

Use cases of outcomes data

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 @ ICHOM_ORG

AGENDA

Introduction

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Direct clinical care use cases

BIO

Andre is the VP of Strategy and New Program development at ICHOM

- Lead the Global Outcomes Benchmarking Program
- Support the development of comparisons tools and applications to make value-based health care scalable
- Oversees new program development.



Before joining ICHOM he worked as a

- Project Leader at the Boston Consulting Group where he worked primarily within Healthcare and Tech
- Partner at a Toronto based healthcare consultancy that worked primarily with Canadian health bodies and provider associations.

He holds PhD from the Faculty of Medicine at the University of Toronto and is an Action Canada Fellow

ICHOM WAS FOUNDED TO UNLOCK THE POTENTIAL OF VALUE-BASED HEALTHCARE BY STANDARDIZING THE WAY WE MEASURE HEALTH OUTCOMES



ICHOM is a nonprofit founded in 2012 by Michael Porter of the Harvard Business School, Martin Ingvar of the Karolinska Institute and the Boston Consulting Group.

ICHOM is enabling value-based healthcare around the world by:

DEFINING GLOBAL STANDARD SETS

of outcome measures that really matter to patients for the most relevant medical conditions

DRIVING ADOPTION AND REPORTING

of these measures worldwide

EXAMPLE: ICHOM CORONARY ARTERY DISEASE STANDARD SET



Treatment approaches covered

- Lifestyle modification
- Drug therapy
- Percutaneous coronary intervention
- Coronary bypass grafting
- Other forms of therapy



A "reference guide" contains all the details to measure in a standard way the outcomes recommended.

OUR CURRENT SETS

21 Standard Sets



2016-2017 commitments

1. Chronic kidney disease
2. Oral health
3. Inflammatory arthritis
4. Congenital hand and upper limb malformations
5. Facial palsy
6. Hypertension*
7. Diabetes
8. Atrial fibrillation

