Proving cost effectiveness in OPAT – what a commissioner wants to know

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2016 NATIONAL OPAT CONFERENCE

#OPAT16

BSAC BRITISH SOCIETY FOR ANTIMICROBIAL CHEMOTHERAPY

OPAT Outpatient Parenteral Antimicrobial Therapy

What is this?

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OPAT Outpatient Parenteral Antimicrobial Therapy

What information to you need to amass to work effectively with commissioners?

AIM:

- To help others achieve commissioned OPAT services

PROBLEM:

- There is no national tariff for OPAT and often little commissioner knowledge about what OPAT is so….
- OPAT - What is it?
  - What are the benefits?
    - Patient perspective – 'No brainer'
    - Hospital perspective – 'No brainer'
    - Commissioners perspective – we can see the patient and hospital benefits BUT is it in our interests?

Help along the way

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OPAT Outpatient Parenteral Antimicrobial Therapy

Evidence Gathering

- Evidence in the literature - Chapman et al Clinical efficacy and cost-effectiveness of outpatient parenteral antibiotic therapy (OPAT): a UK perspective JAC (2009) 64 (6): 1316-1324

- Feasibility Study – If there was an OPAT service available…

- Help with writing an business case - BSAC OPAT initiative

- The Dragons Den - Backing from senior management
- Serendipity? - Temporary non-recurrent funding
  - £44,330 for 6 months – 2 Nurses

- Presentations of progress - including to commissioners –
  - Hospital team delighted
  - Again the same issue - we can see the patient and hospital benefits BUT is it in our financial interests?
    - "It's all very well saving the bed days but are they post Trim?"

QIPP project – Gather more evidence….

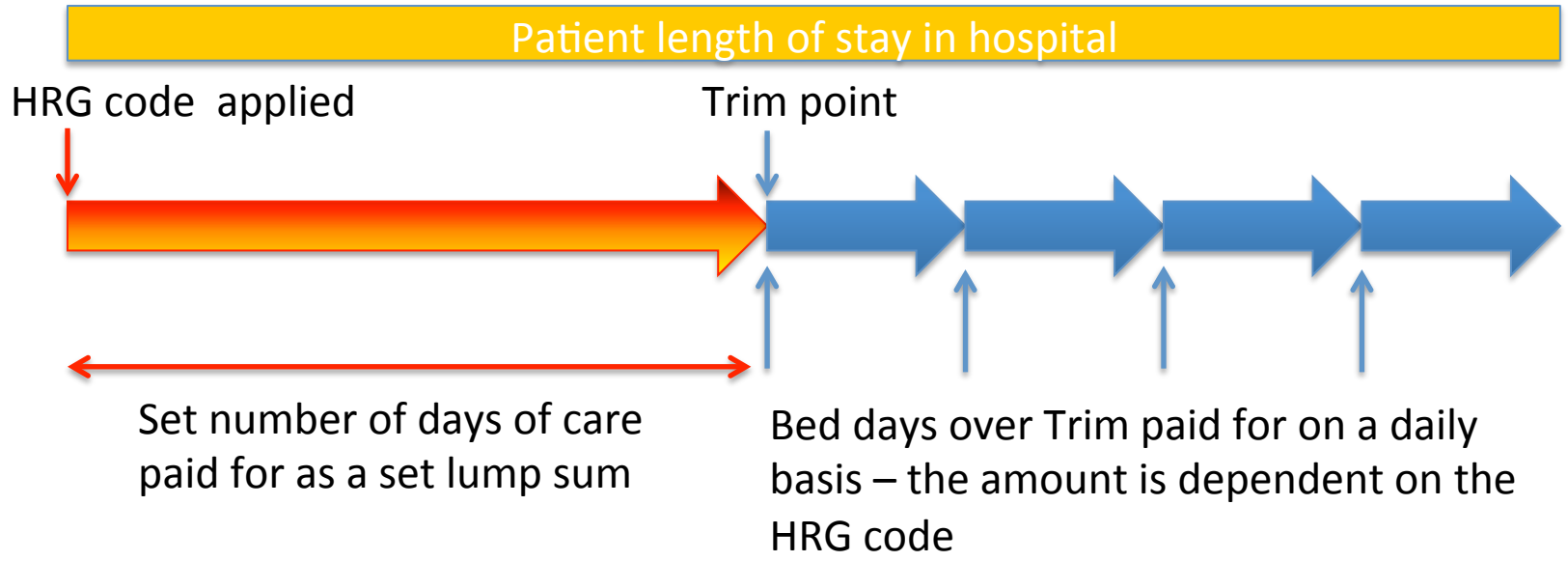
- Temporary year-long funding – QIPP (Quality, Innovation, Productivity and Prevention) project
  - £214,000 – 3 Nurses, 1 Support worker, 0.2WTE Band 5 Pharmacy Technician, 0.15WTE Band 8b Pharmacist 2PAs Consultant time

