Referral management: a policy makers guide to inappropriate diagnosis and treatment

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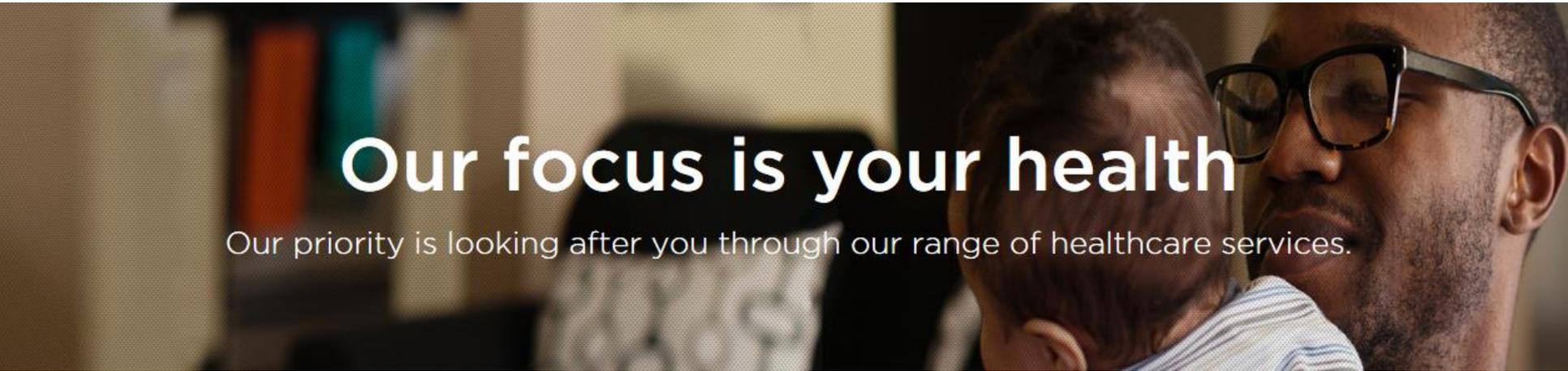
Agenda

1	Background to Bupa
2	Referral management
3	Overtreatment and variation in care patterns
4	Results
5	Case study

Background to Bupa

British United Provident Association

Our focus is your health

Our priority is looking after you through our range of healthcare services.

Bupa's purpose is longer, healthier, happier lives. We do this by providing a broad range of healthcare services, support and advice to people throughout their lives.

- Global healthcare company with Healthcare provision (Hospitals, Health Centres, Care Homes, Home Healthcare and Dental Services) and Private Medical Insurance expertise

- No shareholders

- Reinvesting profit

- Customers

Referral Management

Referral Management – How it works!!

Primary Care Physician (known as General Practitioner) specifies the clinical need and specialty. We then offer the customer a choice of consultants

We offer our members who follow the Referral Management process:

- Access to the right consultant for their clinical needs so they receive **quality care**

- A **no shortfalls guarantee** which means they will not have to pay any additional consultant or anaesthetist charges for eligible surgical treatment

- Efficient management of healthcare costs to keep premium rises low

Why influence the choice of provider?

