

IAPT Outcomes Payment Approach

Robert Melnitschuk

Senior Pricing Manger

Pricing Team, NHS England

robert.melnitschuk@nhs.net

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Context

Five Year Forward View for Mental Health

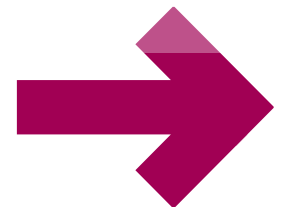
- Recommended payment system that will increase transparency in the payment system and support improvements by linking payment to quality and outcome measures

Increased transparency

- “...the continued use of unaccountable, ill-defined, block contracts by mental health commissioners is detrimental to patient access to mental health services” IMHSA Policy Paper...”

Move towards commissioning based on quality and patient outcomes rather than historical service provision.

- “...payment mechanisms that enable person-centred approaches to care and parity between physical and mental health. Payment agreements for mental health services are to be transparent, consider the needs of patients and ensure accountability...”



2017/19 national tariff and IAPT

Local pricing rule 8 requires:

- the adoption an outcomes-based payment approach
- use of the 10 national outcome measures collected in the IAPT data set

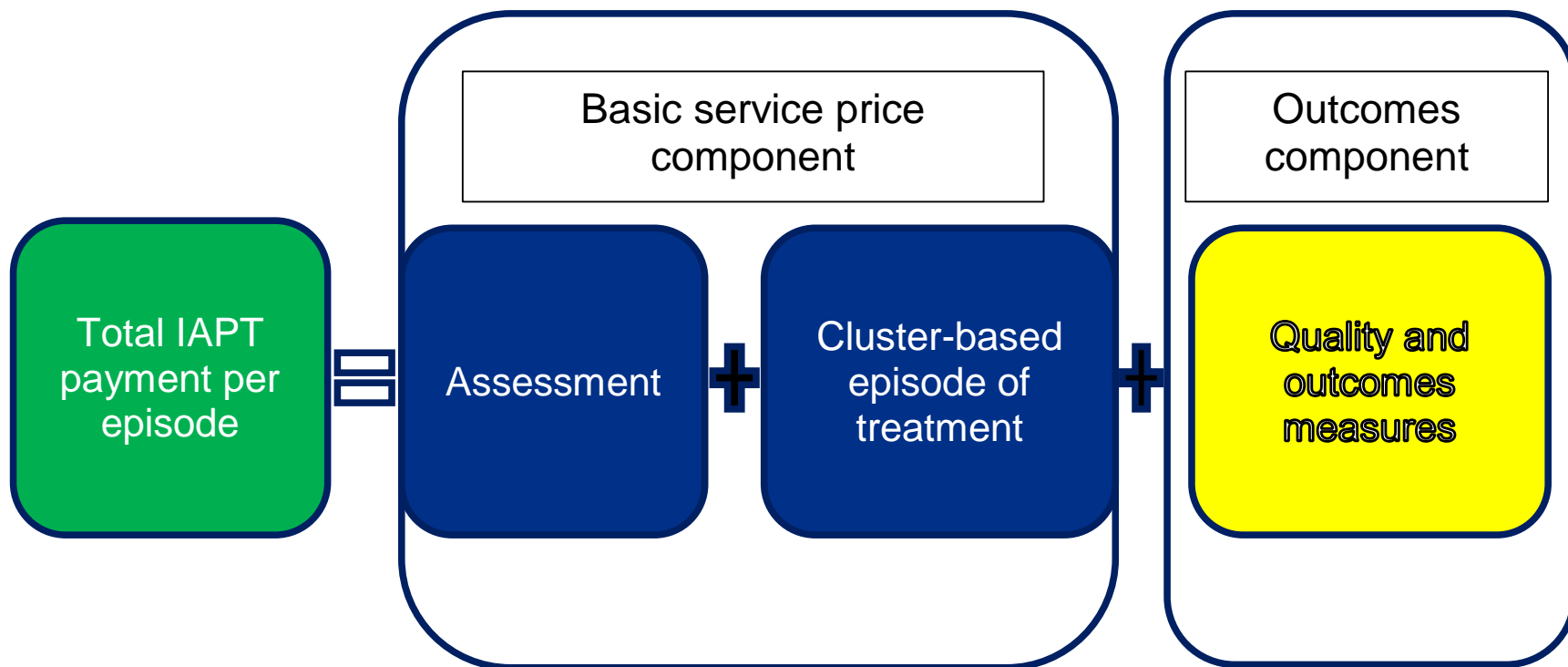
From April 2017 commissioners and providers should be shadow testing an outcomes-based payment approach

