

Multiple sclerosis in South Central



Background

As part of an overall Quality, Innovation, Productivity and Prevention (QIPP) scheme in 2011/12, Optum™ conducted an in-depth analysis of a number of London Trusts to identify opportunities for improvement in outcomes, spend and patient care quality. Over 300 individual patient case studies were identified, and the preliminary analysis led to targeted analysis and monitoring best practice pathways for MS and CABG, and overall patient quality improvements.

Our approach

The Optum team has a defined methodology which includes:

- Clinical review of MS and current guidelines (NICE and Milliman)
- Data analysis
- Stakeholder consultation (clinicians, cardiac networks, commissioners)
- Clinical case note audit
- Mapping of current pathway
- Mapping of best practice pathway
- Embed new pathway within contract via service specification
- Automated monitoring of adherence to pathway through the Commissioning and Contracting Application

Evidence — Imperial

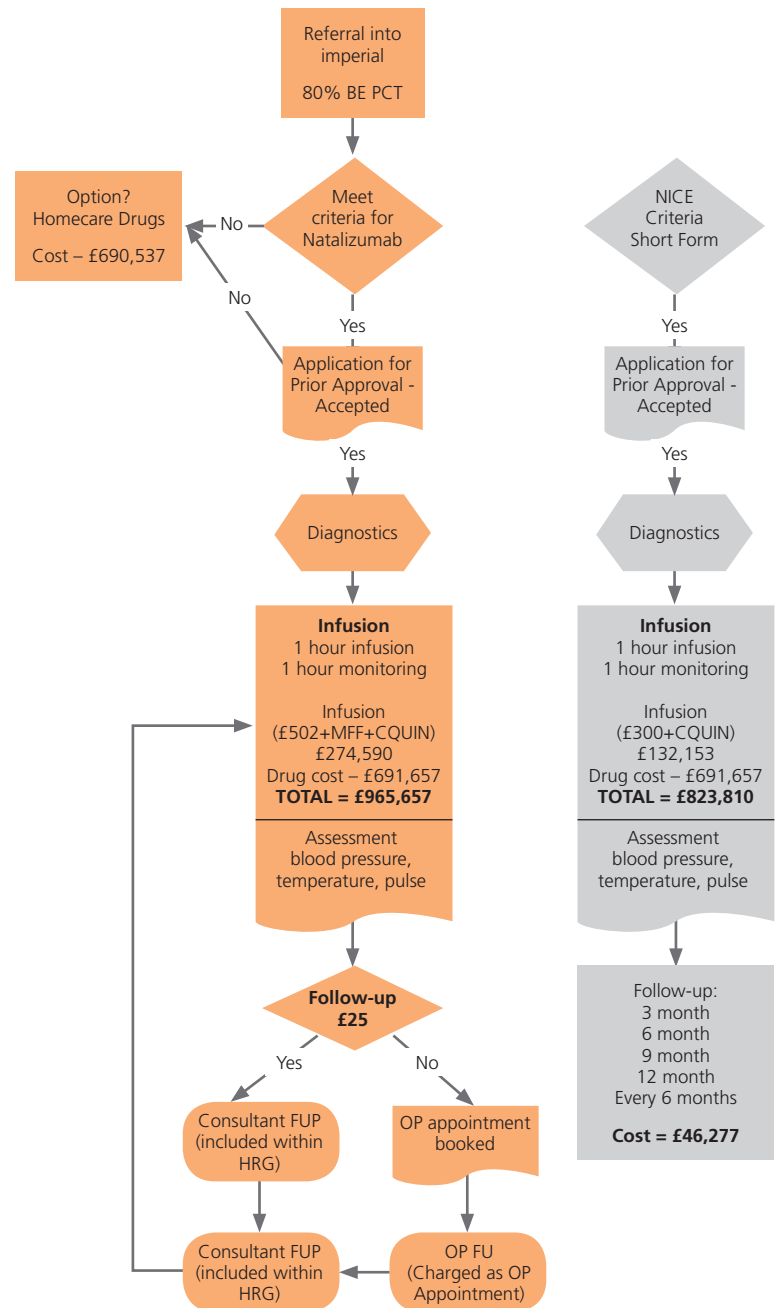
The headline findings of our analysis are summarised below:

- A patient receiving Tysabri (Natalizumab) does so through infusion, every four weeks. One hour infusion, one hour monitoring – charged as a day case not RDA
- Cost of one infusion per patient in 2010/11: £1,293 (infusion) + £1,328 (drug cost) = £2,621
- Cost of the day case activity in 11/12: £502
- The spend at Imperial on MS 2010/11: £2,275,417
 - Day Case Activity AA30Z (natalizumab infusions) = £712,220
 - Natalizumab drug costs = £691,067
 - Related activity for patients receiving natalizumab = £25,000
 - £640,537 – spent on other MS drugs (homecare DMDs)
- Local service issues (neurology specific) at Heatherwood and Wexham Park

The Optum team recommended a series of actions including, negotiating Local Price of AA30Z from £502 (Day Case) to £300 (RDNA), decommissioning homecare drugs (£690,537), work on innovative home care delivery of Natalizumab, as well as general commission reviews with patients in line with best practice or decommission and ensure patients followed up locally.

