

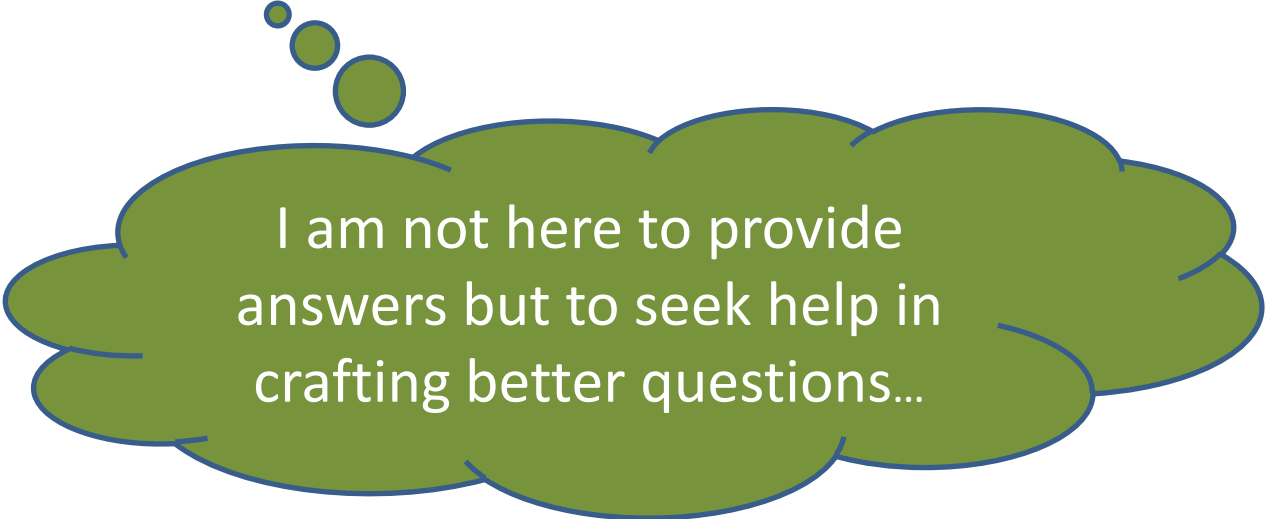
Excellent Long Term Condition Management

Dr Martin McShane

Director – Domain 2 – NHS Commissioning Board
'Enhancing the quality of life for people with long
term conditions.'

Content

- The problem
- How to address it?
- The mind-set conundrum
- The big questions?



I am not here to provide answers but to seek help in crafting better questions...

The Problem.....



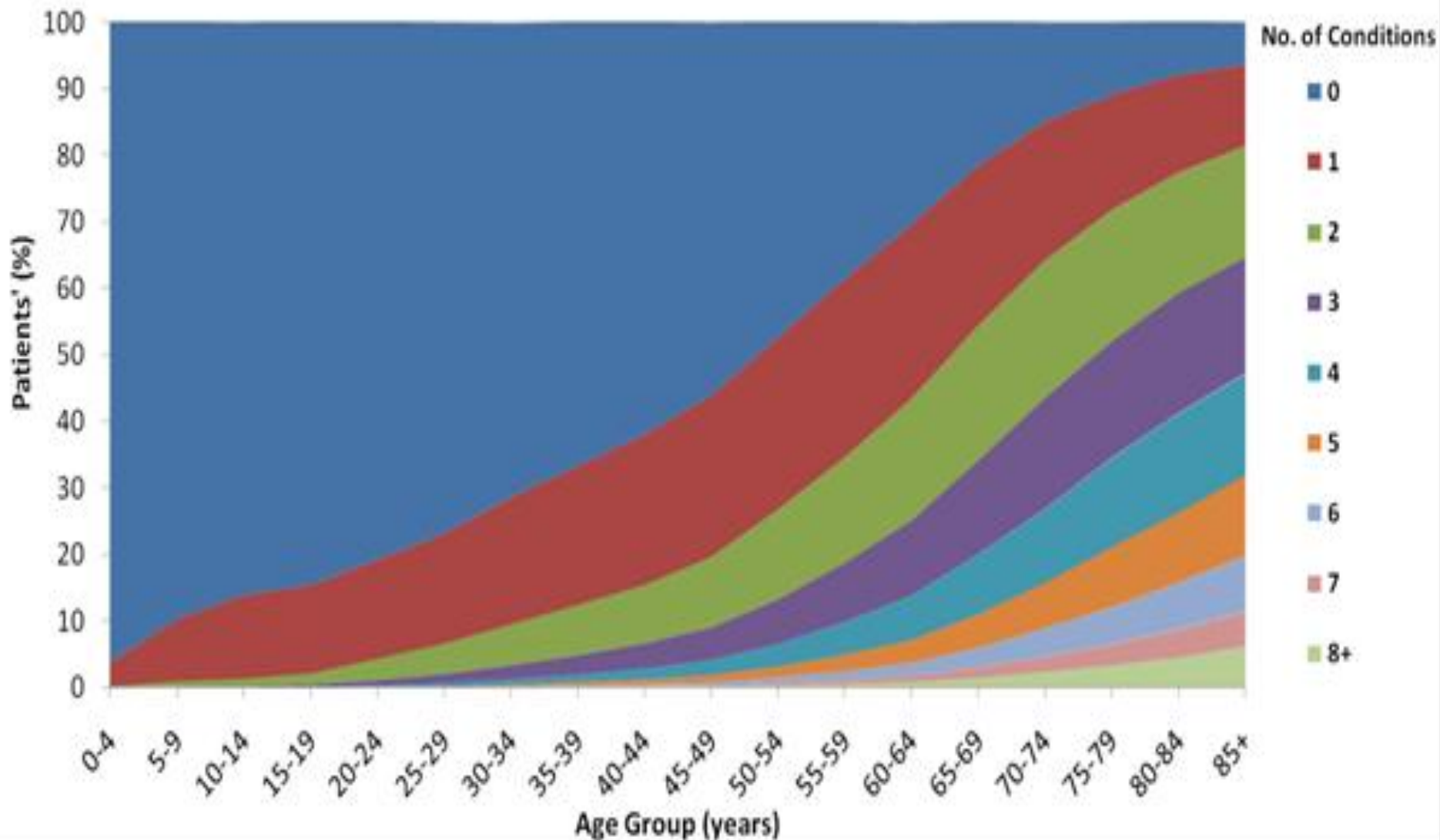
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Multimorbidity

