

PCSI Costing Workshop 28th May, Slovenia

An English tale

The Questions...

1. The approach taken to implementing costing (sample of hospitals or all hospitals, scope of collection, extent of top-down versus patient level?)
2. How to engage hospitals and persuade them of the benefits in collecting and using the data for themselves
3. What does good look like in relation to data quality? Focus especially on the balance between patient level and cost allocation methods
4. Key factors that helped and hindered the collection process
5. Data quality and how long it took or expect to take to improve
6. How the benefits of the data were realised (especially for providers)

Implementation, Engagement, Persuasion and Benefits

Approach taken to implementing costing

- Government mandate to publish the average cost of health care (1996)
- Covered all acute secondary care from all NHS providers (started with 3 areas for 1 year in 1997/98, then all from 1998) - no payment, no samples
- All costs were aggregate at HRG-level - most top down initially but bottom up over time with attribution, allocation and apportionment focus

How to engage hospitals?

- Explain what you're doing and why, and when - and stick to it
- Publish their data - every clinician is competitive! Hospitals want to benchmark within services and sites, and between providers. You publish, they use
- Use case studies to demonstrate how patient care can be improved by understanding resources
- Highlight how effective costs can be for business planning and service redesign
- A mandate helps

"Good" Data Quality: Key Factors that Helped...and Hindered

What does good look like?

- Start simple with the average person rule. Are there negative costs? Is anything unbelievable? Use basics to understand what is impossible - high costs are trickier
- Set some prior expectations of what you do not expect (see above). If possible, flag - accepting they might not be incorrect
- Patient-level information can be harder to assess as everyone is different - averages are much easier to assess - and

Key factors that helped, and didn't

- Did I mention the mandate?
- Working with providers to understand what guidance works / doesn't. They're trying to produce the information you require- understand what's useful "on the ground". Don't ask for impossible detail that you don't need, just because
- Listen to the people that don't like it as much as those that do
- Give people guidance that helps them think about the principles

More Data Quality, and Benefits Realisation

Data quality and how long it took

- It all depends on what good looks like! Think about your parameters for "good"
- Data quality is never perfect - it evolves over time and gets better and then worse. The key is to make people want it to get better again
- Publication is key, for benchmarking, comparison, understanding variation in clinical practice, and improving data quality
- Stop, breathe and assess what you have before you change anything...

Benefit realisation...for whom?

- The Reference Costs became the first national tariff under Payment by Results (i.e. for activity) - a massive driver to improve data quality, and fund healthcare providers for what they undertook
- Anecdotally the use of costs locally changed clinical practice - benchmarking, service planning and redesign, expansion and business cases, etc
- But how to measure? Identify upfront and monitor?

Top tips and other fun stuff

- Understand what you need and why - remember the point of costing - which is not to cost - and that costing incurs costs! Aggregates are your friend -too much detail hurts the head (and can be so vast it can't be used effectively, without aggregating again, especially for publication)
- Start incrementally in terms of scope - and stick to a timetable
- Point out the benefits of understanding the resource uses of care locally (ultimately to maximise efficiency, improve clinical practice, and provide more care!)
- Involve the right people. Costing is not a pure finance exercise - it needs informatics, coders and clinicians too
- Collect data from all providers of the services you care about. Don't change a thing they submit - they own the data, they submitted it, it's theirs - only they can improve the quality of the data they send. Make sure a senior person in the provider signs it off if you can
- Sometimes faster is just faster...why do you need it again?

Hvala za
poslušanje :)