

1-page summary of findings of the Quality in Private MSK working group

October 2018

There is currently wide variation in clinical care and outcomes in private MSK therapy, and no common benchmarks of quality. To grow and promote all MSK care services the need for a robust evidence base is critical for future proofing all types of care associated within. For this, several steps are needed to be able to define and evidence quality.

Due to the absence of any commonly-agreed outcome criteria, the private medical insurance industry has been unable to discuss cost effectiveness and value with providers and so conversations are often limited to costs and volumes. Patients are unsure how to determine quality and their choice is usually based on word of mouth, price or location. Providers aren't rewarded for investing in clinicians with expert skills and top-of-the-range facilities.

Collecting data (both big and small amounts) will inform everyone involved in the provision of MSK care about what has worked better or worse for the patient. It provides an evidence base for debate, questions and new insights. With enough data (at a national level) it may provide evidence for models of care for certain conditions.

Beginning the process of collecting clinical outcome data using validated tools will improve the consistency of measures used and at sufficient scale will start to illuminate what intervention works best for which condition.

Case-mix adjustment is possible with large volumes of data, and quality of care improves as the evidence base expands. Providers would then be able to market themselves based on agreed quality metrics and (possibly) be rewarded for meeting minimum quality standards.

How have we got here?

A collective group of over a dozen representatives from all professions involved in private MSK care, from professional bodies, small to large practices with differing clinical experience, providers and insurers has met over the past 2 years.

Our work is aligned with the CQC and is quality-based rather than commercially-focused.

The benefits for all are impressive. It will help forge closer links between providers, commissioners and patients by reducing poor and ineffective care and will provide better understanding of effectiveness and a benchmark for quality care. For those delivering better, proven quality, it will be an opportunity to market themselves with evidence and demonstrate cost-effectiveness.

We propose a process of quality in the private sector that patients really understand. We will need a critical mass of stakeholders to participate. The process will start with collecting basic categories of quality measures, moving to then adopting as a standard what are proved to be the most effective and useful specific measures. Through our collective discussions, we can provide some insight and suggestions into methods and delivery.

Assurances have been agreed with the insurers that they will not request different PROMs and we propose an embargo on the early data, for it to be anonymised and ensure it will not affect patients' premiums. Insurers have agreed that they will distinguish between those who collect data and those who don't. When the process is established and validated, insurers will be able to review data collected from then on and this will help the sector to move towards value-based commissioning and healthcare.