Health Innovation Manchester
Mental Health Pricing Model

Petra Brown
Greater Manchester Mental Health Medicine Optimisation Strategic Lead Pharmacist
Greater Manchester Mental Health NHS Foundation Trust

Cara Afzal
Interim Senior Programme Development Lead, Health & Implementation
Health Innovation Manchester
Kings Fund
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The rising costs of health and social care and slow introduction of innovative solutions are a major frustration to policy-makers and care providers.

Patient Outcomes across Greater Manchester are currently below national averages against a range of disease and mortality figures and over the next five years, faces significant public health challenges.

- **20%**  
  Increase in over 65s population between 2011 and 2021

- **30%**  
  Increase in over 85s population between 2011 and 2021

- **£2b**  
  Funding deficit to the health economy by 2021 if no action is taken

The obstacles preventing rapid implementation of innovations nationwide:

- Fragmented and slow decision-making
- Structures which do not assist collaboration and co-ordination
- Lengthy and uncertain routes to adoption
- Excellent initiatives in one locality are not shared across the system
- Industry find multiplicity of organisations/initiatives confusing and add to risk
The Greater Manchester health devolution has enabled the formation of an Academic Health Science System allowing for the acceleration of clinical research into clinical practice.

Health Innovation Manchester’s vision is to transform the health and wellbeing of the people of Greater Manchester by introducing innovative solutions into our health and social care services much quicker.

"The unique offering of Greater Manchester"

2.8 million citizens
Health Innovation Manchester is a partnership initially created by a number of founding partners comprising health & social care providers, academia and industry innovators.

Building upon a sound platform comprising a large & diverse population, a critical mass of life sciences firms and skilled workers, 6 large teaching hospitals, strong university led research base and a rich history of innovation.

“Health Innovation Manchester supports a ‘One Manchester team’ to tackle GM health & care challenges.”
Health Innovation Manchester brings together academic research and clinical excellence with industry innovators, creating shorter and more certain pathways to enable adoption at scale.

Health Innovation Manchester covers every stage of the translational pathway from discovery science through to commissioning and real world evaluation.

“Health Innovation Manchester is building upon the strengths and synergies of both the AHSN & AHSC.”
Being at the heart of this unique and cohesive system ensures we have an in depth understanding and clear view of the needs of citizens, patients, providers and commissioners.

Three major opportunities to highlight where system-wide innovation keeps people well, reduces pressure on health and care providers, supports economic growth, and improves health outcomes for citizens and patients.

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<th>The future of healthcare and medicine will be</th>
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<td>• Driven by exciting advances in basic research, particularly in genomics, digital technologies.</td>
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<td>• The development of health data analytics, using integrated big data sets.</td>
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<td>• Using exceptional insight into entire citizen-level health pathways, and the ability to evaluate treatments and care pathways.</td>
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<th>A new approach to working with industry</th>
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<td>• A streamlined and accelerated decision-making structures to aid industry in navigating disjointed systems.</td>
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<td>• We have signed an MOU with the Association of British Pharmaceutical Industries (ABPI) and are working closely with them to bring forward a pipeline of innovations for rapid adoption.</td>
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<th>New business models</th>
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<td>• Will enable us to tackle the perverse incentives in existing health and care funding which inhibit investment.</td>
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<td>• Evaluation of costs and benefits of innovations across the whole care pathway, outside of individual institutional boundaries.</td>
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<td>• Develop funding models which incentivise providers to invest in innovation.</td>
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Our exemplar projects will balance clinical need with innovation opportunity and support the work of population health and social care professionals, and the needs of primary and secondary care providers.

Exemplar projects will be selected for their significant impact not only in improved patient outcomes but also for their potential cost reduction to the health & social care system leading to positive impact in local economic activity.
Mental Health Pricing Model – Exemplar Project

Initiated by Health Innovation Manchester as an example of innovation, for implementation of a Rebate Outcome Payment Scheme for patients on Second Generation Antipsychotic Injections

1 of 9 Exemplar Projects initiated by Health Innovation Manchester

Focussing on the implementation of the Second Generation Long Acting Injection Rebate Outcome Payment Scheme that has been offered to Greater Manchester by Janssen in relation to the prescribing of Paliperidone Depot for the treatment of schizophrenia.

The proposed rebate scheme **reimburses the provider** should the agreed outcomes not be met.

The aim is to **push the boundaries** of the payment scheme to include escalation, using clustering based payment models and **real world evidence**.
Operationally

Paliperidone is available in **two formulations**, one monthly, which can progress to three monthly injection if the person is willing and tolerates the injection (>4 months).

Scheme in place if patient discontinues in first **6 months (one monthly)** due to side effects or efficacy, or **24 months (three monthly)** if admitted >72 hours due to worsening of symptoms.

The trusts all have **approval processes** as part of medicines optimisation to review the benefit of the medication for the patient.

The focus is on developing **outcome** based contracts to see the healthcare system reimbursed **versus expectations**.
Key Stakeholders
Progress made...

**Project Delivery Group** established with full participation

**Project reports at internal trust** and Greater Manchester level

**Preliminary screening data** for 1/6 of the population suggests a possible rebate on the cost of medication through the Rebate Outcome Payment Scheme of £6,000+.

The cost of escalation of care has yet to be agreed. Data from all trusts by **end January 2018**.
Challenges

- Initial intention to capture ‘real world evidence’ but limited to licensed use
- Janssen not able to physically be present at all meetings, but participated via telephone conference.
- Learning limited from previous implementation of the Scheme (10+ trusts) utilised by Janssen
- Reimbursement for escalation of care under discussion, awaiting outcome
- Volume of data collection. Reduced screening tool used
Challenges continued...

- Supporting data collection despite clinical opinion being that few would fall into the payment category. Reduced screening tool used
- Anxieties around sharing information therefore aggregated data collated from screening tool
- IT challenges as data mining from paper sources in addition to multiple IT systems. Establishing data points whilst keeping data collection minimal
- Local access to trust data and release of data required by Partner, i.e. establishing IG permissions
Next Steps

To use a **Service Evaluation** tool for greater understanding of the **patient pathway towards medicines optimisation**.

To implement the Janssen Portal **to claim the rebates**

To use the learning from this project for outcome based payment schemes

To negotiate with other pharmaceutical companies **to apply to other medications**

To negotiate with pharmaceutical companies on reimbursement of patient care

**Phase II** to consider commissioning of a **research project** on Long Acting Antipsychotic Injections
Questions

Is it appropriate to use Cluster based models for calculating rebate schemes?