



BPT – what do you know



## True or false?

- Q1
- The BPT covers 49 clinical scenarios in 2017/18



## True or false?

- Q2
- The BPT for each clinical scenario is actually made up of 2 tariff prices



## True or false?

- Q3
- BPT is designed to supercede existing contracting arrangements



## True or false?

- Q4
- The 70% (or 30%) marginal rate does not apply to AEC admitted patients



## True or false?

- Q5
- BPT style tariffs can be applied to AEC activity recorded as outpatient



# BPT – The answers



## True or false?

- Q1: The BPT covers 49 clinical scenarios in 2017/18

False

The BPT applies to adults only, admitted as an emergency across a range of 26 clinical scenarios

*2017/18 and 2018/19 National Tariff Payment System  
Annex F: Guidance on best practice tariffs practice tariffs*





# 2017/19 26 Best Practice tariffs

Abdominal pain	Pulmonary embolism	Self-harm
Anaemia	Asthma	Abnormal liver function
Bladder outflow obstruction	LTRI without COPD	Acutely hot painful joint
Community-acquired pneumonia	Chest pain	Chronic indwelling catheter
Low-risk pubic rami	Falls including syncope / collapse	Gastroenteritis
Minor head injury	Appendicular Fracture	Transient ischaemic attack
SVT including AF	Cellulitis	Urinary tract infections
Epileptic seizure	Renal/ureteric stones	Upper GI haemorrhage
Acute headache	Deep vein thrombosis	



# True or false?

- Q2: The BPT for each clinical scenario is actually made up of 2 tariff prices

True

The BPT for each clinical scenario listed above is made up of a pair of prices: one applied to emergency admissions with a zero day length of stay, the other to emergency admissions with a stay of one or more days. By paying a relatively higher price for same day cases, the BPT creates an incentive for providers to manage patients in this way.

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## True or false?

- Q3: BPT is designed to supercede existing contracting arrangements

**False**

Some providers have already implemented best practice in ambulatory emergency care and are able to manage patients outside of the traditional hospital bed base. The BPT is specifically designed for those providers that are not so well advanced.

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## True or false?

- Q4: The 70% (or 30%) marginal rate does not apply to AEC admitted patients

False

Activity within the BPT's scope is included in the marginal rate emergency rule..

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## True or false?

- Q5: BPT style tariffs can be applied to AEC activity recorded as outpatient

True

It will be important to make sure that those already delivering best practice are not disadvantaged by the BPT. Therefore, organisations may agree local payment variations that either encourage development of pathways outside of the admitted setting or ensure adequate reimbursement for acute providers that have already established such care models.

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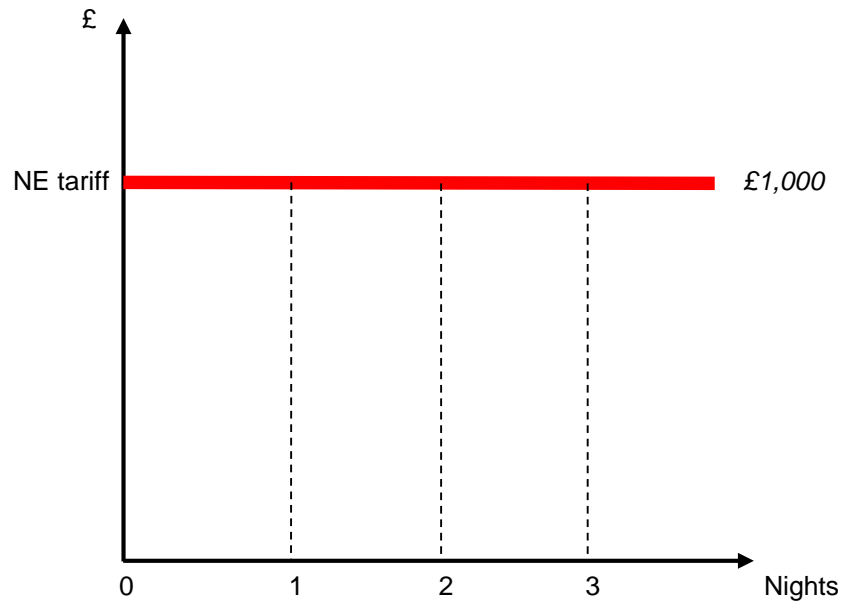


## Principle

“A BPT is a national price that is designed to incentivise high quality and cost effective care. The aim is to reduce unexplained variation in clinical quality and to spread best practice. The price differential between best practice and usual care is calculated to ensure that the **anticipated costs** of undertaking best practice are reimbursed, while creating an **incentive** for providers to shift from usual care to best practice.”