In discussions to launch

1. Mental health package
2. Overall adult health
3. Overall child health
4. Pediatric epilepsy

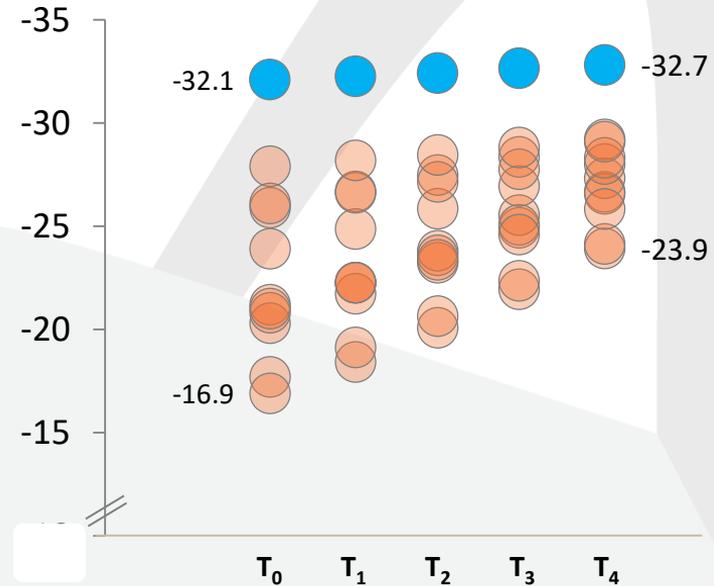
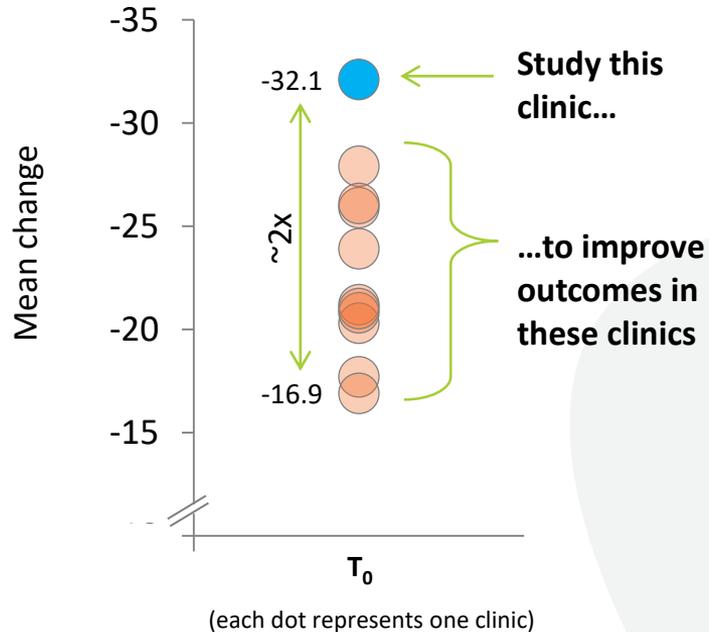
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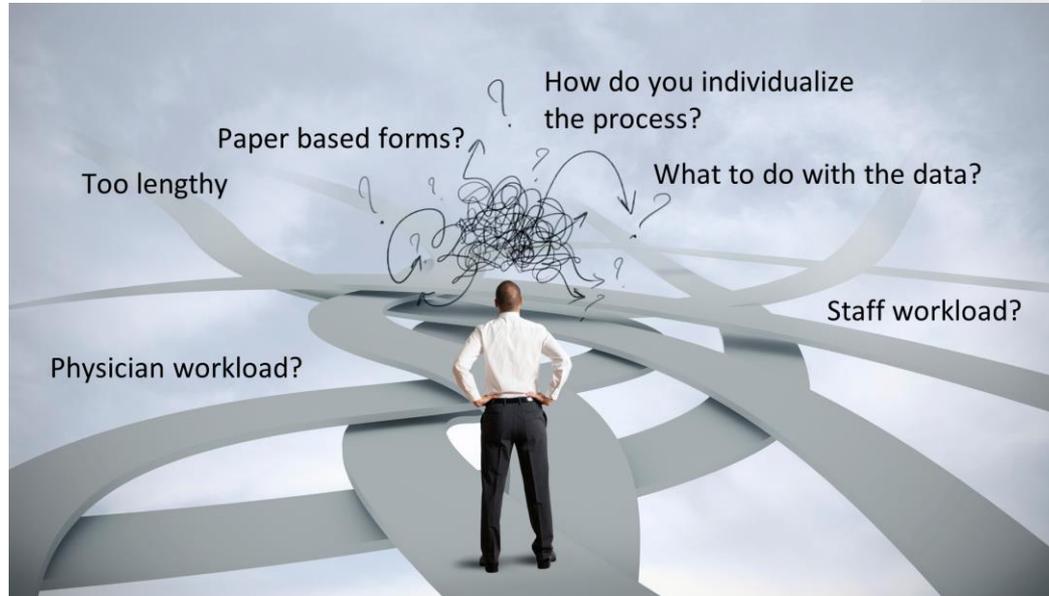
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THE CASE FOR COLLECTION AND SHARING IN ORDER TO ENABLE BENCHMARKING IS CLEAR...



...BUT OUTCOMES ARE DIFFICULT TO MEASURE, WHAT IS RETURN TODAY FOR OUR PATIENTS AND STAFF?



OUTCOMES DATA CAN HELP ANSWER MANY OF THE BIGGEST QUESTIONS WE FACE IN HEALTHCARE TODAY



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Comparison & benchmarking

- 5 How can I measure what I achieve?**
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Systems-level use of data

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MAYO: PUTTING PATIENT OUTCOMES AT THE CENTER OF THE CLINIC VISIT

- Department of Psychiatry, Mayo Clinic Florida
- Collect the ICHOM Depression and Anxiety Standard Set

