European Committee of the Regions

CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

Topic – "Value-Based healthcare in Europe: challenges and opportunities"

Thursday 11 April 8h00 – 9h00

Room JDE 70, European Committee of the Regions

Minutes

Welcome and introduction by the Chair, Birgitta Sacrédeus

The Chair, Birgitta Sacrédeus welcomed the participants and introduced the topic of the meeting: "Value-Based healthcare in Europe: challenges and opportunities". Ms Sacrédeus highlighted that in recent years, European healthcare systems are facing unprecedented challenges from an ageing population, and increased prevalence of chronic disease driving rising demand on services.

As a result, sustainability of our healthcare systems' is at stake. There is a fundamental need for a new model. Being able to successfully implement Value-Based Healthcare approach can help the EU to make its healthcare systems more sustainable and to deliver the best outcomes for patients in Europe by prioritizing value, patients' needs and quality.

1. **Value-Based Healthcare: the way forward**

   Prof. Sabina Nuti, Istituto di Management - Scuola Superiore Sant'Anna, Pisa, Italy

Prof Sabina Nuti pointed out that the definition of Value is central because this concept refers to different objectives such as quality of care, financial sustainability and equity (both horizontal and vertical). From a regional perspective, Value should include not only patients but the entire population. When the entire population is considered, the first step in VBHC implementation is the optimization of resource allocation process.

Prof Nuti briefly described the Italian healthcare system. This system is based on a Beveridge-like model, that means that it is universal, comprehensive (almost), free and financed by general taxation. It is organized in three levels: the national level, the regional level and the local level.
The national level duty is granting that essentials levels of care are uniformly guaranteed across the country. It should therefore monitor that each Region reaches minimum thresholds in terms of quality

and appropriateness. Performance evaluation at a national level is done through the National Healthcare Monitoring System (Nuovo Sistema di Garanzia PDTA by MoH) and the National Program Outcomes (Piano Nazionale Esiti promoted by AGENAS).

The regional level is responsible for organizing healthcare provision in order to maximize value for money. Performance evaluation is therefore aimed at detecting best practices, in order to spread the most effective organizational solutions, through target setting, public disclosure, reward system, working on employees' motivation and communication to assure system improvement.

Performance evaluation at regional level is done through IRPES (Inter Regional Performance Evaluation System). The inter-regional performance evaluation system (IRPES) is based on approximately 400 indicators and it provides 12 regional healthcare systems with a multidimensional assessment of appropriateness, efficiency, financial sustainability, effectiveness, and equity. Sant'Anna University collaborate in the development of relevant indicators and in the benchmarking procedure. The multidimensional reporting system shared by the network of the Italian regions have three main priorities:

1) Measuring and benchmarking performance among Regions (on a voluntary basis)
2) Data public disclosure with a Public University guaranteeing the benchmarking process
3) Engaging health professionals in the process setting targets, priorities, improving quality and reducing avoidable variation

In order to describe the performance evaluation system, seven areas have been identified to highlight the core results of the regional healthcare system. Data are presented in an easy way to read (based on colours as a common language). Once collected, data are put together in a performance map.

From siloes to pathways

To overcome the silos perspective in the performance evaluation system and obtain a more comprehensive approach, not focused on specific setting, but on the entire clinical pathway, they started to use a "stave" model. This new model integrated the "siloed" vision, with a new one, in which indicators related to a defined clinical pathway are collocated on a "pentagram" (that measure also the continuity by asking the same patients in different moment of their pathway).

Moreover, in the last two years, Tuscany Region started as a pilot region with Patient Reported Outcomes (PROMs) and Patient Reported Experience (PREMs). This view allows users to focus on strengths and weaknesses characterizing the healthcare service delivery in the different pathway phases. The result of this system is a better regional performance. Currently, they are also working to improve the survey system. "Next generation" surveys are systematic and continuous and they include also patient's narrative (storytelling). The narrative sections can be used by the patients to describe l aspects that were relevant to them.

2. Value-Based Healthcare: how Wales managed to put Value at the centre – Thomas Kelley

Dr Thomas Kelley, National Clinical Advisor, Value-Based Health Care NHS Wales

Dr Thomas Kelley stated that the long-term goal of healthcare system in Wales is to ensure longer and healthier life to people, with quality and high standards. Value-Based healthcare approach implies putting value above everything else. In order to implement a Value-Based healthcare approach, 12 months ago, the NHS set out with five key goals and associated work areas involving people, patients, universities, international organisations and different stakeholders because VBHC is about the entire healthcare system.

