Mental Health Payment by Results

- moving towards funding for mental health based on activity and outcomes

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11 July 2013
What is Mental Health PbR?

• Different from acute (physical) PbR – paying for needs/characteristics over a period of time. Shares risk between commissioner and provider.
• Payment would be for all elements of care service user receives, both direct (e.g. therapies) and indirect (e.g. care co-ordination).
• Using care cluster model developing a currency unit so that you could commission for 10 people in cluster 1, 20 people in cluster 2 etc.
• Systematic clustering will enable us to build up a picture of levels of needs for the local population.
• Once allocation to a cluster is reliable and widely used, commissioners will have a basis on which to benchmark and compare levels of need between geographical areas.
Policy context for PbR

- Increase efficiency, e.g. encourage reduced length of stay in hospital
- Incentivise activity to help reduce waiting lists
- Focus on quality by removing price competition
- Create an open and transparent system
- Support patient choice – money follows the patient
- Following international best practice
Mental health funding in England

Programme Budgeting estimated England level gross expenditure for all programmes, 2010/11

£ billions 2010/11% of programme budget

<table>
<thead>
<tr>
<th>Category</th>
<th>£ billions</th>
<th>% of Programme Budget</th>
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<tbody>
<tr>
<td>Infectious Diseases</td>
<td>1.80</td>
<td>1.7%</td>
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<tr>
<td>Cancers &amp; Tumours</td>
<td>5.81</td>
<td>5.4%</td>
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<tr>
<td>Disorders of Blood</td>
<td>1.36</td>
<td>1.3%</td>
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<tr>
<td>Endocrine, Nutritional and Metabolic Problems</td>
<td>3.00</td>
<td>2.8%</td>
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<tr>
<td><strong>Mental Health Disorders</strong></td>
<td><strong>11.91</strong></td>
<td><strong>11.1%</strong></td>
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<tr>
<td>Problems of Learning Disability</td>
<td>2.90</td>
<td>2.7%</td>
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<tr>
<td>Neurological</td>
<td>4.30</td>
<td>4.0%</td>
</tr>
<tr>
<td>Problems of Vision</td>
<td>2.14</td>
<td>2.0%</td>
</tr>
<tr>
<td>Problems of Hearing</td>
<td>0.45</td>
<td>0.4%</td>
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<tr>
<td>Problems of Circulation</td>
<td>7.72</td>
<td>7.2%</td>
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<tr>
<td>Problems of the Respiratory System</td>
<td>4.43</td>
<td>4.1%</td>
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<tr>
<td>Dental Problems</td>
<td>3.31</td>
<td>3.1%</td>
</tr>
<tr>
<td>Problems of the Gastro Intestinal System</td>
<td>4.43</td>
<td>4.1%</td>
</tr>
<tr>
<td>Problems of the Skin</td>
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<td>2.0%</td>
</tr>
<tr>
<td>Problems of the Musculoskeletal System</td>
<td>5.06</td>
<td>4.7%</td>
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<tr>
<td>Problems due to Trauma and Injuries</td>
<td>3.75</td>
<td>3.5%</td>
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<tr>
<td>Problems of the Genito Urinary System</td>
<td>4.78</td>
<td>4.5%</td>
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<tr>
<td>Maternity and Reproductive Health</td>
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<td>3.2%</td>
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<tr>
<td>Conditions of Neonates</td>
<td>1.05</td>
<td>1.0%</td>
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<tr>
<td>Adverse Effects and Poisoning</td>
<td>0.96</td>
<td>0.9%</td>
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<tr>
<td>Healthy Individuals</td>
<td>2.15</td>
<td>2.0%</td>
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<tr>
<td>Social Care Needs</td>
<td>4.18</td>
<td>3.9%</td>
</tr>
<tr>
<td>Other Areas of Spend/Conditions</td>
<td>25.95</td>
<td>24.3%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>107.00</strong></td>
<td><strong>100.0%</strong></td>
</tr>
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</table>

Source: Department of Health: Programme Budget National Level Expenditure Data 2010/11
Mental health spending in England

Weighted Expenditure on Mental Health Services
Mental health funding in the UK

Mental Health PbR – the History 1

- Report published by Information Authority on casemix groupings for mental health. Too complex to be used as the basis for currencies.
- Findings of phase 1 for both the Information Centre and the Care Pathways Project are published.
- Clustering commences, clusters costed for first time, MHMDS 4 starts to flow.
- Currencies made available for use.

2003

New Project launched by the Information Centre to develop mental health currencies. Care Pathways and Packages Project formed by six Mental Health Trusts unhappy with statistical approach.

2005

PbR consultation published. Respondents call for mental health funding solution as a priority.

2006

2007

2010

2011

2012

Currencies mandated from April 2012 as basis for contracting mental health services for working age adults and older people.
Mental Health PbR sits at the centre of improved mental health services

- Enhanced personalisation and choice
- Value for money
- Quality Indicators
- Improved, comparable data
- Recovery and policy objectives
- Service Organisation and SLM
- Parity of esteem
- Reduction of variation in mental health services
Individual service user needs
Anxiety / Accommodation / Hallucinations / Living conditions etc.

