

FOR YOUR EYES ONLY

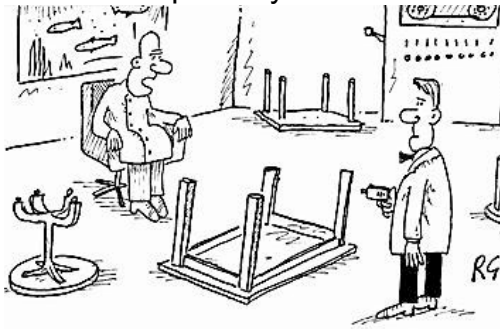
Why is PLICS better than SLR?

Service Line Reporting (SLR) is:

- Top down apportionments
- Direct cost to individual service lines
- Plus a portion of general overhead

Patient Level Costing (PLICS) is:

- Bottom up grouping of cost
- Some overhead apportionment, but more transparency.



Aha, Mr Bond ... so now the tables are turned

The idea behind PLICS was to get clinicians to engage with their data, to own it and therefore to increase the efficiency and effectiveness of patient care.

What are the major differences then?

They operate at different levels – SLR aggregates cost and activity to service lines, but PLICS works much lower down, at patient level, and then gets aggregated up to service line.

What can you use the outputs for?

SLR is useful for creating an overview to help stakeholders external to the actual process, the board, the DH, Monitor etc., get an idea of the organisation's total position.

On the other hand though PLICS allows managers and clinicians to explore variances in cost for individual sets of patients.

By exposing these variances, it increases understanding of performance and allows clinicians to focus on individual cases.

BUT you must link the cost data to the activity data in order to help clinicians understand where the problems are.

Is this really possible?

You're already collecting a mountain of data and now it's time to make it work for you. If you get a decent software package and an intuitive reporting tool you should be able to generate meaningful and easy to use reports. These should have a graphical element as well as displaying the actual numbers.

Putting together performance and costing data will provide clinicians with a valuable source of information.



"He may be a super-villain to you, but do you have any idea how many jobs he's created for the local area?"

Where does it lead to?

The promised land is clinicians and managers working together to formulate future plans.