Morbidity (number of chronic conditions) by Age Group



The challenge of multimorbidity

Percentage of patients with the row condition who also have the column condition

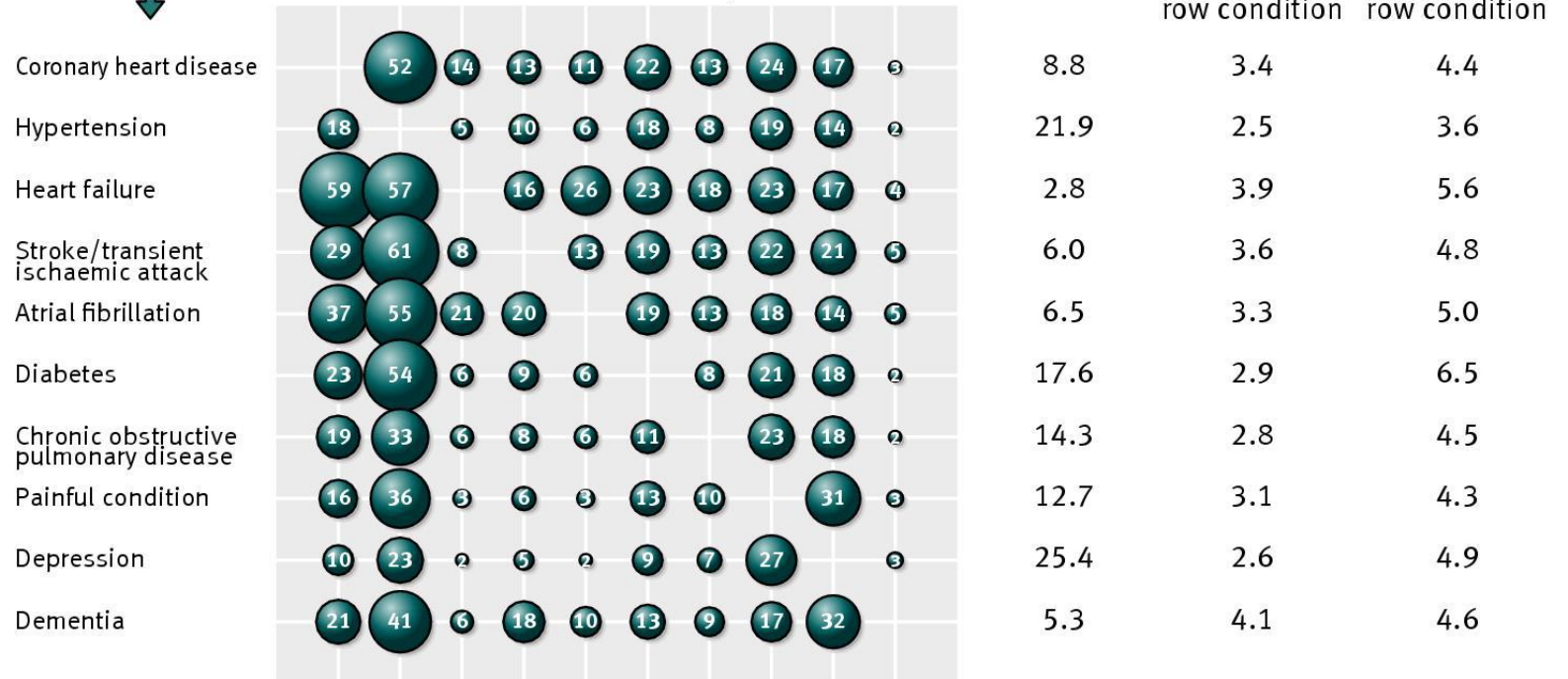


Coronary heart disease
Hypertension
Heart failure
Stroke/transient ischaemic attack
Atrial fibrillation
Diabetes
Chronic obstructive pulmonary disease
Painful condition
Depression
Dementia

Percentage who only have the row condition*

Mean No of conditions in people aged <65 years with row condition

Mean No of conditions in people aged ≥65 years with row condition



* Percentage who do not have one of 39 other conditions in the full count

Adapting clinical guidelines to take account of multimorbidity Guthrie et al
BMJ 2012;345:e6341 doi: 10.1136/bmj.e6341 (Published 4 October 2012)

Ten characteristics of the high performing chronic care system

1. Universal coverage
2. Free at the point of use
3. Prevention of ill-health
4. Self management
5. Prioritise primary health care
6. Population management
7. Access to specialist advice/support/care when needed
8. Exploit IT
9. Care Coordination
10. Do all 9 of the above – it is a cumulative effect..

