BI2 Haemtrack™ Severe Haemophilia Home Reporting

Scheme Name	***BI2: Increasing patient activation in haemophilia through Haemtrack***
Section A. SUMMARY of SCHEME	
QIPP Reference	*[QIPP reference if any: Add Locally]*
Duration	April 2016 to March 2019
Problem to be addressed: The Haemtrack system, an electronic (or paper) patient-reported record of self-managed bleeding episodes and usage of blood factor products, has been demonstrated to be effective in maintaining treatment compliance, optimising home therapy and home stock control. There is high variation in the adoption of the system, and in the timeliness and accuracy of its use.	
Change sought: Improving adherence, timeliness, and accuracy of patient data submissions to the Haemtrack™ patient reporting system. Primarily to increase the proportion of patients making regular submissions to the Haemtrack™ system, preferably via digital interfaces. In addition, the timeliness of submissions is another desired dimension greatly assisted through use of digital interfaces as opposed to paper. Finally, the data provided must be accurate therefore data accuracy must also be verified and improved where deficient.	
Section B. CONTRACT SPECIFIC INFORMATION	
B1.Provider (see Section C1 for applicability rules)	*[Insert name of provider]*
B2.Implementing Timing. What was or will be the first Year of Scheme for this provider, and how many years are covered by this contract?	Year 1 = 2016/17[1] 2017/18 2018/19 *[delete as applicable]* One/two years *[delete as applicable]*
B3.Scheme Target Payment (see Section C3 for rules to determine target payment)	Full compliance with this CQUIN scheme should achieve payment of: *[set sum £s following the Setting Target Payment guide in section C3 for setting target payment according to the scale of service and the stretch set for the specific provider.]* Target Value: *[Add locally ££s]*

B4. Payment Triggers.

The Triggers, and the proportion of the target payment that each trigger determines, and any partial payment rules, for each year of the scheme are set out in Section C4.

Relevant provider-specific information is set out in this table.

Provider specific triggers	**2017/18**	**2018/19**
Trigger 1: Baseline	Proportion of patients providing regular Haemtrack™ data as a proportion of all patients registered with the National Haemophilia	

[1] I.e. scheme was contracted for first implementation in 2016/17, and this template is setting out requirements for 2nd (and perhaps 3rd) year of scheme.

	Database at the centre
Trigger 1: Stretch level	*[Add provider specific agreed proportion as per guideline in C4.]*
Trigger 2: Baseline	Proportion of all Haemtrack™ users who provide an update once per week in period Q1-Q3 (39 weeks)
Trigger 2 stretch	*[Add provider specific agreed proportion as per guideline in C4.]*
Trigger 3 Baseline	To assess the accuracy of records made by patients and provide a baseline.
Trigger 3 stretch	*[Add provider specific accuracy objectives if appropriate.]*

B5. Information Requirements

Obligations under the scheme to report against achievement of the Triggers, to enable benchmarking, and to facilitate evaluation, are as set out in Section C5.

Final indicator reporting date for each year.	Month 12 Contract Flex reporting date as per contract. *[Vary if necessary.]*

B6. In Year Payment Phasing & Profiling

Default arrangement: half payment of target CQUIN payment each month, reconciliation end of each year depending upon achievement. *[Vary if necessary.]*

Section C. SCHEME SPECIFICATION GUIDE

C1. Applicable Providers

Eligibility: Any provider with a regular Haemophilia patient caseload for which it is responsible for regular prophylactic blood factor prescribing.

Nature of Adoption Ambition: This scheme is a priority for all providers with baseline Haemtrack™ usage (as per Trigger 1) less than 67%.