Key benefits and results

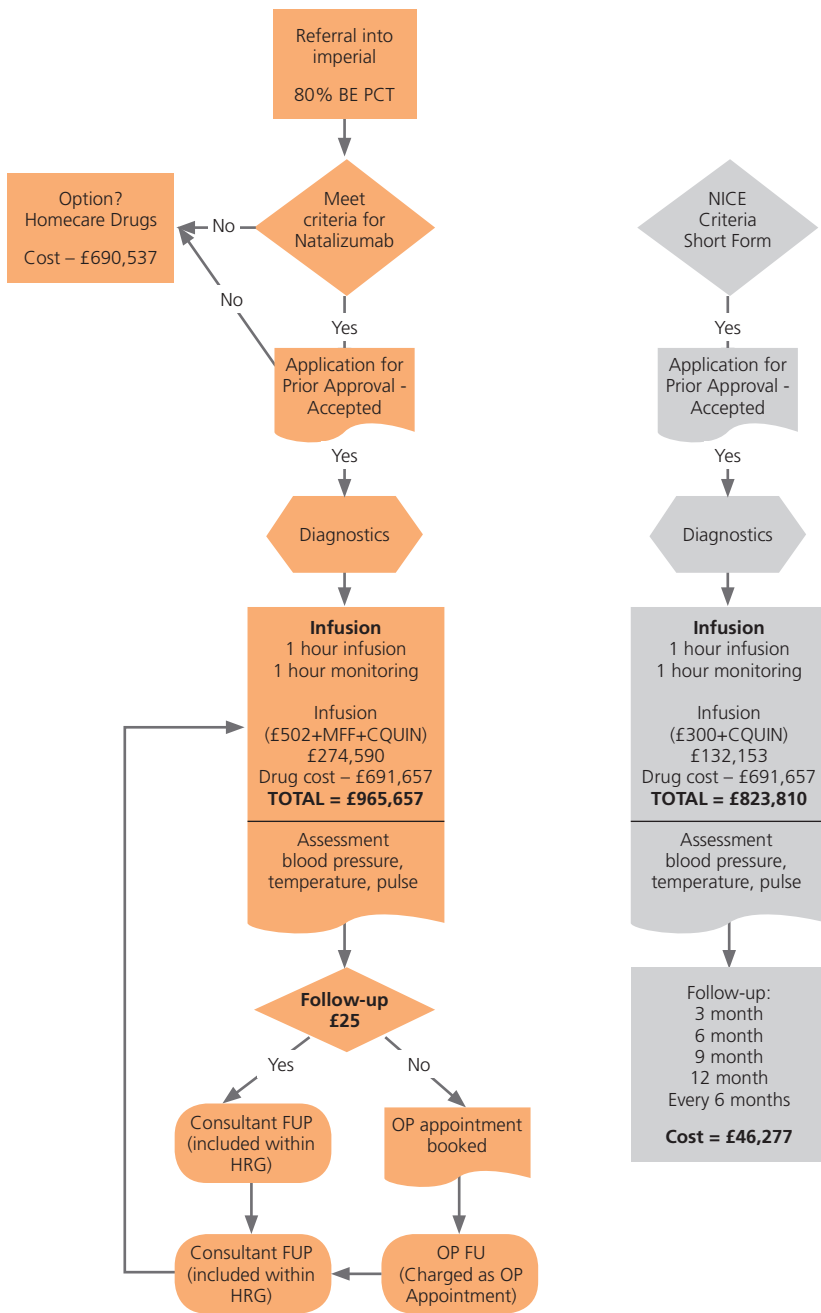
- Optum approach reassures commissioners that they are only purchasing the best-evidenced practice
- Our redesigned pathways enhance patient care and removes variation from optimal care
- Delivers financial efficiencies of up to 10 percent of existing CABG costs
- Savings generated through local price negotiation: £120,570
- Additional savings generated through FUP by Community Nurses at Wexham Park
- Further savings through decommissioning of homecare drugs (CQUIN costs incurred at Imperial) and repatriating patients back to BE (causing less accidental activity)



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