National IAPT PbR Pilot

IAPT Central Team

- Aims and objectives of the PbR Pilot
- Why PbR in IAPT ?
- Overview of the thinking behind the currency model and the outcomes to be incentivised
- Project Timescales

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Background to IAPT

The Improving Access to Psychological Therapies (IAPT) programme started in 2006 with the aim of improving public access to psychological therapies for adults with depression and anxiety disorders.

Improved access will be achieved through the:

- provision of an enlarged, appropriately trained and supervised workforce,
- delivery of NICE approved and evidence based therapies in a stepped care model
- routine collection and monitoring of patient reported outcome measures on a sessional basis for at least 90% of patients
- flexible referrals routes (including self-referral by potential patients)
- Employment Support as an integral part of an IAPT service

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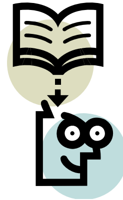
Why is the National IAPT team developing plans to test a PbR System in IAPT?

Equity and Excellence: Liberating the NHS (July 2010) noted,

"The absence of an effective payment system in many parts of the NHS severely restricts the ability of commissioners and providers to improve outcomes, increase efficiency and increase patient choice."

It therefore makes a commitment to accelerate the development of currencies and tariffs for services.

Why PbR in IAPT?



- In addition to commitment from the government to develop tariffs and currencies
- There is regular collection of sessional outcome measures in IAPT to support the feasibility study

What is the thinking behind the Currency Model/Tariff Structure to be piloted?

- The areas incentivised by the currency model are central to the National IAPT plan and "No Health without Mental Health"
- These outcome areas are also based on the findings of the analysis of the year one data. (The Gyani et al report)

Aims of Pilot

- Assess the feasibility of collecting data for an outcomes based payment system
- Compare the two methods of paying for services that is the current block contracts/ activity versus the PbR outcomes-based system to determine how much variability in payment there will be between the two systems
- Use the findings of the pilot to drive refinement towards an optimal tariff design

N.B. In the final product, there will be no national price set but a pricing structure/ currency model affording the commissioner the opportunity for local discretion.

Methodology

- Data will be collected over 9 months from a cross-sectional representation of pilot sites across England.
- The data collected will be analysed and financial modelling will be used to work out the payments based on the proposed currency model
- No money will be changing hands, the exercise will be testing a theoretical model to inform a final evidence based and credible currency model.
- The Mental Health Clustering Tool will be used over one month to obtain a clustering distribution for the pilot sites. The MHCT is not being used as an outcome measure but to characterise the patients seen by a service and in the data analysis stage to calculate the costs of delivering the outcomes we are

Outcome Areas to be incentivised

1. Equity of Access
2. Numbers with good clinical outcomes
3. Numbers with good Work and Social Adjustment Scale outcomes (W&SAS)
4. Numbers with good employment outcomes
5. Patient satisfaction and Choice