Hence, this CQUIN is a priority for the following providers (based upon baseline data is shown in an accompanying workbook – BI2 Haemtrack Baseline Data):

REGION	Hub	Provider
L	London	Great Ormond Street
L	London	Lewisham
L	London	St Thomas' and Guy's Hospital (incl Frimley Pk)
M&E	Birmingham & Black Country	Birmingham (Queen Elizabeth)
M&E	Birmingham & Black Country	Shrewsbury
M&E	Birmingham & Black Country	Wolverhampton
N	Cheshire, Warrington & Wirral	Liverpool (R. I. incl Isle of Man)
N	Cheshire, Warrington & Wirral	Liverpool Children's (Alder Hey)
N	Cheshire, Warrington & Wirral	Manchester Children's
N	South Yorkshire & Bassetlaw	Leeds (St James)

N	South Yorkshire & Bassetlaw	Sheffield (Royal Hallamshire, incl Northern General)
N	South Yorkshire & Bassetlaw	York (incl Harrogate)
S	Bristol, North Somerset & South Gloucestershire	Bristol (Infirmary & Childrens)
S	Bristol, North Somerset & South Gloucestershire	Exeter
S	Bristol, North Somerset & South Gloucestershire	Plymouth
S	Bristol, North Somerset & South Gloucestershire	Salisbury
S	Bristol, North Somerset & South Gloucestershire	Taunton - Yeovil
S	Surrey & Sussex	Bournemouth - Poole
S	Surrey & Sussex	Brighton
S	Surrey & Sussex	Chichester
S	Wessex	North Hampshire (Basingstoke)
S	Wessex	Southampton (incl Guernsey)

C2. Setting Scheme Duration and Exit Route

NHS England already funds the Haemtrack™ database. Patient education and training will take place within existing consultations and should become routine, with additional costs absorbed into price calculations. This should be achieved by March 2019.

In future a persistent failure to utilise and maintain Haemtrack™ may see services being decommissioned at providers. The CQUIN is effectively an incentive to ensure all providers are up to a high level of attainment from which future service developments can be planned and implemented. The records will also assist providers in delivering more patient-centred consultations and may therefore improve patient experience and efficiency of service provision.

C3. Calculating the Target Payment for a Provider

The target overall payment for this scheme (the payment if the requirements of the scheme are fully met, to be set in Section B3 above) should be calculated for each provider, according to the following algorithm:

<£20,000 plus £2,000 per patient to be treated.>

See Section D3 for the justification of the targeted payment, including justification of the costing of the scheme, which will underpin the payment.

C4. Payment Triggers and Partial Achievement Rules

Payment Triggers

The interventions or achievements required for payment under this CQUIN scheme are as follows:

Descriptions	2017/18	2018/19

Trigger 1:	Proportion of patients providing regular Haemtrack™ data as a proportion of all relevant patients (see Definitions) registered with the National Haemophilia Database at the centre. ➢ If baseline is 66% or less to achieve minimum 80%. ➢ If baseline is 67% to 84% to achieve minimum of 90%. ➢ If baseline is 85% or more to halve number of non-users	As 2017/18
Trigger 2	Proportion of all Haemtrack™ users who provide an update once per week in period Q1-Q3 (39 weeks). To exceed 67% in the defined period.	As 2017/18
Trigger 3	To assess the accuracy of records made by patients and provide a baseline. By end Q3 to have assessed accuracy of all patient datasets and report the accuracy to commissioners. To agree a target for accuracy for 2018/19.	Achievement against target agreed in 2017/18.

Percentages of Target Payment per Payment Trigger

The following table sets out the proportion of the Target payment that is payable on achievement of each of the Payment Triggers.

Percentages of Target Payment per Trigger	**2017/18**	**2018/19**
Trigger 1	50%	33%
Trigger 2	25%	33%
Trigger 3	25%	33%
TOTAL	100%	100%

Partial achievement rules

No payments are to be made for partial achievement. Each trigger is either achieved, or not, and payment is similarly binary. When calculating attainment of targets any calculations will be rounded to the nearest whole integer following conventional rules and there will be no deviation from this.

Definitions

Denominator for Trigger 1:
All non-inhibitor patients with moderate and severe haemophilia on prophylaxis.

C5. Information Flows: for benchmarking, for evaluation, and for reporting against the triggers.

Number of regular Haemtrack™ submissions where each submission is allocated to a specific provider will be verified against number of registered patients on treatment reported separately as part of UKHCDO registries.

Any Haemtrack submissions which have not been allocated to a specific provider will go into a reserve pool from which providers can claim them subject to verification; this will assist providers in increasing the respective numerator and thus target attainment. Verification will be done by a third party as it will likely rely on patient NHS Number. The national haemophilia database team has agreed to perform this task and support this CQUIN.

