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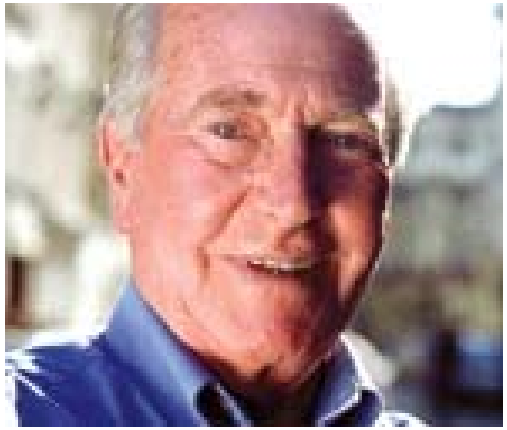
Developing KPI's Workshop November 2011



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Agenda

- Introductions and expectations
- Performance Management
- KPI's framework
- Level Setting
- Work through 3…..
  - Quality
  - Efficiency
  - Emerging
- Next Steps

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What

Commissioners are responsible for Performance Managing their business functions, spending, service delivery and service providers on a regular basis.

Commissioners meet their local objectives by performance managing their contracted service providers.

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Why

WHY SHOULD I HAVE PERFORMANCE MANAGEMENT IN PLACE?

- Performance management can act to improve overall quality by identifying and sharing best practices.

- Commissioners enter into contracts with providers in order to improve the health of the population they serve within their allotted budget.
- In order to meet their responsibilities to patients and the public, the commissioner incorporates performance standards into each contractual agreement through its' contracting and procurement policies.
- Performance measurements must be unambiguous and rigorous in order to consistently drive improvements. Commissioners will need to effectively performance manage all types of providers in order to deliver maximum health outcomes within the available resources.
- Performance management offers opportunities to improve quality by identifying problems and underperformance and initiating corrective action. Performance management can act to improve overall quality by identifying and sharing best practices, supporting collaboration among primary care, social care, secondary care and community care.

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Performance Management Process

1. Establish performance provisions
2. Define content and schedule of reporting requirements
3. Apply operating procedures & controls
4. Monitor high volume or high risk providers
5. Trend and benchmark performance
6. Provide performance feedback to providers & the public

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Step 1 Performance provisions

1

- In order to conduct rigorous performance management, it is necessary for the underlying contract to identify the metrics by which performance will be evaluated.
- Performance management contract terms may reference external sources, such as NHS policies for access or quality. If this is the case, the terms of the performance requirements will change to reflect current DH policies, rather than requiring contract re-negotiation.
- Contract provisions also need to reflect local requirements specific to local needs, such as access and ethnic needs.
- The individuals who will be responsible for performance management should be involved in the contract negotiation, at least to the extent of recommending performance metrics for the service.

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Step 2 Content and schedule of reporting requirements

2

- Based on the reporting requirements for each contract, the commissioner should complete a table of requirements and master schedule of dates and contents of reports. The commissioner and provider should also schedule routine meetings to discuss performance issues, opportunities for improvement, and other relationship issues between the commissioner, the provider and patients. The frequency of these meetings will depend on the extent to which the provider is meeting performance standards and the significance of the contract to the commissioner.

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Step 3 Apply operating procedures & controls

3

- As part of the contracting and procurement, the contracts between the providers and the commissioners will include procedures to follow in the event that performance standards are not achieved.
- Over-performance or under-performance of service by the provider must be clearly understood and addressed. This may affect payment to the provider, depending on the terms of the contract. Any payment issues must be closely coordinated with finance.
- The Commissioner can invoke sanctions in the event that performance standards are not achieved. Care must be taken to follow the terms of the agreement precisely.

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Step 4 Monitor high volume or high risk providers

4

- The commissioner will identify the significant contracts that warrant additional attention. Factors to be considered in determining which providers to monitor more closely include:
  - Number of patients affected
  - Potential risks to patients
  - Prior experience with the provider
  - Quality of data and reporting
  - Amount paid to the provider
  - Complaints from patients or other providers
  - Exceeding contracted spend

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Step 5 Trend & benchmark performance

5

- The Commissioner uses the data received from the provider to perform trend analyses and to benchmark performance against local, national or international best practice.

- **Trend Analysis** is used to compare an individual provider's performance to previous performance, in order to identify changes in practice, cost or other behavior. Examples include changes in caesarean section rates in an acute provider or the number of children seen by health visitors in a month.

- **Benchmarking** is used to compare the performance of providers to each other and to past performance. For example, the commissioner could compare the percentage discharge summaries that are received in primary care within 24 hours of discharge. Benchmarking is also commonly performed to compare one commissioner's performance against others. Benchmarking helps commissioners identify high priority performance issues.

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Step 6 Provide feedback to providers & the public

6

- Dissemination of information about provider performance under existing contracts is an important tool to improve performance. The case study describes an example of a provider feedback system designed to improve quality.

- The Quality and Outcomes Framework patient experience satisfaction survey is an example of using feedback in the performance management and quality improvement system. Survey results are also publicly available.

  Patient Reported Outcomes Measure (PROMS) are also available for a limited number of elective surgical procedures.

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Level Setting

In small groups can you discuss your experience in using KPI's:

- What went well?
- What did you learn through using them?
- What would you like to do differently?

