

Humana
White Paper
0407

How the use of
data will affect
NHS Primary Care
Trust performance

Introduction

The next five years will see huge changes in the organisation of the NHS in England, as the shift to decentralisation takes shape. And Primary Care Trusts will be at the forefront of implementing radical new strategies to improve the nation's health. The introduction of commissioning of services at grass-roots level is one of the biggest challenges. While decentralisation will give more authority to PCTs, it will also make them accountable for both financial performance and health results.

This Humana White Paper is the first in a series of discussion documents examining the implications of decentralisation for the NHS in England. In this paper, we explore the significance of data-driven knowledge within the commissioning process.

We aim to illustrate how data collection and management will help commissioners make informed decisions that will ultimately improve the nation's health and reduce the costs of delivering care.

At the launch of the new Primary Care Trust Network, NHS Chief Executive David Nicholson set out his five priorities for PCTs:

- leadership and engagement in and with the local community
- accountability
- having a more business-like approach
- being data driven
- having an ambitious strategy


The Audit Commission's Payment by Results (PbR) assurance framework, which comes into effect next year, advocates the national analysis of data and could lead to fines for any PCT producing poor data.

Right now, as PCTs emerge from the re-organisation process, commissioning will become the most important priority for the executive team. Developing a comprehensive strategy for commissioning is uncharted territory for most PCTs and will require a considerable investment of time and talent.

"Accuracy of payments under Payment by Results depends upon high-quality data. We are pleased that the Department has agreed to the proposed independent national clinical coding audit programme to help assure and improve the quality of the data on which payments are determined. The programme will complement what individual PCTs need to do themselves. It is not a substitute for local action."

STEVE BUNDRED
Chief Executive of the Audit Commission

Nowhere else in the world is a healthcare system primed to achieve such a radical transformation as the NHS in England. With the right data strategy at its heart, it has the potential to become the world's leading healthcare knowledge management organisation.

Commissioning will introduce a wave of new techniques and tools to take the NHS to a new level of capability. In the next few months, the building blocks will start to come into place. Organisations are lining up to introduce the techniques of other countries and industries. Already, right across the NHS, there is plenty of evidence of individual success stories brought from organisations such as Dr Foster and the NHS Institute for Innovation. What PCTs need to do is harness these best-of-breed applications and integrate them to build their own capability, based on their own care targets. They should adopt and apply the best from international experience and the private sector, in particular the achievements made in other industries. 

"If there is an alternative that is better for the patient and better for the NHS, then practice based commissioning provides the basis on which they can change the way that services are delivered."

LORD WARNER
Former Minister of
State for Health

Knowledge management

the driving force behind
global industry since
the earliest days
of technology

The world's most successful businesses share one common strength – outstanding knowledge management. For many, it is very close to being their core competence. They mass produce information the way they mass produce commodities. They recruit people for their expertise with numbers and supply them with the best evidence and quantitative tools. As a consequence they make the best decisions, big and small, every day, over and over again.

Ask any retailer about what has been the biggest breakthrough in improving the management of his business in the last 25 years and he will choose the barcode – a simple device which has been applied consistently and universally to practically everything which is made and sold.

Without the barcode, retailers would be unable to manage their supply chains and logistics. Shelves would be emptier, variety reduced, costs higher and many of the choices we've come to expect would just not exist.

The same theories apply in knowledge management as in healthcare. By correctly coding the procedure and identifying the patient, we will be well on the way to unlocking many of the currently impenetrable secrets of NHS performance.

As the NHS in England moves towards a more customer driven environment, it will introduce strategies that have long been successful in the business world and insurance-led healthcare systems. The tools already exist. The results are proven.

In our opinion, now is the time for PCTs to embrace the innovations.

Customer driven excellence – a blue-print for the future of healthcare?

We recognise that not everyone is comfortable with applying business epithets, case studies or industrial metaphors to an organisation whose principal role is to care for the sick and needy. And it's right to feel uncomfortable about comparing the production of manufactured goods with healing the human body.

However, it is essential to overcome this discomfort and begin to use all of the best techniques available throughout industry and commerce. Following this route is the only way PCTs will be able to manage knowledge effectively in order to make informed decisions that will not only improve efficiency and lower costs in the NHS, but will bring significant benefits for the patient too.