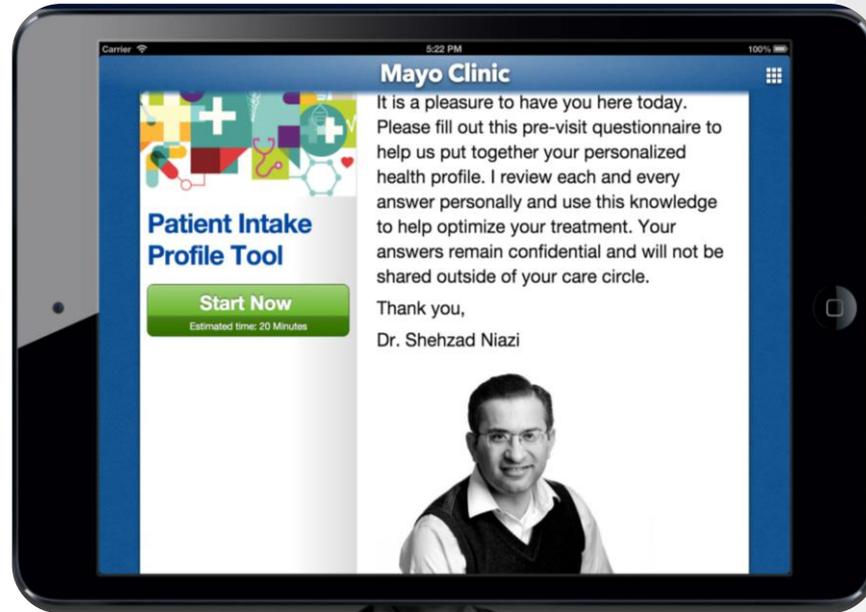


Goals:

1. Identify high priority patient concerns
2. Come up with team based treatment interventions
3. Tracking the progress or lack thereof
4. Document value of care using ePROMs

Adapted from "Integrating outcomes into provider workflow" on May 16 2016, Dr Shehzad Niazi

MAYO STARTS BY PROMISING PATIENTS THAT WILL USE THE OUTCOMES THEY COLLECT



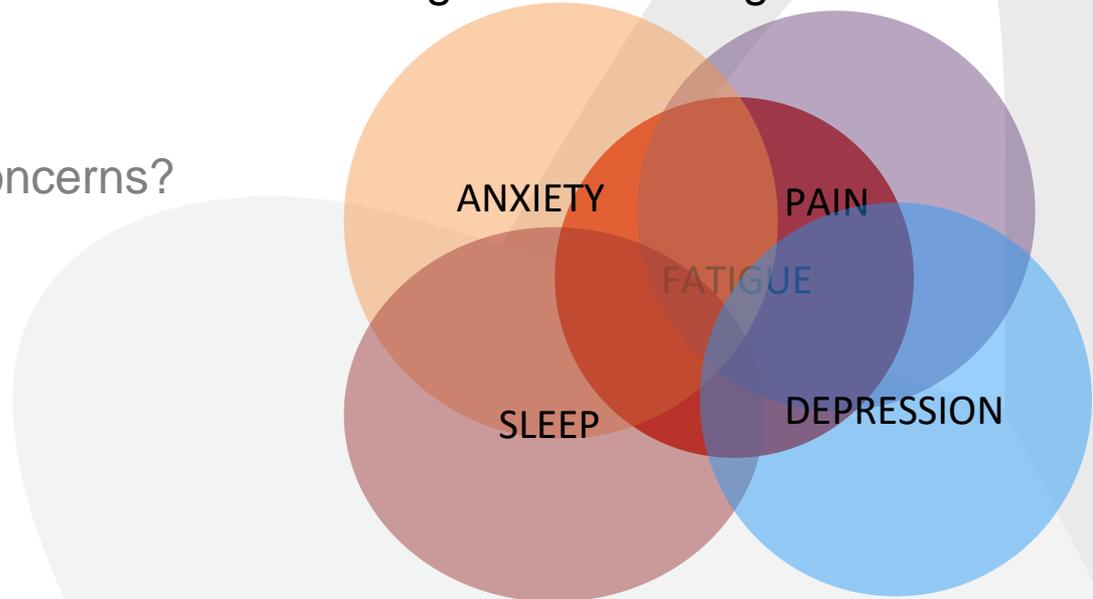
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OUTCOMES CAN BE USED TO GUIDE THE ENTIRE CLINICAL INTERACTION....

