Researchers' Breakfast VALUE BASED HEALTH CARE From theory to practical implementation

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International Value Based Health Care agenda

Transformation of health care systems around the world based on VBHC agenda is one of the top priorities for international organizations and countries;

VBHC Center Europe:

Value-Based Health Care Center Europe is the leading platform for visitors and members
who want to learn about Value-Based Health Care implementation, share their own
knowledge, and be inspired to start the discussion on Patient Value. Become part of the
VBHC community and help your field and health system accelerate sustainable VBHC
implementation.

International Consortia for Health Outcome Measure (ICHOM)

 To unlock the potential of value-based healthcare by defining global Sets of Patient-Centered Outcome Measures that matter most to patients and driving adoption and reporting of these measures worldwide to create better value for all stakeholders

• WHO policy brief:

From value for money to value-based health services: a twenty-first century shift

OECD

Value-based health care in Europe: Collaborating for a healthy future.



Examples of VBHC implementation: network of private hospitals SANTEON, The Netherlands

Implementation:

 SANTEON adopted the same VBHC model in seven hospitals, providing care for patients with breast cancer;

Investments:

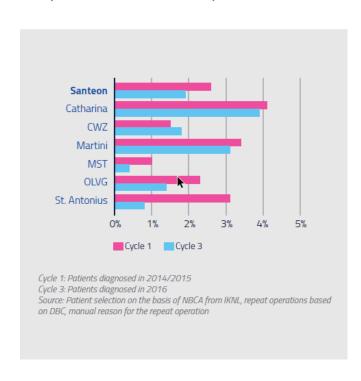
 Central data analyst to collect and analyze standard data sets across hospitals;

Achievements:

 In the 18 months after VBHC implementation, reoperation was reduced by up to 74% in some locations, decreased inpatient stay by 30%,

Learning community:

 Safe learning environment was critical to discovering the drivers behind outcome variation; Reoperations due to complications^[35]



Source: IMPLEMENTING VALUE-BASED HEALTH CARE IN EUROPE, EIT Health Europe



Examples of VBHC implementation: Network of independent caregivers GLA:D, Denmark

Implementation:

 non-profit organization providing training and certifying physiotherapists to deliver neuromuscular exercise to patients with osteoarthritis «Good Life with osteoarthritis in Denmark (GLA:D)» was founded by research team from the University of Southern Denmark;

Investments:

- management team: clinical specialist, medical laboratory technician, database manager and manager of business development;
- GLA:D registry (IT system);

Achievements:

- patients' walking speed increases by 10%, pain intensity decreases by 25%;
- patients reduce their intake of painkiller medications by 29%;
- quality of life improves by 20% and sick leave drops by 42%.

Learning community:

- GLA:D registry enables therapists to benchmark their results against the GLA:D community
 on both national and international levels.
- a series of scientific articles has been published describing the development of the concept and the initial findings.



Examples of VBHC implementation: NHS RightCare, England

Implementation:

- NHS RightCare originated as a part of the Quality, Innovation, Productivity and
 Prevention (QIPP) program within the Department of Health in the United Kingdom.
- NHS developed data packs, across a range of conditions e.g. cardiovascular disease, respiratory, and others which provide patient information to health systems, helping them identify potential improvements;

Results achieved:

- Bradford improved hypertension control for more than 38,000 people as a result of implemented training program for high-risk populations, access to medication, resulting in decrease in demand for inpatient care and 210 fewer stroke deaths in the region; total saving £ 1.6 million.
- Slough Clinical Commissioning Group a new approach to complex care case management: patients at higher risk of an emergency admission or A&E attendance were offered a primary care based "Complex Care Case Management Service" (CCCMS). After one month, outcomes demonstrated decrease in the demand for emergency care by 24% and decrease in acute admissions by 17%.



Different systems, common approach

Leadership:

 VBHC starts with commitment from leadership and readiness to invest in necessary resources.

Data infrastructure:

 Implementing a VBHC model requires comprehensive data infrastructure, enabled by the necessary digital and information technology. It is critically dependent on data on cost, quality, utilization, patient behaviors and outcomes.

Extended partnership models:

 VBHC implementation requires cooperation between service providers, researchers, patients, manufacturers, data scientists, IT companies in a new level, focusing on creating better value for patients;

Learning community and research:

 Enabling of comprehensive benchmarking and creation of learning environment are necessary preconditions for VBHC implementation. Health care and medicine exist in a data-rich environment, and learning about how data can be used to measure and improve value of care for patients is and increasingly essential skill for current and future clinicians.



Literature

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THANK YOU!

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