An increasing separation of commissioning and provisioning is taking place and it will go further; indeed this separation of buying and selling is essential to deliver the benefits of the strategy. Each side will need to work to improve the effectiveness of its operations, not only for the vision to be delivered, but for financial viability to be assured.

Knowledge management is the keystone. But there can be little knowledge without the underlying data.

Data is at the heart of effective commissioning. The only way to have an impact on managing a population's health is to be able to manage the health data of individuals across all the care services. To move away from fragmented care and disconnected treatments, you must first build connected patient data across all the places where he or she touches the healthcare system.

According to Baldrige's Healthcare Criteria for Performance Excellence, a major consideration in performance improvement and change management is the selection and use of performance measures or indicators. Through the analysis of data, the measures or indicators themselves may be evaluated and changed to better support goals.

Predictive modelling – the key to knowledge management in healthcare

Predictive modelling identifies risk before it happens, and by intervening when appropriate, can avert, reduce or delay more costly interventions.

For the NHS it provides a route to knowledge based practice-led commissioning.

For PCTs, real-time analysis is used to support Public Service Agreement targets for personalised

“Knowledge management is the explicit and systematic management of vital knowledge and its associated processes of creating, gathering, organising, diffusion, use and exploitation. It requires turning personal knowledge into corporate knowledge that can be widely shared throughout an organisation and appropriately applied.”

DAVID SKYRME
Knowledge management:
making sense of an
oxymoron. 1997
(Management Insight,
2nd series, no 2)

“Performance and quality are judged by an organisation’s customers. Thus, an organisation must take into account all product and service features and characteristics and all modes of customer access that contribute value to its customers. Customer driven excellence has both current and future components: understanding today’s customer desires and anticipating future customer desires and marketplace potential.”

BALDRIGE CRITERIA FOR PERFORMANCE EXCELLENCE 2007

care plans and reduced emergency bed days. The detailed data at individual patient level can then be aggregated for disease-specific population surveys and other comparisons.

Predictive modelling has its roots in the fields of finance, meteorology and air traffic control, where statistical tools of varying sophistication have been used to analyse data and improve the accuracy of predictions.

In US healthcare, predictive modelling has been used for over two decades applying a statistical methodology to clinical and administrative data to forecast medical costs and outcomes for a given population.

At its outset in the 1980s, it was used by health plans and managed care organisations to identify ‘high utilisers’ – the small groups of ‘revolving door’ patients who account for the largest percentage of US healthcare costs. By the 1990s, predictive models were being applied to risk adjustment. Not until 2000 did its potential in disease management become apparent.

The slow evolution of predictive modelling in healthcare is mainly due to the insufficient quality of patient data. As timeliness, accuracy and consistency of information are improved, so too will the capabilities of predictive modelling tools.

As a collector of patient information from cradle to grave, the NHS already has enough contiguous data to implement effective predictive models.

Today’s increasingly sophisticated technology is expanding the boundaries of predictive modelling to achieve even higher levels of accuracy in predicting

“Predictive modelling is about understanding individuals, but when done correctly it can also help understand populations.”

CAROL McCALL

Vice President, Research and Development, Humana

health conditions and forecasting trends on both an individual and population basis.

How does predictive modelling work?

Predictive modelling translates complex data into strategic information for better decision-making.

Using databases, algorithms and advanced analytics, predictive modelling classifies administrative data into coherent clinical groupings. Hierarchies and interactions are then applied to create empirically valid measures that compute into relative risk scores. These scores can then be used to quantify the implications of the patient’s ‘illness burden’ or morbidity.

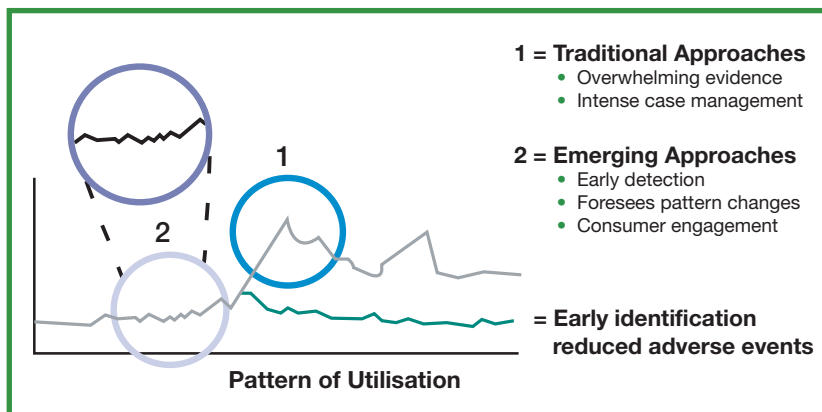
When done well, predictive modelling can:

- Sort and classify large populations by a selected variable or combination of variables.
- Identify disease prevalence and predict long-term trends for populations.
- Plan resource development (eg provider capacity/location).
- Identify and prioritise high cost patients for care/disease management intervention.
- Identify and locate patients at risk of particular diseases and diagnostic groups (eg diabetes).
- Identify immediately at risk patients.
- Enable the longitudinal tracking of populations, groups and individuals.
- Enhance financial strategy development (as DH costing systems develop).
- Compare provider outputs and patient outcomes.

Traditional information systems identify people who have been high users of healthcare services, relying mainly on hospital admission data. The benefit of predictive modelling is that they can be targeted before their conditions become more acute.

The Humana principle of predictive modelling has been adopted by healthcare systems in the US to identify individuals, groups, populations and their

Predictive modelling in practice



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healthcare needs so that successful strategies can be developed. It can:

- Predict the future costs of groups of patients within a population (eg a PCT area).
- Predict the future costs of currently ill people.
- Predict the future costs of people likely to become ill in the future.
- Enable the prioritisation and delivery of care programmes to the identified patients within any defined group.

Taking knowledge from both clinical and computational sciences, predictive models utilised by Humana in US healthcare systems combine clinical information about condition parameters, treatment pathways, significant clinical events, disease deterioration and transitional signals, with statistical and non-traditional analytic techniques, to extract relevant and meaningful signals,

behaviours and transition points represented within the data.

Using clinical data from inpatient hospitalisations, outpatient services, prescription drug use, electronic medical records, pathology data and general practitioner visits, increasingly accurate identification can be made of individuals most likely to incur high cost healthcare episodes, even if up to the present time they have not yet suffered any significant or catastrophic event. Some of the more powerful models can utilise as little as the first three months of pharmacy data with surprising accuracy, which then becomes much more informative as time progresses.

The results of these predictions create opportunities to develop appropriate outreach services, encourage patients to change behaviours, increase their participation in self care, and introduce other techniques which lead to more effective management of individuals' health. ■

“The goal of a clinical strategy is to find the right intervention for the right person at the right time. The best predictive models help us understand people. They are able to characterise a person’s specific circumstances, needs, activities and environment and allow us to not only ‘see’ what these are, but ‘anticipate’ what they will be. And it is this depth of understanding that allows us to literally custom-tailor the most valuable interventions to fit an individual’s needs in a way that they will be most receptive to.”

CAROL McCALL
Vice President, Research and Development, Humana

avality **Leveraging technology to centralise administrative functions**

Avality is a joint venture between Humana and Blue Cross Blue Shield. It was formed in 2001 to expand and ease the use of electronic information flows among healthcare providers, health plans and the government, creating a unified system to deliver integrated health management capabilities for health plans and providers. This enables the effective management of shared services, resulting in economies of scale and cost savings.

Key results achieved were:

- Administrative cost savings.
- Medical cost savings.
- Alignment with national electronic medical record vision.
- Approximately 30 million transactions per month.

The Avality Gateway supports both real-time and batch web and electronic data interchange (EDI) transactions, is committed to complying with the HIPAA regulations, and has proven to be fast and efficient. Avality is the recipient of the 2005 ASAP Alliance Innovation Award, 2003 and 2004 eHealthcare Leadership Awards, the 2004 IT Florida Excellence in IT Leadership Award, the 2003 E-Fusion Award, the 2003 TETHIE Award, and the 2003 AstraZeneca-NMHCC Partnership Award.

Translating these approaches to England, a typical pilot would see multiple PCTs sharing

services, possibly across the Strategic Health Authority in order to:

- Test the adequacy of existing information systems to support data translation and predictive modelling.
- Aggregate data to create a longitudinal record of the experience of its population.
- Calculate a ‘suite of scores’ representing the relative magnitude and urgency of clinical and care interventions and the expected impact for prioritising and focusing effort. This would include a severity score index for patients in the PCT area who suffer from a particular condition or co-morbidities. Segmented population level reports would be created on the PCT population’s health, condition prevalence, and estimates of future cost – subject to the availability of adequate financial data.
- Provide targeted segmentation reports on a limited number of clinical conditions to allow for focussed review of the opportunities to develop improved methodologies for population management and care provision. Combine predictive model outputs with tailored solutions for addressing specific health challenges, for example, diabetes.
- Plan for wider roll-out of the pilot to meet the needs of the whole PCT population through the application of tailored health risk assessments and delivery services.