Old way of initiating a patient conversation:

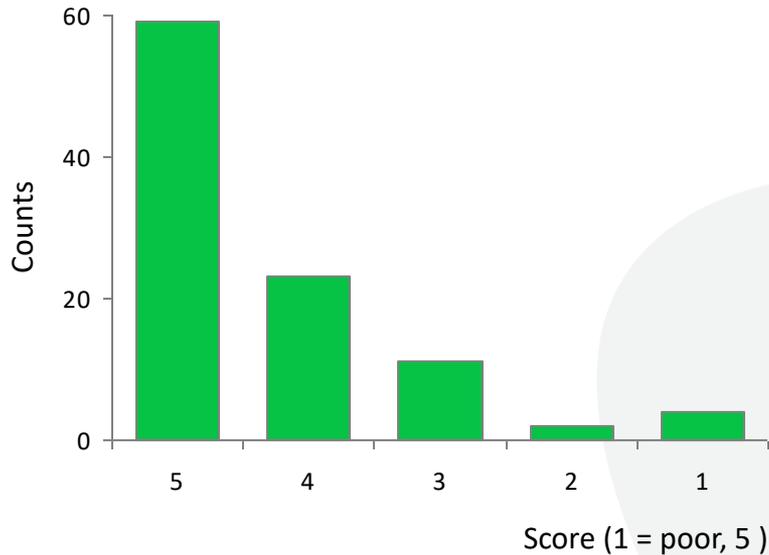
What are your top 5 concerns?

Using outcomes to ground the visit:



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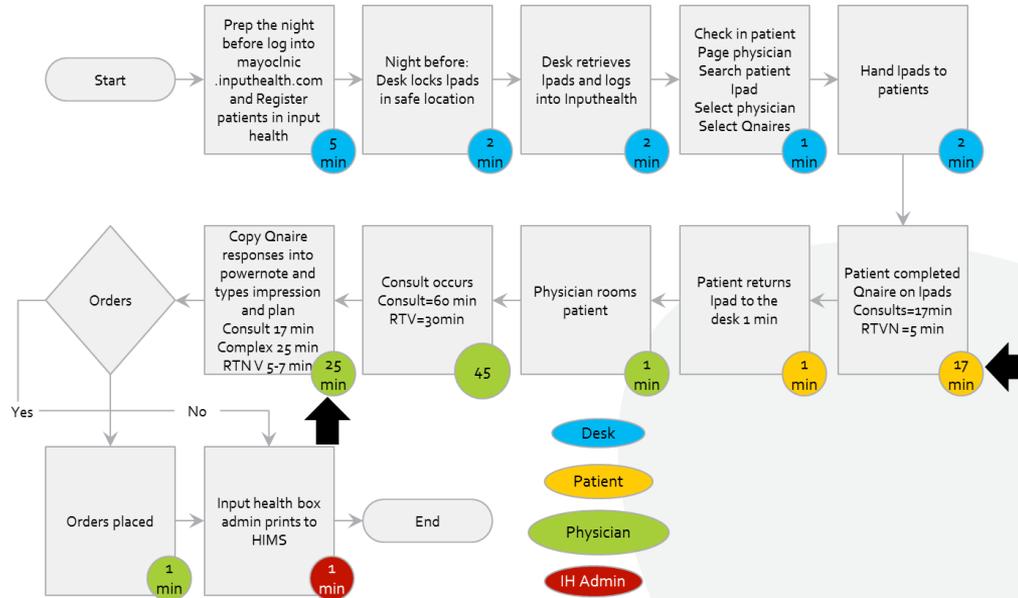
...PATIENTS VALUE IT...



- Average rating 4.4/5

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...IN ADDITION LEVERAGING THEM PROPERLY MAY ACTUALLY SAVE THE PHYSICIAN TIME



- Utilize outcome scores to populate the clinical note
- Time savings of approx 15 minutes per patient

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MASSACHUSETTS GENERAL: IMPROVING TREATMENT APPROPRIATENESS

- Massachusetts General Hospital
Department of Cardiology
- ICHOM CAD Standard Set

