



**OBH<sup>®</sup> Outcomes Platform**

**Cloud Software Service Description**

## OBH® Outcomes Platform – Service Description

### Outcomes. Measure what matters. Then incentivise it.

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The **OBH® Outcomes Platform** provides ‘true’ health outcome measures at a population and cohort/condition level. These data-driven insights are updated regularly, enabling continuous visibility of health outcomes data across populations. The Platform offers insights that can help drive clinical decisions, as well as support commissioning decisions for outcomes based contracts. The tool enables the identification of baselines - which form the basis of outcomes based contracts - and monitoring of outcomes on an ongoing basis.

Powered by **OBH’s Segmentation Engine**, this solution provides insights for care pathways for specific population segments. These use data from multiple care settings, including primary and secondary care, according to the requirements of the outcome measure. Outcomes data insights and available configurations are designed accounting for clinical coding, clinical data quality, statistical significance and national best practice standards.

The **OBH Outcomes Platform** is designed so that clients can:

- identify baseline values for each outcome using historical data, filterable by appropriate geographical level (e.g. ICS, Place, PCN);
- make statistical adjustments to allow for meaningful comparison;
- monitor monthly outcomes data on an on-going quarterly basis (where applicable), with a minimal time lag - more frequent updates can be provided upon agreement with the client and to be charged as per the rate card;
- explore outcome breakdowns according to deprivation status (using IMD quintiles)
- monitor survey data to measure person-centred outcomes (client to provide input survey data);
- view or the annual financial out-turn of the outcomes portion of outcomes based contracts. This feature uses annual outcomes performance data from the Outcomes Platform, once contract parameters and weightings have been set-up within the Platform by the client.

## THE OBH OUTCOMES PLATFORM – CORE FEATURES

### A. Selecting population segments to measure outcomes for

**OBH** has developed outcome measures for a range of whole population segmentation approaches, as well as condition-specific segments, such as people with diabetes, COPD, older people with frailty, heart failure, serious mental illness, and many more.

Outcomes can be successfully defined, measured and interpreted when applied to homogeneous segments of the population which share similar needs. **OBH** use robust and evidence-based methodologies to define a segment using criteria that can be implemented using the data that already exists in health and care systems. These are created by defining health condition(s) and/or similar sets of needs and demographics, descriptions of conditions (e.g. using clinical codes such as ICD-10 diagnosis codes, or SNOMED codes), key inclusions/exclusions, and age criteria.

The **OBH Outcomes Platform** allows clients to select outcomes to measure from any number of segments. So, whether you are looking to incentivise outcomes solely for a specific condition group such as ‘people with diabetes’ or you require a whole population approach, **OBH** has an extensive list of outcomes to fit your needs. We can also work with life sciences and other organisations, who may only be interested in a small number of specific outcomes, relevant to their products or services.

If you are interested in a population segment whose outcomes are not yet available through the **OBH** Outcomes Platform, we can work together to develop the specification you require, as long as it aligns with the

core **OBH** segmentation and outcome definition methodology. This is part of our planning and support services, offered via Lot 3.

## **B. Selecting the outcomes you want to monitor and incentivise**

Outcomes are results of care that matter most to people - often including both measures of good health, and the avoidance of disease and illness. Therefore by their nature, outcomes often encompass care being provided by multiple providers. The **OBH** outcomes development process is informed by:

- patient, carer and senior clinician input
- commissioning and operational input
- published research, evidence and national guidelines
- robust validation, sensitivity testing and data 'deep-dives'

There are two broad types of outcomes: Clinical and Social Outcomes (CSOMs), where existing provider data can be used to measure the outcome, and Personal Outcomes (or Person Centred Outcome Measures-PCOMs), where a patient voice (response) is needed to measure the outcome, often through outcome measurement tools/surveys. Included in **OBH**'s Outcomes Library are a suite of novel outcomes measures that measure objectively population-level **HEALTHSPAN**<sup>®</sup> and/or **HEALTHY LIFESPAN**<sup>®</sup>, the proportion of life spent in good health. The **OBH Outcomes Platform** provides different features/views depending on the type of outcome you select.

### **Clinical and Social Outcome Measures (CSOMs):**

**OBH** focuses on defining and measuring Clinical and Social Outcomes using existing health and care data that is already available. An accurate technical description of each outcome is essential. **OBH** develop comprehensive technical specifications and data descriptions that can be applied to linked data sources. This enables measurement of outcomes for specific populations across care pathways that span multiple providers. These have been internally validated to ensure statistical rigour and accuracy, so that the outcome values derived can be relied on by all those involved in outcomes based contracts. The result is standardised, tried and tested Outcomes Frameworks, that fully fit with the reporting requirements of outcomes based-contracts.

### **Data Requirements for CSOMs**

**OBH** can use a range of health and care data sources to derive accurate outcome values. In order for the **OBH** Outcomes Platform to compute baselines and monitor outcomes, the client will need to supply **OBH** with the required health and care datasets. These will be agreed on prior to commencing implementation. Though the precise data requirements will depend on the outcomes selected, typically, extracts from a number of the following datasets are required: Secondary Uses Service (SUS), Hospital Episode Statistics (HES), primary care data from all local GP practices, social care data, and/or community data. These can either be linked (using a pseudonym), or unlinked. The data provided for use must be at an individual, record-level, that is pseudonymised for any personal identifiers i.e. no personal identifiable data is required or will be held by **OBH**. Accurate outcome measurement baselining requires a minimum of 3 years of continuous historical data. Efficient monitoring of outcomes data requires a data lag of no longer than 3 months. This ensures there is enough, near real time data available for clients to be able to set appropriate targets and trajectories for their outcomes based contracts.

In order for the **OBH Outcomes Platform** to continuously monitor the selected outcomes, data extracts based on the data specification will be required on at least a quarterly basis. The client will ensure that all datasets delivered to **OBH** will conform to an agreed specification.

If you are interested in outcome measures that are not yet available through the **OBH** Platform, we can work together to develop the specification you require. This is part of our planning services, offered via Lot 3.

### **Person-Centred Outcome Measures (PCOMs):**

Our team draw on the best available national and international evidence to establish evidence-based, validated tools that most accurately and reliably measure person-centred outcomes for specific populations. Where

survey data is collected by a third party and is made available to **OBH**, the **OBH Outcomes Platform** is able to monitor that data and provide insights into its statistical validity.

### **Data Requirements for PCOMs**

The client needs to supply data from the surveys it deploys to capture patient-centred outcomes. If historical data is provided, this can be set-up by **OBH** for baselining, otherwise a regular ‘feed’ of data must be provided for on-going monitoring of the contract.

**OBH** can work with a range of pre-approved third party suppliers of surveying and data collection services.

### **C. Linking your Outcomes to a Financial View**

The **OBH Outcomes Platform** provides functionality to set-up outcomes parameters for an outcomes-based contract using baselines for the selected outcomes, and outcomes targets and associated payment thresholds. The finance view will allow the client to automatically “convert” the annual outcomes performance into financial out-turn for the outcomes portion of any outcomes based contract.

The Platform can be configured to enable individual users to establish ‘shadow’ outcomes based agreements. This allows users to effectively model what the financial out-turn would have been, given their selection of parameters and outcomes performance.