Implementation strategies

1. Physician Leadership
2. Measuring outcomes
3. Aligning incentives
4. Community engagement

Care co-ordination

The **BIG NEW IDEA**

MEDICAL HOME

4 C Initiative....

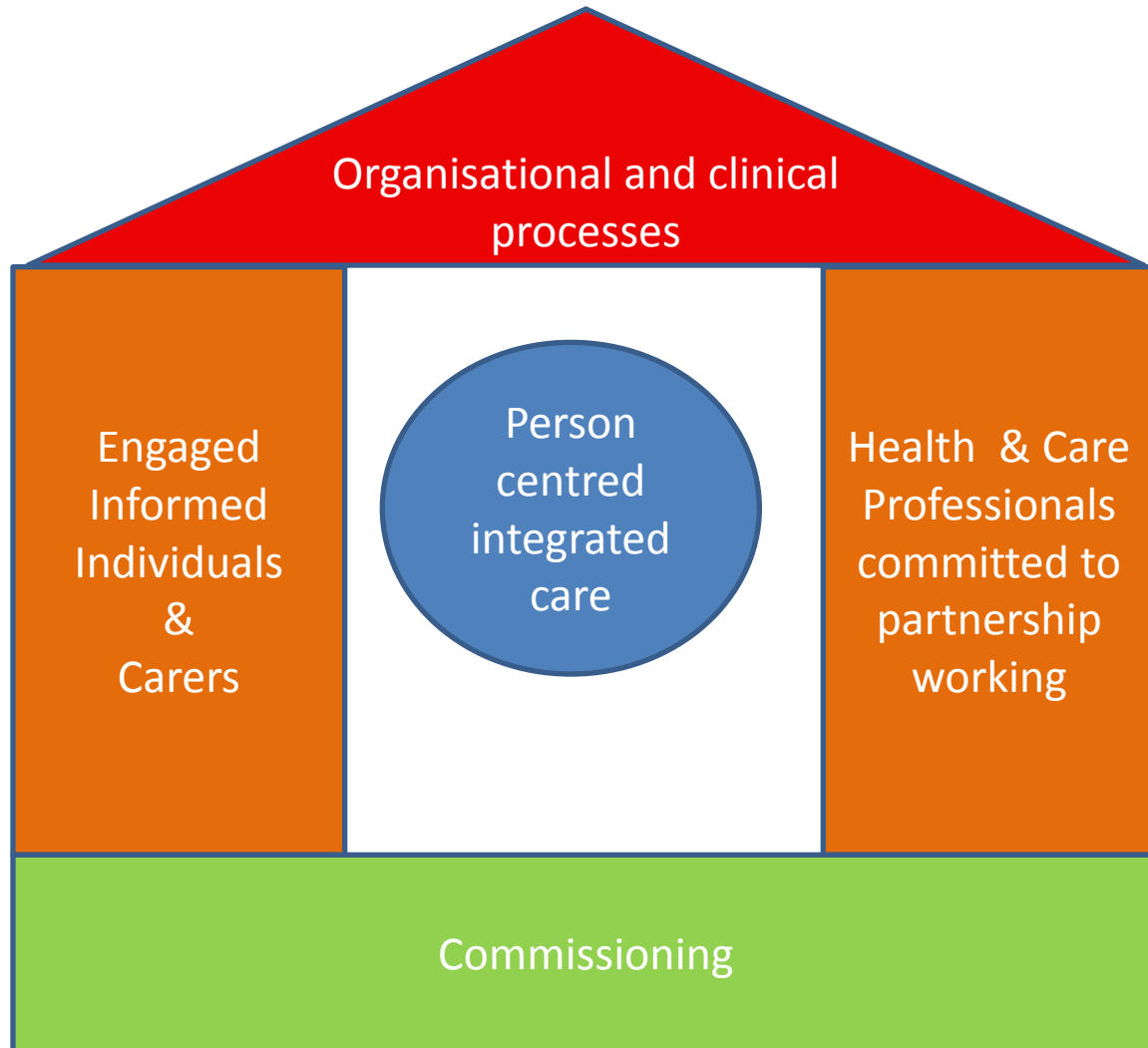
Complete Care for Complex Conditions

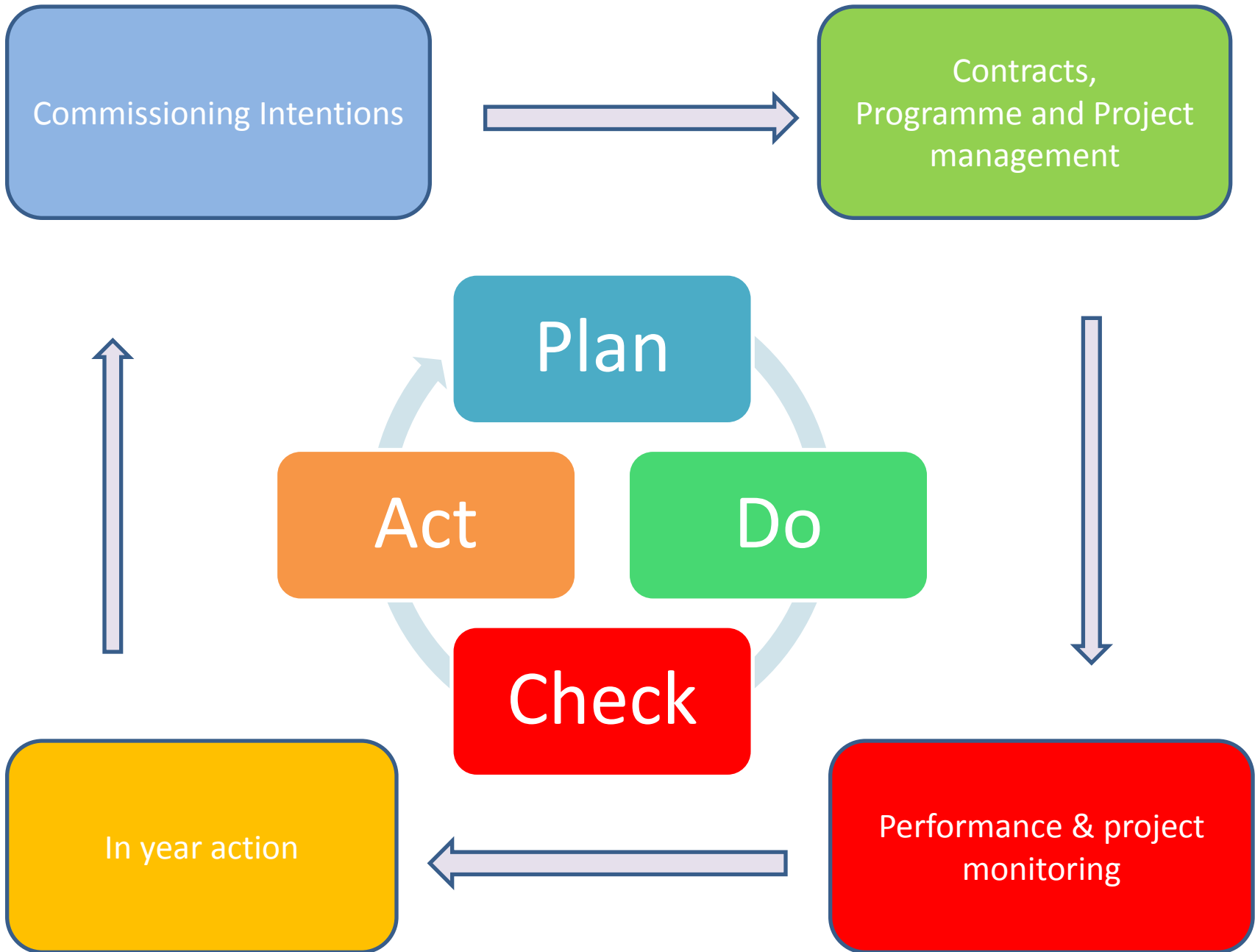


Medical Home Model Design Principles

- ❖ The relationship between the personal care physician and the patient is at the core of all we do. The entire delivery system and the organization will align to promote and sustain this relationship.
- ❖ The personal care physician will be a leader of the clinical team and will be responsible for coordination and integration of services and of collaborative care plans.
- ❖ Continuous healing relationships will be proactive and encompass all aspects of health and illness. In that context, patients will be actively informed about and encouraged to participate in all aspects of their care.
- ❖ Access will be centered on patient needs, be available by various modes 24/7, and will maximize the use of available technology.
- ❖ Our clinical and business systems are aligned to achieve the most efficient, satisfying, and effective patient experiences.