Mental Health Clustering Tool
Standardised summary of individual needs

Cluster
Global description of combination & severity of individual needs

Care Packages
Negotiated care plan

Quality and Outcome Metrics
Triangulated measurement of process and effect

Local Tariff
Derived from joint understanding of accurate costs
Key Components of the PbR Care Pathways and Packages model:

- Describes the client / patient journey through the service(s) from referral to discharge
- (Mental Health Clustering Tool): An instrument to provide evidence that service user’s needs evaluated to support clinical decisions/interventions
- Care packages provide a means to explain:
  - How service users access care
  - What care (including social care) service users receive when they enter the Trust
  - How service users leave the Trust’s services
The Care Clusters

Working-aged Adults and Older People with Mental Health Problems

A
Non-Psychotic

b
Very Severe and complex

a
Mild/Moderate/Severe

B
Psychosis

a
First Episode

b
Ongoing or recurrent

c
Psychotic crisis

d
Very Severe engagement

C
Organic

a
Cognitive impairment

1 2 3 4

5 6 7 8

10 11 12 13

14 15

16 17

18 19 20 21

Mental Health Payment by Results
Example Cluster and Assessment Scores

CARE CLUSTER 8: Non-Psychotic Chaotic and Challenging Disorders

Description:
This group will have a wide range of symptoms and chaotic and challenging lifestyles. They are characterised by moderate to very severe repeat deliberate self-harm and/or other impulsive behaviour and chaotic, over dependent engagement and often hostile with services.

Likely diagnoses:
Likely to include F60 Personality disorder.

Impairment:
Poor role functioning with severe problems in relationships.

Risk:
Moderate to very severe repeat deliberate self-harm, with chaotic, over dependent and often hostile engagement with service. Non-accidental self injury risks likely to be present. Safeguarding may be an issue.

Course:
The problems will be enduring.

* Either / Or
Cluster 1 care pathway example: (flexibility through simplicity)

Therapeutic aims

Cluster 3: Non-Psychotic (Moderate Severity)
Moderate problems involving depressed mood, anxiety or other disorder (not including psychosis)

Assessment
- Ensure clear referral routes.
- Through person-centred assessment by a member of the psychological therapies team.
- Use of clinical measure as appropriate to need.
- Possible extra assessment for comorbid conditions (e.g. FDA-D) plus possible associated auxiliary interventions.

Enabling interventions
- Depression - high-intensity CBT treatment, up to 20 sessions, normally face-to-face basis. Also possible IPT, behavioural activation, counseling or couples therapy. NICE also recommends considering concurrent use of medication in moderate/severe depression. For some anxiety conditions, e.g. post-traumatic stress disorder, social phobia or obsessive-compulsive disorder, people normally straight to high-intensity CBT treatment (7-14 sessions) unless problem is very mild/recent. High-intensity also for other persistent anxiety disorders (generalized anxiety disorder, panic disorder). Guided self-help (including cCBT) effective for some. Panic disorder, GAD, Social phobia - CBT, PTSD - CBT, eye movement desensitisation and reprocessing (EMDR).
- See other supporting interventions in role support, enabling activities and carer/family interventions.

Therapeutic interventions
- Make available information and advice.

Role support
- Offer advice on social, group & physical activities and point to places to find support on these as appropriate in your locality. Consider pointers to specialist advice on vocational/financial/benefits/debt/relationships.

Family/Carer interventions
- Possibly pointers to advice/support on accommodation related issues.

Accommodation
- Make available information and advice.

Monitoring
- Regular monitoring of wellbeing, with (counseling) clinical measure as appropriate.

Care coordination
- Monitor care and outcomes. Use clinical measure as appropriate. Refer to another pathway/service if needs get greater. Review date for cluster allocation is 6 months after start of pathway. If person is fine at end of pathway, discharge. If problems persist, refer to higher case management.

Quality & outcomes indicators

Improving Outcomes to Psychological Therapies Outcomes framework, including as appropriate:
- PHQ9 - for depression (collection end of each therapy session)
- GAD7 - for anxiety (collection end of each therapy session)
- PHQ (collection and end of each therapy session)
- W&SAS (Work and Social Adjustment Scale) (collection end of each therapy session)
- IAPT Employment status questions (collection end of each therapy session)
- Other disorder specific measure as appropriate (collection end of each therapy session)

Other recommended clinical measures:
- Social Phobia - Social Phobia Inventory (SPIN)
- Obsessive Compulsive Disorder - Obsessive Compulsive Inventory (OCI)
- Post-traumatic Stress Disorder - Impact of Event Scale - revised (IES-R)
- Health Anxiety - Health Anxiety Inventory (HAI)
- Panic/Agoraphobia - Mobility Inventory
- Phobia - Fear Questionnaire
- Anger - use PHQ/GAD in conjunction with general measure of severity, frequency duration and impairment.
- Generalised Anxiety Disorder - Penn State Worry
- IAPT Patient Experience Questionnaire

Underpinning values

- 10 Essential Shared Capabilities.
  1. Working in Partnership.
  2. Respecting Diversity.
  3. Practising Ethically.
  5. Promoting Recovery.
  7. Providing Service User Centred Care.
  8. Making a Difference.
• Content of care packages should reflect NICE Guidance etc.

