IMPROVING HIGH VALUE CARE – ENHANCING OUTCOME MEASUREMENT AND BENCHMARKING

Queensland Clinical Senate Meeting
Pre-meeting Workshop - March 17th 2016
PRACTICAL CONSIDERATIONS IN IMPLEMENTING OUTCOME MEASUREMENT INITIATIVES

Queensland Clinical Senate Meeting

Dr Neil Soderlund – Director, Health Outcomes Australia
**ICHOM**

**Drives development of international standard sets**
- Organizes global teams of physician leaders, outcomes researchers and patient advocates per medical condition
- Ongoing support / updates to standards

**Certifies IT solution providers through their Certified Suppliers program**

**Enables global benchmarking and data sharing through a common platform**

**Global networks of innovation institutes**
- Workshops and remote coaching with executive, clinical and ops teams
- Coordinate support and participation in working groups

---

**Health Outcomes**

**Provides practical implementation support for ICHOM standard sets**
- Works closely with local clinicians and provider organisations to help measure, analyse and feedback outcomes

**Tailors IT solution implementation, in partnership with Pulse Infoframe**

**Drives advanced analytics & reporting**
- Risk adjustment and comparison across similar patients
- Identification of best practices

**Build local implementation networks**
- Coordinate stakeholders/players and build coalitions for measurement
- Clinician engagement to build momentum
- Deliver on-the-ground, local support to drive execution of project

ICHOM focuses on global standards & benchmarking; Health Outcomes provides local support for practical implementation.
A complete and integrated process can support local executional certainty.

**PHASE 0**
Project Setup
Establish team, plan and setup project

**PHASE 1**
Build Momentum
Engage the organisation in the initiative to build momentum and acceptance

**PHASE 2**
Implement collection
Implement data collection, adapted to the clinician workflow

**PHASE 3**
Analyze and Report
Analyze risk-adjusted outcomes, provide insights reporting and benchmarking

**PHASE 4**
Improve Practice
Facilitate best practice sharing and feedback insights to improve patient care
Specific capabilities and resources are needed for each phase of an initiative

<table>
<thead>
<tr>
<th>Description</th>
<th>Build Momentum</th>
<th>Implement collection</th>
<th>Analyse and Report</th>
<th>Improve Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHASE 0</strong></td>
<td>Project Setup</td>
<td>PHASE 1</td>
<td>PHASE 2</td>
<td>PHASE 3</td>
</tr>
<tr>
<td><strong>PHASE 1</strong></td>
<td>Build Momentum</td>
<td>Implement collection</td>
<td>Analyse and Report</td>
<td>Improve Practice</td>
</tr>
<tr>
<td><strong>PHASE 2</strong></td>
<td>Implement collection</td>
<td>Analyse and Report</td>
<td>Improve Practice</td>
<td>Project Setup</td>
</tr>
<tr>
<td><strong>PHASE 3</strong></td>
<td>Analyse and Report</td>
<td>Improve Practice</td>
<td>Project Setup</td>
<td>Build Momentum</td>
</tr>
<tr>
<td><strong>PHASE 4</strong></td>
<td>Improve Practice</td>
<td>Project Setup</td>
<td>Build Momentum</td>
<td>Implement collection</td>
</tr>
</tbody>
</table>

### PHASE 0: Project Setup
- Establish team, plan and setup project
  - Define and assess budget for project
  - Secure funding
  - Establish project team and governance structure
  - Establish meeting cadence

### PHASE 1: Build Momentum
- Engage the organisation in the initiative to build momentum and acceptance
  - Identify key clinicians and stakeholders
  - Individual meetings and workshops with clinicians to establish buy-in
  - Identify advocates to encourage collection
  - Provide ongoing communications & change management

### PHASE 2: Implement Collection
- Implement data collection, adapted to the clinician workflow
  - Process map pilot implementation site
  - Assess IT infrastructure
  - Data gap analysis
  - Secure PROM licenses
  - Deploy IT solution through pilot program
  - Refine workflow & IT solution
  - Scale up to full collection

### PHASE 3: Analyse and Report
- Analyse risk-adjusted outcomes, provide insights reporting and benchmarking
  - Refine reporting and dashboards
  - Establish risk adjustment algorithm (once enough data has been collected)
  - Analyse data to identify outliers and trends
  - Test findings with clinician group

### PHASE 4: Improve Practice
- Facilitate best practice sharing and feedback insights to improve patient care
  - Provide individual clinician feedback
  - Benchmark clinicians along key measures
  - Facilitate workshops to co-design best practices
  - Plan dissemination of results from measurement initiative

### Key Activities

#### PHASE 0: Project Setup
- Define and assess budget for project
- Secure funding
- Establish project team and governance structure
- Establish meeting cadence