Entering a new world…..What have these characters in common?

Animagi – being yourself whilst understanding NHS finances

How Patient Episodes of Care are Funded

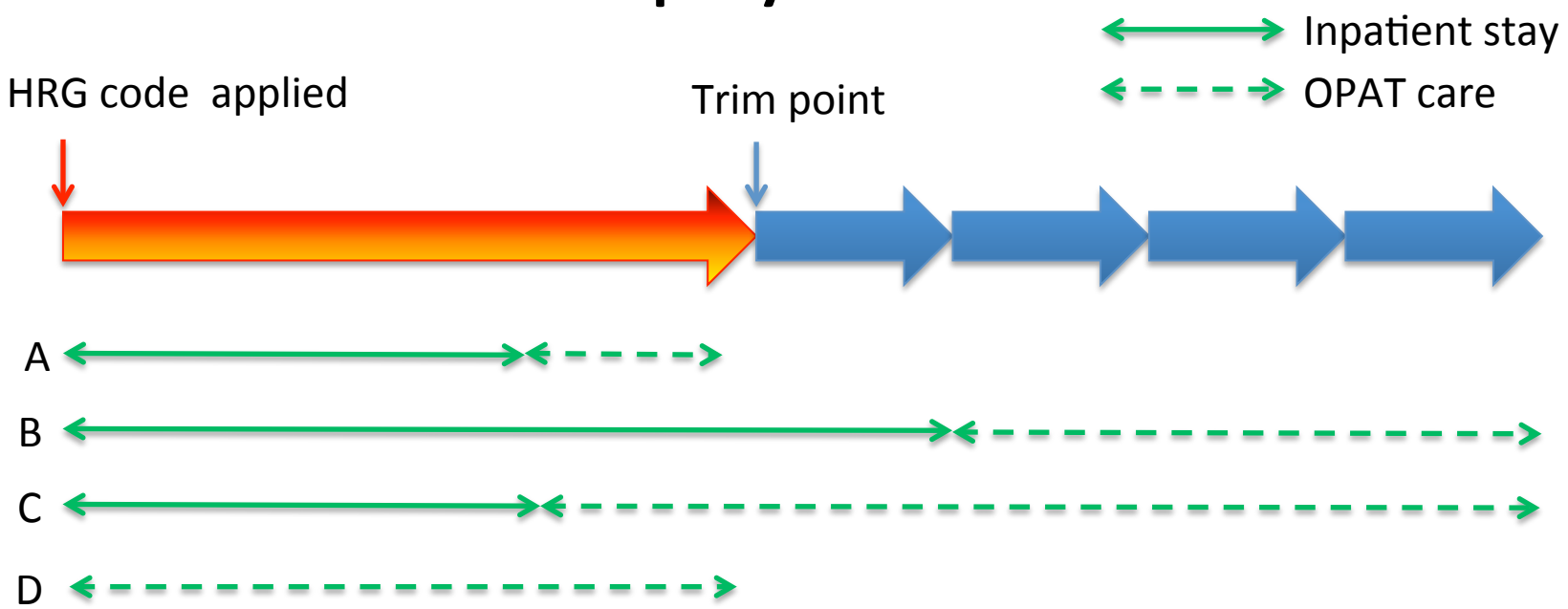
INPATIENT



- Commissioners are happy to pay for the HRG (Healthcare Resource Group) coded tariff (nationally agreed).
- Commissioners will pay the Post Trim bed days (nationally agreed) but feel that the episode of care should have been covered already.

EG DZ12A – Infected exacerbation of Bronchiectasis; HRG tariff £1,760. Number of days covered by HRG code = 18; Excess Bed Day cost £199.44

What impact can OPAT have on payments?

