



The British Society for  
Antimicrobial Chemotherapy



**OPAT**  
Outpatient Parenteral  
Antimicrobial Therapy

## **Coding – The Route to Establishing an OPAT Tariff**

Debbie Cumming

How sensible is  
NHS UK funding?

Are current mechanisms  
hampering  
the potential of OPAT?



Debbie Cumming

Isle of Wight  
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# OPAT CODING AND NHS ££££

April - November 2012

**Can we break the enigma of the OPAT code?**

Workshops around **England** – Great feedback....

The **Isle of Wight** was not alone! Phew...

So there was a problem with finance....

Different approaches had been adopted  
to cope with the problem...



# In fact more than one problem...

OPAT for EARLY DISCHARGE  
OPAT for ADMISSION AVOIDANCE

- How do we cost and code for both?
- Solution(s) need to fit the local healthcare economy,
- **The NHS only has a certain amount of ££...**

...Need to achieve Provider stability  
whilst reducing the ££ burden on Commissioners

**We must be aware of this national tug of war  
between Providers and Commissioners for ££**



# Who is pulling stronger?

Patient A into hospital bed → then patient A transferred to OPAT  
Then a new patient B can go into the now empty hospital bed...

**RESULT = 2 FOR 1 for the Provider (BOGOF)**

i.e. **Provider** treats two patients through the use of one bed -  
& the OPAT patient costs only 60% of the cost of inpatient stay

So **Provider** gains more ££ –

spending less for the 2 patients than for 2 traditional inpatient episodes

**BUT.... Commissioner** has to pay more as throughput has increased

Consequently less incentive for **Commissioner** to develop OPAT  
although cost effective



# Score so far:

- The patient is not winning
- The NHS is not winning
- In fact no one wins...
- We have a dilemma...



# Now let's consider a cellulitis patient:

Requires 7 days of iv antibiotics

Let's look at 3 models of service delivery

(in patient, early discharge and admission avoidance)

& view the different payments made to the Provider

- **HRG PA17B** **£781**
- **Trim Point** **5 days**
- **Excess bed day payment** **£298**



# 1. Inpatient stay

(HRG £781, XS £298)

Patient Pathway	Payment	Loss / Gain
<b>Inpatient =</b>  HRG + (2 XS bed days)  £781 + (2 x £298)	    £1377	    <b>Current Status Quo</b>





# 2. Early Discharge

(remember **inpatient = £1377**, HRG £781, XS £298, Day Attender £192))

Patient Pathway	Payment	Loss / Gain
<b>“Discharge” HRG only =</b>  £781	£781	<b>Provider loses £596 (compared to inpatient episode)</b>



**Cost of case alone**  
**Does not include additional income from new HRG**

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<b>Transfer to “Virtual Ward” =</b>  HRG + (2 XS bed days) = £781 + (2 x £298)	£1377	Cost Neutral for that patient But Commissioner pays more for increased throughput



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<p><b>Transfer to “Virtual Ward” =</b></p> <p>HRG + (2 XS bed days) =            £781 + (2 x £298)</p>	£1377	<p>Cost Neutral for that patient            But Commissioner pays more for increased throughput</p>
<p><b>Transfer to Day Attender =</b>            (locally agreed rate)</p> <p>HRG + (2 Day Attender @ £192)            £781 + (2 x £192)</p>	£1165	<p><b>Provider loses £212</b>            Commissioner gains £212            But Commissioner pays more for increased throughput</p>



# 3. Admission Avoidance

(HRG £781, Ambulatory Care £921, Day Attender £192, XS £298)

**Patient seen in an assessment centre, LOS < 0,  
1 dose of iv antibiotics**

Patient Pathway	Payment	Loss / Gain
<b>Ambulatory Care Tariff</b> (JDO3C) then Day Attender for 6 days  £921 + (6 x £192)	= £2073	<b>Provider gains £696</b> Commissioner loses £696



# 3. Admission Avoidance

(HRG £781, Ambulatory Care £921, Day Attender £192, XS £298)

<b>Patient seen in an assessment centre, LOS &lt; 0, 1 dose of iv antibiotics</b>		
Patient Pathway	Payment	Loss / Gain
<b>Ambulatory Care Tariff</b> (JDO3C) then Day Attender for 6 days  £921 + (6 x £192)	= £2073	<b>Provider gains £696</b> Commissioner loses £696
<b>Admit to Virtual Ward</b>  HRG + (2 XS bed days) £781 + (2 x £298)	= £1377	<b>Cost neutral to Provider but gains the bed</b> But Commissioner pays more for increased throughput



# Summary so far! NHS England

Patient Journey (Cellulitis)	Payment	
Traditional inpatient without OPAT	£1377	



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OPAT Early Discharge “Unfunded” OPAT Early Discharge “Virtual Ward” OPAT Early Discharge “Day Attender”	£781 £1377 £1165	Unsustainable for Provider



# Summary so far! NHS England

Patient Journey (Cellulitis)	Payment	
Traditional inpatient without OPAT	£1377	
OPAT Early Discharge “Unfunded” OPAT Early Discharge “Virtual Ward” OPAT Early Discharge “Day Attender”	£781 £1377 £1165	Unsustainable for Provider
OPAT Admission Avoidance + “Day Attender”	£2073	Unsustainable for Commissioner
OPAT Admission Avoidance + “Virtual Ward”	£1377	





**So it is confusing...**

**in England ...**

**(and OPAT won't achieve it's full potential)**

**what is happening in**

**Northern Ireland, Scotland and  
Wales,**

**with respect to OPAT funding?**



# So what's happening in Northern Ireland, Scotland & Wales?

**Northern Ireland** – *No national policy or funding* for OPAT. Some ££ for clinical in-reach nurses & District Nurses to deliver iv antibiotics. Patients when not in hospital regarded as Primary Care

**Scotland** – *No national policy or funding* stream. LOCAL ENTHUSIASTS drive OPAT via local negotiations with Health Boards. No recognised outcome measure for patient activity ...