Just 7% of General Practitioners in the UK saw their role as 'making a definite recommendation for a particular choice of facility and/or consultant'[1]
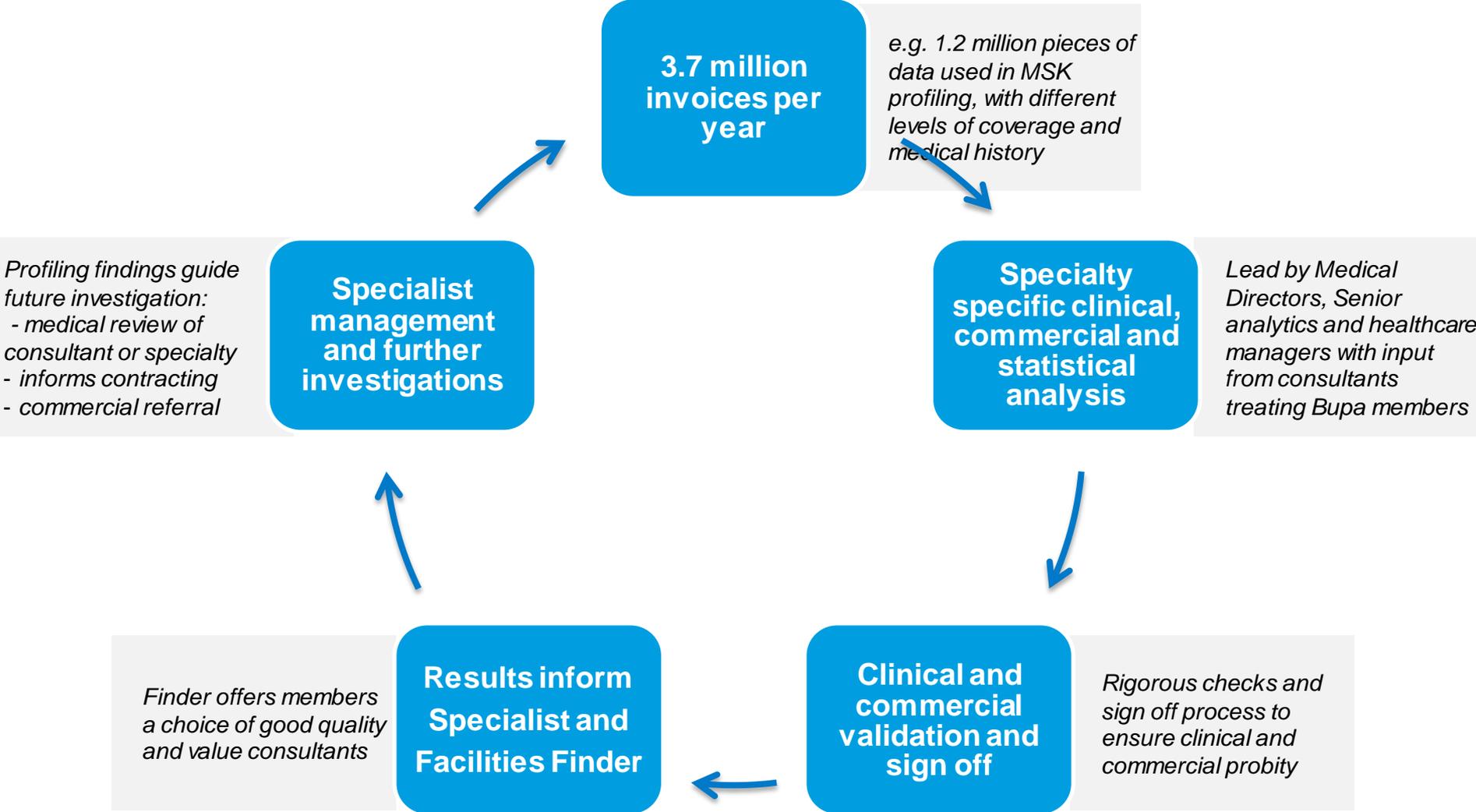
Independent research by the Office of Fair Trading and the Competition Commission show:

- Only 24% of GPs considered that they had access to objective information about consultants[2]

