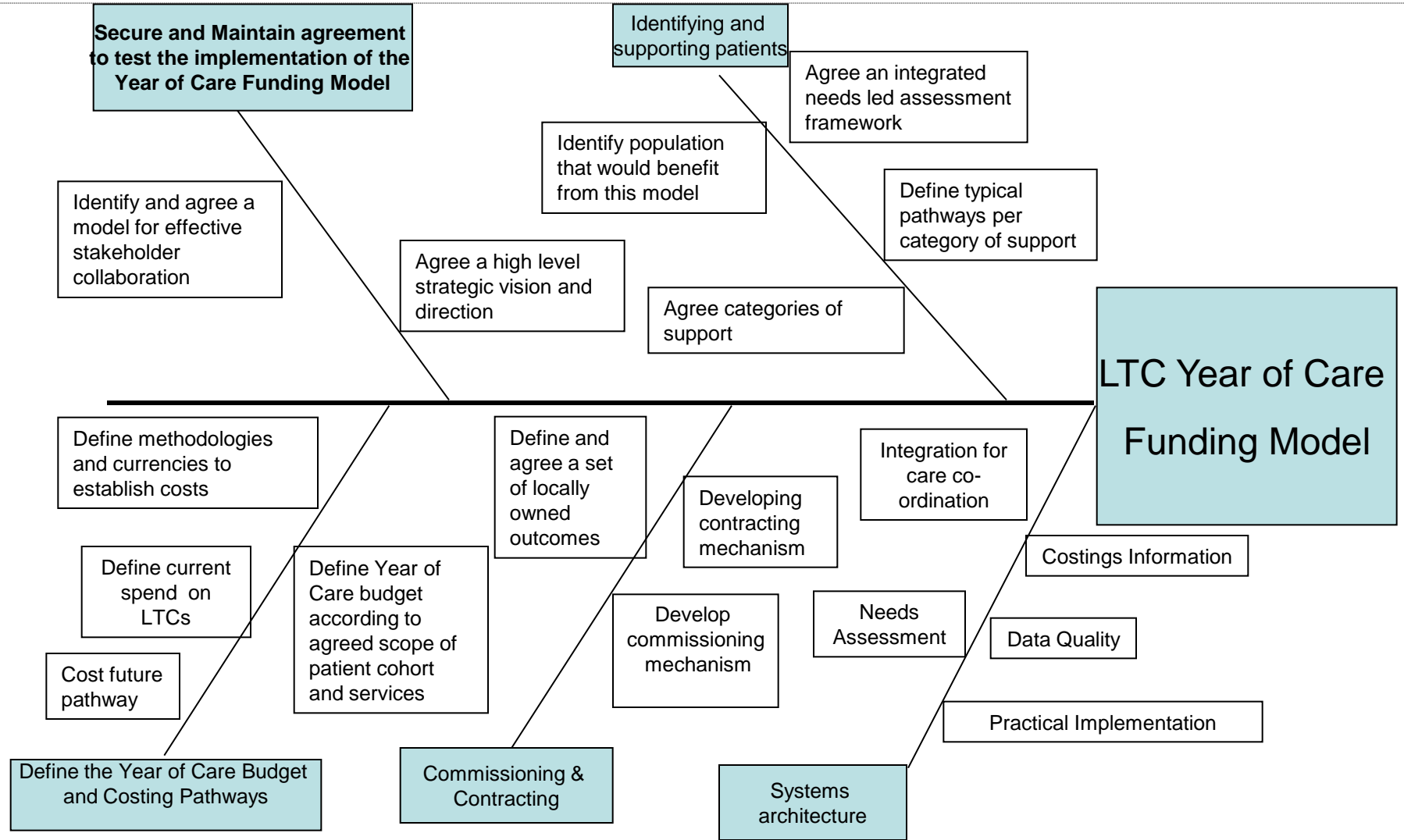
**PRIMARY DRIVERS**

**SECONDARY DRIVERS**



Reflections:

# Achieving the future state – Primary Drivers



# 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



April 2012 – March 2013:	Test implementation of the model
April 2013 – March 2014:	Shadow LTC year of care currencies, and development of national pricing model
April 2014 – March 2015:	National LTC year of care currencies and shadow national prices
April 2015 – March 2016:	National LTC year of care prices