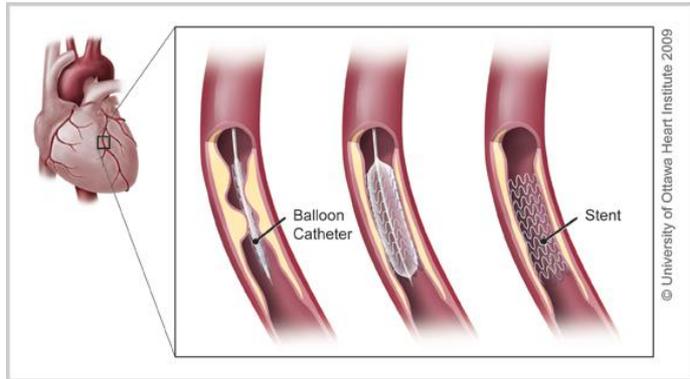


Goal

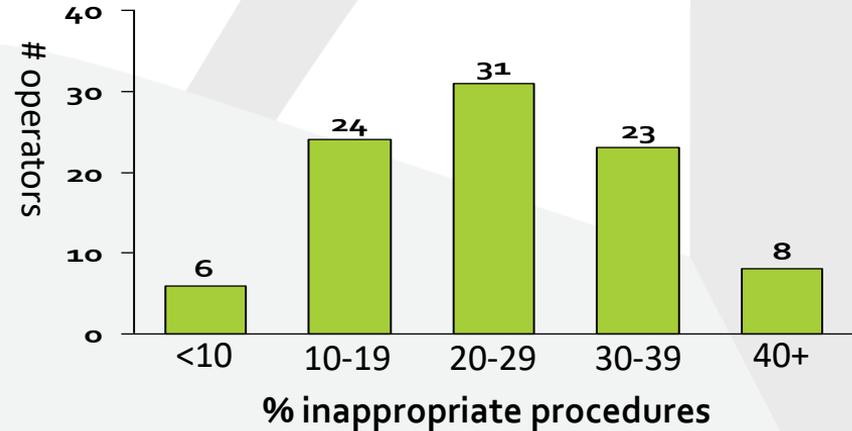
- To reduce the number of inappropriate procedures.

BACKGROUND: DIAGNOSTIC CATHETERIZATION AND CARDIAC INTERVENTIONS

Elective coronary interventions effective to relieve symptoms, not improve survival



But the “oculostenotic reflex” is strong



Source: **Hannan, EL, et al. Appropriateness of Diagnostic Catheterization for Suspected Coronary Artery Disease in n=745 New York State. CIRC INTERVENTIONS. January 28, 2014. 113.000741.

*"To make a good decision, you need an expert in the facts (e.g. a health practitioner) and an expert on which features matter most (e.g. the patient) and **a way to share their views with each other in ways they prefer.**"*

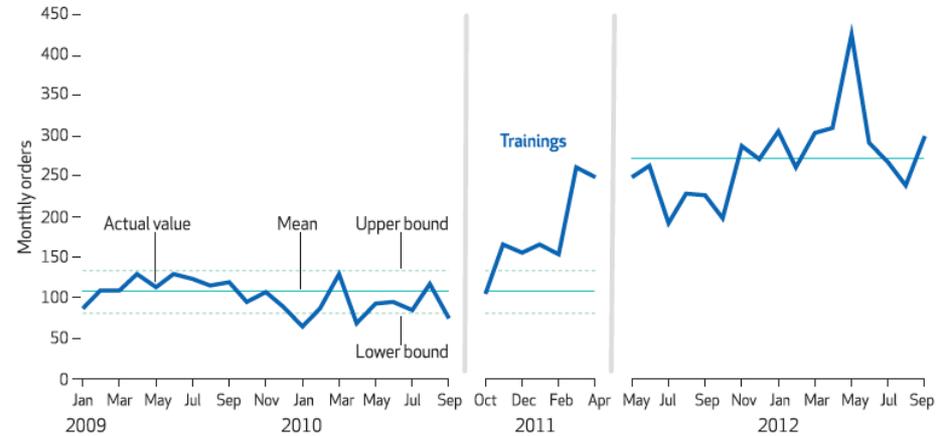
To approach this problem, MGH implemented a three-tier addition to their practice:

- 1 PROMs survey distributed upon initial diagnosis to assess procedure appropriateness via predictive models
- 2 Shared decision between patient and physician about whether to proceed with the surgery (patient receives DVD outlining benefits/risks)
- 3 Using PROMs survey, personalized procedure risk consent forms are created for each patient