• BUT should also reflect local position (historic investment, previous organisational approaches to care pathways etc.)

• As a result exact content and format will vary

• Any approach should provide clarity to all stakeholders (Service Users, carers, staff, commissioners).
Reference costs

- 2011/12 reference costs collected on a cluster only basis for those services falling within the clusters

- The 2011/12 reference costs helped to inform the development of cluster prices for Trusts to benchmark against

- 60 providers submitted

- Spread of reported costs per cluster no worse than for acute HRGs

- 50% of providers had a separate cost for assessment, with a very small range of reported costs

- About 50% of all reported reference costs for mental health providers are for those covered by the clusters
Average cost per cluster per day
Variation in average cost per day for cluster 15 (severe psychotic depression)
Continuing the implementation in 2013-14 (1)

- No national tariff 2013-14
- Publication of indicative prices for each cluster period
- Use of cluster period (rather than per diem) as the contract currency
- Requiring providers and commissioners to rebase their contracts on to a cluster basis and submit these local prices centrally
- Begin to use quality & outcomes measures in contracts
- Continue to have risk-sharing mechanisms in place
Continuing the implementation in 2013-14 (2)

- National algorithm published for use and feedback during 2013 – a decision support tool for clustering
- Monthly data submissions to be made to MHMDS
- HSCIC to produce standard commissioner reports every month from June 2013
- Further data analysis from MHMDS to support outcomes and quality indicators
- Work on complexity factors to inform cluster pricing
- Work on guidance to support choice of provider policy and payment in the absence of a national tariff
- Guidance to support moving to a contract based on case mix rather than income guarantee, with Q&O forming part of the payment
Audits of MH currency data

- Capita, on behalf of the Audit Commission, undertook a review of the data and processes that underpins the new currencies.
- Pilot review of 9 providers and their commissioners looking at:
  - Commissioner arrangements – for ensuring provider data is good quality
  - Reference costs – processes to generate accurate costs for 11/12 ref costs
  - Activity data – how accurately the minimum data set activity reflects the patient record
- Each Trust received an individual report, overall report will be published on the Audit Commission website.
- Costing in mental health Trusts found to be of a good standard, better than in many acute providers, issue is with accuracy of underpinning data
- Aim to develop an assurance process that can be applied in the future.
The model in action

Mental Health Payment by Results

Currency Model

Cluster Algorithm

Care Transition Protocols

21 Clusters

Activity (intervention)

Resource utilisation (Tariff)

£

1

2

3

Quality Indicator 1
Quality Indicator 2
Quality Indicator 3
Quality Indicator 4

Mental Health Clustering Tool
Quality & Outcomes 1

- **Indicators – data already routinely collected:**
  - The proportion of users in each cluster who are on CPA
  - The proportion of users on Care Programme Approach (CPA) who have had a review within the last 12 months
  - The completeness of ethnicity recording
  - The accommodation status of all users (as measured by an indicator of settled status and an indicator of accommodation problems)
  - The intensity of care (bed days as a proportion of care days)
  - The proportion of users with a crisis plan in place, limited to those on CPA
  - The proportion of users who have a valid ICD10 diagnosis recorded

- **A range of clustering quality indicators to be developed including:**
  - Proportion of in scope patients assigned to a cluster
  - Proportion of initial assessments adhering to red rules
  - Adherence to Care Transition Protocols
  - Proportion of users within Review Periods
  - Average Review Periods
  - Average Cluster Episode
  - Average Spell Duration
  - Re-referral Rate (to any in scope services)
Quality & Outcomes 2

Clinician rated outcome measure:
1. HoNOS 4 factor model
2. Apply to completed care package provision
3. Report and compare at various levels
4. Develop to report on progress

Patient rated outcome measure:
1. Testing sWEMWBS
2. Local use of other tools

Patient Experience:
1. Testing the friends and family question
2. Using existing CQC survey data – an annual independent survey sampling a small number of service user views for all providers
3. Overall aim – to use a range of these measure together, linked to an element of payment, to incentivise improvement
Development of other services

- **CAMHS**
  1. Pilots collecting data on resource usage using CYP IAPT dataset
  2. Some draft clusters but will be reviewed after pilots
  3. Currencies available from 2014/15?

- **Forensic Services**
  1. Testing proposed clustering approach
  2. Currencies available from 2014/15?

- **Learning Disabilities**
  1. Data collection to test clustering approach
  2. Decision required on way forward

- **Psychological Medicine**
  1. Benchmarking survey undertaken results available July

Aim is have alignment with the core cluster approach
Mental Health PbR in 2014-15

- Timetable contracted for producing 2014-15 tariff
- Monitor’s Tariff Engagement document published 13 June 2013
- Monitor’s National Tariff document, due for publication late September 2013

Changes proposed for 2014-15:
1. No income guarantee, cost and volume, and risk sharing, within cap and collar
2. Guidance to support choice of mental health provider
3. Paying for quality, mandating the use of some metrics
Any Questions