

Editorial comment: How true outcomes-based commissioning can really ‘liberate’ healthcare services

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OVERVIEW

Editorial comment on ‘How true outcomes-based commissioning can really ‘liberate’ healthcare services’ by Diane Bell, Thomas Kelley and Nicholas Hicks

Kelley *et al*'s paper provides further evidence of how healthcare decision making can be more sensitive to what matters to both patients and the funders of healthcare, and how this developing approach can make a positive contribution to healthcare service purchasing at a population level. The paper is produced by members of the newly established UK-based team of the International Consortium for Health Outcomes Measurement (ICHOM), a not-for-profit organisation founded by the Harvard Business School, the Boston Consulting Group and the Karolinska Institute. The conceptual thinking and development of outcome-based commissioning gathered momentum globally following the publication of Michael Porter and Elizabeth Teisburg's seminal text *Redefining health care* in 2007.¹ In Thorpe's (2007) review of their book,² he states what so many of us (clinicians and patients) think, 'of more interest is their proposal for restructuring the system to focus on what matters the most, maximising the health outcomes per dollar spent'.

Within the UK, a conceptual shift in government thinking led by Lord Darzi in 2007 moved away from a target-driven mentality to an outcome-based approach, with emphasis on evidence-informed decision making (outcome led) underpinning healthcare commissioning decisions. Since then we have seen an openness to embed this thinking into system restructuring and new models of care, increasingly important as complex financial decisions have to be made at a population level and at the same time illustrate how these reflect what matters most to patients. All of this is occurring within a climate of increasing complexity and austerity! Interestingly, the NHS Confederation animate this thinking by saying that we should 'begin with the end in mind', in effect reverse engineering healthcare systems that focus on patient/service users shaping the outcomes that matter to them; not necessarily historic metrics that get routinely reported.³

The NHS Confederation report that, historically, commissioning has failed to unlock the potential for service

delivery to be responsive at a patient level, mainly because traditional models have focused on processes, individual organisations and single inputs of care.³ Ironically, this can lead to a fragmented approach to the way care is delivered and experienced, erecting barriers and developing constraints within the healthcare system. The unintended consequence of this way of working is failure to integrate services and models of care, detracting from a positive patient experience. National Institute for Health and Care Excellence (NICE) evidence^{4,5} indicates that tailoring healthcare services at a patient level and continuity of care and relationship are both key determinants in improving patient experience, and rightly should be influencing commissioner thinking.

Kelley *et al* report how this is moving from policy into practice, highlighting the positive benefits for a targeted geographical population, with potential for this to be delivered at scale across whole health economies. Systems that enable resources to focus on keeping people well and at home with care co-ordinated across settings resonate strongly with the Future Hospital Commission principles. Outcome-based commissioning has been successful in helping transform the delivery of care internationally, and while still in its infancy in England, Kelley *et al* positively report this change in direction and highlight its potential benefits. Spread of innovation needs to be happening at every level of the health economy, including new models of commissioning. ■

References

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- 2 Thorpe KE. Redefining health care: creating value-based competition on results. *N Engl J Med* 2007;356:316–7.
- 3 NHS Confederation. *Beginning with the end in mind: how outcomes-based commissioning can help unlock the potential of community services*. London: NHS Confederation, 2014. Available online www.nhsconfed.org/resources/2014/09/beginning-with-the-end-in-mind [Accessed 10 April 2015].
- 4 National Institute for Health and Clinical Excellence. *Patient experience in adult NHS services: improving the experience of care for people using adult NHS service*. NICE clinical guideline 138. London: NICE, 2012.
- 5 National Institute for Health and Care Excellence. *Quality standard for patient experience in adult NHS services*. NICE quality standard 15. London: NICE, 2012.

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