- Almost 90% of GPs said they did not have enough information to make an appropriate referral[2]
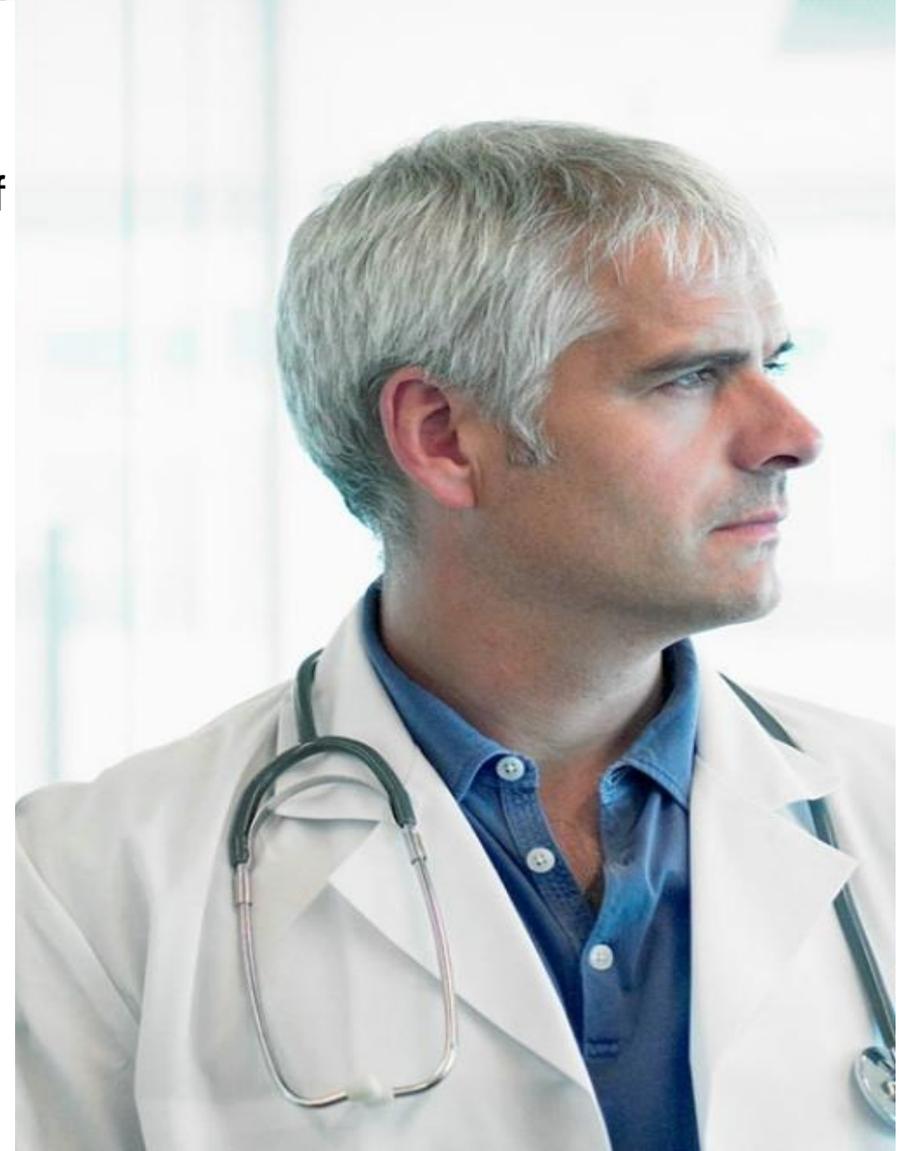
1.: Office of Fair Trading (OFT) Consultant and GP survey
2.: GSK/Competition Commission Private Healthcare Investigation Healthcare professional Jan 13

How do we profile a Specialists practice?

3.7 million invoices per year

e.g. 1.2 million pieces of data used in MSK profiling, with different levels of coverage and medical history

Specialty specific clinical, commercial and statistical analysis

Lead by Medical Directors, Senior analytics and healthcare managers with input from consultants treating Bupa members

Clinical and commercial validation and sign off

Rigorous checks and sign off process to ensure clinical and commercial probity

Results inform Specialist and Facilities Finder

Finder offers members a choice of good quality and value consultants

Specialist management and further investigations

Profiling findings guide future investigation:
- medical review of consultant or specialty
- informs contracting
- commercial referral

Access to local consultant specialists

- Geographic coverage checked at specialty and sub specialty level

- Hospitals used to identify location of a specialists practice (where appropriate)

- Adjustments made for expected travel (e.g. London vs. Aberdeen)

- Identify any areas without approved specialist coverage

- Any remaining gaps reviewed on a case by case basis to ensure coverage for all members