HOUSE OF CARE





Working in partnership

- Person & professional
- Professional and professional – MDT
- Generalists & Specialists - QI

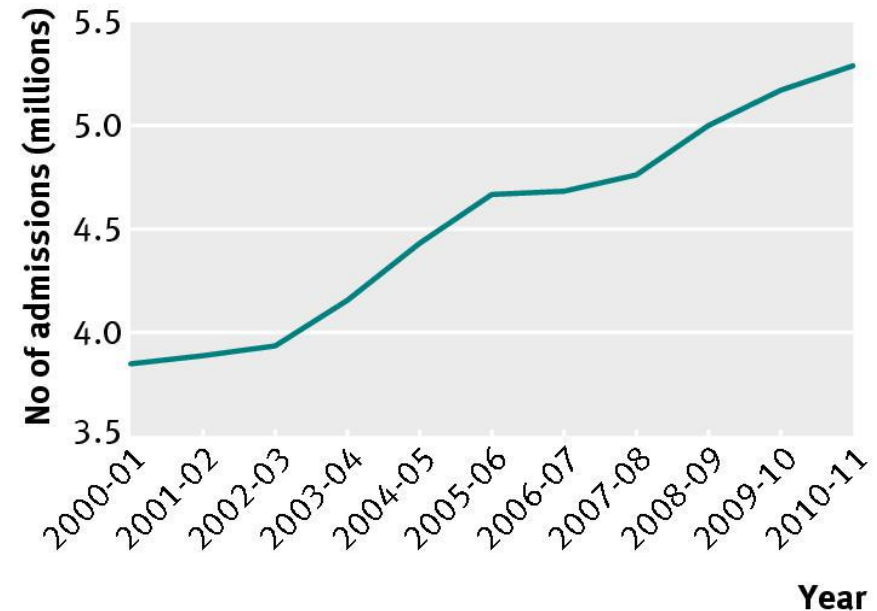
The Gatekeeper



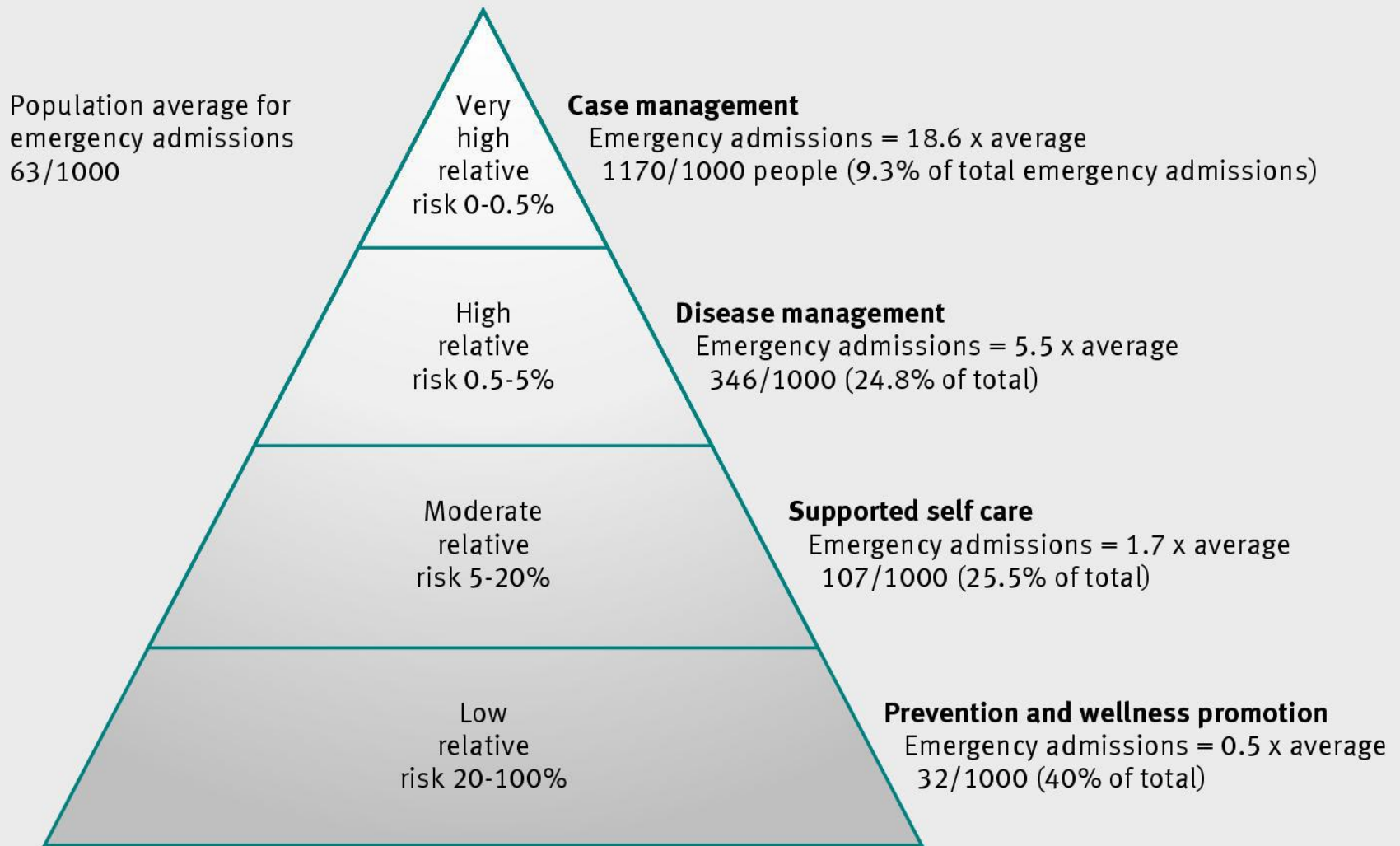
**Continuity &
Coordination ?**

Organisational Processes

- Care Planning
- Care Co-ordination
- Admission Alerts?
- Risk Stratification
 - Proactive
 - Retroactive?
 - Does it work?



Risk Stratification – carries a risk?



Risks...and what to do?

- Overestimating the importance of frequent flyers
 - Ignoring regression to the mean
 - Ignoring the possibility of supply induced demand
 - Assuming that all interventions are beneficial
 - Thinking that we know what to do.
- Evaluate interventions
 - Use clinical audit – not assumptions about correct levels of referrals or admissions
 - Understand data limitations (time period, variation)
 - Use evidence where available

Tracking Value

- Experience of the process – replacing measuring just process alone
- Following value across the Health and Social Care continuum