By April 2018 commissioners and providers should have implemented an outcomes-based payment approach

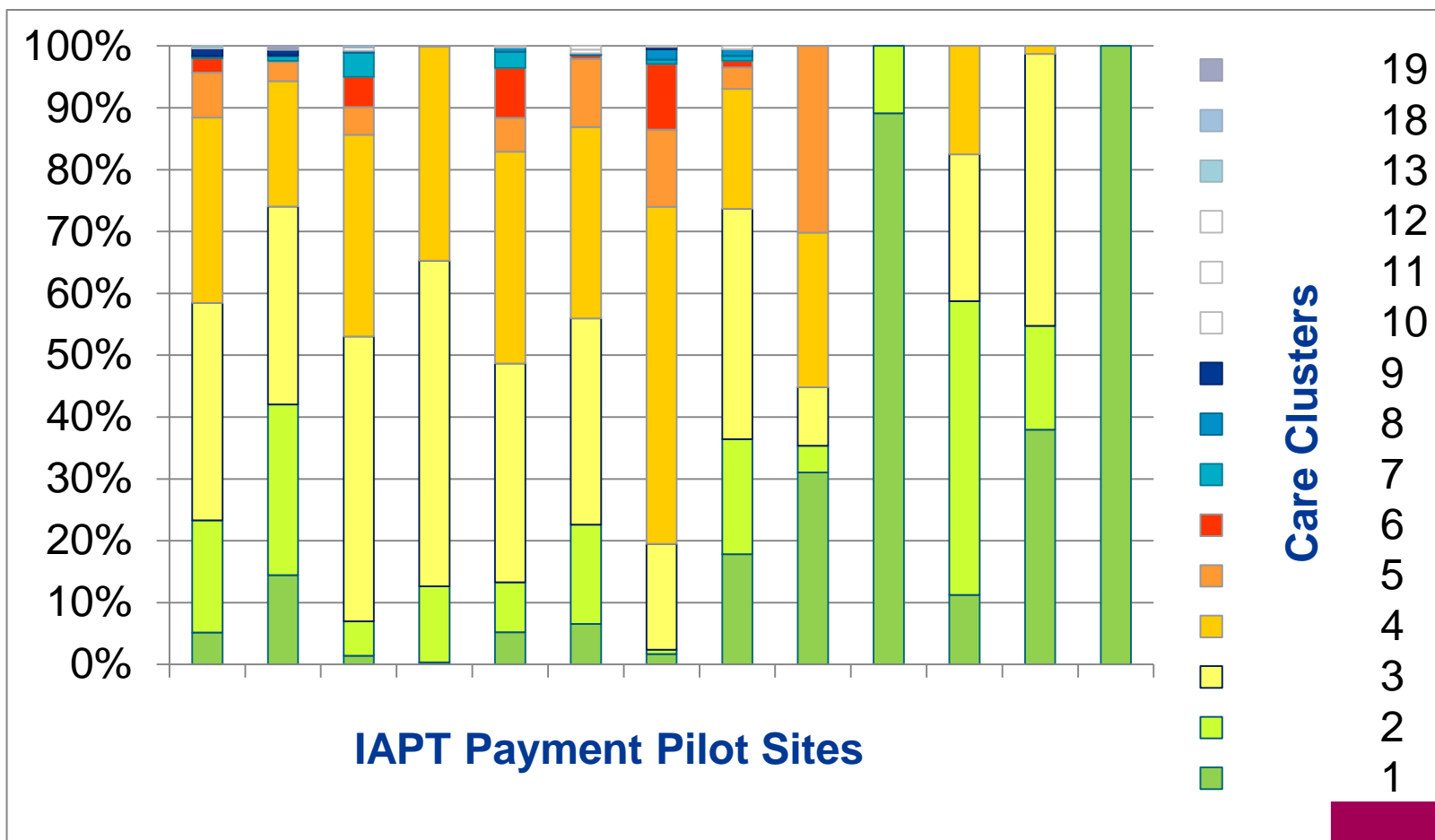
National IAPT payment approach

Aims:

