From volume to value

“Value based healthcare means that we continually measure the experience and health outcomes of patients…with the aim of constantly improving the patient reported and medical quality…..thereby receive the largest amount of value for our patients per spend…..”

Definition of Value-based Healthcare at Sahlgrenska University Hospital (SU)
Value

Comprehensive approach derived from the triple aim of improving:

- Health outcomes*
  
  *(eg: clinical, clinician and patient reported, “what matters to patients”)

- the experience of receiving and providing care
  
  *(eg: patient/carer/clinician)

- efficiency and effectiveness of care provision

*Change in the health of an individual or a group of people or population which is wholly or partially attributable to an intervention or series of interventions
VOLUME TO VALUE – A NSW HEALTH SYSTEM APPROACH

POLICY FRAMEWORK

INFORMATICS
Across the Triple Aim of Outcomes, Experience & Efficiency
PLUS Feedback to clinicians

PAYMENT MODELS
ABM, Service Agreements, Incentivising Quality Care
FUTURE: Funding outcomes, funding value???

DEMAND ORGANISATIONS
LHDs, SHNs, Shared Services supported by Pillars
FUTURE: PHNs, privates, GPs, NGOs

BENCHMARKING, RESEARCH AND TOOLS
Measurement Alignment Framework, Evaluation, Translational Research

Reference: Boston Consulting Group
Why?

Establishment of **Leading Better Value Care** initiative – major activity, reported to the Health Funding Steering Committee, chaired by Secretary with NSW Treasury, DPC attendees.

Key goals:
- **Focussing on patients** through adopting a patient experience and health outcomes approach.
- **Focussing on value across multiple dimensions** to support moving away from volume.
- **Addressing future demand and fiscal pressures** by creating future system capacity through efficient and effective care and services.
Opportunities

- **Builds on the efforts** of NSW Health clinicians to provide the best care for patients.

- **Reframe** the NSW Health system as a world leading, sustainable, patient centred health system.

- **Focus** on the things that matter to patients, clinicians & the public health system: improving health, doing it safely, doing it efficiently & optimising the use of health resources (enhanced capacity and avoided costs).

- **Accelerate** implementation of key strategies which have demonstrated benefit for patients and the system.

- **Establish** shared priorities across the system (LHDs, Pillars, Clinicians, MoH) as well as measurement alignment (Evaluation, Performance Monitoring & Roadmaps).

- **Understanding** variation and addressing any unwarranted clinical variation.
Challenges

Requires **strategic vision, commitment** to and **investment** in analytics that supports informed decision making.

**Appropriate drivers** such as purchasing, evaluating, monitoring, and incentivising quality.

In many cases **changes in the longer term** are also required in care settings outside NSW Health.

**Misconception** – not about saving $, new approach to reform and the way we work.
Initiatives

3 Domains approved by ERC on 30 November 2016
- Better healthcare
- Strategic commissioning and contestability
- Workforce capacity

Better Healthcare
- Management of Osteoarthritis – OACCP | ACI
- Osteoporotic Refracture Prevention – ORP | ACI
- Diabetes High Risk Foot Services – HRFS | ACI
- Diabetes Mellitus | ACI
- Chronic Heart Failure – CHF | ACI
- Chronic Obstructive Pulmonary Disease – COPD | ACI
- Renal Supportive Care: End Stage Kidney Disease – Palliative and End of Life Care | ACI
- Adverse Events: Falls in Hospitals | CEC
Osteoarthritis Chronic Care Program (OACCP)

- Evidenced based Model of Care – developed by clinicians
- Formative evaluation:
  - Early successes (11% of cohort avoided knee replacement/removed from waiting list)
  - Improved patient experience & outcomes – eg effective in improving clinical outcomes such as pain, mobility, and functionality for patients with osteoarthritis
- Upfront economic appraisal – using information from the FE, provided to Cabinet
- Revised LBVC Evaluation Plan across the dimensions of value includes patient experience, efficiency & outcome measures
Engagement

- LHDs provided detailed data on current service utilisation and cost
- Local decision on priorities for implementation in two 6 month tranches
- Service agreements with LHDs and service compacts with pillars to define and reinforce the responsibilities

Measurement Alignment

Tranche two approach

Evaluation and analytics

Implementation monitoring and reporting

Pillar implementation support where required
Measurement Alignment Framework

• Result of consultation & engagement with key stakeholders

• New approach - Measurement will focus on what SHOULD be measured rather than historic approach of what CAN be measured

• Aim to build, over time a comprehensive approach to measurement and fill the “gaps” along the way – “not everything can be measured today”

• All measurement leads to evaluation across the triple aim
Measurement Alignment Principles

• Align approaches to ensure consistency & support system priorities

• Drive informed, evidence-based decision making to improve patient outcomes, experience and efficiency

• Streamline the process of reporting, collection and analysis by leveraging existing infrastructure and capability

• Be informed and guided by relevant stakeholders

• Use consistent data definitions, clinically defined patient cohorts and established common data sets

• Collect data once and use for multiple purposes
• Ensure that data collection is timely, of a high quality and disseminated to stakeholders and decision makers

• Establish processes for collecting and disseminating new health outcomes sets (including PROMS & granular clinical data)
Measurement Alignment Framework

**Evaluation goals...**
To measure program effectiveness and impact against outcomes, patient and clinician experience and efficiency and to determine from patient, clinician and system perspectives what works and what doesn’t, what’s efficient, what’s effective, what’s the impact of the intervention and what’s sustainable.