Commissioning a patient-led NHS

In the next few years, the NHS in England will see the necessary components of effective commissioning coming into place:

- The electronic care record will be live and operational and the only way patient data will be collected in primary care. It will build a complete and accurate history of the individual's medical condition to create a lifetime longitudinal record.
- Hospital computer systems will deliver comprehensive clinical and transactional datasets. Not only will these provide detailed information on treatment activity, which can be added to the patient record, but they will also provide real insights into hospital performance.
- Provider comparisons will become available. The hospital will be correctly reimbursed under Payment by Results; and its effectiveness, efficiency and outcomes measured as a valuable by-product.
- Agreement will have been reached on patient data access, storage and manipulation across all care providers. The record will be shared for the benefit of the patient. All privacy, confidentiality and security issues will have been resolved.
- Data warehouses will be built at PCT or SHA level. They will have limitless data storage and very high access speeds. The data analytics capabilities behind them will deliver extraordinary knowledge on every facet of care and business activity.
- Chronic care will be managed as a transactional activity. The care will be planned, delivered, monitored and validated at each stage of the care pathway. Every carer will have a portable computing device to register care delivery and increase personal productivity. The progress of patients will be monitored individually and within their disease conditions.
- Patient care will be increasingly guided by expert knowledge systems, leading to greater consistency, accuracy and the adoption of best practices along the care pathway.

“Half-way through the ten-year NHS Plan, and following remarkable achievements in the acute sector, Commissioning a patient-led NHS shifts focus onto the crucial area of commissioning. Expert, imaginative commissioning is central to a patient-led NHS and changes to the organisation of primary care are making the NHS fit for the 21st century.”

DEPARTMENT OF HEALTH

“Integrated data is the key to integrated care”

DR. RAMU KANNAN
IT Director, Humana Europe

- Predictive modelling systems will enable almost every item in the dataset to be combined with any other. The learning which will come from this will not only promote system efficiency and effectiveness, but will start to reveal individual characteristics and traits in patients' medical conditions and treatment effectiveness, individually and comparatively. SNOMED-CT will increasingly be used to unlock many of the secrets of conditions and treatments.
- Prescription data will be combined with primary and secondary care data, resulting in a better predictive model. In the US, most prescriptive modelling programmes provide patient specific drug information upon request of the patient's physician or pharmacist. Some programmes proactively notify doctors when their patients are seeing multiple prescribers for the same class of drugs. This assists healthcare professionals in enhancing patient care by allowing them to intervene on the patient's behalf and assist them in obtaining appropriate treatment.
- Budgets will be balanced. Each PCT will know precisely the financial impact of claims on its resources. It will employ actuarial techniques to get its forecasting correct. It will understand the financial load of its population's disease burden and will manage accordingly, bringing the best capabilities available to manage demand and provide the most effective care.
- Patient engagement and empowerment will be transformed as patients are guided by support systems like the Internet, which they access easily themselves or have others use for them. Effective choice systems will deliver the transparency required by consumers. Information about provider quality, waiting times and accessibility will be available in real time, adjusted continuously, to enable initiatives such as Patient Choice and Choose and Book to be an everyday reality.
- Empowered patients will increasingly use the systems provided by the NHS for self care. Many individuals will become highly capable expert patients.

All of these benefits can only be delivered with accurate and available data.

Implementing Payment by Results will probably be the NHS's single biggest knowledge management challenge

Clinical coding is already proving to be a formidable undertaking. In developing Health Resource Groups, the NHS in England has probably moved faster than any country in the world in introducing a clinical coding system. But implementation is still very patchy.

Last year's report from the Audit Commission 'Payment by Results Assurance Framework' (December 2006), showed how difficult it is for "PCTs and Trusts to take action locally to assure themselves of the validity of data, and therefore the accuracy of payments being made."

