Harvard Leadership Forum:
Standardizing value in health care

Stacie N. Myers
September 27, 2018

@staciemyers87
@ICHOM_ORG
Healthcare spending is increasing with diminishing returns

Outcome: Health-adjusted life expectancy\(^1\) (years, 2015)

Input: Health expenditure per capita (PPP US$)

1. Health-adjusted life expectancy: Estimates the number of years in full health an individual is expected to live at birth by subtracting the years of ill health (weighted according to severity) from overall life expectancy. Sources: WHO
Healthcare is a highly regulated market with misaligned incentives

It's difficult to make decisions about best health care options...

Confounding factors

1. Large variation in outcomes generates "noise", making evaluation of all treatments, especially innovations, difficult.

2. No commonly agreed definition of health "quality" (nor of outcomes).

3. Limited transparent, outcomes data available to evaluate treatment options.

4. Misaligned incentives and market inefficiencies skew treatment choices, worsening outcomes.

Source: ICHOM analysis
Value-based health care is a new paradigm to reform health care and align all stakeholders

“Magic bullets” to fix health care have had limited impact

Care coordinators
- Additional layer to manage complexity instead of reducing it

Evidence-based medicine
- Guidelines fail to cover individual patient circumstances

Care pathways
- Not widely accepted by physicians who want to keep their freedom of choice

Electronic medical records
- IT alone, without reorganizing care, has limited impact on value

New low cost models of care
- Limited effect on the great majority of health care costs

Value is the only goal that unites the interest of all system participants

\[
\text{Value} = \frac{\text{Patient health outcomes achieved}}{\text{Cost of delivering those outcomes}}
\]
The lack of outcome measurements that represent what truly matters most to patients is a global barrier to driving health care improvement

<table>
<thead>
<tr>
<th>Problem</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Scarcity of outcomes data beyond basic mortality measures</td>
<td>▪ Lack of information for patients and providers on whether what we do works</td>
</tr>
<tr>
<td>2. Where available, outcomes are hard to compare and not standardized</td>
<td>▪ Slow pace of change and inability to learn from others</td>
</tr>
<tr>
<td>3. Outcomes are often not patient-focused</td>
<td>▪ Success not defined from patient perspective</td>
</tr>
<tr>
<td>4. Large focus on process measures</td>
<td>▪ Assumption that changing processes improves outcomes for patients</td>
</tr>
</tbody>
</table>
Why measuring and reporting meaningful outcomes matters
Comparing outcomes of prostate cancer care

Focussing on mortality alone...

...may obscure large differences in outcomes that matter most to patients

Swedish data rough estimates from graphs; Source: National quality report for the year of diagnosis 2012 from the National Prostate Cancer Register (NPCR) Sweden, Martini Klinik, BARMER GEK Report Krankenhaus 2012, Patient-reported outcomes (EORTC-PSM), 1 year after treatment, 2010
ICHOM’s Strategic Agenda

Define internationally recognized Standard Sets of outcomes and related case-mix factors

Provide risk-adjusted international benchmarks on outcomes by medical condition

Become a methodological partner with media to publish ratings based on ICHOM outcomes

Define Standards

Define Standards

Benchmark on outcomes

Establish outcomes transparency

Measure outcomes

Collaborate to improve value

Develop value-based payment models

Facilitate adoption and implementation by sharing knowledge and supporting proof-of-concept

Enable cooperation to improve value by establishing value collaboratives

Engage with payers and governments to realign financial incentives and promote transparency

Core mission of ICHOM

Enabler role
Geographical Representation of Adult Oral Health Working Group

Marko Vujicic, American Dental Association
Richard Niederman, NYU College of Dentistry
Rachel Ramoni, NYU College of Dentistry
Jane Barrow, Harvard School of Dental Medicine
James Crall, UCLA School of Dentistry
Elsbeth Kalenderian, UCSF School of Dentistry
Krishna Aravamudhan, American Dental Association
Michael Glick, UB School of Dental Medicine

