

International Best Practice Benchmarks

International best practice benchmarks identify potentially avoidable inpatient admissions and beddays



International Best Practice Benchmarks (IBPBs)

Milliman's IBPBs help you quantify potentially avoidable admissions and beddays within a healthcare system to identify potential value opportunities.

Product



- Our international benchmarks represent real, empirical and achievable utilisation experience.
- They are not theoretical benchmarks, nor are they comparisons to other health economies that may be operating in a constrained supply-side system.
- The benchmarks represent a standard of what is possible with optimal infrastructure and strict use of evidence-based pathways to limit unwarranted variation.



- Benchmarks are adjusted for local demographics.
- We use a degree of healthcare management scale (DoHM) to describe a spectrum of utilisation rates representing well-managed through to loosely managed systems.



- Clients report that the IBPBs provide independent and valid challenges to existing thinking on where to focus resources and concentrate reconfiguration and service design efforts.

Applications

- The benchmarks can be applied to any healthcare system (public or private) where stakeholders are seeking opportunities to reduce waste and improve efficiencies.
- We have run our IBPBs in various local health economies within the UK NHS to successfully identify the overall opportunity for efficiency gains in inpatient settings.



Degrees of healthcare management (DoHM)



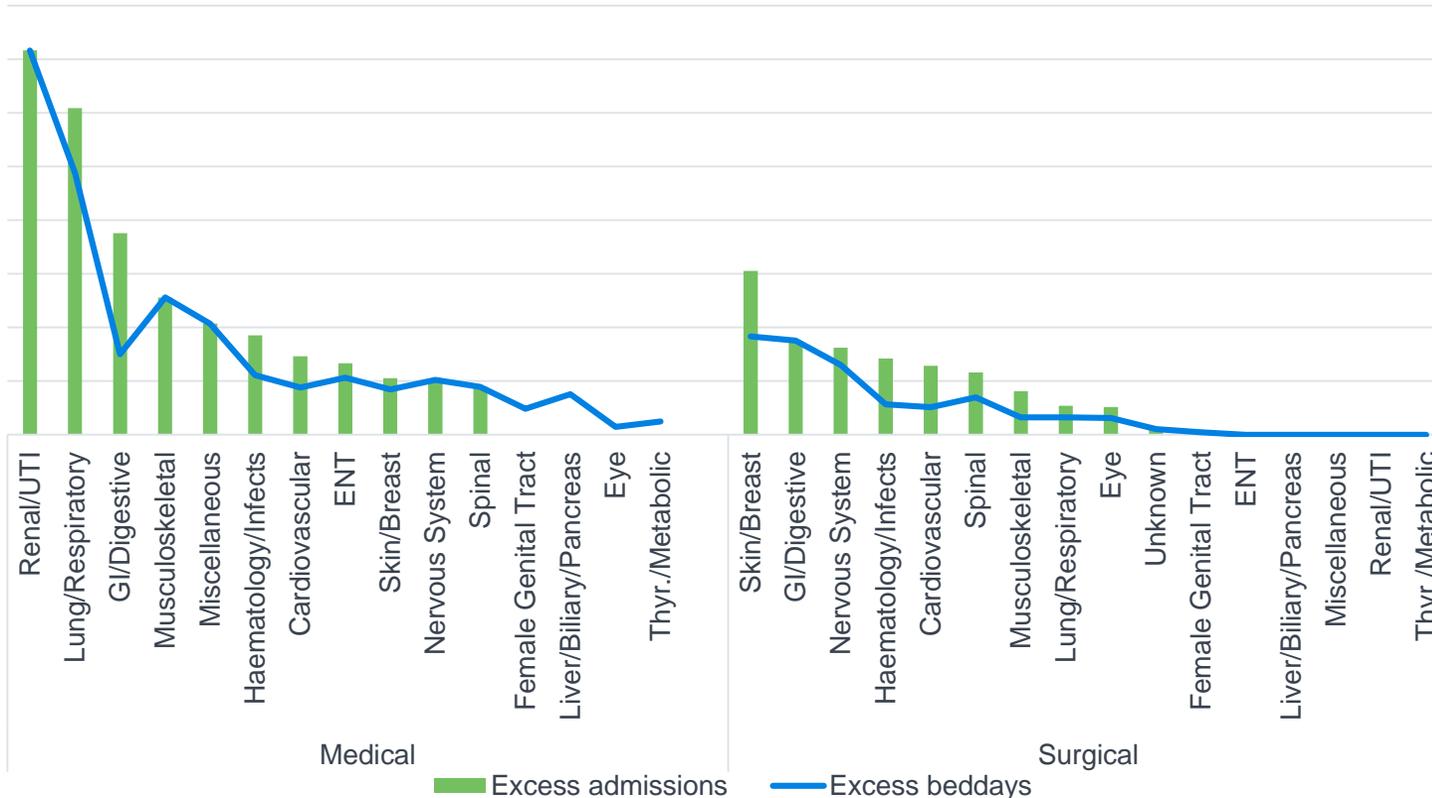
Using our International Best Practice Benchmarks, we are able to classify healthcare systems by their degree of health management. This will often be an indication of a system's:

- Compliance to evidence-based care guidelines
- Access/restriction to services
- Use of incentives (overuse, outcome based, not linked to cost control or perverse)

International Best Practice Benchmarks in action

Our benchmarks identify opportunity areas to reduce admissions and/or beddays. Benchmarks can be generated by clinical category and age band to ensure model insights can be turned into actionable decisions.

Potential excess admissions and beddays by Milliman Clinical Category



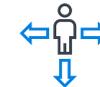
In this example, Milliman Clinical Categories (MCC) with the largest opportunity include Renal/UTI, Lung/Respiratory and GI/Digestive.

Beyond the benchmarks



Projection Model

- Using the IBPB results in conjunction with our projection model, we can compare projected cost and activity under various scenarios.
- For example, taking into account expected demographic changes, we can compare future system costs and activity assuming:
 - Only demographic changes;
 - Demographic changes and cost/activity trends; and
 - Demographic changes and benchmark inpatient activity achieved.



Care Management Impact Model (CMIM)

- Our CMIM adds an additional layer of insight by helping us understand the impact of achieving benchmark activity levels on healthcare cost and activity.
 - By including the results from our IBPB model, we can quantify the offsetting impact of redirecting excess inpatient admissions to alternative settings (e.g. to daycase settings or admissions that would not have occurred at all).

Global reach, local knowledge

Thanks to the vision of our founders, and innovations by succeeding generations of principals, Milliman remains a driving force in the industry we helped define nearly 70 years ago.



Why Milliman?

- We are one of the largest actuarial consulting firms in the world and the global market leader in actuarial consulting.
- We combine global expertise and market-leading technical skills with local market presence, leveraging our in-depth knowledge of the regulations and markets in which we operate.
- We offer an active research program to supplement and support our consulting activities.

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