IMPACT

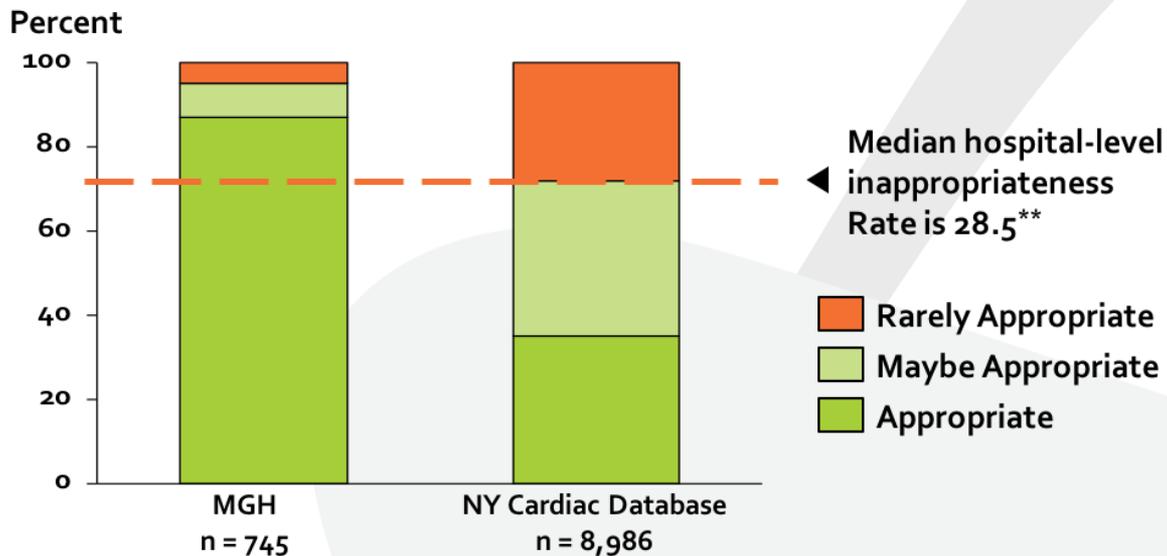
- **Procedural decision support** is provided using a web-based tool called PrOE (Procedure Decision Support), which integrates clinical guidelines, appropriate use criteria, and personalized risk models to inform surgical decision-making for both patients and providers.

Impact of training sessions on the ordering of patient decision aids



- Using PrOE, patients receive a personalized consent form that includes their specific risks and benefits for the procedure and education materials to help patients make informed decisions. The tool also helps to standardize treatment options and promotes collaboration among out specialists.

IMPACT



KEY LESSONS

- *Collaboration* - The PrOE tool helps to standardize treatment options and promotes collaboration among specialists.
- *Involvement of management* – collected outcome protocols developed in partnership with clinicians and patients to ensure that data is shared in the way they prefer
- *Use of data* - By implementing the ICHOM Coronary Artery Disease Standard Set into routine clinical care, MGH has been able to utilize established and validated statistical models to building personalized risk scores into the decision making process.

DARTMOUTH-HITCHCOCK: COMMUNICATION AND SHARED DECISION MAKING

- Dartmouth-Hitchcock Spine Center
- PROMS: SF-36 & ODI

Goals

1. To use hospital data to plan care for each individual patient, based on his or her needs and preferences
2. To use the data to improve communication and shared decision making between clinician and patients
3. To collect longitudinal patient-reported data to monitor the impact of treatments on individual patients over time
4. To aggregate the data into clinical subpopulations to be used for program improvement, practice-based research and public reporting.



¹Hvitfeldt H, Carli C, nelson EC, Mortenson DM, Ruppert BA, lindblad s. Feed forward systems for patient participation and provider support: adoption results from the original US context to Sweden and beyond. *Quality management in health care*. 2009;18(4):247-56.

A DISCUSSION OF POTENTIAL OUTCOMES IS PLACED AT THE CENTER OF CLINICAL ENCOUNTER



- Patients with back pain related to those same conditions can enter personal, demographic, and clinical information into an online calculator on Dartmouth's website.
- The calculator generates information, from SPORT-derived outcome models, comparing the anticipated outcomes of surgical versus nonsurgical interventions for patients with characteristic similar to their own.
- The doctor will introduce the SPORT tool to patients during an office visit, and the two of them view results together in real time to answer the question:

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POSITIVE FEEDBACK FROM PROVIDERS AND PATIENTS

Patient Comments:

The visit became very helpful, thorough and informative

The survey helps me think about questions that I wouldn't think of bringing up with my clinician otherwise

Provider Comments:

The health questionnaire results act like a channel for communication

This changes how health care is delivered

It is easier to talk about sensitive issues such as mental status

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Thank you!

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