GE5 Shared Decision-Making

Scheme Name	***GE5 Shared Decision Making***
Section A. SUMMARY of SCHEME	
QIPP Reference	*[QIPP reference if any : Add Locally]*
Duration	April 2017 to March 2019
Problem to be addressed Specialised Commissioning includes a high number of services where patients will be in a pathway where treatment becomes more intensive as their condition progresses. Patients may only be offered the service normally offered by that practitioner. There is some evidence that patients have an assumption that further new treatment will materially improve their condition. The result may be further treatment that may not result in significant patient benefit. Other treatment options or self-care may better fit with the patients' overall needs and values and clinical ability to benefit. Patients often choose less intensive treatment options when shared care tools are used to create understanding of the alternatives available. Cardiac treatment is one focus area (e.g. choices between medical treatment/PCI/CABG); others are listed below.	
Change sought To ensure ALL relevant treatment options are discussed with patients, to enable choices aligned to a patient's overall needs and values and clinical ability to benefit. To achieve this clinical teams require skills to engage patients in shared decision making and need to be aware of the range of treatment or support options beyond their immediate area of expertise and the associated outcomes. The ultimate aim is to ensure clinical teams understand the full range of treatment options available and emphasise to patients their ability to benefit from all of these options as part of the decision making process. It is anticipated that this should reduce the demand for successive treatments which is particularly relevant to specialised services. Providers will need to develop a Shared Decision Making resource that is specific to the particular condition, encompassing the range of options that should be offered, with reference to the local services available.	
Section B. CONTRACT SPECIFIC INFORMATION *(for guidance on completion, see corresponding boxes in sections C below)*	
B1.Provider (see Section C1 for applicability rules)	*Insert name of provider --*
B2. Provider Specific Parameters. *What is the first Year of Scheme for this provider, and how many years are covered by this contract?* *(See Section C2 for other provider-specific parameters that need to be set out for this scheme.)*	2017/18, 2018/19 *[Adjust locally]* Two years *(Adjust locally)* *[Other – as specified in C2.]*
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.

Year One payment Triggers

Second year Payment Triggers

[Adjust table as required for this scheme – or delete if no provider-specific information is required.]

Provider specific triggers	2017/18	2018/19
Trigger 1: Baseline		
Trigger 1: Stretch level		
Trigger 2: Baseline		
Trigger 2 stretch		
Trigger 3		
	[Add rows to match C4 requirements.}	

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.

[Specify variation of this approach if required]

Section C. SCHEME SPECIFICATION GUIDE

C1. Applicable Providers

Nature of Adoption Ambition: Early Adopter Scheme

Providers who agree to work on development of SDM.

Patient cohorts at the following decisions nodes have been identified as likely to benefit from SDM:

- Cardiac patients choosing between Medical treatment, PCI, CABG
- pulmonary fibrosis (ILD)
- severe asthma
- complex surgical oncology
- other patient groups proposed by the provider and endorsed by the national team.

C2. Provider Specific Parameters

The scheme requires the following parameters to be set for each provider in advance of contract, in order to determine precisely what is required of each provider, and/or to determine appropriate target payment (as per C3.)	• Named specialties / cohorts of patients for use of SDM measure, identifying the relevant decision node. • Number of patients at each decision node to be recruited into the programme for application of the SDM from 4th quarter year 1 through to 4th quarter, year 2 • Number of staff to be trained to support each decision node.

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:

(The Level of financial incentive is set separately for each group of patients pertaining to a specific decision set. The payment for such a group is:

- **£60,000 for a cohort of 250 patients,**
- **with variation of £60 per patient for greater or lesser size cohort.)**

For example:

- A scheme with one patient cohort around a decision node of 100 patients would attract a payment of £60,000 – (150x£60) = £51,000.

- A scheme with three patient cohorts of respectively 1000 patients, 500 patients and 100 patients would attract a payment of (3x£60,000) + (750+250-150) x (£60)= £231,000.

A separate calculation should be made for each year according to the expected roll out of the scheme to different patient groups.

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	First Year of scheme	Second Year: for cohorts carried over from year one. (For any new cohorts, new decision nodes, year one triggers be used)
Trigger 1:	**ONE: Planning & Set-Up**: For each patient cohort, 1. A working group has been established to agreement on which parts of the pathway (decision nodes) present different treatment options that should be subject to SDM. 2. review tools for decision support and other modes of enhancing SDM; 3. Implementation plan written and submitted to commissioners including: a. team building and training plan for staff who will administer SDM b. plan for creation of mechanisms for gathering, and analysing information about decisions made and patient experience of SDM to support formative evaluation, with clarity regarding: What immediate use is to be made of it.	The proportion of the patient groups targeted in each condition: c. recruited into the programme for application of the SDM in 2018/19 and d. for whom information on decision making in base period and following introduction of SDM, and on patient experience of the use of the SDM tool is gathered. Standard survey instrument as year one trigger 5 to assess patients' sense of involvement should be used.
Trigger 2	**TWO: Team Building**. 4. Team building and training plan for staff to administer the SDM tool has been implemented – for each patient cohort decision node 5. Readiness. Assessment of SDM tool preparedness of team and any identified shortfalls have been addressed.	
Trigger 3	**THREE: Pilot Application of SDM Tool.** 6. Pilot testing and evaluation of	

