

CASE MIX ADJUSTMENT – PAYER

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

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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, patientprovider 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

Leicester City CCG has a yearly budget of £469 million to provide health care for 350,000 residents, and to address poor health.

Services include: primary care, hospitalization, rehabilitation, urgent and emergency care, community health services, mental health and learning disability services.



