

Improving Care Quality:

Kumar Medical Centre Uses Segmentation Methodology to Transform Clinical Pathways and Optimize Patient Outcomes

At a Glance

A pioneering approach at Kumar Medical Centre is transforming Quality and Outcomes Framework (QOF) review processes — which focus on managing patients with common chronic conditions — using an advanced segmentation methodology from the Johns Hopkins ACG® System. Using the Johns Hopkins Patient Need Groups (PNGs) tool within the Connected Care System, the practice is optimizing patient outcomes, improving efficiency at the practice and reducing seasonal pressures on health care resources.

Challenges

The traditional annual QOF review approach at Kumar Medical Centre invited patients in based on their date of birth, leading to some complex-need patients being seen late in the year and sometimes requiring multiple visits with different clinical providers. Seasonal winter pressures further hindered care delivery, increasing workload and delaying optimal patient management. With complex patients at higher risk of being admitted to the hospital, proactive care management is crucial.

What the Team is Saying

Dr. Priya Kumar, a GP Partner and Primary Care lead on the project, says

‘By using a population health approach and identifying our most complex patients using the Johns Hopkins Patient Need Groups, we are able to review patients according to complexity rather than date of birth and allocate the right health care professional the first time.’

‘We have essentially redesigned QOF reviews so they work better for the clinicians who use them and improve patient outcomes for our most high-risk individuals.’

‘By using a single metric, we seem to have solved the perennial problem of not having enough appointments! PNGs allow us to organize resources efficiently while benefiting the wider health care system.’

Solutions

Kumar Medical Centre used PNGs to prioritize QOF reviews based on complexity of patient health needs rather than date of birth. This allowed high-risk patients to be seen earlier in the year and ensured that the right health care professional was assigned at the right time based on:



The time of the year the patient needed to be seen



Which type of health care professional was best suited to assess the patient's overall need (not just the QOF-identified chronic condition)



How long the appointment should be



Whether it needed to be a face-to-face or remote appointment

Key Metrics

- 13.7% increase in capacity released per 1,000 encounters, helping to focus clinician time on highest need patients
- Proactive reviews for patients with long-term conditions, with an average of 87.5% reviewed ahead of the winter period
- Improved diabetes management, resulting in a 7.9% improvement in HbA1c control compared to ICS performance over 1 year
- Optimized resourcing, ensuring staff operate at the top of their professional capabilities
- Effective redirection to use of digital services for less complex patients

Benefits

1. **More efficient scheduling** — By prioritizing complex patients, QOF reviews were completed earlier in the year, reducing workload spikes.
2. **Improved patient outcomes** — Earlier intervention allowed better chronic disease management and reduced emergency hospital visits.
3. **Optimized resource allocation** — Health care professionals were assigned based on patients' clinical needs, improving efficiency and capacity.