**Wales** – ££ from Government go to Healthboards to Hospitals with some WHSSC, otherwise service needs to be locally developed or not at all



# So...

- We have more than one problem....
- Inequalities of care across the NHS because there is...
- No standard way of financing the OPAT concept

Unless there is a robust mechanism for coding & costing OPAT, it won't reach its full potential...

**Both clinically and cost effectively...**



# So... what are the options for a solution?

<u>Option:</u>	<u>Provider's view</u>	<u>Commissioner's view</u>
<b>Adopt the Virtual Ward</b>	Provider wins	Commissioner loses



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<u>Option:</u>	<u>Provider's view</u>	<u>Commissioner's view</u>
<b>Adopt the Virtual Ward</b>	Provider wins	Commissioner loses
<b>Adopt the Day Attender (DA) fee after the Trim Point</b>	Provider loses difference between DA fee & XS bed day fee / day but...	Commissioner gains difference between DA fee and XS bed day fee/ day ...(but more patients through the bed)



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<b>Adopt the Virtual Ward</b>	Provider wins	Commissioner loses
<b>Adopt the Day Attender (DA) fee after the Trim Point</b>	Provider loses difference between DA fee & XS bed day fee / day but...	Commissioner gains difference between DA fee and XS bed day fee/ day  ...(but more patients through the bed)
<b>Adopt OPAT bed day fee +/- OPAT HRGs</b>	<b>Share the savings &amp; efficiencies... &amp; maximise clinical potential</b>	



# Issues to consider when setting OPAT bed day fee +/- OPAT HRG

## Model of OPAT remains under Provider control

- What types of cases? Need to accommodate range...
- Infusion clinic: ? more costly but other ambulatory care functions ...thus cheaper overall?
- Some OPAT patients may be more cheaply run with OPAT nurse (NHS or private company) +/- or self administration
- Some elderly or immobile patients may struggle to travel daily to a clinic, or those in very rural areas

There can be overlap within a Provider  
with different OPAT delivery models



# OPAT daily rate

- To include review and monitoring
- Requires proper governance
- Appropriate staff skills
- Currently many of the skills are in the acute provider

OPAT services must remain **outcome driven** (clinical)  
& not **process driven** (number of days)...

...**Retaining proper governance**





# Other cost considerations

- **Early Discharge:** OPAT assessment and formulating treatment plan within ...

Acute Provider part of HRG

- **Admission Avoidance:** OPAT assessment and formulating treatment plan within

Ambulatory Care HRG ...(few conditions)...

so need OPAT HRG...

Drugs and monitoring costs could be averaged

through surveys such as seen here...included in a **OPAT Daily Rate**...



So... what are the options  
for a solution if we adopt  
an OPAT HRG?

For Early Discharge and / or

For Admission Avoidance...?

Either for individual conditions...?

Or for Short, Medium or Long term  
conditions?



# What must an “OPAT Bed Day” fee provide for **Early Discharge**?

Patient needs 7 days iv for cellulitis—

HRG £781, Trim point 5 days, XS bed day fee £298

Traditional <b>HRG</b>	XS bed day fee x 2 <b><u>Total = £1377</u></b>
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Savings need to be split:

Traditional <b>HRG</b>	OPAT bed day fee x 2 (or more if pre Trim point) <b><u>Total must be &lt; £1377</u></b>	Gain for Provider	Savings for Commissioner
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# What must an OPAT HRG provide for **Admission Avoidance**?

Patient needs 7 days iv antibiotics for cellulitis

HRG £781, Trim point 5 days, XS bed day fee £298

Traditional HRG for 5 days	XS bed day fee x 2 <b><u>Total =£1377</u></b>
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Savings need to be split:

OPAT Admission avoidance HRG	OPAT bed day fee x 6 (or 7) <b><u>Total must be &lt; £1377</u></b>	Gain for Provider	Savings for Commissioner
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**OPAT bed day fee may be same as  
for Early Discharge**



# So how do you code currently?

Hands up please if you are:

from Northern Ireland

from Scotland

from Wales

from England

England: do you use?

Virtual Wards

Day Attenders

Local Tariffs

CQUIN

**Don't Know?**



# What have we done so far?

- BSAC OPAT Committee in talks with the Department of Health
- On-line letter in response to Ann Chapman's BMJ article
- 2 more articles to be submitted by end of June



# Which way would you like the UK to go?

Virtual Ward

Provider / Commissioner

OPAT bed day code

Provider / Commissioner

OPAT admission avoidance HRG

Provider / Commissioner

Or ?.....

**Feedback welcome! Questions...**

**But...Please fill in the forms as well...**



Isle of Wight

NHS Trust



# Thank you...

- Gill Honeywell, Russell Ball, Gary Whitwam, Sandya Themiminulle,
- Mark Gilchrist, Frances Sanderson,
- Graeme Jones
- Sarah Hedderwick, Andrew Seaton, Brendan Healy,

**And you....**