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KPI Framework

What stage are you at?

1. Establish collection of the required data – data provision
2. Align incentives to ensure meeting of your aims
3. Measure and Manage it

- Patient Safety
- Reporting Adverse Events
- Patient complaints
- Provider credentialing
- Health outcomes
- Patient Confidentiality/Data Protection
- Data quality and timeliness
- Activity levels
- Appointment availability/Access to Services
- Standards for premises
- Quality and Outcomes Framework
- Professional Communications (timely and complete reporting to other practitioners)
- Financial stability
- Clinical record-keeping/Governance
- Utilisation reporting
- Patient involvement/participation
- Good industry practice—Standards for Better Health/HCC
- Staff development
- Protection of staff—TUPE/Pensions

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KPI Framework

- What outcome are you wanting?
- Why is it important?
- What's the impact of this KPI?
- What levers so you have?
- How do you measure it?

You define the relationship and measure risk

Walkthrough 1 Unplanned Care

Commissioning Intention 8	
Category	Avoiding Admissions
Title / Description	Reduce the number of people re-admitted to hospital within 30 days following a elective or non-elective admission
Evidence	DH Payment By Results Guidance for 2011/12 (18 Feb 2011)
Areas Affected	MKHFT
Key Performance Indicators	a) No payment made to providers for re-admissions within 30 days following elective surgery b) 25% reduction in payment to providers for re-admissions within 30 days following non-elective surgery
Consequence of Intention	↓ re-admissions
Investment	
Savings	£2m
Phasing 2012/13	

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Equal phasing across the year											

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Output 1

Reduce the number of people re-admitted to hospital within 30 days following a elective or non-elective admission

I want? - outcome	
So that? - because	
The impact of outcome is?	
Levers?	
What data do I have?	
What data do I need?	
By when?	

KPI 1	KPI 2	KPI 3	KPI 4	KPI 5

Walkthrough 2 Planned Care

Commissioning Intention 4	
Category	Transformational (Service or Pathway Re-Design)
Title / Description	•Commissioned **Intermediate Diabetic Service** to improve education and expertise, delivering the roll-out of care planning in primary care and •develop a diabetes patient participation group and •Ensure the roll-out of "Think Glucose" within MKHFT to ensure that people with diabetes experience hospital stays closer to the average LOS for people without diabetes •Continue to develop ***enhanced practices*** 'hub and spoke model' for diabetes in primary care •Continue transfer of patients from secondary care back to sole care of practice •LES and incentive payments linked to key areas •Explore expansion of think glucose inpatients to mental health service sand wider commissioning of mental health services for long term conditions
Evidence	National Diabetes Network and 'Think Glucose' model with evidenced VfM
Areas Affected	MKHFT, Primary Care, Intermediate Service (MK Diabetes Care)
Key Performance Indicators	Improved access to diabetic care closer to home - 'value for money' People with diabetes have improved understanding and support to self-care. Reduced ALOS -------- Improved care of people with diabetes in hospital (CQUIN) Reduced 1st OP and Follow-Up attendances
Consequence of Intention	a) 80 patients from MKHFT to be discharged back to their practices = £tbc b) Reduced Outpatient Attendances = 527 = £74k c) Reduced Non-Elective Spells = 108 = £219k
Investment	£20k
Savings	£273k

Phasing 2012/13											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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Output 2

Reduce the number of people re-admitted to hospital within 30 days following a elective or non-elective admission

I want? - outcome	
So that? - because	
The impact of outcome is?	
Levers?	
What data do I have?	
What data do I need?	
By when?	

KPI 1	KPI 2	KPI 3	KPI 4	KPI 5

Walkthrough 3 Planned Care

Commissioning Intention 16	
Category	Transformational (Service or Pathway Re-Design)
Title / Description	**GP Referrals Review**
Evidence	Comparators, National Audit Benchmark
Areas Affected	MKHFT, Primary Care, Community Providers
Key Performance Indicators	1. Reduction in unexplained medical practice variation. 2. Prospective Review of Referrals (PRR) with more predicable response to presenting demand.
Consequence	a) Reduction in Outpatient Attendances b) Prospective Peer Review improves quality of primary care c) Reduction in clinical variation
Investment	£38k
Savings	£1,000k

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Walkthrough 3 Planned Care – Linked Intentions

Commissioning Intention 13	
Category	Transactional/Transformational (Service or Pathway Re-Design)
Title / Description	**Consultant to Consultant Referrals**
Evidence	Comparators Benchmarked Speciality Areas
Areas Affected	MKHFT, Primary Care
Key Performance Indicators	Improved patient Outcomes Reduced Outpatient Activity VfM
Consequence of Intention	a) Reduced Secondary Care Activity • T&O - 20% reduction = 202 referrals • General Medicine - 25% reduction = 271 referrals • Cardiology - 25% = 176 • Pain Management - 30% = 69 • Paediatrics - 30% = 430 • Gastro - 25% = 118
Investment	£20k
Savings	£233k

Phasing 2012/13											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

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Output 3 GP Referrals Review

I want? - outcome	
So that? - because	
The impact of outcome is?	
Levers?	
What data do I have?	
What data do I need?	
By when?	

KPI 1	KPI 2	KPI 3	KPI 4	KPI 5

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Next Steps?