

8 WAYS TO HELP YOUR MEDICAL COLLEAGUES IMPROVE THEIR COST-EFFECTIVENESS

Healthcare is a **service-based business** that leaves a lot of room for discretionary spending in the hands of the **real 'financial controllers'**, i.e. clinical staff. One of the major challenges for every healthcare organisation is to **reduce variability** in order to produce **predictable outcomes** that have a **standard cost**. This briefing note looks at some of the ways that clinicians can take the lead on acting in a more cost-effective way and also how finance colleagues can support them.

1. It's 2012 – why aren't you using electronic support tools?

In the modern healthcare environment it's almost impossible for doctors to stay up-to-date on current medical developments without some assistance from **electronic support tools**. This is one of the first steps in **reducing variability**. Given the variety of tools available it is vital that they are provided by a recognised source. They should have content that is managed by recognised clinical/pharmacy thought leaders and that summarises current **best practise guidelines**.



2. Spend a penny to save a pound – buy some clinical decision tools

Building on point one above Medical Directors should also encourage the use of clinical decision tools to ensure that clinicians are providing **appropriate evidenced-based treatments** to their patients. This can encompass a variety of approaches such as clinical protocols, rules and alerts, practice guidelines and hard stops in patient records. Remember though, to ensure that this type of approach is adopted across your organisation involves **consensus building** and **continual (gentle) reinforcement** of the original message.

3. Where are the hidden costs lurking in your pharmacy department?

In an ideal world your clinicians would always prescribe the most **clinically and cost effective drugs**, but for this to become a reality requires active support from your pharmacy department. Information should be available on **each drug's costs and also any effective substitutions**. Evidence shows that when clinical staff are aware of relative drug costs they tend to make more **cost effective choices**.

4. C'mon guys, what are your suppliers REALLY up to?

Medical suppliers are continually **targeting clinical staff** with new products that they want to sell into your hospital **under the radar** of your procurement department or assessment/quality committees. **Be vigilant** to make sure that this doesn't happen to you. As in point two continual reinforcement of this message to your clinical staff will almost certainly be required.

We work with NHS finance departments who need help in resourcing project work and also wish to benefit from best practice/benchmarking. We bring our experience of working with over 70 NHS Trusts and use our tested proprietary approach to make sure that the project is completed on time, in budget and with Trust staff fully trained. This means that DOFs and DDOFs have full assurance that what needs to get done has been done.

5. Shoot on sight! Beware the sales reps!

Lock sales reps out of all your buildings unless you're already using their products or devices. Insist any existing reps help clinical staff draft appropriate user guidance. These people are here to sell to you; make them work for it.

6. Use PLICS/SLR to reduce variation

Implemented properly Patient Level Costing is one of the **most powerful tools** you can use in the pursuit of clinical effectiveness. Providing numbers that clinicians can drill into and believe will **seriously influence clinical practice**. It's that simple.

7. Avengers Assemble! Is your Medical Director your myth buster-in-chief?

Let's not kid ourselves, **evidence-based medicine** and standardisation can be **very difficult to implement** with clinical teams. Chief amongst their objections will be issues around **data quality**. This will always be the case unless the data is used and iterated. It's the job of the medical director to champion the data and **burst any myths** around data quality etc.

8. To infinity and beyond! Can clinicians radically increase CIP?

A consistent approach to the standardisation of clinical practice has the possibility to create **huge cost savings**, for example with hip prostheses. Ownership of this should lie with the medical director with devolved authority going down to the divisional clinical leads. If you want to be really **radical** you could build **potential savings** into cost centre **annual budgets**...

Assista Comment: All the low hanging fruit has been taken. Any big CIP schemes going forward are going to require considerable clinical involvement. Start creating the relationships with clinicians now in order to make your healthcare organisation as cost effective as possible. Be under no illusion this requires constant contact, but in our experience it will be worth it.



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