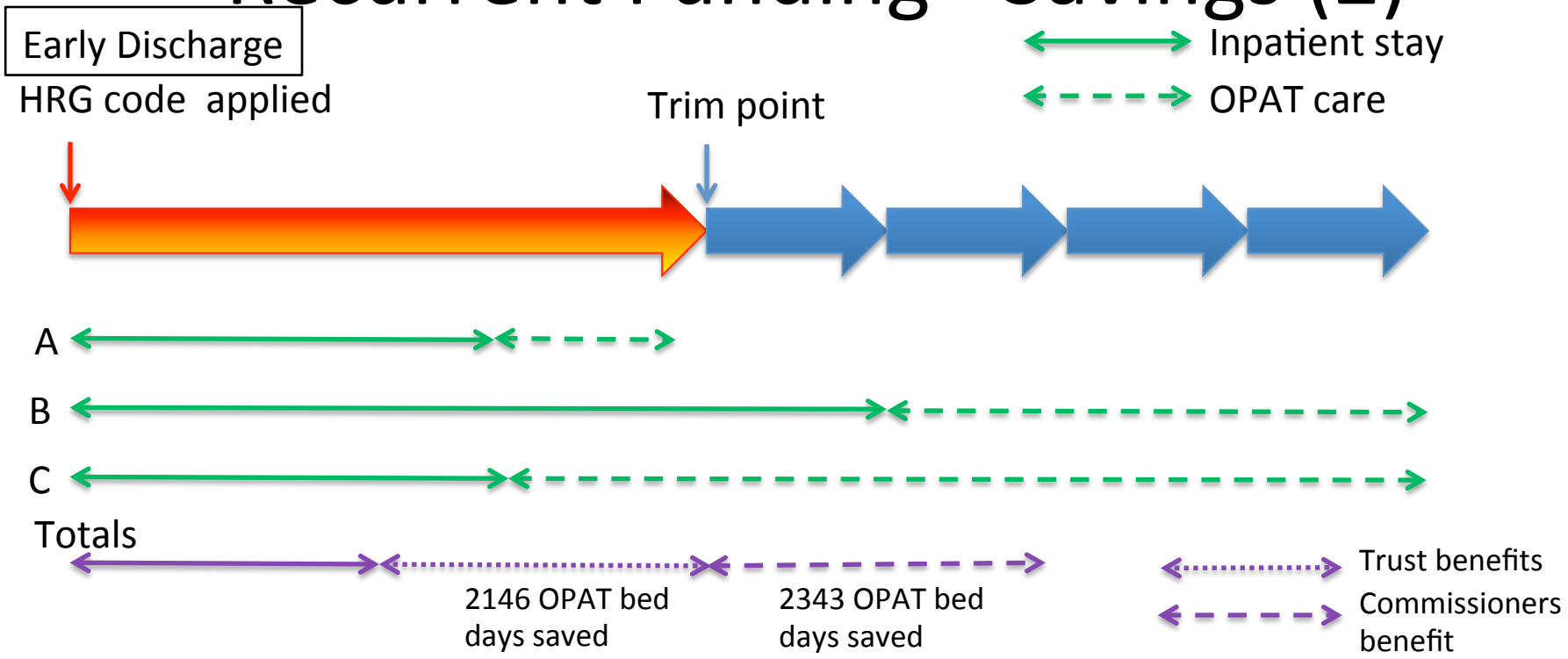


- A OPAT allows discharge pre Trim point – Trust 'wins' financially – commissioners do not want to pay more
- B OPAT allows discharge post Trim point commissioners have had to pay more for the same episode of care and if OPAT achieves this then the commissioners 'win' financially
- C If OPAT allows discharge pre Trim for care that goes over the Trim point and beyond – both Trust and commissioners win.
- D OPAT allows admission avoidance NO HRG code is applied and hence the commissioners do not pay for the care BUT the hospital loses out on income – commissioners win/Trust loses

Study performed whilst receiving Non-Recurrent Funding - Savings (1)