### Activity

| Evaluation plans contain all measures (Formative & Summative Evaluations) |
| Management of Osteoarthritis (OACCP) (ACI) | Osteoporotic Refracture Prevention (ORP) (ACI) | Local musculoskeletal service (ACI) | Diabetes High Risk Foot Services (HRFS) (ACI) | Management of Diabetes Mellitus (ACI) | Management of Chronic Heart Failure (CHF) (ACI) | Management of Chronic Obstructive Pulmonary Disease (COPD) (ACI) | Renal Supportive Care (End Stage Kidney Disease - Palliative and End of Life Care) (ACI) | Falls in Hospitals (CEC) |

### Evaluation measurement domains

| Improving the experience of care | Improving the health of the public | Providing efficient & appropriate care | Process evaluation measures |
| Patient/Staff/Carer | Clinical | Health outcomes | Efficiency |

### Measurement sub-sets

| Quarterly Monitoring | Short-term Service Agreement indicators | Roadmaps (includes additional implementation measures & implementation & benefits tracking) |

### Measurement roles & responsibilities

**Leading Better Value Care Team** leads and coordinates measurement & reporting. Works with Pillars to provide project performance advice to stakeholders.

**Pillars**: working with clinical networks & other stakeholders, design, lead and undertake evaluation & quarterly monitoring.

**Systems Purchasing** purchase activity and provides commissioning costs to support project implementation consistent with a suite of:
- implementation markers
- monitoring markers

**LHDs & Speciality Networks** participate in evaluation, provide data for measurement, implement initiatives in line with monitoring measures, implementation markers & outcomes.

**Health System Information & Performance Reporting** supports measurement of performance, improvement and benefits data from the evaluation measures.

**System management & Systems performance & support** - uses performance data (SAI and quarterly monitoring) to monitor and support LHDs to achieve their goals.

**Roadmaps** - monitoring of program milestones and LHD specific milestones. This data will be used by the LBVC Team, Pillars, other branches of the MoH and LHDs to review progress against key goals.

**Activity Based Management** supports measurement of efficiency, provides cost and price data linked to activity to the system via established data collections and the portal.
Monitoring

2017/18
• focus on implementation, commencement of activity & to assist to determine “what to purchase” in 2018/19

2018/19
• begin to include monitoring to “value” across the triple aim
• formative evaluations - basis of preliminary effectiveness assessment and to inform future directions
2017/18 Service Agreement Indicators & Quarterly Monitoring

• No targets - getting to “know” the cohorts (ACI)– to inform how we purchase in 2018/19. Eg, for ORP cohort:
  - revise and validate methodology around rate of refracture (previous data around 10 years old!)
  - Determine realistic refracture prevention metric - current range between 10% and 40%

• NEW activity in a new setting – ORP, OACCP
  - Service Agreement Indicator is “total number of non-admitted service units registered under HERO” - enable counting and costing, common definition uniform across the system
  - Care starting to be provided in “right setting” – monitor
  - Setting up systems to collect the “SHOULDS” eg measures around patient assessment, referral, management & follow-up, PROMS, PREMS etc

• Data accessed centrally and fed back to LHDs (reduce reporting burden)
• Finalise evaluation baseline
• Any new data – part of workflow…
Leading Better Value Care Data Linkage

ALL COHORTS LINKED TO

Admitted Patients
Emergency Department
Fact of death (RBDM)
Non admitted & outpatient
ABM NWAU & cost data
Patient experience
Patient reported outcomes

- O’Arthritis 8,500 records
- ORP 50,000 records
- Diabetes 207,000 records
- CHF 15,000 records
- COPD 21,000 records
- Diabetic foot 35,500 records
- Falls in hospital 7,300 records
- RSC 9,300 records
- Falls in hospital 7,300 records

Records are estimated p.a.
Need estimates for audit and SNAP records?
Incremental linkage – advice on staging to be included
LBVC recent & next Steps

• Letters to CEs - 2017/18 funding and measurement
• Evaluation & Monitoring Plans finalised
• Develop systems to collect measurement data that is not readily available
• Commence & continue baseline collection as per Evaluation Plans
• Commence implementation of Measurement Alignment Framework
• Tranche 2 short submissions finalised (late August)
• ERC November, LBVC Workplan for 2018/19 and beyond
• 2018/19 purchasing considerations (Sept Workshop)
• Patient reported measures workshop – strategic vision