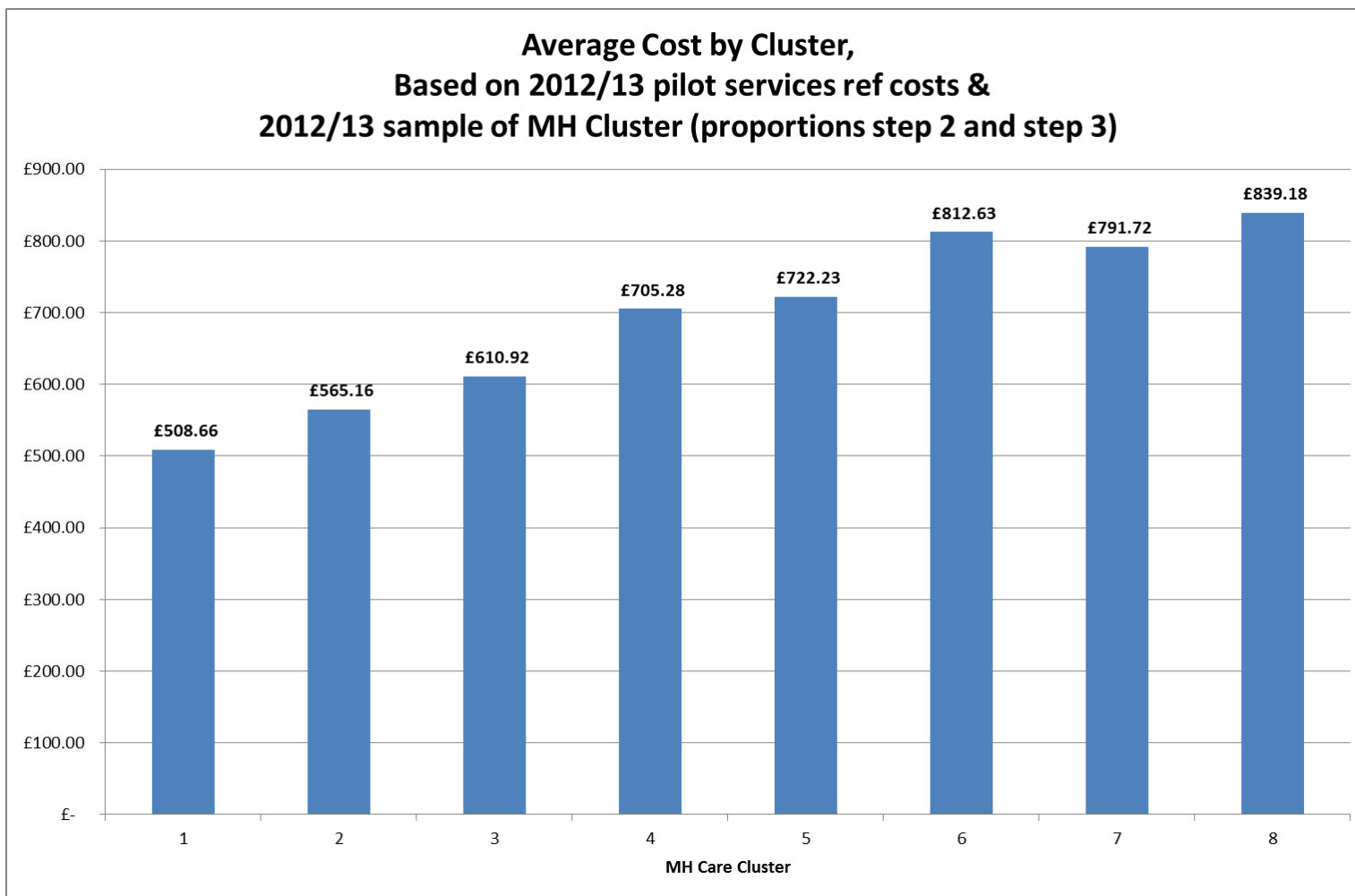
1. To reimburse providers for the costs of providing evidence-based episodes of treatment
2. To reward providers for performing well against agreed quality and outcome measures