Goals	Work Areas
All Health Boards across Wales collecting, analysing and using outcomes data in two disease areas	Create a dashboard for lung cancer Create a dashboard for heart failure
Introduce a structure to enable scaling of VBHC in Wales	Bring together a national operational Steering Group for VBHC
Welsh population becomes aware of what VBHC means and how it applies to them	Deliver VBHC roadshows to all Health Boards Organise an annual conference
Wales partners with other international organisations to support the leadership of the global adoption of VBHC	Work in conjunction with the OECD to support the delivery of the PaRIS programme
Wales partners with commercial and academic organisations to support the delivery of VBHC	Bring together an Executive Summit with the leaders of life science companies, universities and informatics companies – taking place on the 18th September 2019.

The NHS decided therefore to bring a group together in order to facilitate the dialogue, since a multi-professional structure (including commercial and non-commercial partners) to align on priorities and to work together to drive the implementation of VBHC is central. All Health Boards across Wales started collecting, analyzing and using outcomes data in two disease areas (in this case, as we can see from objective 1, the two disease areas are lung cancer and heart failure dashboard). They also include process data, which they believe will help them to assess what is leading to the variation in outcomes and they are beginning to incorporate PROMs data. The final goal of the development of the dashboard with the clinical and management teams is to drive performance and quality improvement, to discuss variations, to develop hypotheses for reasons behind the variation and support management decisions and to allocate resource based on methods to improve the outcomes.

Collected data until today suggest that there is space for improvement and this improvement can be facilitated through the implementation of a Value-Based health care approach. Wales currently is embedding Value-Based procurement and moving from an old approach to a new one that puts value at the center and this is done also through the creation of key strategic partnerships with industry & academic partners. A strategy to scale VBHC across the NHS from 2019-2022 has been adopted in Wales: in order to move forward and to efficiently implement a new model of healthcare management, wide acceptance, creation of strategic partnerships, cooperation among different stakeholders and a cultural change are needed.

3. Value-Based Healthcare: the Catalan perspective

Prof. Yolima Cossio, Associate Director Evaluation and Data Management at Vall d'Hebron University Hospital

Prof. Yolima Cossio recalled the importance of the definition of value in the implementation process. Value can be defined in various ways, it can be that we consider important, useful, worth or significant, however everyone agrees on the idea that value represent what really matters to the patient. From an academic point of view, Professor M. Porter defines value as the ratio between outcomes that matter to patients and the cost of delivering those outcomes.

Catalunya case study – Vall d'Hebron Hospital

The Health care system in Catalunya is under the National Health system, it provides a universal coverage funded by taxes and 9,15% of Catalan GDP is spent for healthcare. Vall d'Hebron hospital is the largest and most complex University Hospital and here they tried to implement a VBHC agenda.

Prof. Yolima Cossio described some lessons learned during the implementation process of the VBHC framework, in particular during the first steps.

Step 1: Integrate practices

In order to concretize this step is it fundamental to organize teams around medical conditions and to target a specific population. The final goal is to better coordinate, to avoid silos and lack of accountability in organization and to increase expertise of the care teams.

Step 2: Measure outcomes

In this step, identifying outcomes that matter to patients is the main objective, but it is not enough, it is also necessary to make data trustworthy, to track and share results, to empower patients and to learn and Identify best practices in order to improve outcomes.

They asked themselves "*how to choose what outcomes to measure?".* The best way they found was to ask both the patients and the clinical team. Outcomes that matter to the patient are certainly the

basis. This means that outcomes measurement should always include survival and disease control, disutility of care and quality of life. In order to obtain better measurements, Patient Reported Outcomes (PROMs) and Patient Reported Experience (PREMs) are very useful tools. When choosing the measurement tools, validated questionnaires and Standardized Set used by the International Consortium for Health Outcomes Measurement (ICHOM) can be very useful.

Various actors have been engaged in the measurement of outcomes process:

1. Patients, by making questionnaires easier to read and by including more relevant questions.
2. Clinicians, by reducing administrative burden, making it easy to interpret, providing comparison and by incorporating the EHR in real time
3. The team, by giving feedbacks to them, ensuring quality of data and creating risk-adjusted reports, comparing and benchmarking and finally by acting on data.

The engagement of different actors is useful also because it develops incentives.

How to increase Value?

In order to improve Value, from one hand, disease control, quality of life and productivity (what is called patient's value) should be increased and, on the other hand, costs can be reduced by increasing innovation, by creating coordinated care pathways and avoiding complications and non-value activities.

What seems to be fundamental during the implementation process of VBHC is:

1. Innovation in purchase (from different perspectives: hospitals, industries, procuring entities, and companies) and a shift in the procurement model (adopting a Value-Based procurement)
2. Data and transparency
3. Benchmarking and comparisons

Close of meeting

The Chair thanked the Committee of the Regions for hosting the meeting and the speakers, as well as the participants.

The next meeting of the CoR Interregional Group on Health and Well-being will be an informal meeting and it will take place on 17 June on the topic "Active and healthy ageing". A formal meeting on "Healthcare in Cross-border Regions" will take place on 26 June.

9.00 Close of meeting