Tracking value & leverage

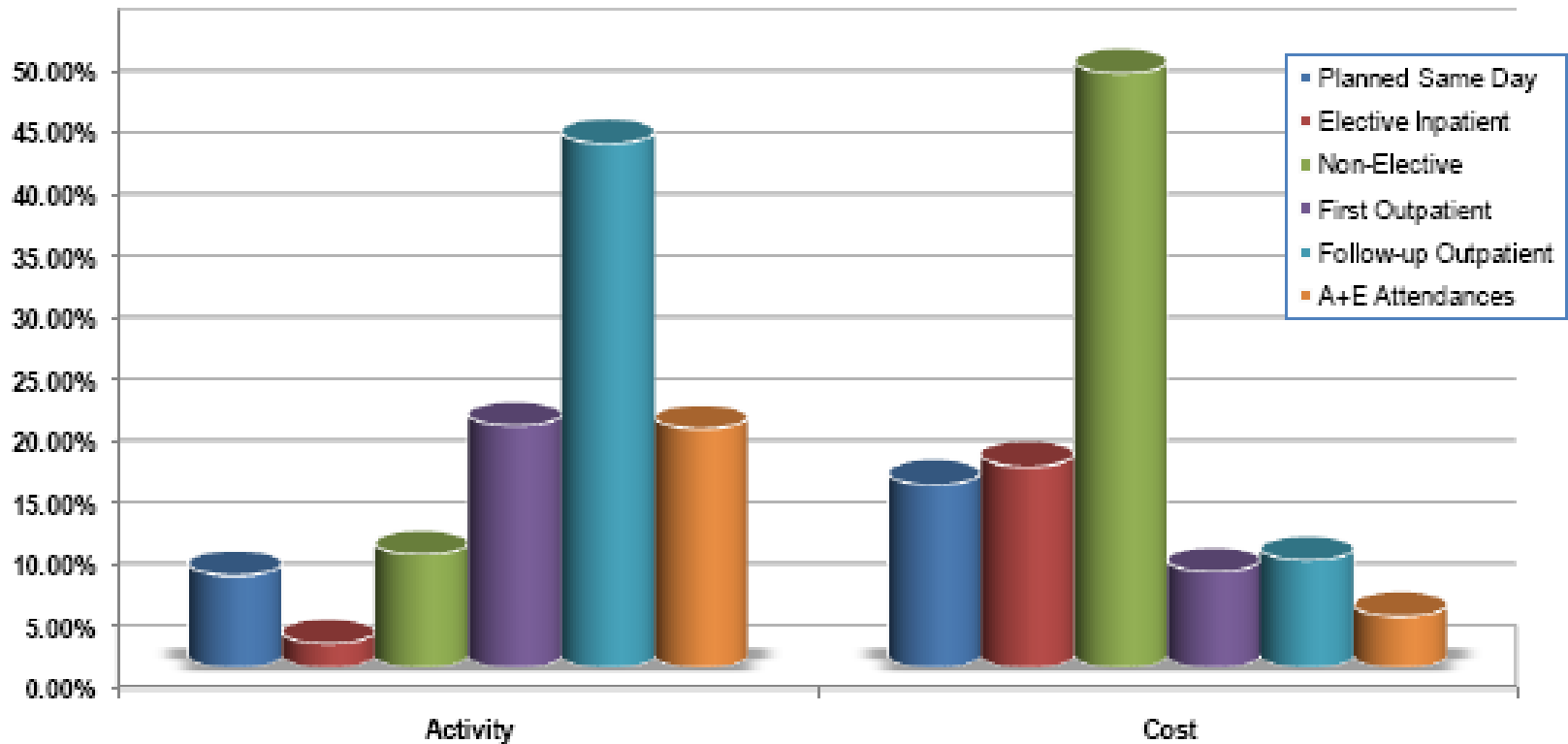


Spot the missing investments...
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Focus?

Cluster Level

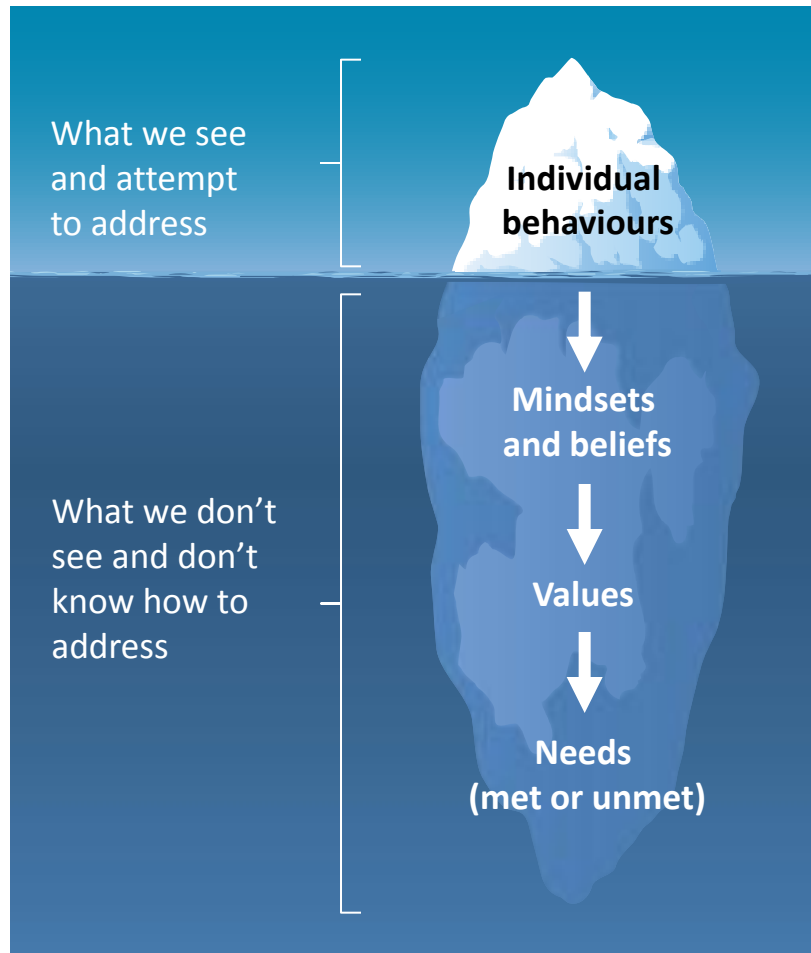
Proportion of Total Activity and Cost by Activity Type - Cluster



However, it's about influencing the "ecology"not just the economy, stupid!