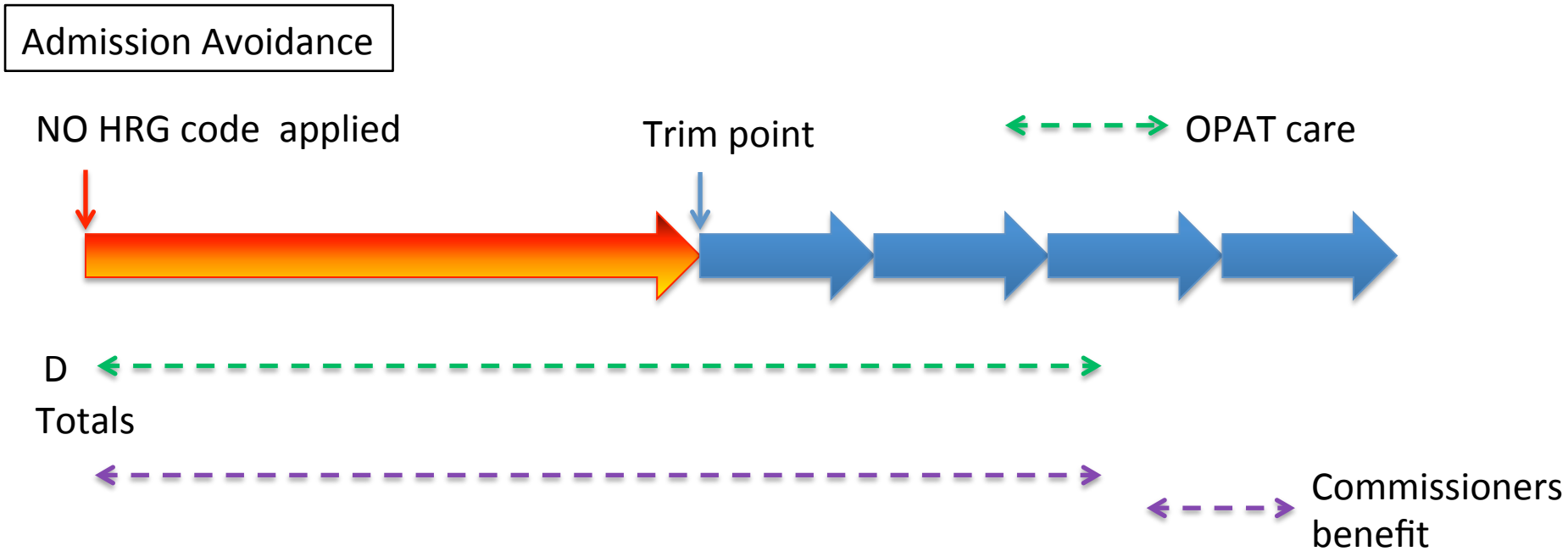
- Consecutive data collected from Dec 2011 to Dec 2012
- Early discharge - 176 patient episodes were analysed for individual HRG codes, Trim points and excess costs beyond Trim points
- Admission avoidance – 10 patient episodes were analysed for the HRG code, Trim point and excess costs beyond Trim point that would have been applied if the patient had been admitted was calculated
- Individual Commissioning Groups wanted CCG level data

Study performed whilst receiving Non-Recurrent Funding - Savings (2)



- 176 episodes of patient care resulted in a saving of 4489 bed days of hospital admission
- 2146 bed days (48%) were pre Trim point (A and part of C) – viewed as Trust savings
- 2343 bed days (52%) were post Trim point (B and part of C) - £528,786 savings for the commissioners

Study performed whilst receiving Non-Recurrent Funding - Savings (3)



- 10 episodes of patient care resulted in a saving of 392 bed days of hospital admission resulting in a saving to the commissioners of £79,708

2013 - Conclusions on Savings and Costs…

- Total savings to the Commissioners £608,494.
- Total cost of the OPAT service £318,670.
- Commissioners funded the NUH OPAT service in full on a recurrent basis as they are still realised savings of £289,824.
- Mechanism of funding through recording Outpatient, Ward Attendance and Nurse Home Visit activity with locally agreed tarriff.
- Trust and Clinical Commissioning Groups have agreed to spilt the QIPP benefit 50:50 because the benefits were so evenly placed.
- The Trust and Commissioners agreed a bed day price of £250 having analysed the HRG codes.
- OPAT service expanded to begin an IV infusion centre and NUH nurse home delivery of iv antibiotic for house-bound patients

The ultimate prize?

From triumph to …….?

