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Population profiling & case finding in primary care - two sides of the same coin

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Background & Aim: Within the English Health Service, the use of case finding techniques is largely confined to providing GPs with lists of people who are at risk of an unplanned hospitalisation and who may benefit from proactive intervention to prevent this. However, GPs have noted that this group is not homogenous in terms of the principle intervention required. Within a health community in Berkshire, GPs wanted to gain a greater understanding of the high risk patients to identify gaps in care provision and design services based on differing needs.

Method: An exercise was undertaken to profile the whole population, concentrating specifically on the key drivers of cost and hospital activity. Patient level data covering a population of circa 150,000 was used to undertake this analysis. GPs were involved in the process.

Results: Results illustrate new understanding and insight about key drivers of cost and utilisation of resources and the degree of overlap between those at risk of unplanned hospitalisation, the frail elderly and high cost individuals.

A cohort of patients with multi-morbidity who GPs can offer a new primary care based service to have been identified. Early outcomes of the newly established Complex Case Management Service will be shared.

Conclusion: The high risk group is heterogeneous – different cohorts of individuals have different care needs. Population profiling allows:

- A greater understanding of the differing needs of cohorts within the high risk group
- The identification of cohorts of individuals who are of clinical interest to GPs, and who will benefit from services tailored to meet their needs.

Clinical input into what can be seen as a managerial exercise is key to the process of profiling the population and then using sophisticated case finding techniques to align care programmes to the needs of the population.