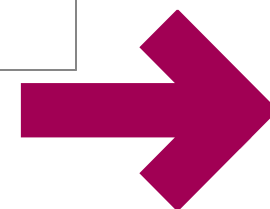
Complexity by cluster



Costs by cluster

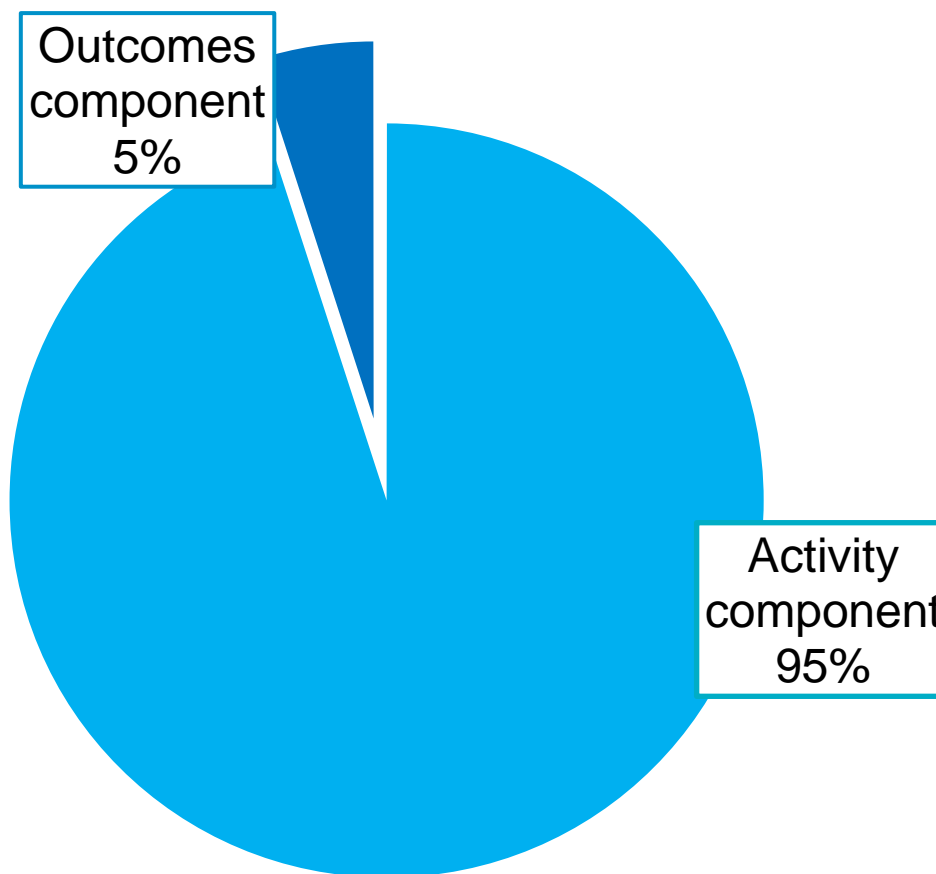


Cluster weighted average cost £619.94



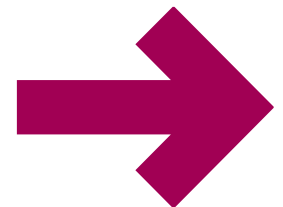
Value of the outcomes component

- Our guidance with NHS Improvement recommends the value of the outcomes component should not exceed 5% of the contract value.



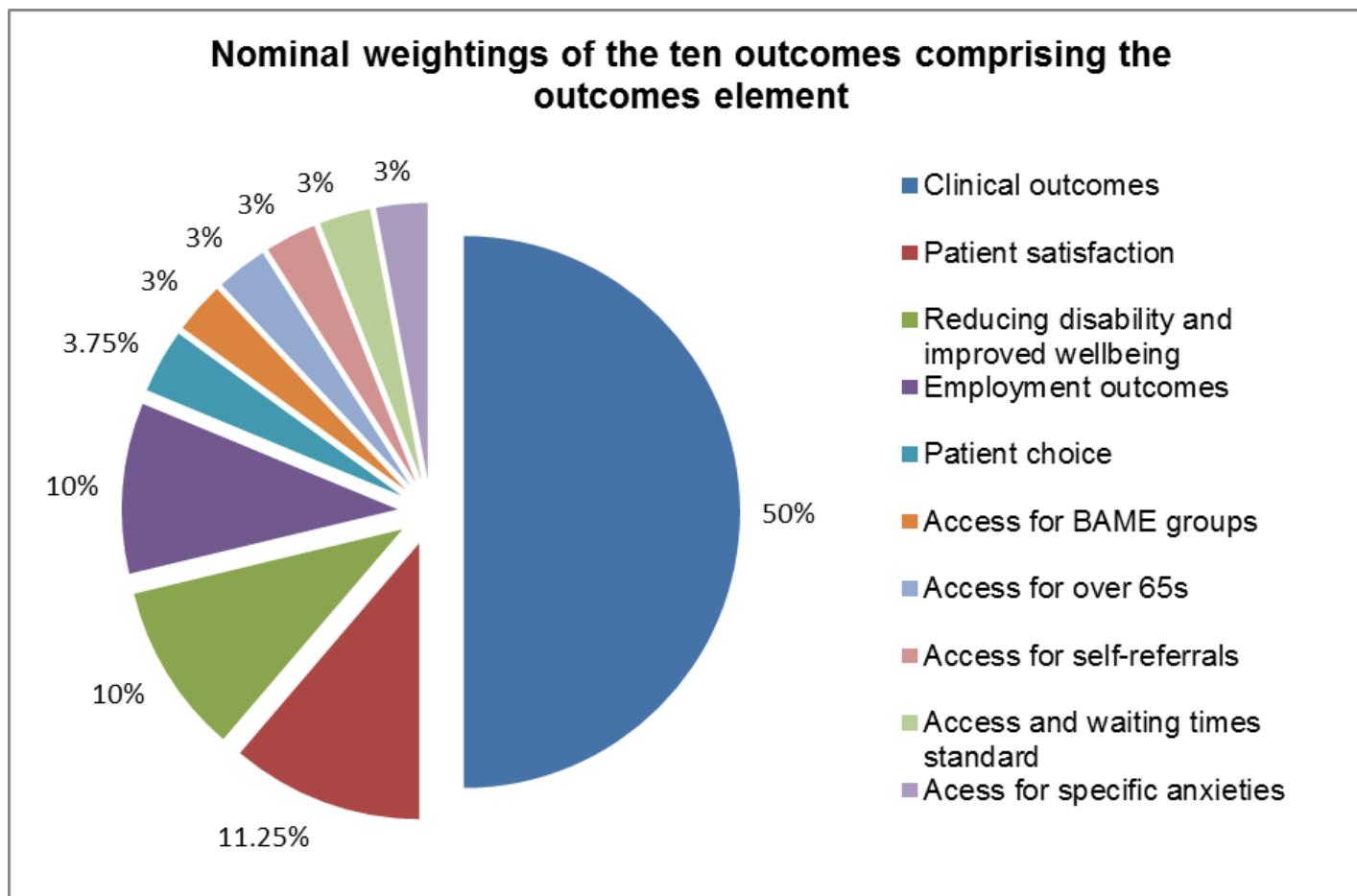
10 national quality and outcome measures