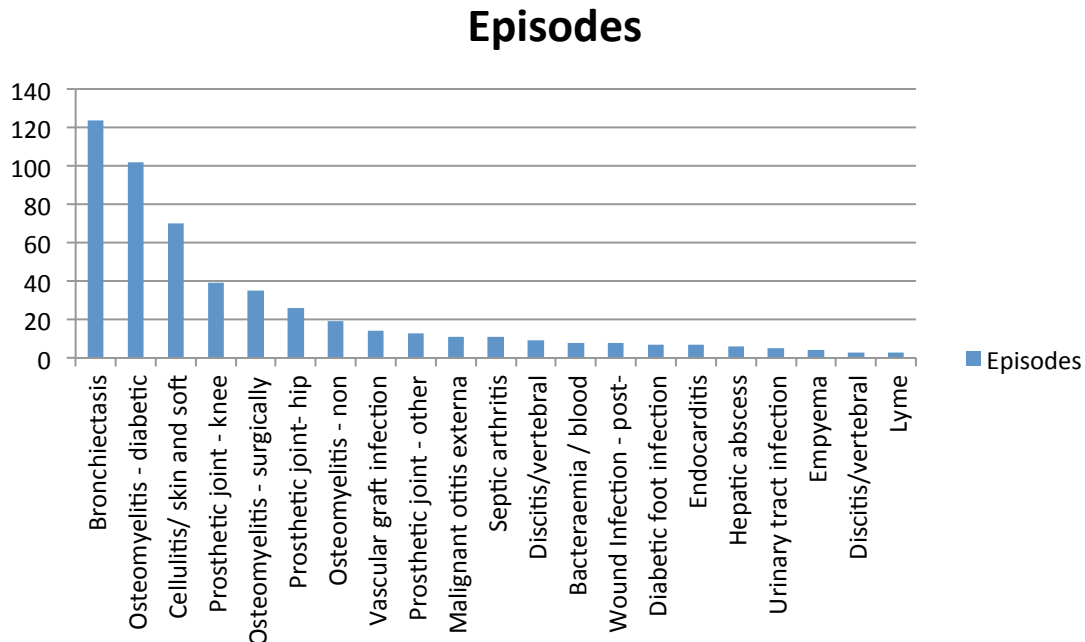
2016

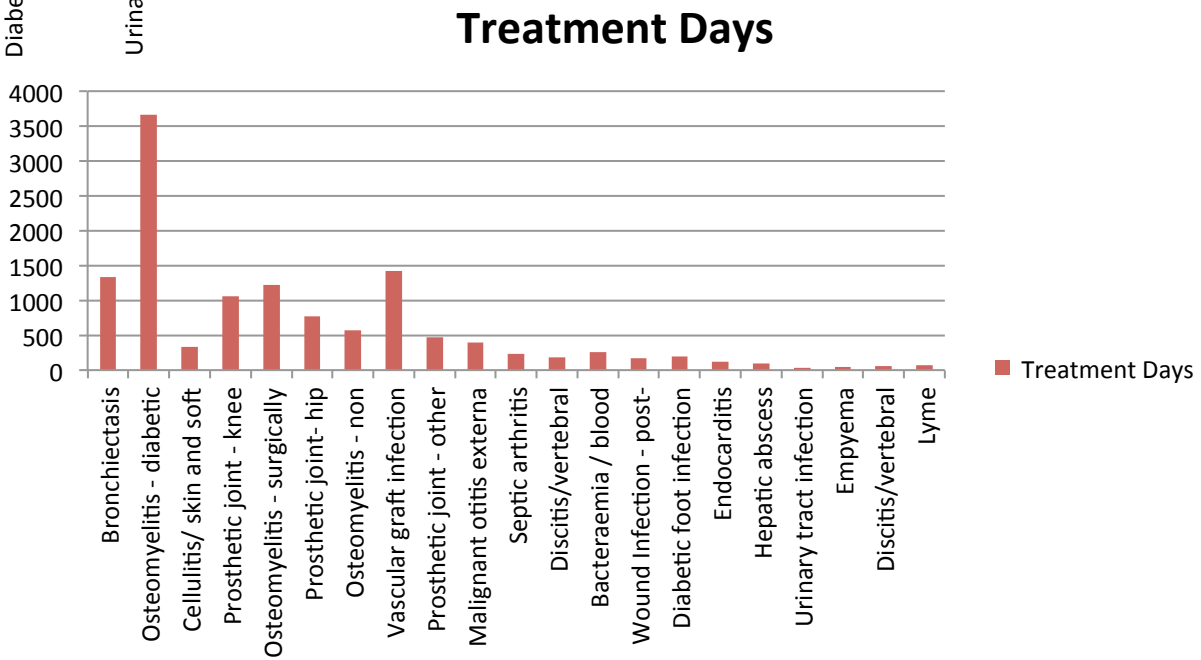
Block contract request rather than payment by results whist being expected to expand the service