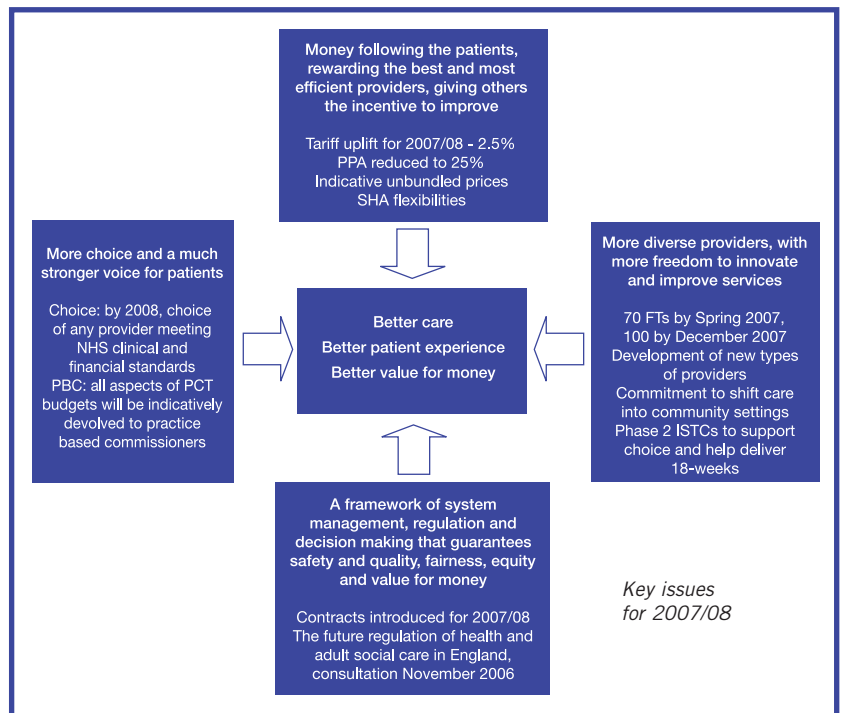
The report makes the following point:

"The pilots show a relatively high level of clinical coding error, which is leading to inaccurate payments under PbR. The Healthcare Resource Group (HRG) error rate, averaged across the 12 participating acute trusts, is 11.9 per cent. There is also considerable variation across trusts, ranging from an overall HRG error rate of 3.5 per cent to 28 per cent, and across specialties. Diagnosis coding has a higher error rate than procedure coding and the error is more likely to impact on payments. There is greater and more material error among non-elective episodes."

Extrapolated to the whole of the NHS, this means that there could potentially be a swing of many hundreds of millions of pounds of funding between provider and commissioning organisations. In any other business environment, there would be multiple failures, bankruptcies and closures. This means that it is in everyone's interest to collect the data completely and accurately."

If we are going to transform the NHS into a world-class 21st century knowledge-led organisation, clinical coding has to be professionalised and integrated into practice.

When all the respective parties value the information they collect, record it accurately and transfer it in the best possible shape to the next destination along the care pathway, the whole healthcare system benefits. At present, data is being amassed, but not distributed. GPs have lots of data on primary care, but no link to data in secondary and acute care. Public Health Authorities have good data on acute care but lack data on primary care. And without an information



Department of Health, 2006.

management system, PCTs have no way to determine the needs of their population and whether they are allocating and using services efficiently. Good data management and predictive modelling will mean that all three will have a better understanding of their needs and can target resources to help people earlier, and improve their experience of the healthcare system.

Tim Kelsey, founder of Dr Foster, made the following comment in the HSJ:

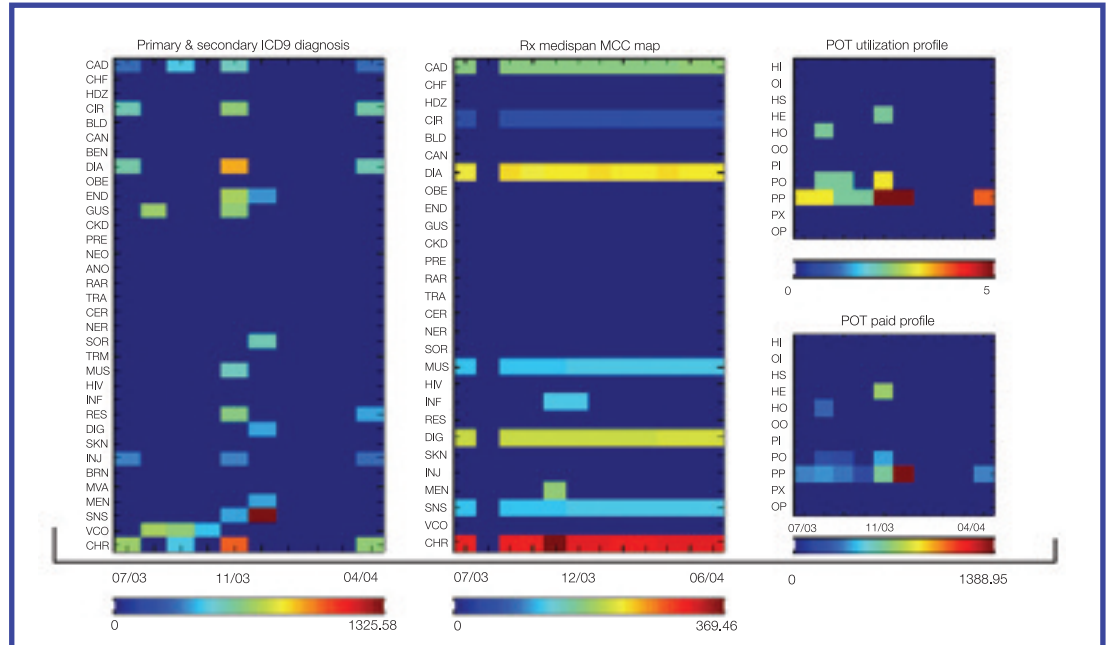
"Clinical record taking has been left to coders for too long. Clinical coders in the US have a graduate or postgraduate qualification and are paid accordingly. NHS coders generally work separately from clinicians and are relatively poorly paid. Some organisations are now placing coders alongside clinicians on ward rounds. In this way, the coder can verify information from both the clinician and the patient at the bedside."

As one PCT made the point recently, "The Trust recognises the importance of reliable information to the delivery of service user care and the management of its services. The quality of information will limit the capability to make operational decisions about the way care is planned,

"Local organisations including primary care practices will be given more freedoms and we are placing even greater trust in them to deliver."

THE NHS IN ENGLAND,
THE OPERATING FRAMEWORK
FOR 2007/8.
Department of Health

Individual Member Map



This is an example of Humana's data visualisation tool which is used to enhance insight and help identify where to target case management. The colours highlight the intensity of costs and services being used by disease/condition. Red signifies the highest intensity and blue the lowest. © Humana Europe Ltd, 2007.

“The Department of Health has suggested that primary care trusts should offer case management to ‘high-risk’ groups, disease management to ‘at risk’ groups, and public health/screening to ‘lowest risk’ groups. The challenge facing PCTs is how to allocate patients to these groups. And, in particular, how best to identify the patients who would most benefit from case management.”

THE KING'S FUND

managed and undertaken. Poor information quality leads to poor decision-making.”

This availability of data in electronic, codified formats will transform healthcare at both the institutional and personal level in the NHS. Healthcare organisations will start to realise truly impressive productivity gains – measured in terms of both quality and cost of care – when they use the knowledge they gain and apply it to deal with all types of illness. These new organisations will not only be dependent on acquiring additional knowledge, but will apply it for the continuous improvement of their businesses.

PCTs will be able to model various capacity scenarios and perform ‘what if’ analysis using knowledge-driven applications that combine accurately coded data with good forecasts of demand. Event-driven applications will process ‘near real time’ data feeds and provide actionable information to healthcare providers – for example informing a GP or nurse when a patient who requires after-care is being discharged from hospital.

We are still very much in the exploratory stage of applying data management techniques in NHS practice.

But already there are many examples of how clinicians, health professionals and management are developing new learning and applying the findings to improve the way in which they deliver care. In an HSJ article earlier this year ‘How doctors learned to start loving data’ (25th January 2007) Tim Kelsey stressed that hospital consultants need specialised information “which is meaningful to them and their peers and which they can review as a trend over time or benchmark against others”.

In the US, the fundamental strength of healthcare providers is that they understand the power of data driven knowledge. They know the cost of care, the efficiencies and outcomes. Many have moved on from being organisations which pay claims, to organisations which now differentiate themselves in a highly competitive marketplace by the quality of care they deliver.