- On-going feedback from internal teams to deal with any new coverage gaps

Profiling specialist care – Bupa's principles

| Ensuring comparability	Adjustment for patient complexity Speciality and sub-speciality Minimum volume of members treated and location
Robustness and innovation	Specialist clinical support Adherence to current best practice guidelines Feedback from consultants, internal teams and customers
Customer focus	Maintaining and driving best clinical quality Identification of optimal cost effectiveness Ensuring sufficient coverage of consultant specialists
Identification of unexplained variation	Selection of clinical and cost indicators that identify variation in practice Management through contracts with consultants
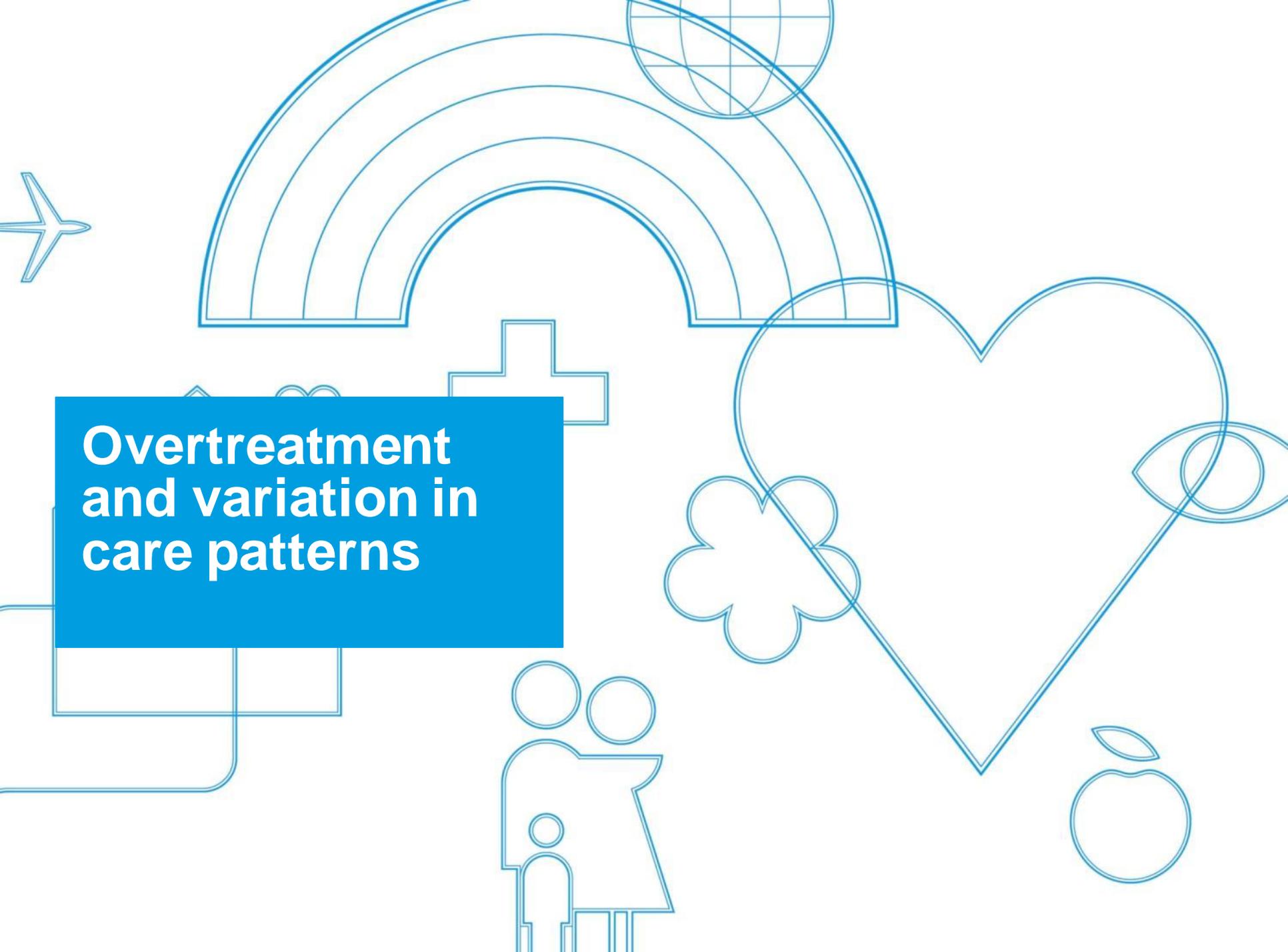
Overtreatment and variation in care patterns