Jennifer Gallagher, King’s College London
David Williams, Bart’s and The London School of Medicine and Dentistry
Anup Karki, Public Health of Wales
George Tsakos, University College London
Richard Watt, University College London
Richeal Ni Riordain, University College Cork

Stefan Listl, University of Heidelberg
Shiamaa Al Mashhadani, Dubai Health Authority
Murray Thomson, University of Otago

Mark Smith, Hospitals Contribution Fund
Deborah Cole, Dental Health Services Victoria
Jacqui Gibson, Patient Representative
Rebekah Kaberry, Patient Representative

Roger Keller Celeste, Federal University of Rio Grande du Sol

Eyitope Ogunbodede, Obafemi Awolowo University

KEY
BLACK: ICHOM Working Group member
RED: FDI Think Tank Team member
BLUE: BOTH an ICHOM & FDI member

This slide and the information on it is NOT to be distributed any further without the written consent of both ICHOM & FDI.
Adult Oral Health Standard Set Workplan (2016-2018)

**FDI 2020 MEETINGS**
- FDI 2020

**ICHOM MEETINGS**
- Launch Call scope
- Call 1 define outcome domains
- Call 2 define outcome domains
- Call 3 in San Francisco legacy tool review
- Calls 4 item mapping of tools
- Call 5 caries measures
- Call 6 periodontal disease measures
- Call 7 case mix, data collection
- Call 8 review & revise full draft set of measures
- Call 9 Open Review results
- Call 10 Patient Validation Survey results

**ICHOM Literature Input**
- Research propose & scope
- Literature review of outcome domains and definitions
- Literature review of PROMs tools
- Literature review of case-mix domains and definitions

**ICHOM Patient Input**
- Patient Advisory Group Meeting

**ICHOM & FDI External Input**
- Professionals Open Review

**Results**
- 1 round survey; majority
- 2 round Delphi process; 80% consensus

Copyright © 2018 by the International Consortium for Health Outcomes Measurement. All rights reserved.
Concepts included in the DRAFT Adult Oral Health Standard Set

OUTCOMES

Patient Reported
1. General Oral Health
2. Self-confidence
3. Ability to Eat
4. Food Alteration
5. Ability to Speak
6. Ability to Sleep
7. Social Participation
8. Aesthetic Satisfaction
9. Productivity
10. Pain
11. Dry Mouth
12. Sensitivity

Clinician Reported
1. Caries Staging
2. Periodontal Disease Staging
3. Bleeding on Probing

CASE MIX

Patient Reported
1. Level of Education
2. Oral Hygiene
3. Tobacco Use
4. Alcohol Use
5. Care Experience
6. Financial Burden
7. Sugar Consumption
8. Gender

Clinician/Admin Reported
1. Visible Plaque
2. Dental Appliances
3. Chronic Medical Conditions
4. Other Oral Health Conditions
5. Pregnancy Status
6. Treatment Type
7. Complications
8. Age

72 Maximum Questions

• 24 Patient questions
• 48* Clinician/Admin questions

*Count includes caries staging x 32 teeth and periodontal disease staging x 6 sextants

Co-developed by:
ICHOM
International Consortium for Health Outcomes Measurement
FDI World Dental Federation

Copyright © 2018 by the International Consortium for Health Outcomes Measurement. All rights reserved.
Outcome measurement aligns stakeholders and drives value improvements for all

Key stakeholders

- **Patients** will choose 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

Feedback and learning

Analyze variation

Identify current best practices

Change behavior

Value
The key is starting a virtuous cycle of measuring outcomes, transforming the model of care and incentivizing behavior.

1. **Value Based Health Care**
   - **Outcome data providing basis for value-driven incentives**
   - **Measure outcomes**
     - Step 1
   - **Incentivize Adoption of Best Practices**
     - Step 3

2. **Transform model of care**
   - **Outcome data and transparency guiding transformation of model of care and practices**
   - Step 2

3. Value-driven incentives, rewarding better individual practices