



# How to Survive PBR


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A stylized, layered mountain range graphic in shades of teal and blue, positioned at the bottom right of the slide.

# Surviving PBR

- ◆ Background Issues
  - ◆ Current PBR and the future
  - ◆ What we get paid for
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- A stylized silhouette of a mountain range in shades of teal, located in the bottom right corner of the slide.

# Background

- ◆ Payment basis is national tariff
  - ◆ Healthcare Resource Groups are ISO-resourced
  - ◆ Coding determines which HRG procedures falls within – OPCS4.3
  - ◆ Grouper
  - ◆ Coding is complex
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# Background Issues

How ISO-resourced are HRGs?

e.g. H71 consists of 8 procedures  
National tariff (£7,010)

Procedure	Activity	Minimum Cost	Maximum cost	Mean Cost	St. Deviation
H71-W371	2	7,194	10,613	8,904	2,418
H71-W372	18	5,301	13,170	8,141	2,012
H71-W373	45	6,270	14,486	10,054	2,092
H71-W382	18	10,415	15,917	12,873	1,595
H71-W383	6	10,453	15,405	13,303	2,101
H71-W392	1	12,974	12,974	12,974	
H71-W394	71	2,659	25,519	8,912	3,839
H71-W574	3	9,668	21,637	16,278	6,082

# Background Issues

- ◆ Tariff set is based on average reference cost that are over 2 years old.

e.g. 2006 Reference Costs for H80  
(Cemented Hip)

Highest Reference Cost	£15,477
Lowest Reference Cost	£ 499
Tariff	£ 5,176
Implant Costs	£ 1,299

# Background Issues

- ◆ Lack of sophistication in HRGs
  - 65 HRGs for musculoskeletal covered under national tariff
  - Only 5 HRGs for hips

These are:

H01	Bilateral Primary Hip Replacement
H70	Resurfacing of Hip
H71	Revisional Procedures to Hips
H80	Primary Hip Replacement Cemented
H81	Primary Hip Replacement Uncemented

# Issues

- ◆ Key drivers may result in very different payment outcomes:
  - Length of stay
  - Diagnosis
  - Co-morbidity
  - Procedure undertaken
  - Age of patient
  - Specialist top-up

# Changes to PBR

- ◆ Changed coding to OPCS 4.3 06/07
- ◆ Resolving issues with Group – enable refined coding to play into tariff
- ◆ Moving to HRG V4
  - Doubles number of musculoskeletal HRGs – to 108 Core HRGs – Subdivided by complications and comorbidities to form 207 HRGs
  - Hip HRGs 4 Core HRGs - Subdivided by complications and comorbidities to form 8 HRGs
- ◆ Anticipate timetable likely to be delayed



# Example of Coding

- ◆ Patient has uni-compartmental knee replacement.
- ◆ Could be coded in 2 ways:

	Method 1*		Method 2	
Primary Procedure	W521	Primary prosthetic replacement of articulation of bone using cement NEC	W521	Primary prosthetic replacement of articulation of bone using cement NEC
Secondary Procedure	Z765	Lower end of femur NEC	Z845	Tibiofemoral joint
Tertiary Procedure	Z774	Upper end of tibia NEC		
Primary Diagnosis	M179	Gonarthrosis, Unspecified	M179	Gonarthrosis, Unspecified
Resultant HRG	H08	Joint Replacements or Revisions, Site Unspecified	H04	Primary Knee Replacement
Tariff	3,925		5,476	

- ◆ \*Method 1 coded correctly as per Coding Directive - but not financially

# What Do You Get Paid For

- ◆ Elective Stay – Same price whether inpatient or daycase
- ◆ 9 outpatient procedures – all other procedures only at outpatient tariff (e.g. removal of k-wires in OP only attract income of £71)
- ◆ New outpatient c£150
- ◆ Follow-up outpatient c£75
- ◆ FRP and Gait assessments outside PbR – but clinical coding important to identify appropriately

# What Do You Get Paid For

- ◆ Specialist top-up applied in certain circumstances e.g. (70% uplift):
  - X092 Disarticulation of hip
  - W551 Primary prosthetic interposition arthroplasty of joint
  - W562 Primary interposition arthroplasty of joint nec
  - W563 Revision of interposition arthroplasty of joint nec
- ◆ For revision arthroplasty uplifts are applied if one of the following diagnoses is identified as the primary diagnosis:
  - M84 Disorders of continuity of bone
  - M86 Osteomyelitis
  - T845 Infection and inflammatory reaction due to internal joint prosthesis

# Surviving the System

- ◆ *Must not game*
  - but can improve quality
  - large changes discuss with Commissioners
- ◆ *Ensure coders have information needed to code*
- ◆ *Must be timely (after national cut off dates not able to re-adjust)*
- ◆ *Key to Trust understanding costs*
  - Implant costs
  - Theatre Time
  - Ward type and length of stay
- ◆ *Recording accurate data*

# Surviving the System

- ◆ *Managers and Clinicians work closely together to achieve greater understanding of costs – and rewards earned for work undertaken*  
e.g. looking at implants used
- ◆ *Remember PBR English only System*