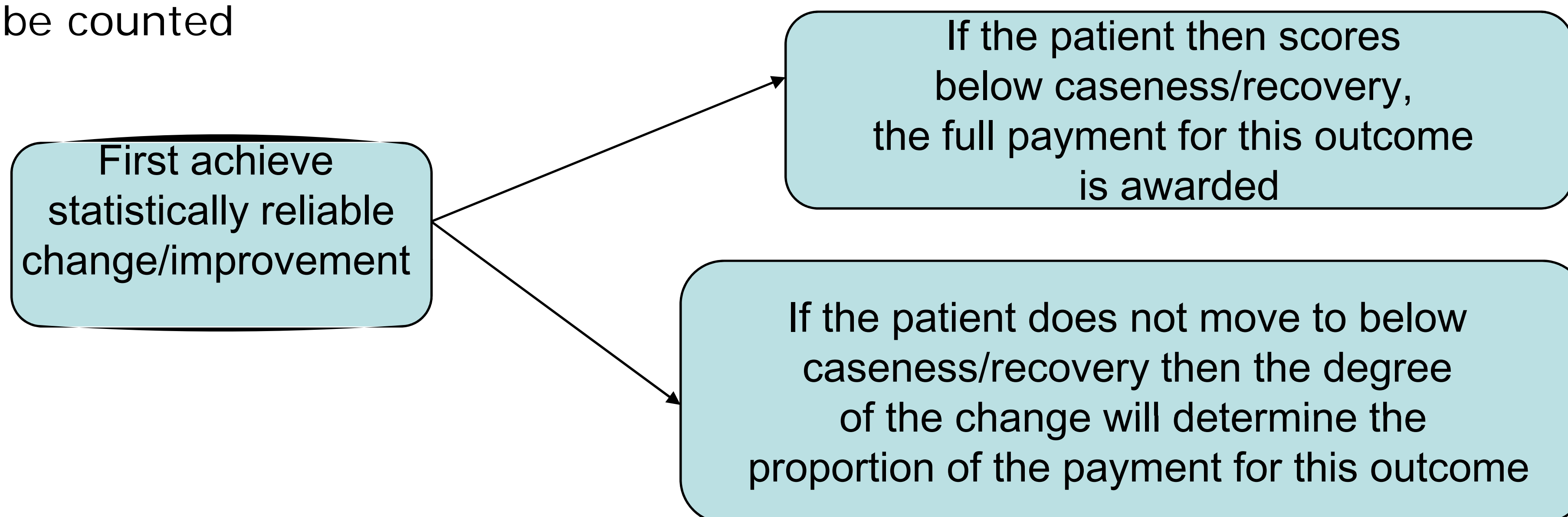
Equity of Access: Outcome 1

For each component there is a threshold value that a service needs to meet for payment to be awarded. The components of the equity of access outcome are

1. BME/ People treated given prevalence of depression & anxiety in BME and non-BME Population
2. Over 65 / People treated of expected rate given prevalence of depression & anxiety in over 65 population
3. Self-referral / People treated> 10%
4. Service users seen under 28 days from referral
5. Proportion of people treated with an Anxiety Disorder other than GAD
6. Did Service meet above 90% of planned activity target as specified in the Service Level Agreement (SLA)?

Numbers with Good Clinical Outcomes: Outcome 2

- Before IAPT had a 'rough and ready definition of recovery' which was scoring below caseness in the questionnaires (GAD 7, PHQ9 etc)
- In this project , we have identified what is deemed to be statistically reliable change which the patients have to achieve before the change can be counted



- This removes the perverse incentive to take people who are mildly depressed/anxious and get them to below caseness and have them counted as having recovered e.g. a move in the PHQ from 11 to 9

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Numbers with good WSAS Outcomes: Outcome 3

Payment will be awarded for patients showing reliable improvement in **mean** W&SAS and according to the degree of improvement measures using the formula

$$\frac{pre - post}{pre}$$

Numbers with good employment outcomes: Outcome 4

- The number who at their last observation have moved into employment from non-employment or SSP **minus** the number who have moved from employment into non-employment or SSP
- The outcome will be looking at the overall flow of the service (those going into employment and going onto sick pay and those coming out of employment and off sick pay) because the currency model is incentivising both getting people into work and keeping them in work

Service User Choice & Satisfaction: Outcome 5

- Measured through a tailored Patient Experience Questionnaire (PEQ) that looks at
  - Satisfaction with the service
  - Whether the patient was offered choice in their treatment options (NICE approved)
- There are two questionnaires , the End of Assessment (EOA) and the Mid-End PEQ that are both scored out of 24.
- Outcome will be measured by the question

"Does the service have >80% patients with a mean PEQ score above 12"

National IAPT PbR Project Timescales

Stage	July 2011	August	September	October	November	December	January'12	February	March	April	May	June	July	August	September	October	November	December	January '13	February
1. Project Scoping and Planning																				
2. Designing a credible currency model																				
3. Converting the Currency Model into a workable algorithm																				
4. Constructing an Effective Pilot Study Design																				
5. Setting up IT infrastructure to facilitate data flow																				
6. Training Pilot Sites																				
7. Data Collection																				
8. Data Analysis, statistical analysis , financial modelling																				
9 Using Evidence Base to inform final currency model by February 2013 in time for the contracting year 2013/14																				Report Ready

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Any questions/comments please contact

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