Eminent Harvard economist Michael Porter made the point in his 2006 book ‘Redefining Healthcare’:

“Among the most important provider steps in moving to value-based competition is the measurement of results and the factors that influence them. It is difficult to improve value without measuring results.” _____ ■

The challenge for PCT Commissioners

So how can PCTs begin to function as knowledge-based organisations? Among the challenges will be:

- Gaining an understanding of the existing captured data, assessing what data is needed and identifying the gaps in order to improve completeness and quality.
- Overcoming patient confidentiality issues and restrictions around the use of data.
- Deciding on whose duty it is to compile data and whether it is appropriate to drive data collections through mechanisms such as Quality and Outcomes Framework.
- Assessing how the shift of services into primary care will impact on data collection.
- Understanding the health dynamics of the patient population and how this will impact on provision.
- Commissioning services for the appropriate future demand.
- Utilising data effectively to support programme goals.
- Understanding how and when interventions will be required.
- Assessing the implications for health professionals as they expand their data sets.

In England, PCTs will have to determine how far they want to go with their knowledge strategies. As a minimum, they will have to organise their knowledge assembly to enable them to discharge their principal responsibilities for effective governance. But as US experience is already beginning to show, the opportunities are almost limitless.

The new PCT organisations will need to be more fluid, creative and entrepreneurial. Most importantly, they will need to evolve to become leading edge knowledge organisations, collating, processing and adding value to the information which exists in and around their own healthcare systems.

Just how do you start to get the building blocks in place in an NHS setting?

Western Cheshire PCT is taking the first tentative steps to redefining itself as a knowledge management organisation. The PCT recently appointed a director of knowledge – probably the first in the NHS.

Western Cheshire is one of only a few PCTs to have looked at predictive modelling, based on information from 35 of the Trust's 37 GP practices. Very sensibly, the PCT is looking to start with the big wins – indicators of 'chaotic use' of health services.

As Helen Bellairs, chief executive, Western Cheshire PCT, makes the point, "We're spending lots of money on matrons dealing with patients who are currently chaotic users of the health service. GPs will be given a list of patients at risk of becoming chaotic users and the chance to address that before they become 'revolving door' patients that eat into health service budgets."

Other PCTs in Croydon and Luton, for example, are showing how predictive modelling can be used at the micro management level to improve NHS performance.

Croydon has been using the Combined Predictive Model in its virtual wards project whereby people identified by the model as having a very high risk of future hospitalisation are put on a 'virtual ward'. These people are provided with preventive care in their own homes by a multi-disciplinary team who use the systems, timetable and staffing of a hospital ward but without the physical building.

Admission to the virtual ward is determined solely by the output of the Combined Predictive Model. Patients' risk scores are monitored over time and can be used to prompt the virtual ward staff to discharge patients when appropriate – and offer admission to a patient at higher risk.

The Croydon project was highly commended in the Secretary of State's Award for Excellence in Healthcare Management.

"It's about turning data into intelligence."

HELEN BELLAIRS
Chief Executive,
Western Cheshire PCT
(HSJ, 25th January 2007)

“The Combined Model has transformed the way we look after people in Croydon who have complex medical and social needs. By allowing us to identify individuals before they become acutely unwell, our clinicians can offer proactive – rather than reactive – care.”

GERAINT LEWIS
Specialist Registrar,
Croydon PCT



Here are just a few examples of how data can be leveraged to deliver personalised communications to engage consumers and encourage healthy behaviour. Humana’s award-winning SmartSummary is a personalised health statement; Sensei is a mobile health mentor; and Virgin Life Care is a health and wellness incentive programme.

There are now no technology constraints on collecting, processing, interpreting, or delivering the data. New IT architecture and new statistical tools enable successful co-ordination and capability building across enterprises. Service-oriented architecture, virtualisation, access devices, social software and data warehouses all allow modern day systems to be linked together. It

doesn’t matter whether primary care data is in one place, hospital data in another, prescription information in a different place and community care data in another, it can all be brought together at the patient level, in the form of vital sign and activity monitoring, health assessments, interactive web-based applications, secure web services and voice platform interactions. ■

Today's patient – tomorrow's decision maker

Only by understanding how people interact and engage with the healthcare system can commissioners be truly effective. Armed with this ground-level local knowledge, services can be configured around the needs of individual patients, ultimately leading to happier, longer and healthier lives.

Patient communication and public engagement within the NHS are still in their infancy. Research shows that public awareness of PCTs and their role is very low at present. Communication with the public is fundamental to the new model of healthcare being developed in England.

Eventually, and especially when they come to understand the individual benefits, consumers will want to participate in the new health economy. They will want to interrogate, to challenge, enquire, add their own data and build their own health records.

