

## 3. Business case example

**This document contains some information that might be useful in completing business cases, using some common headings. For any additional information please contact [simone.cort@ibdregistry.org.uk](mailto:simone.cort@ibdregistry.org.uk)**

### **SUMMARY**

To seek approval to purchase the IBD Registry Patient Management System (PMS), a computerised information system that feeds data automatically into the IBD Registry, and in future, the UK IBD Audit. The system is provided on the InfoFlex platform, and supplied by Chameleon Information Management Services Ltd (CIMS). The IBD Registry will provide the first ever UK-wide repository of anonymised IBD adult and paediatric patient data for prospective audit and research purposes. Participation in the IBD Registry is encouraged by the UK IBD Standards.

Implementing the IBD PMS for the collection of patient data offers the IBD clinical team, the Trust and the local commissioners a number of advantages. These are summarised below:

### **BENEFITS**

#### **Benefits for clinical teams:**

##### ● **Greater efficiency in the clinic**

- Simple data input at the point of care.
- Clinical summary provides all key characteristics of patient's disease.
- Ability to monitor and manage use of biologics for IBD more efficiently and effectively.
- Ability to produce a GP letter at the end of a consultation.
- Access to better information to facilitate the efficiency of the MDT.
- Ability to more easily organise clinical work lists; azathioprine monitoring and biologics follow up and MDTs.
- Saves time on audit and IBD Registry data submissions.

##### ● **Higher quality clinical care**

- Provides access to an accurate care summary without need for patients' notes.
- The system will ensure that comprehensive drug lists are available to clinical teams at point of care.
- Provides integrated disease scoring tools to measure patient outcomes.

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- The system will monitor performance against and facilitate achievement of IBD standards and IBD Registry completion. The system would also support implementation of the NICE quality standard that is currently under development.
  - Improved data quality facilitates risk management and avoidance.
  - Helps delivery of patient-centred care.
  - The data will improve understanding of local outcomes and support benchmarking against national data.
  - Availability of more robust data will support and enable IBD research.
  - The Registry will provide local and national data to better define IBD.
- **Benefits for the Trust:**
- The system will support adherence to the current IBD Standards and the IBD quality standard that is currently under development by NICE.
  - Improved data supports risk management and avoidance.
  - The system will support design and implementation of alternative models of patient care such as virtual clinics and tele-clinics.
  - Access to virtual clinic information such as length of call/consultation to allow monitoring of efficiency.
  - Supporting improved access and more patient-centric care.
  - Enabling services to be bench-marked against national standards.
  - Enabling easier monitoring and improvement of service quality.
  - The system will facilitate achievement of IBD Standards and IBD Registry completion. The system would also support implementation of the NICE quality standard that is currently under development.
  - Contribute to delivery of IBD Quality Improvement Programme (IBD QIP) targets.
  - The IBD Registry Board has negotiated a significant discount on the standard cost of the InfoFlex software system for participants.
- **Benefits for Commissioners:**
- The system will ensure that comprehensive drug lists are available to clinical teams at point of care.
  - Availability of detailed information on the use of biologics in IBD from the provider Trust.
  - Access to improved information and ability to characterise the local population will help inform commissioning and service design/optimisation.
  - The system will enable easier monitoring, benchmarking and improvement of service quality.
  - Contribute to delivery of IBD Quality Improvement Programme (IBD QIP) targets.

*The benefits outlined above are described in more detail below:*

## **RISK MANAGEMENT**

### **Reducing the risk of human error:**

- Relying on one person to maintain a local IBD database/spreadsheet may mean that it is out of date, collects inadequate information and is inaccessible to the rest of the IBD team.
- Storing of spreadsheets or databases on local computers may mean that they are not backed up and may be vulnerable to becoming corrupted.
- The IBD Registry PMS will facilitate reliable and consistent monitoring of patients on DMARDs (which can cause potentially serious complications) by creating lists of patients requiring monitoring.
- The IBD Registry PMS features a disease summary screen that shows all key patient information at a glance (e.g. allergies or current issues) making it easier to identify and manage risk.

### **Improving audit compliance:**

- By providing the means for ongoing prospective data collection the IBD Registry PMS will make it easier for clinical teams to complete the UK IBD Audit and other important national audits.

### **Access to patient notes:**

- Patient notes can be missing or incomplete. The IBD Registry PMS will allow members of the IBD clinical team to access an accurate summary sheet at any time, saving time in clinic trawling through notes and making it easier for all members of the team to access appropriate information. This will also benefit patients during consultations as they will not have to spend so much time re-capping past history.

### **Compliance with IBD Standards:**

- The IBD Registry PMS has been introduced via the British Society of Gastroenterology and is included in the 2013 updated IBD Standards (Standard E: Data, Information Technology and Audit. "Standard E1 - Register of Patients under the Care of the IBD Service. This standard requires that every IBD Service should maintain a local register of all diagnosed IBD patients in the catchment area (including those who have been diagnosed but are not currently being managed in secondary care) recorded on a searchable database and with adequate clerical support to maintain this. Local data should be fed into the UK IBD Registry to provide a central, anonymised dataset of IBD patients.

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### **PATIENT CARE IMPROVEMENT**

**Summary sheet:** Patients will be able to take home a summary sheet from their consultation detailing their plan and any management changes. Some sites are currently developing links between the Registry and their own patient portals to further support patient self-management.

**Safety:** Monitoring and management of patient safety will be improved by instant access to comprehensive complete history/data. The IBD Registry PMS will also allow easy access to surveillance data for cancer and for bone density monitoring.

**Audits:** Use of the IBD Registry PMS will enable us to more effectively and simply participate in local and national audits in the future in order to improve patient care.

**Benchmarking:** By submitting data from the IBD Registry PMS to the IBD Registry we will be able to benchmark our performance against national standards and identify and focus on clinical variation or weaknesses for improvement.

**Research:** Capturing data in the IBD Registry PMS will enable us to identify and characterise patient groups within IBD for research, increasing the opportunities to patients for treatment options and attracting national clinical research trials. Having a comprehensive patient database may attract research funding to the Trust.

### **FIT WITH MISSION AND SERVICE STRATEGY [this should be tailored to local mission/ strategy, e.g.]**

- The proposal addresses the Trust's commitment to providing excellence in healthcare, improving the patient experience, and meeting national standards. In keeping with the Trust's aim to become paper free and allow virtual electronic clinics.

### **POTENTIAL CONSEQUENCES OF NOT PROCEEDING**

- Continued unsustainable demand on clinics by patients who could be managed either through supported self-management or in primary care if their GP was sufficiently well-informed
- Unsafe care because of impaired monitoring of the growing numbers of patients on potentially toxic drugs
- Failure to optimise the use of clinicians' time seeing patients in clinic and A&E
- Failure to reduce attendance at A&E because patients remain poorly empowered for self-management
- Ultimately, decommissioning of IBD services seen as deficient because of the Trust's failure to participate satisfactorily in mandatory local and national audits