Case mix adjustment can tease out the practice characteristics directly associated with reduced hospital utilization.

– Dr. David Shepherd, FRCGP
Leicester City CCG
**OVERVIEW**
- Leicester City Clinical Commissioning Group (LCCG) is one of the most ethnically diverse areas of the UK
- LCCG purchases care for over 350,000 residents from a provider pool of acute trusts and 57 family doctor practices

**CHALLENGES**
- Difficulty comparing outcome and cost performance between practices due to the variation in patients they serve
- Variation in coding quality between practices can distort analysis

**METHODS USED**
- The ACG System analyzed emergency admission rates for all practices in the area, with further modeling to reflect variations:
  - Morbidity of patient populations in each practice
  - Coding efficiency in each practice

**RESULTS**
- Noted that if all practices had the same emergency admission rates of the top 8 practices, **LCCG could save more than £15 million in costs**
- Practices with lower emergency admission rates had significantly higher coding completeness and significantly higher GP patient survey scores. It was considered that these directly or indirectly led to lower admission rates.
- Initiatives to improve the LCCG coding quality, including:
  - Development of a primary care coding handbook
  - Re-evaluation of IT training in primary care
- Identified key characteristics associated with improved coding and annual GP patient survey scores; implementing them across the city, including:
  - £200k investment to promote improved communications, patient-provider engagement, and training on coding quality
  - Enhanced performance analysis at LCCG and practice level, with increased provider engagement in their case mix coding-adjusted activity