	use of SDM tool 7. Baseline information captured from SDM administered to pilot cohort of patients	
Trigger 4	**FOUR: Finalisation of SDM tool and supporting information**: 8. To finalise the range of treatment options that can be offered 9. To adapt this to local resources and services available 10. To develop information to support shared participation 11. Report to commissioners on progress against implementation plan including any new patient cohorts selected for year 2	
Trigger 5	**Five: Implementation**: 12. The proportion of the patient groups targeted in each condition: a. recruited into the programme for application of the SDM in Quarter Four (or earlier) and b. for whom information on decision making in base period and following introduction of SDM, and on patient experience of the use of the SDM tool is gathered. Standard survey instrument "Advancing Quality Alliance Sure Tool or Measuring Patient's Experience [AQUA] to assess patients' sense of involvement should be used.]	

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	First Year of scheme	Second Year: for cohorts carried over from year one.

Payment per Trigger		[For any new cohorts, new decision nodes, year one proportions be used.]
Trigger 1	15%	100%
Trigger 2	15%	
Trigger 3	15%	
Trigger 4	15%	
Trigger 5	40%	
TOTAL	100%	100%

Partial achievement rules

Year One
Trigger 1: **all-or-nothing**
Trigger 2: **all-or-nothing**
Trigger 3: **all-or-nothing**
Trigger 4: **all-or-nothing**
Trigger 5: **Strictly Proportional**

Year Two
Trigger 1: **Strictly Proportional**

Definitions
Denominator for trigger 5: Number of patients in each of the targeted LTCs whom it is agreed should be targeted for completion of the SDM.
Numerator: Number actually completing the SDM in these groups creating usable data

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

Information templates to be developed in support of this scheme, and to capture:

- **Information for Benchmarking**
- **Information for Evaluation**

and to address **Information Governance issues.**

Reporting of Achievement against Triggers
The source of data for payment trigger 5 (see above), will have to be developed as the SDM CQUIN is adopted at the level of individual providers for specific patient groups.

If a software solution is adopted for administration of the SDM, then extracts from the implemented software will be usable to confirm active users and active records.

It is likely that providers will need to identify internal systems to identify the speciality / patient cohort and record the data. It is likely that specialist nurses could be used as a resource to identify patients and support data collection; though for inpatients admission under the specialty code may be used as a marker, and to validate of report.

Reporting Template requirement :A template will be available.

C6. Supporting Guidance and References

N/A.

Section D. SCHEME JUSTIFICATION

D1. Evidence and Rationale for Inclusion

Evidence Supporting Intervention Sought

See: "PATIENTS' PREFERENCES MATTER Stop the silent misdiagnosis"; Kings Fund 2012, Al Mulley, Chris Trimble, Glyn Elwyn

The implementation of a shared decision making system is designed to realise significant benefits to the healthcare system from improved patient outcomes and experience of care and from a more considered use of higher-cost interventions.

Patient engagement with decision making has been linked to improved health outcomes and has been shown to increase patient satisfaction by supporting independence which can also be linked to higher quality interactions with healthcare professionals.

Rationale of Use of CQUIN incentive

From a provider perspective, under existing payment systems, SDM may well not be self-funding even where it is cost-saving from a system point of view. Hence CQUIN is an appropriate lever.

An early adopter approach is appropriate given that the evidence base of cost-consequences of SDM is not well developed.

D2. Setting Scheme Duration and Exit Route

Incorporation of changes in the cost per care episode or year of care into core tariff payments for SDM interventions will be developed during the course of the CQUIN scheme's evaluation, based on the balance of expected savings from improved sensitivity of intervention to patients' needs and wishes. Plans will be developed for each patient group to ensure that funding is sustainable.

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:

Where the scheme requires use of a survey tool in Year 1, the target payments have been modelled on that for the first year of 2016/17 GE2 Activation System for LTC Patients. The Level of financial incentive for that element of the GE2 scheme, including staff training in the administration of the questionnaire, is £60,000 for a cohort of 500 patients, with variation of £30 per patient for greater or lesser size cohort. However, for the SDM scheme, patient numbers are expected to be lower because the survey tool is only really meaningful where the patient pathway offers a range of treatment options. This will require more effort by the Trust to identify suitable pathways and patients than for the main GE2 scheme, and more additional time per patient in consultation. Hence the threshold number of patients is set at 250, and the payment variation per patient is set at £60.

D4. Evaluation

This scheme requires evaluation, and resources are being sought to support this. Information collection set out above will be designed to support evaluation.