Addressing unexplained variation

Where a Specialists practice is markedly different from that of their peers without clear explanation
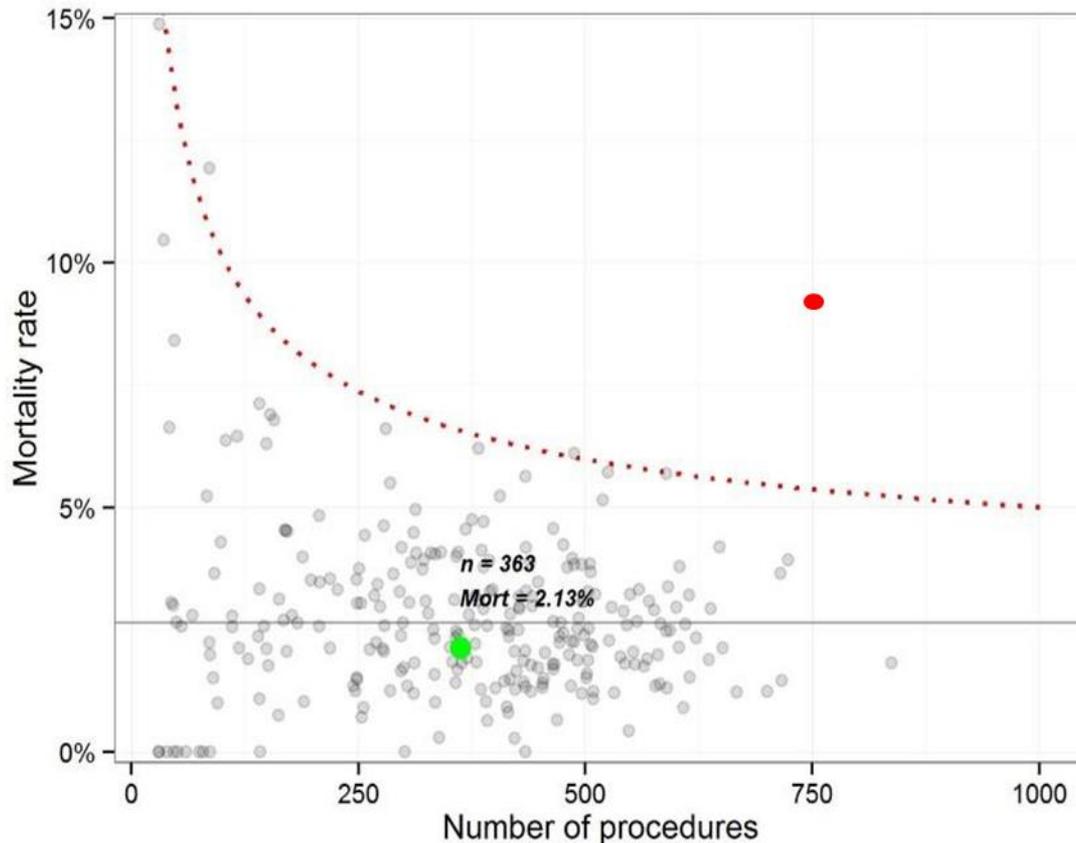
- ➤ Findings are risk adjusted as some surgeons will operate on patients with more complex problems and a higher risk of dying

- ➤ Specialists close to or above the red line may demonstrate unexplained variation

- ➤ The dots are Surgeons and the green dot is a normal example. The red dot is an outlier.

Cardiac Surgery Risk-Adjusted Mortality Rates (1st April 2009 – 31st March 2012). Society for Cardiothoracic Surgery in Great Britain & Ireland

How consultants are ranked

We use our knowledge and expertise to analyse the claims information we hold together with external information

We identify and seek to understand unexplained variation, examples include:

- High likelihood of surgery where this is not always the best option for the patient (e.g. spine or knee surgery)

- Overuse of diagnostic tests (e.g. high use of CT scans)

- Longer than expected treatment (e.g. repeat unnecessary follow ups)

- Not meeting minimum procedure volumes (e.g. Less than 75 PCI's per year)

Where we identify unexplained variation in treatment, we may:

- Work with consultants to understand and reduce treatment variation

- Introduce medical reviews

- Not offer certain consultants to our members using the Referral Management process

- Review and refine through feedback

Conclusion:

- Consultants are grouped into Preferred consultants, Not evaluated due to small data size and Poor performers

Cost assessment – Risk adjustment and modelling

- The methodology used for risk adjusting and profiling consultants, is based on well vetted and published statistical methods

- Adjustment factors differ based on availability of data and purpose, but Sex, Age, Diagnosis/procedure subgroup and Co-morbidities are common factors for any health related risk model

- Relative Risk is calculated as the ratio of the actual number/volume of the outcome by the expected number. A ratio of 1 indicates that the number/volume of the outcome is exactly as it would be expected accounting for the standardisation factors

- We evaluate providers within specialty, using medical cost post initial consultation, over the relevant care pathway outcome period, as a proxy of the quality of care.

