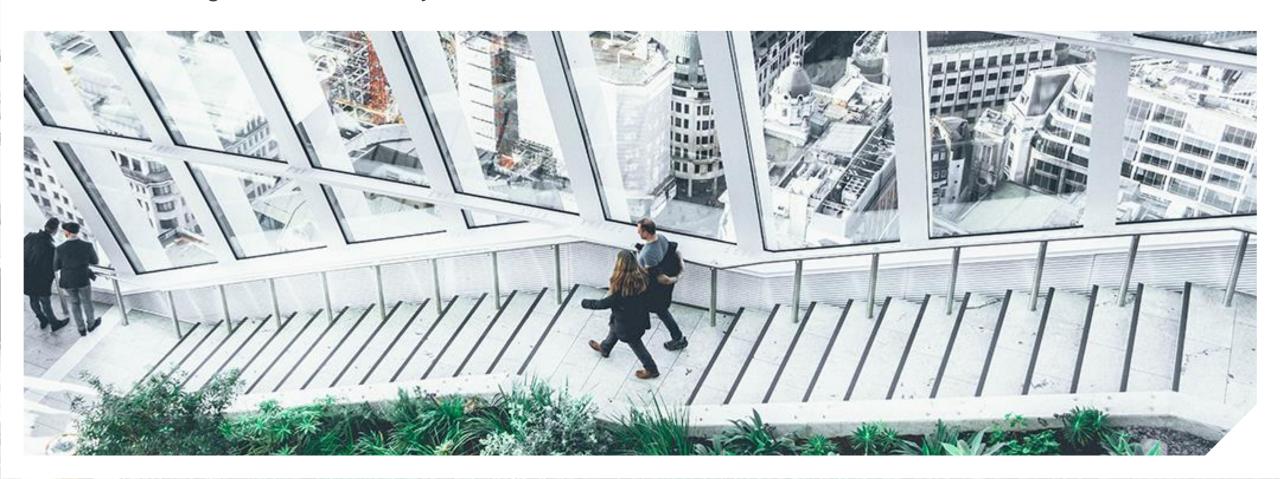


Care management impact model

Our unique model helps you quantify the impact of care management programmes and redirecting care within the system on overall healthcare resource utilisation



Care management impact model (CMIM)

Our care management impact model (CMIM) allows the user to quantify the impact on resource utilisation from redirecting care within the system.



Product

We have worked with numerous local economies on re-modelling specific care management pathways and quantifying the impact of redirecting utilisation due to admissions reviews.

While interventions are specific to each client, our tailored approach allows a range of different managed care programmes to be modelled, such as:

- Surgical admission avoidance programmes;
- Referral management schemes focused on evidence-based guidelines;
- Primary care interventions / extended scope of practice;
- Clinical Utilisation Review (CUR) determining medical necessity of admission or continued length of stay at any level of care; and
- Bespoke models characterising specific, local care management programmes.

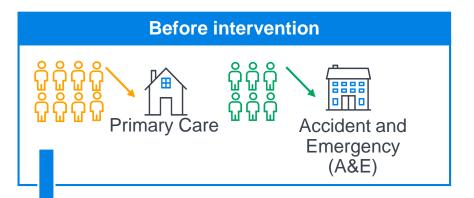
Our unique expertise in developing actuarial cost projections and looking at anticipated costs at the service line level for a specific population and over a defined time period, combined with the CMIM tool, allow a deeper analysis of the expected costs within the local system as utilisation is being re-allocated to other clinical categories.

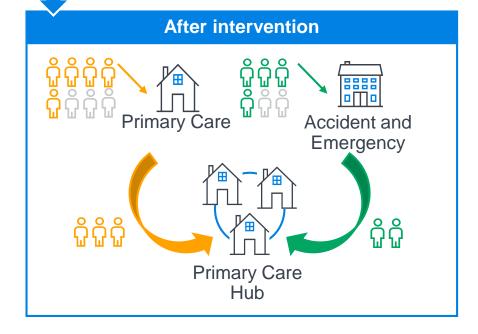
Given our long-term timeframe and population-level perspective, this also allows our modelling to incorporate changes in population structure.



Intervention example

Introduction of same-day access Primary Care Hub to absorb utilisation from A&E and Primary Care.







CMIM in action

The CMIM tool helps us model the impact of an intervention on the overall healthcare system, as shown below using illustrative figures and not showing all available service categories.

		Before intervention			After intervention		
Service category	Average cost per utilisation (GBP*)	Total utilisation per 1,000 lives		Per patient per month costs (PPPM) (GBP)	Total utilisation per 1,000 lives		Per patient pe month costs (PPPM) (GBP)
Hospital inpatient	3,123	73	admissions	19.03	73	admissions	19.03
A&E	125	588	cases	6.13	482	cases	5.02
Hospital DayCase	851	263	cases	18.66	263	cases	18.66
Hospital Outpatient	120	3,420	cases	34.11	3,420	cases	34.11
Community services	68	2,384	visits	13.55	2,384	visits	13.55
Primary Care (PC)	20	5,195	visits	8.70	4,126	visits	6.91
Primary Care HUB	13	0.0	visits	0.00	1,175	visits	1.22
Outpatient drugs	9	54,121	cases	41.04	54,121	cases	41.04
Total medical costs				141.22			→ 139.54

*GBP - Great British Pound

- 1. http://uk.milliman.com/insight/2018/Actuarial-cost-projection-model/
- 2. http://uk.milliman.com/insight/2018/International-best-practice-benchmarks/



Beyond CMIM



Projection Model

- Using the CMIM results in conjunction with our projection model¹, we can compare projected cost and activity under various scenarios.
- For example, taking into account expected demographic changes, we can compare future system costs and activity assuming:
 - Only demographic changes;
 - Demographic changes and cost/activity trends; and
 - Demographic changes and the expected impact of an intervention.



Redirected

from PC

and A&E

Lower total

PPPM costs

International best practice benchmarks (IBPBs)

- Our IBPBs² help you quantify potentially avoidable admissions and beddays within a healthcare system to identify potential value opportunities.
- Combining the results from the CMIM and IBPBs adds an additional layer of insight by helping us understand the impact of achieving benchmark activity levels on healthcare cost and activity.
 - By including the results from our IBPB model, we can quantify the offsetting impact of redirecting excess inpatient admissions to alternative settings (e.g. to daycase settings or admissions that would not have occurred at all).

Global reach, local knowledge

Thanks to the vision of our founders, and innovations by succeeding generations of principals, Milliman remains a driving force in the industry we helped define more than 70 years ago.



Why Milliman?

- We are one of the largest actuarial consulting firms in the world and the global market leader in actuarial consulting.
- We combine global expertise and market-leading technical skills with local market presence, leveraging our in-depth knowledge of the regulations and markets in which we operate.
- We offer an active research program to supplement and support our consulting activities.

Key Contacts



Joanne Buckle
Principal, Consulting Actuary
London
joanne.buckle@milliman.com



Tanya Hayward Consulting Actuary London tanya.hayward@milliman.com