- Local pricing rule 8 requires the use of the 10 national measures:
 1. Waiting times (Access)
 2. Black, Asian and minority ethnic (BAME) (Access)
 3. Over 65s (Access)
 4. Specific anxieties (Access)
 5. Self-referral (Access)
 6. Clinical outcomes
 7. Reduced disability and improved wellbeing
 8. Employment outcomes
 9. Satisfaction (Patient experience)
 10. Choice of therapy (Patient experience).

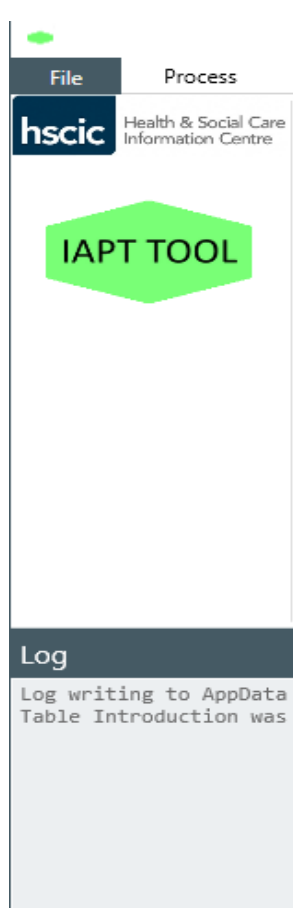


Quality and outcome weightings

- Commissioners and providers should agree quality and outcome measures weightings in line with local priorities



IAPT currency tool



The screenshot shows the IAPT currency tool interface. At the top, there are menu items 'File' and 'Process'. Below them is the 'hscic Health & Social Care Information Centre' logo. A green hexagonal button labeled 'IAPT TOOL' is visible. At the bottom, there is a 'Log' section with the text 'Log writing to AppData Table Introduction was'.

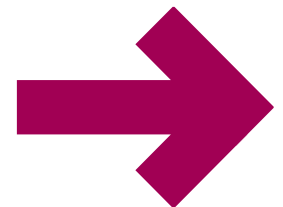
- Replication of IAPT currency model
- High level of configuration
 - Service targets between Commissioners and Providers
 - Validation of records for processing
- Payment lever controls
 - Warnings, Exclusions, MFF etc.



Deployment of IAPT Currency Tool

National implementation via integration with Data Flow at HSCIC Bureau Services Portal (Exeter)

- Embedded in National Infrastructure
- Allows for pre-deadline testing of provider data submissions
- N3 connection needed



IAPT payment guidance

- NHS England and Improvement are finalising guidance
- Supports commissioners and providers to implement an outcomes-based payment approach by April 2018

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Developing an outcomes-based payment approach for IAPT services

<https://improvement.nhs.uk/resources/new-payment-approaches/>