



HIV Adult Outpatients PbR Currency

Produced in co-operation with British HIV Association and British Association for Sexual Health and HIV.



Introduction

This guide provides a summary of the proposed year of care pathway for an Adult HIV Outpatient Services PbR Currency.

The aim of the pathway is to support the delivery of quality, safe and cost effective patient care aligning to BHIVA guidelines and maintaining the open access nature of sexual health services.

The current intention is to mandate this currency in April 2013.

-The Department of Health (DH), is working in collaboration with the British Association for Sexual Health and HIV (BASSH) and British HIV Association (BHIVA) to develop this initiative.

A simple guide to the use of the currency has also been developed and can be found at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133363.pdf.

Overview of the HIV Adult Outpatient currency

A PbR currency is defined as the unit of healthcare for which a payment is to be made as opposed to a tariff which are the set prices for a given currency unit.

A year of care approach rather than an episodic for each outpatient attendance allows providers to focus on better outcomes, improved quality and innovation and the holistic patient experience.

The HIV currency has a clinically designed pathway and is based on a year of care approach with three separate groupings of patients:

- Category 1: New,
- Category 2: Stable, and
- Category 3: Complex

The currency has been developed by a National Reference Group which contains clinicians, commissioners and representatives of BHIVA and BASSH.

It has been through a number of iterations reflecting comments and feedback from across the

country supported by extensive dataset testing carried out by the Health Protection Agency.

Category 1: New

Category 1 patients are those that have been newly diagnosed in the UK or have newly started ART during the past 12 months.

This category recognises that patients in the first year of diagnosis or first year of starting ART require more intensive clinical input than stable patients.

This may include a greater number of initial and more complex diagnostic tests and more frequent clinic visits with a greater input from the Multi-Disciplinary Team.

Category 2: Stable

Category 2 covers non Category 3 listed medical complexity patients that were diagnosed in the UK more than 12 months ago and, if on ART, started ART more than 12 months ago.

This category will cover the majority of patients including some where the care might be quite complex but not one of the listed Category 3 complexities. It therefore should be used as the default category unless category 1 or 3 criteria can be demonstrated and validated.

For example if a patient transfers in to an HIV service and had started ART for the first time more than a year ago then they would automatically be classified as category 2 unless they had one of the medical complexities resulting in them being a category 3 patient.

See the simple guide for more examples of how patients are categorised.

Category 3: Complex

Patients who fall into category 3 have one of the listed medical complexities that identifies them as normally requiring a higher level of care, albeit temporarily at times.

A full table of the Category 3 medical complexities and their definitions can be found in the Clinical Pathway/Dataset.

In summary these include:

- Current TB co-infection on anti-tuberculosis treatment
- On treatment for chronic viral liver disease
- Receiving oncological treatment
- Active AIDS diagnosis requiring active management in addition to ART (not inpatient care)
- HIV-related advanced end-organ disease
- Persistent viraemia on treatment (> 6 months on ART)
- Mental Illness under active consultant psychiatric care
- HIV during current pregnancy

Information Flows

A new national dataset is being developed by the Health Protection Agency called the HIV and AIDS Reporting System (HARS).

This dataset will capture all the information needed to support commissioning in addition to directly information surveillance.

Further information and a link to the dataset is available at <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/HIVAndAIDSReportingSystem/>

Further information

More information on the Adult HIV Outpatient Currency can be found at:
on the DH website at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133365

A suite of documents is available for download that explain in more detail:

- the clinical pathway
- a simply guide to the pathway
- currency guidance
- dataset documentation
- coding guidance
- data validation rules
- and as published supporting FAQs

If you have any specific queries about Adult HIV Outpatient Services and PbR that are not answered here or on the website, please email pbrcomms@dh.gsi.gov.uk

