
AUDITING PAYMENT BY RESULTS- HOW ACCURATE ARE WE AT CLUSTERING OUR PATIENTS?

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Introduction- The NHS introduced Payment by Results (PbR) as a means of classifying mixed cases treated within a hospital. A specific tariff is applied to each healthcare resource group (the unit of currency used). Payment follows the level of activity, according to the tariff. Care Clusters are a currency developed to support PbR for Mental Health Services. There are 21 clusters based upon patient's characteristics. Care Clusters are assigned using a decision tree of algorithm, based on the Person Score from the Mental Health Clustering Tool (MHCT), undertaken by a care professional involved in the patient's care.

Method- A random sample of 30 patients was audited. Patients were allocated care clusters by care professionals at initial assessment. The same patients were re-clustered by Doctor A(Middle Grade) and Doctor B(Consultant Grade). The audit tool was the MHCT.

Results-100% of sample was allocated a care cluster at initial assessment. 70% of cases indicated differences in the care clusters initially allocated. There was a trend towards the Doctor A (middle grade) clustering higher than the care professional. Doctor B (consultant) had a tendency to cluster higher than Doctor B and the care professional.

Conclusion- Clustering relies on subjective views of individuals conducting assessments. The more senior the professional, the higher the care cluster. This raises questions about individual assessment of risk/symptomatology and training provided in using MHCT. This could lead to serious consequences financially.

Recommendations- Retrain all staff in use of MHCT, consider clustering in MDT settings and recluster cases to ensure accuracy.