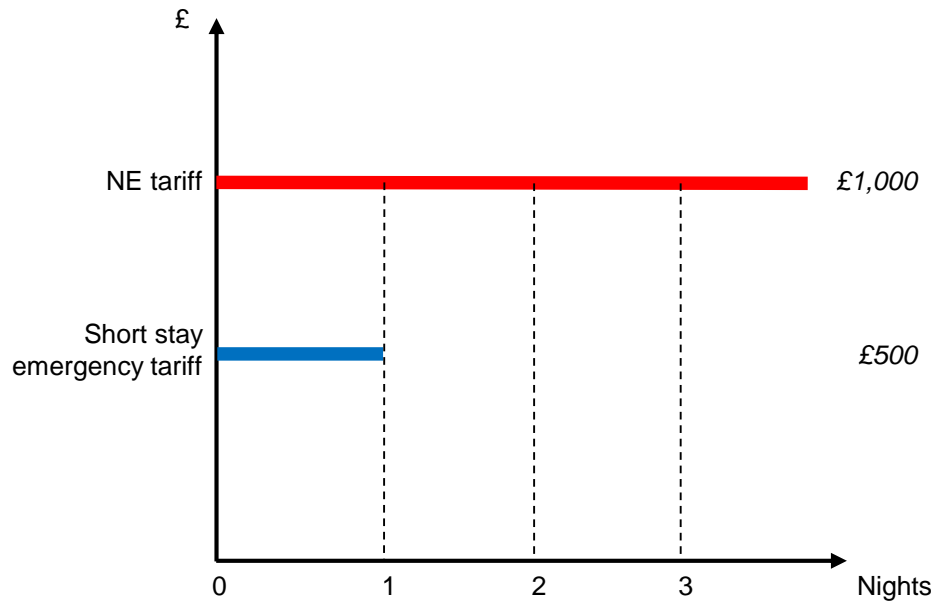


# Traditional tariff structure





# Traditional tariff structure



Implication: income reduces if patients managed on a same day basis



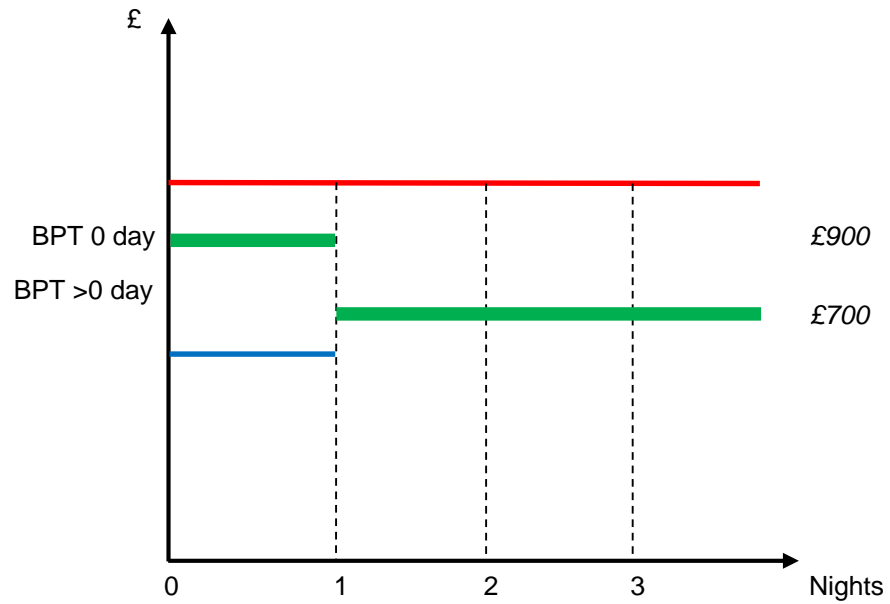


## Same Day Emergency Care BPT

- Aim is to encourage the management of emergency conditions on same day basis (where appropriate)
- Achieved by adjusting price level and relativities between short and long stays
- Zero day LOS over-reimbursed and non-zero LOS are under-reimbursed compared to cost
- Lowers the cost base



# BPT tariff structure



Implication: financial incentive for zero day LOS



# An example