This data will be collated by the Lead Commissioner and reported to each region and hub accordingly. Providers will have the right to challenge the data but the onus will be on them to prove that the data is in some way erroneous. Allowances may be permitted for new patients (i.e. new patients may be excluded from the denominator count) at the discretion of the lead commissioner. No other exclusions will be permitted, especially as the target does not require 100% attainment therefore permitting a small number of exclusions regardless.

With respect to timeliness of data submissions; this information will be provided by the NHD team. It will be calculated on an individual patient basis and will be crudely based on observing a minimum of 39 data submissions within the 39 week period. An adjustment will be made for patients who commenced treatment in-year. Each individual patient will either pass or fail the threshold test and the pass rate is that which is counted.

With respect to the accuracy of the data: The exact methodology for this has not yet been confirmed. It is likely that the usage recorded by individual patients will need to be verified as being within +/-5% of the prescribed amount. Providers will need to self-verify this parameter however this will in turn be validated by commissioners. A single methodology will be determined which providers can choose to follow.

Information for Benchmarking:

Baseline data is available in a spreadsheet supporting this CQUIN.

Information Governance: All data will be provided by the National Haemophilia Database, no PID will be provided to commissioners. Where validation or verification is undertaken which requires PID (e.g. NHS Numbers) this will be undertaken by third parties wwith permission to handle such data.

Reporting of Achievement against Triggers: The NHD will report these for commissioners, except trigger 3 which will be self-reported by providers with commissioner validation (both of the methodology and reported attainment).

Reporting Template requirement: Not required, however a standard methodology for trigger 3 will be published by the CRG and suitable guidance issued to providers with respect to trigger 3.

C6. Supporting Guidance and References

See UKHCDO website: www.ukhcdo.org especially the Annual Report (www.ukhcdo.org/annual-reports) with various up-to-date statistics, and web pages on the National Haemophilia Database (http://www.ukhcdo.org/nhd/) and Patient Information (www.ukhcdo.org/patient-information).

Haemtrack™ website: http://haemtrack.mdsas.com
Including patient information leaflet:

Evidence for benefit of patient activation:
www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/supporting-people-manage-health-patient-activation-may14.pdf

Evidence specific to Haemtrack will be shared as and when it becomes available

Section D. Scheme Justification

D1. Evidence and Rationale for Inclusion

Evidence Supporting Intervention Sought

Hollingsworth R et al. Haemtrack: UK patient home therapy reporting system. JOURNAL OF THROMBOSIS AND HAEMOSTASIS 2015 Jun 1 (Vol. 13, pp. 583-584).

Osias A et al. Implementation of an online home treatment record-keeping system (Haemtrack) in a large London comprehensive care centre. HAEMOPHILIA 2012 Jul 1 (Vol. 18, p. 59).

Rationale of Use of CQUIN incentive

Regular use of Haemtrack™ with timely and accurate data is a proxy measure for patient activation and involvement in managing their condition, as well as providing valuable information to clinicians to support clinical care. Despite nationally funding towards the provision of the NHD and Haemtrack™ there is still considerable variation in the use of Haemtrack™ by patients and by individual providers. The laggards must engage with and activate their patients to a higher level to bring them up to the same levels as the innovators, and most providers can do more to increase overall patient participation. A CQUIN is an ideal incentive to drive the desired change as it will focus attention from within and from outside individual departments within providers. The targets mark a significant stretch for some providers although the actual patient numbers involved may be relatively modest.

D3. Justification of Size of Target Payment

The evidence and assumptions upon which the target payment was based, so as to ensure payment of at least 150% of average costs (net of any savings or reimbursements under other mechanisms), is as follows:

Target payments are based on a fixed fee per registered patient (£2,000), with an overhead payment of £20,000 to cover (with mark-up) administrative costs. The per-patient payment covers the per-patient contribution required by Trusts towards the National Haemophilia Database plus an allowance for marginal per-patient costs of additional support for patients.

Overall, the payment is based on an assessment of what incentive payment will adequately support providers to give coaching and other support to patients to use Haemtrack effectively.

D4. Evaluation

Intermediate outcomes that will be available from the database will include the total number of new Haemtrack™ users, the number of new regular Haemtrack™ users, and the number of providers which have fully delivered the CQUIN.

The system should create the information needed for a full evaluation of patient related outcomes.