2015/6 - Revisiting the OPAT service funding….

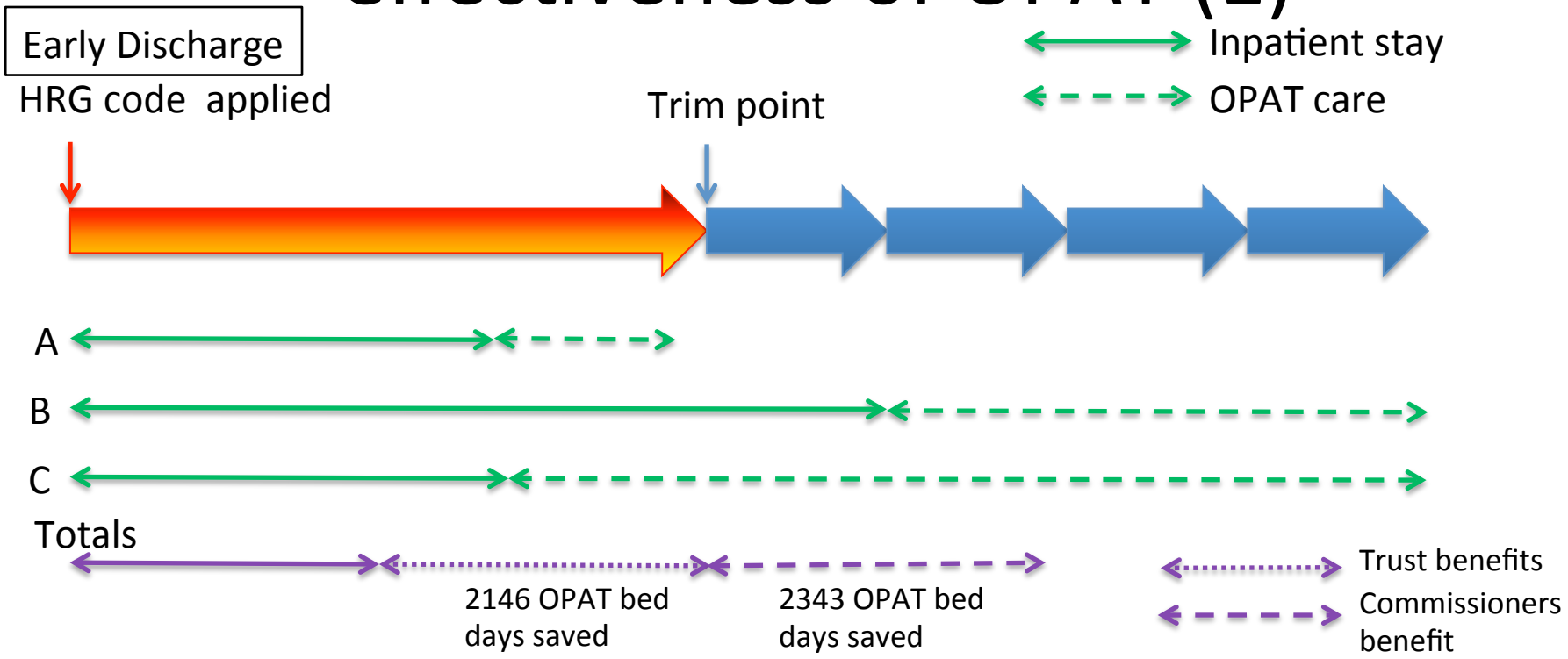
- Consecutive data collected from April 2015 to March 2016
- Early discharge – 458 patient episodes were analysed for individual HRG codes, Trim points and excess costs beyond Trim points
- Admission avoidance – 166 patient episodes were analysed for the HRG code, Trim point and excess costs beyond Trim point that would have been applied if the patient had been admitted was calculated

