CQUIN Re-imbursement Framework

Exemplar goals for Oesophageal Doppler Monitoring have been issued through the Commissioning for Quality and Innovation framework CQUIN to support local quality programmes at: www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

Financial support is offered to Acute Providers who include targets for the increasing use of Oesophageal Doppler Monitoring such as the CardioQ-ODM. They are intended to exemplify well defined evidence-based quality improvement goals that could be linked to provider payment through the CQUIN framework. The document specifically calls for the setting of CardioQ-ODM targets against which local CQUIN payments based on Local Service Agreements (LSA) can be made.

CQUIN has provided Exemplar goals for enhanced recovery (pages 41 to 43) where Oesophageal Doppler Monitoring is essential for individualised goal directed fluid management.

The CQUIN framework states:

<table>
<thead>
<tr>
<th>Description of goal</th>
<th>Increased use of Oesophageal Doppler Monitoring (ODM) in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>patients undergoing high-risk or major surgery</td>
<td></td>
</tr>
<tr>
<td>high-risk patients undergoing any surgery</td>
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<table>
<thead>
<tr>
<th>Description of indicator</th>
<th>Percentage of surgical patients receiving ODM peri-operatively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of patients receiving ODM peri-operatively</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of surgical procedures</td>
</tr>
</tbody>
</table>

NICE Recommends CardioQ-ODM

30th March 2011

Evidence-based recommendations and conclusions:

- CardioQ-ODM specific recommendation
- Major and high-risk surgery
- Reduces post-operative complications
- Shortens length of stay
- Saves £1,100 per patient

*£1,100 is based on a 7.5-day hospital stay.
The National Institute for Health and Clinical Excellence (NICE) guidance states:

### Implementation Support

- This guidance from NICE’s Medical Technology Advisory Committee, is a single technology recommendation based on an independent analysis of the available clinical evidence and economic impact.
- The recommendation is specifically for use of the CardioQ-ODM Oesophageal Doppler Monitor to guide fluid optimisation during surgery in over 800,000 surgical procedures in England annually.
- The CardioQ-ODM is the only technology with sufficient evidence-base to support such an extensive recommendation and guidance.
- NICE implementation tools available at: [http://guidance.nice.org.uk/MTG3/CostingTemplate/xls/English](http://guidance.nice.org.uk/MTG3/CostingTemplate/xls/English)
- CQUIN re-imbursement CardioQ-ODM has specific Exemplar goals set out in the CQUIN framework; [www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html](http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html)

1. **Recommendations**
   1.1 The case for adopting the CardioQ-ODM in the NHS, when used as described in 1.2, is supported by the evidence. There is a reduction in post-operative complications, use of central venous catheters and in-hospital; stay (with no increase in the rate of re-admission or repeat surgery) compared with conventional clinical assessment with or without invasive cardiovascular monitoring. The cost saving per patient, when the CardioQ-ODM is used instead of a central venous catheter in the peri-operative period, is about £1,100 based on a 7.5-day hospital stay.

1.2 The CardioQ-ODM should be considered for use in patients undergoing major or high-risk surgery or other surgical patients in whom a clinician would consider using invasive cardiovascular monitoring.

More information can be obtained from NICE; [http://guidance.nice.org.uk/MTG3](http://guidance.nice.org.uk/MTG3)