Mindsets underpin performance

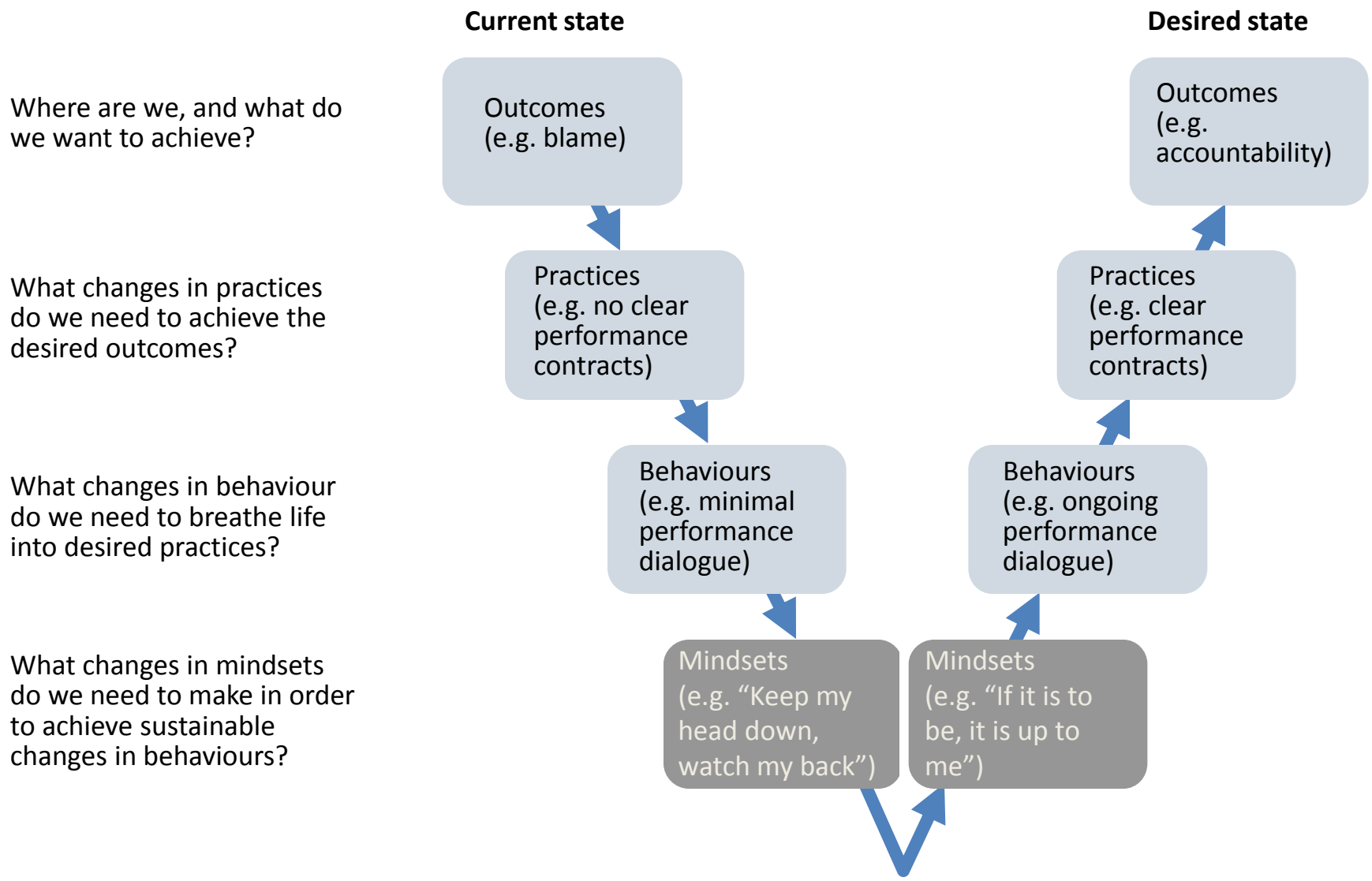


**Performance =
Potential – Interference**

“There is always an inner game being played in your mind...How aware you are of this game can make the difference between success and failure”

Timothy Gallwey's ground-breaking investigation into how people develop excellence in sporting and working contexts highlights the potential negative impact mindsets can have on performance

Dig deep to identify limiting mindsets



SOURCE: Scott Keller and Colin Price, 'Performance and Health: An evidence-based approach to transforming your organisation', 2010.

Focus on a few mindsets that are truly critical to shifting performance

From transactional . . .

“I am responsible for quickly and efficiently meeting the needs my organisation expresses”

. . . to relational

“I am responsible for bringing the best of what we have to improve value and addressing needs whether articulated or not.”

From silos . . .

“I know what’s right for my area and no one else can achieve what I can.”

. . . to collaboration

“I can learn from others and there is great value in ‘mining the seams’ together.”

From blame . . .

“There is a lack of clarity regarding accountabilities around here.”

. . . to accountability

“I seek to clarify my and others’ accountabilities if they are unclear.”

Challenges?

- Patient Activation
- Professional culture/mindset
- Population v individual interests
- Re-orientating the system to address multi-morbidity
 - Team working
 - Information
 - Technology
 - Incentives
- Governance of investments
- Evidence (follow or lead?)
- Quaternary Care¹
 - Protecting patients from gratuitous diagnostic labels, tests, and treatments that offer no benefit with regard to mortality and morbidity



<http://blogs.bmj.com/bmj/category/martin-mcshane/>