- The outcome period can vary by specialty between 0.6 – 3 years

Results

Referral Management

>650,000 lives are now covered by Referral Management*

Claims savings around 5 - 15% (yr 1 – 3)

94% of members on Referral Management rated the overall **quality of the care** they received as either "excellent" or "very good".*

Members claiming on Referral Management are 10% more likely to recommend Bupa to friends and family with a Net Promoter score of 60*

Each month we help over 8,000 customers find the consultant that's right for them

Case study:
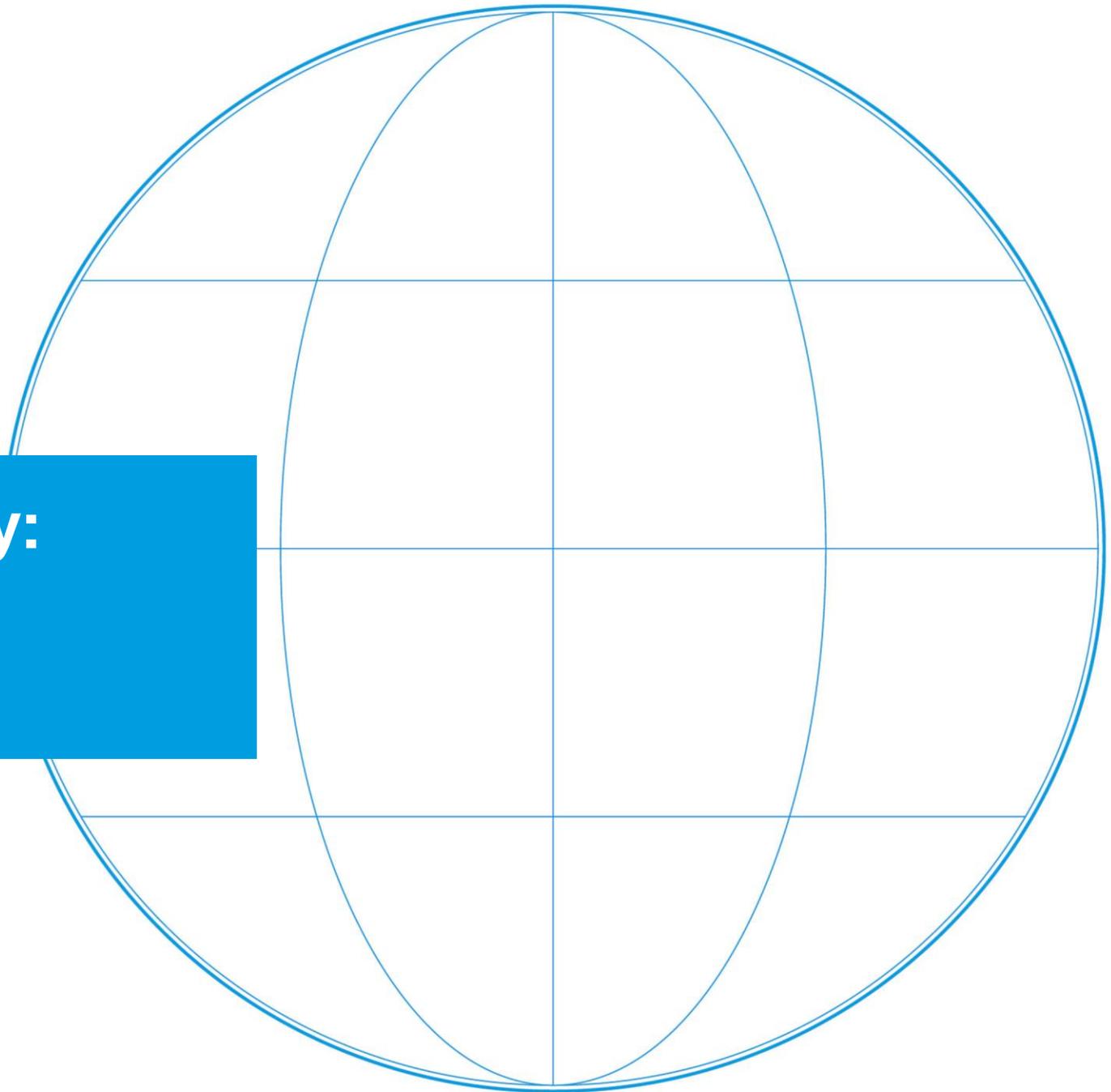
Case study – Atrial Fibrillation

Non guided	**Guided**
Visit GP	Visit GP
⬇	⬇
Often see Cardiologist first	Call Bupa Cardiac Support Team
⬇	⬇
Referred to an Electrophysiologist	Given a choice of Electrophysiologists
Average treatment -13 tests, 222 days (where a Cardiologist is seen first)	Average treatment – 6 tests, 90 days (where an Electrophysiologist is seen first)

- Electrophysiologists are the cardiologists who provide ablation therapy to treat atrial fibrillation

- Quick access to treatment is crucial as ablation therapy has a 93% success rate for certain types of heart rhythm defects if caught early.