



Commissioning for Quality in Rheumatoid Arthritis (CQRA): Case Study

Use of commissioning metrics to drive service improvements: a clinician's perspective

Implementation of the commissioning metrics and associated data collection form can have an immediate impact on the quality of services delivered to patients by encouraging regular monitoring of key stages within the patient care pathway to identify and address areas for improvement. Implementation of the metrics can also improve communication among the wider healthcare team leading to a more consistent management approach, as Dr Preeti Shah, Consultant Rheumatologist at Trafford General Hospital explains.

“The commissioning metrics and associated data form developed by Commissioning for Quality in Rheumatoid Arthritis (CQRA) provides a tool that helps clinicians to determine where treatment delays occur so that services can be better tailored to ensure the prompt treatment needed by many RA patients. My experience with the commissioning metrics project is that it encourages greater clinician evaluation of services by prompting measurement of clinically-relevant stages within the patient management pathway – measurements that may not always be regularly undertaken.

“In the first instance, analysis of data collected using the commissioning metrics provides a valuable flagging system to alert service providers of potential areas of suboptimal patient management. The next step is diagnosis of the problem by interrogating the data to identify the reasons and causes for under performance with subsequent development of specific and targeted tactics or modifications to service delivery pathways to address performance issues.

“For example, the first commissioning metric assesses the percentage of patients with inflammatory arthritis who subsequently have a clinical diagnosis of RA, receive assessment, diagnosis and their first treatment within six weeks of referral. Where analysis of the data flags that there are delays in patient treatment, diagnosis of the underlying causes could reveal that the delays are due to service delivery processes, for example availability of appointments or problems with triage. Thus a solution to the flagged problem could be the provision of more clinics or improvement of the triage process.

“The second commissioning metric evaluates the percentage of patients with a Disease Activity Score 28 (DAS28) of greater than 2.6 (often defined as the threshold for remission) who receive monthly assessments and monthly evaluation of DAS28. From a clinician’s perspective, the reason for not meeting this metric could be due to time constraints within existing clinics or other system challenges including lack of resource. Analysis of metric results may identify a need to educate all members of the team on DAS scoring. The problem might be as simple as not having a DAS calculator in clinical areas. An outcome in my department was to work with our Information Technology department to develop and establish an electronic DAS scoring sheet on our electronic patient record system. The information from analysis of this metric and identification of causal factors for metric results could then be used in discussion with commissioners regarding resource need and allocation and be used to inform business plans for service delivery and effective disease monitoring systems.

“The third commissioning metric captures the percentage of patients who receive rapid escalation of treatment, in line with National Institute for Health and Clinical Excellence (NICE) clinical guidelines, until clinical remission (or DAS28 of 2.6 or less) is achieved. Drugs such as biologics can represent a significant financial cost in the management of RA. Collection and sharing of data around this metric ensures that information is provided in a timely and transparent manner to Primary Care Trusts and Medicine Management departments. It inspires confidence about the appropriateness of treatment, provides evidence for appropriate use of resource for selected patients based on NICE guidelines (which represent current best practice) and can facilitate budget negotiation and encourage improved planning of services.

“The final commissioning metric monitors the percentage of patients who receive a full annual review in line with NICE guidelines. This allows identification of the individuals within a multidisciplinary team (MDT) responsible for assessing the various elements recorded within the annual review and encourages improved sharing of notes and information about patients. The need

to collect the data using a standardised form also encourages patient information to be recorded regularly and appropriately. For example, in my experience recording of the outcomes of these assessments by different members of the MDT was not optimal. Underperformance of this metric indicated that though patients were being assessed, improved co-ordination and sharing of information on electronic patient records among MDT members was needed. This metric encourages you to think about patients' pathways for MDT access, for example provision for direct patient access to key MDT members.

“As a clinician, the commissioning metrics provide valuable information and evidence about the quality of the RA service being provided to patients, allowing specific areas of improvement to be identified and addressed and informing resource discussions with your providers. A key benefit of the commissioning metrics and standardised data collection form is that they encourage improved consistency of service delivery quality within a department by providing a means of cross-referencing and monitoring services delivered by different clinicians within the department. The data analysis can also be shared outside the department to benchmark service delivery against other rheumatology service providers, again identifying potential areas for improvement against an external standard. Measuring quality metrics through this simple tool gives you invaluable information about your service and puts you in the driving seat for appropriate commissioning of your services.”