How will PCTs relate to these demands? The new consumer will not be passive. And already many health funding organisations in the US and around the world are creating online places where their members can go to probe medical systems and start to lay down their data.

PCTs will quickly learn that in order to become knowledge enabling organisations for their patients, they will need to make as much of their knowledge as possible accessible to their populations.

Sophisticated and accessible information systems will be critical to the delivery of an essential pillar of NHS healthcare transformation – The Patient Choice programme.

Genuine quality improvement will come in a money-follows-the-patient environment where the consumer starts to make informed judgements about the preferred location for their care. We will start to see a transformation of the transactional behaviours between providers and purchasers which we witness

every day in all parts of the consumer society. Consider the amount of product information we can access today. And how much we can learn from places like the Internet about product performance. It's inevitable from how the NHS has been set up that as hospitals start to sell, patients (and their intermediaries, including GPs) will start to buy.

Finally, knowledge should be used to empower people to take charge of their lives. In a healthcare setting, this might mean the collection and interpretation of vital signs, adherence to care pathways or building a personal health record.

What will knowledge mean for the patient? At the present time, in these early days of health commissioning, patients are unable to make a decision about their choice of commissioner as the PCT they get is determined by where they live. In 2008/9 NHS Patient Choice will allow us to choose from any of about 400 qualifying hospitals. But it may be 10 or 20 years before it is possible to make a vertical choice for commissioning. When that eventually happens, it is possible that the PCT commissioner patients choose will be the one which can convince them that its knowledge and expertise is the most highly developed and can be applied to their precise healthcare needs. ■

“The future is about sharing – sharing of information, sharing of decisions and sharing of responsibility. We know that patient involvement in decision-making improves health outcomes. We know that patients want choices about what treatments they can have, where they are treated, and how they are treated. We also know that there are benefits to all in the public being involved in how health services are provided.”

HARRY CAYTON
Director for Patients and the
Public, Department of Health

About Humana

- Headquartered in London, Humana Europe is a provider and integrator of healthcare management services for primary care organisations. We are a subsidiary of Humana Inc., one of the largest health benefits companies in the US.
- We are one of only a handful of organisations in the UK able to offer an integrated healthcare commissioning service.
- We are a company run by healthcare management experts with international, multidisciplinary experience ranging from consumer engagement and behaviour change to clinical excellence.
- We have tried and tested strategies for healthcare organisations to improve the patient experience and reduce health inequalities.
- Our approach is recognised by doctors and healthcare professionals as supporting their interactions with patients and removing obstacles to the frontline delivery of care.
- We have achieved demonstrable health improvements through innovative partnerships.
- We have a proven track record in slowing the trend of rising healthcare costs.
- We have a history of adapting, innovating, and implementing best-of-breed solutions across the spectrum of healthcare delivery.
- Through our unique consumer-driven approach, we understand how people interact and engage with the healthcare system and how to configure services around the needs of individual patients.
- Through constant innovation, we are focused on achieving a fundamental shift in consumer attitudes and behaviour, leading to healthy lifestyle maintenance and a reduction in the burden of illness.

Awards

2006 American Business Awards

June 2006

Humana won a Stevie Award for its SmartSummary Rx benefits statement in the Best New Product category at the 2006 American Business Awards.

2004 American Business Awards

April 2004

Finalist in 3 categories: Most Innovative Company, Best Customer Service Organization, Best Engineering Executive.

CDHCC Awards

April 2004

Best example of technology facilitating consumer-directed health plan, 2004 Consumer Directed Health Care Conference.

Computerworld Premier 100

January 2004

For exceptional technology leadership, innovative approaches to business challenges and effective execution of technology strategy.

eHealthcare Leadership Awards

October 2003

4 consecutive years / 2003 Results Gold Awards in Best e-Business, Best Health / Healthcare Content, Best Overall Internet site.

CIO 100

August 2003

For demonstrating resourceful use of technology and excelling in generating greater value from limited resources.

Forrester Research CDHP Survey

July 2003

"A leader in the deployment of self-service technology, Humana's consumer-directed offerings feature the broadest access to customer service and content among the leading plans."

Contact us

We welcome your views. This white paper can be reviewed on our website at humana.co.uk. Send us an email to add to the debate: info@humana.co.uk Tel: 020 3004 3200 Fax: 020 7495 6190