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Sláintecare

VBHC Theory

Translating the theory into practice

Next steps
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VBHC can support the delivery of Sláintecare to ensure its potential is realised

Terms of Reference

- Unacceptable waiting times and poor outcomes relative to cost
- Need to establish a universal single tier service
- Need to achieve the best health outcomes and value for money

Fundamental principles

- Integrated care
- Patients and professionals are engaged
- Patients accessing care at the most appropriate time and in the most appropriate way
- Health service workforce is accountable
- Ensure value for money

Value-Based Health Care

Patient Value = Health Outcomes / Cost
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Variation in health outcomes is a worldwide problem

- **2x** variation in 30-day mortality rate from heart attack in US hospitals
- **4x** variation in bypass surgery mortality in the UK hospitals
- **5x** Variation of major obstetrical complications among US hospitals
- **9x** variation in complication rates from radical prostatectomies in the Dutch hospitals
- **18x** variation in reoperation rates after hip surgery in German hospitals
- **20x** variation in mortality after colon cancer surgery in Swedish hospitals
- **36x** variation in capsule complications after cataract surgery in Swedish hospitals
Expenditure on health care is growing at an unsustainable rate

1. Sweden changed reporting methodology and included long-term care spending in 2011, but not prior to 2011; thus HC spend for Sweden is indexed 1995-2010 and 2011-2016 with GDP growth 2010-11. Notes: All indexes based on local currencies; Income = Personal Disposable Income; Source: WHO, EIU (May 2017)
VBHC is helping shift focus from volume of services to value created for patients

The fundamental goal and purpose of health care is to improve value for patients

Value = \frac{\text{Health outcomes that matter to patients}}{\text{Costs of delivering these outcomes}}

- Value is the only goal that can unite the interests of all system participants
- Value is created in caring for a patient’s medical condition over the full cycle of care

The most powerful single lever for reducing cost and improving value is improving outcomes

Source: "What is Value in Health Care" (Michael Porter, New England Journal of Medicine, 2010)
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ICHOM was formed as a non-profit catalyst to drive the industry towards VBHC

Our mission:

- Unlock the potential of value-based health care by defining global Standard Sets of outcome measures that really matter to patients and by driving adoption and reporting of these measures worldwide
Measuring meaningful outcomes is the starting point for VBHC reform

5 reasons why outcome measurement is essential

1. Outcomes define the goal of the organization & its accountability to patients
2. Outcomes inform the composition of integrated care teams
3. Outcomes highlight value-enhancing cost reduction
4. Outcomes motivate clinicians to collaborate and improve together
5. Outcomes enable payment to shift from volume to results
Outcome measurement drives value improvements for all stakeholders

Key stakeholders

- **Patients** will evaluate treatment options with their provider based on expected outcomes and their share of the cost.
- **Clinicians** will improve quality of care by comparing performance and learning from each other.
- **Hospitals** will differentiate into areas where they deliver superior outcomes at competitive prices.
- **Payers** will negotiate contracts based on results, not volume, and encourage innovation to achieve those results.
- **Life science** will market their products on value, showing improved outcomes relative to costs.

Transparent, high-quality outcomes data
We have completed 23 Standard Sets

In 2018, many more are in development

- Congenital upper limb anomalies
- Facial palsy
- Diabetes
- Adult overall health
- Oral health
- Inflammatory arthritis
- Mental health
Successful implementation projects can broadly be split into four phases with continuous change management throughout.

**Key Tasks**

- **Preparation**
  - Clinical buy-in
  - Project Management
  - Governance

- **Diagnostic**
  - Process Mapping
  - Informatics assessment
  - Gap analysis

- **Roll Out**
  - Deploy IT solution
  - Pilot data collection with part of dataset
  - Assess Pilot period
  - Refine Workflow and IT systems using PDSA cycles

- **Measurement**
  - Scale to collect data on every patient, ensure data completeness and validity
  - Begin to analyze full dataset and report to clinicians and patients

Change Management
Stanford was an innovator in outcomes measurement and early adopter of ICHOM’s Low Back Pain Standard Set

Overview:
- 600 bed hospital
- 500K patient visits each year
- Primary teaching hospital for Stanford University School of Medicine

Neurological Spine clinic
- 5 doctors
- 120-150 patients per day
- Treat over 15 neurological spine disorders
Pregnancy and Childbirth in rural Nairobi

- 6 clinics across Nairobi
- Launch of 6-month implementation programme on 5\textsuperscript{th} December 2016 – a partnership between ICHOM, PharmAccess and Harvard Medical School
- Initial focus on measuring the ICHOM Pregnancy and Childbirth Standard Set
- Scale to other clinics and other condition areas
Global Benchmarking
First global outcome benchmarking projects in hip/knee/osteoarthritis and cataracts

Project set up

<table>
<thead>
<tr>
<th></th>
<th>Hip/Knee/Osteoarthritis</th>
<th>Cataracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Reporting Sites</td>
<td>25</td>
<td>53</td>
</tr>
<tr>
<td>Patients (Since 2016)</td>
<td>6k</td>
<td>60k</td>
</tr>
</tbody>
</table>

- Risk-adjustment of raw data
- Benchmark on key indicators—focusing on patient-reported outcomes
- Individual reporting to participating organizations
- “Best-in-class” organizations identified with intent to publish analyses of relative performance

Sample output

(Project set up)

Countries: United States, United Kingdom, Australia, Ireland, India, Sweden, Denmark, Finland, France, Spain, Italy, Switzerland, Netherlands, Israel, Korea, China, Japan, Brazil, Argentina, Mexico, Chile, Peru, Colombia, South Africa, Egypt, Pakistan, India.

Projects:
- Hip/Knee/Osteoarthritis
- Cataracts

Countries Reporting Sites Patients (Since 2016)
- Hip/Knee/Osteoarthritis: 5 countries, 25 sites, 6k patients
- Cataracts: 8 countries, 53 sites, 60k patients
OECD is committed to adopting ICHOM Standard Sets

Where patient-reported indicators already exist, the OECD will:

- Support countries to accelerate the adoption of validated, standardized, patient-reported indicators

Where patient-reported indicators do not exist, the OECD will:

- Together with ICHOM, coordinate efforts to develop patient-reported indicators, and
- Pilot their collection in participating countries

Subject to countries' agreement, the OECD proposes using ICHOM’s standard sets as the basis for outcome measurement
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Catalyze the systematic collection of outcomes in Ireland to make Sláintecare a reality