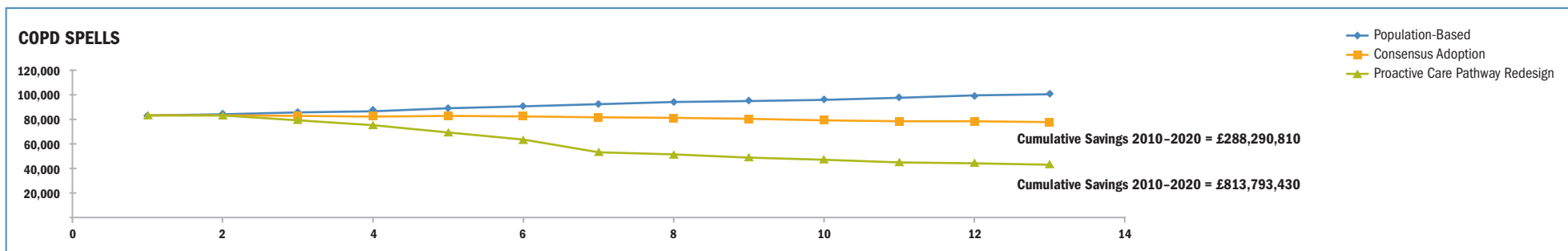


A Case for Change in COPD Management

The impact of proactive care pathway redesign on spell utilisation and savings in England



		SPELL CHANGE													
REGION	FORECAST	HES 08/09	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	10-YEAR % CHANGE (2010-2020)
England	Population-Based	84,155	85,230	86,485	87,828	89,758	91,541	93,105	94,561	95,912	97,237	98,594	99,928	101,234	17%
England	Consensus Adoption	84,155	83,754	83,379	83,001	83,110	82,948	82,425	81,656	80,718	79,793	79,069	78,591	78,343	-6%
England	Proactive Care Pathway Redesign	84,155	84,155	80,090	76,024	69,926	63,828	53,665	51,632	49,600	47,567	45,534	44,721	43,502	-46%

		ASSOCIATED SAVINGS, COMPARED TO POPULATION FORECAST													
REGION	FORECAST	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	CUMULATIVE SAVINGS (2010-2020)
England	Consensus Adoption	£0	£2,989,590	£6,290,068	£9,767,834	£13,442,866	£17,360,774	£21,554,423	£26,019,073	£30,605,176	£35,102,567	£39,262,771	£42,887,548	£45,997,711	£288,290,810
England	Proactive Care Pathway Redesign	£0	£2,177,528	£12,721,639	£23,443,906	£39,361,885	£54,982,351	£78,148,299	£85,108,226	£91,847,082	£98,542,770	£105,308,226	£109,628,282	£114,700,764	£813,793,430

Baseline figures for COPD utilization, are taken from the 2008-09 HES feed (the latest full year data set to be published). Sg2 understands that trusts will have access to more up-to-date data sources and we are happy to work with you to understand how individualised data sets influence the forecast output. COPD spells are defined as all admissions coded with HRGs D39 and D40.

Total savings are calculated by multiplying a) the number of spells that the model predicts could be avoided using each consensus and proactive care pathway remodeling strategies altering the care pathway, by b) 2008/09 Admitted Patient Care Mandatory Tariffs, HRGs D39, D40, adjusted for regional Market Force Factors within England. The model assumes all COPD spells are non-elective and thus the non-elective tariff and non-elective Market Force Factor-adjusted tariff is applied to all calculations, including spells with a LOS exceeding the HRG specific non-elective long stay trim-point.

Sg2 has calculated COPD savings due to reduced secondary utilization assuming that clinical dis-investment in secondary care is transferred to, and fully supports, primary care investments required to achieve care pathway re-design.