Most Frequent diagnoses 2015-16



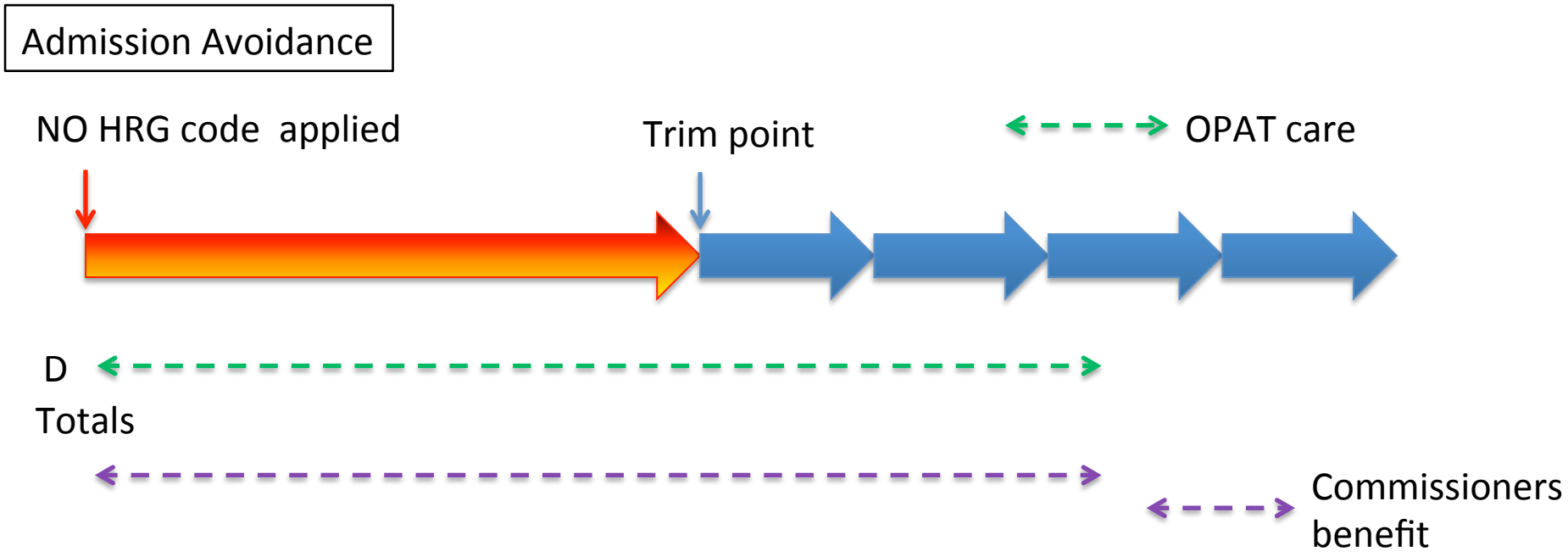


Further evidence of the cost effectiveness of OPAT (1)



- 458 episodes of patient care resulted in a saving of 12,061 bed days of hospital admission
- 5447 bed days (45%) were pre Trim point (A and part of C) – viewed as Trust savings
- 6614 bed days (55%) were post Trim point (B and part of C) - £1,530,826 savings for the commissioners

Further evidence of the cost effectiveness of OPAT (2)



- 166 episodes of patient care resulted in a saving of 2937 bed days of hospital admission resulting in a saving to the commissioners of £540,339

Conclusions on Savings and Costs…

- Total savings to the Commissioners £2,071,165.
- Total cost of the OPAT service £1,605,123.
- Commissioners have funded the NUH OPAT service in full on a recurrent basis as they are still realised savings of £446,042.
- Mechanism of funding through recording Outpatient, Ward Attendance and Nurse Home Visit activity.

Current issue…

- Block contract request rather than PBR whilst being expected to expand the service….. A work in progress

A collection of thoughts…

- Perform a feasibility study
- Collect data prospectively
- Evidence your savings on an individual patient basis and CCG basis
- Engage with the Trust commissioning team
- Be prepared to learn new skills – and even engage with finance
- Keep gathering your data
- Never give up

Acknowledgements

- OPAT Team
  - Nurses: lead by Amanda Bort
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