Leading Better Value Care

Cathryn Cox
Executive Director
Health System Planning and Investment
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HEALTH’S TOP 5 STRATEGIC PRIORITIES

1. Patient Safety First
2. Leading Better Value Care
3. Systems Integration
4. Digital Health and Data Analytics
5. Strengthening Governance and Accountability
Value Based Healthcare...

... an idea whose time has come.

“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)

Plenary ICHOM Australasian Forum, May 2017
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???

DELIVERY 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
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

*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.*
What?

Leading Better Value Care (LBVC) is a program that aims to implement across the NSW health care system ways to organise care that have been demonstrated to have a positive impact on the health and experience of care of patients, and have opportunities to reduce cost or increase the return on current investments.

The program has created shared priorities for initiatives to be implemented across the public health system. This will involve clinicians, pillars, Local Health Districts, speciality networks and the NSW Ministry of Health.

LBVC recognises the importance of relationships across the primary care setting and will seek to incorporate all facets of community care.
Why?

Establishment of **Leading Better Value Care** initiative – major activity, reported to the Health Funding Steering Committee, chaired by Secretary with NSW Treasury, Department of Premier and Cabinet 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
- 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
Identified areas where there is an opportunity to improve our models of care to deliver better outcomes and better value.
Clinical initiatives selected on the basis of....

**Robust evidence (OACCP, ORP, RSC, HRFS)**
- Clinician developed & accepted Model of Care/guideline
- Formative or ‘early” evaluation or significant body of published evidence of improved outcomes/experience
- Supporting care in different settings/preventing hospitalisation
- Economic appraisal – good use of $, potentially sustainable

**Addressing variation in outcomes/patient safety (falls in hospital, diabetes, CHF and COPD)**
- Eg variation in mortality and re-admissions
- Focus is getting to know the cohorts, further in-depth analysis to understand what the issues are and response

**Other considerations:**
- Scalable – relevant to ALL LHDs, beyond the pilot stage
- Material cohort
- Evaluable
Example: 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
LHD Implementation

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

- All 8 initiatives to be implemented during 2017/18 with local decision on priorities for implementation in two 6 month tranches.
  - LHDs provided detailed cohort data to help inform local approach.

- Service agreements with LHDs and service compacts with pillars to define and reinforce the responsibilities.

- Funding provided in 2017/18 – mixture of commissioning and activity (NWAU).

- Number of forums and LHD visits.

- 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 outcomes, experience & efficiency
Collect data once….use it for multiple purposes

“We what is different about GIRFT, he says, is first that it puts all the data together easily in one place. The interactions between outcomes of care and cost become more transparent. It provides, in one easily accessible place, the clinical, performance and financial picture for each unit.”

“Then there is the simple fact that the data that provides a full picture of a clinician’s practice – not just clinical outcomes, but also activity, costs, performance against their peers and litigation rates – is scattered around for any individual clinician in a dozen or so datasets, and for clinicians as a whole around dozens of them, not all of them easy to find.”

Quotes from Kings Fund 2017 (Assessing the Getting It Right First Time (GIRFT) program) - relevant to LBVC
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
  - SNAP – Rehab

- ORP
  - 50,000 records
  - SNAP – Rehab

- CHF
  - 15,000 records
  - Clinical Audit

- COPD
  - 21,000 records
  - SNAP – Rehab

- Diabetes
  - 207,000 records
  - Clinical Audit

- Diabetes foot
  - 35,500 records
  - SNAP – Palliative Care

- Falls in hospital
  - 7,300 records
  - SNAP – Rehab

- RSC
  - 9,300 records
  - SNAP – Palliative Care

Collect or generate as part of normal “electronic” workflow
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
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