#### PHASE 1: Build Momentum
- Identify key clinicians and stakeholders
- Individual meetings and workshops with clinicians to establish buy-in
- Identify advocates to encourage collection
- Provide ongoing communications & change management

#### PHASE 2: Implement Collection
- Process map pilot implementation site
- Assess IT infrastructure
- Data gap analysis
- Secure PROM licenses
- Deploy IT solution through pilot program
- Refine workflow & IT solution
- Scale up to full collection

#### PHASE 3: Analyse and Report
- Refine reporting and dashboards
- Establish risk adjustment algorithm (once enough data has been collected)
- Analyse data to identify outliers and trends
- Test findings with clinician group

#### PHASE 4: Improve Practice
- Provide individual clinician feedback
- Benchmark clinicians along key measures
- Facilitate workshops to co-design best practices
- Plan dissemination of results from measurement initiative

### Capabilities/Resources

#### PHASE 0: Project Setup
- Funding
- Project manager
- Executive sponsors

#### PHASE 1: Build Momentum
- Ability to gain buy-in from clinicians
- Project Manager
- Analysts
- Steering Committee

#### PHASE 2: Implement Collection
- Identified measurement tool (IT)
- PROMs licenses
- Project Manager
- IT specialists
- Data assistants / nurses
- Analysts

#### PHASE 3: Analyse and Report
- Project Manager
- Analysts
- IT specialists
- Data assistants / nurses

#### PHASE 4: Improve Practice
- Change management functionality
- Analysts
Swedish-U.K. comparison illustrates value of actively managing the full cycle

**Sweden AMI 30 day Mortality**

Deaths within 30 days of emergency admission to hospital: (AMI)

- **3rd Quartile CAGR:** -8%
- **Median CAGR:** -9%
- **1st Quartile CAGR:** -11%

**UK AMI 30 day Mortality**

Deaths within 30 days of emergency admission to hospital: (AMI)

- **3rd Quartile CAGR:** -5%
- **Median CAGR:** -5%
- **1st Quartile CAGR:** -4%

Source: Swedish RIKS-HIA; OECD
Dramatic reduction in mortality for some hospitals following public release of data

**Before**

- Quality index raised from 1 to 8, 30-day mortality reduced by 50%  
  Ranked #22
- New specialist departments for specific coronary conditions started
- Staffing improved

**After**

- Quality index raised from 1 to 4  
  Mortality reduced by 50%  
  Ranked #45

1. Percutaneous coronary intervention  
2. on angiography and PCI  
3. Riks-HIA

Source: SVT.se; Aftonbladet 2007-03-08; DN 2009-05-06; Dagens Medicin 2008-08-26; Läkartidningen nr 44 vol. 104, 2007; Värmlands Folkblad 10 Oct 2007
Experience shows there are some fundamental requirements for successful patient outcome measurement initiatives

<table>
<thead>
<tr>
<th>Organisational Readiness</th>
<th>Culture</th>
<th>Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• An established culture of quality improvement</td>
<td>• Leadership from within management and the clinician community of the participating organisation(s)</td>
</tr>
<tr>
<td></td>
<td>• A recognition of value of patient outcomes measurement</td>
<td>• Governance structures to allow multi-stakeholder representation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resourcing</th>
<th>Funding / People</th>
<th>Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Financial support for measurement initiatives</td>
<td>• IT platform for data capture</td>
</tr>
<tr>
<td></td>
<td>• Project management / project team with sustained focus on measurement</td>
<td>• Analytics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Feedback and facilitated change</td>
</tr>
</tbody>
</table>
And collaboration, simplified processes and feedback are critical to ensuring the data is collected, trusted and put to use

<table>
<thead>
<tr>
<th>Efforts must be collaborative</th>
<th>Data gathering ‘burden’ must be reduced</th>
<th>Data should be readily actionable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve all relevant stakeholders in steering group: funders, hospitals, clinicians</td>
<td>Integrate measurement into clinical and management workflows</td>
<td>Participants own their own data</td>
</tr>
<tr>
<td>Align around improvement in quality of care</td>
<td>Use cloud-based solutions for data capture with greater flexibility and high response rates</td>
<td>Allow stakeholders to tailor the content of reports</td>
</tr>
<tr>
<td>Co-design elements of the implementation process</td>
<td>Engage patients to submit their data directly</td>
<td>Feedback to clinicians via an iterative and responsive process</td>
</tr>
<tr>
<td>Third-party co-ordination will • bring data independence • accelerate the process of working together • support internal capability development</td>
<td></td>
<td>Report in real-time with data accessible to agreed levels of identification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical champions lead design and dissemination of practice improvements based on their own outcome data</td>
</tr>
</tbody>
</table>
Collaboration can leverage the strengths of funders, clinicians, analysts and project managers

**Coordinating Center**
- Provides project structure
- Trains/ manages data collection staff
- Analyses data
- Organises feedback and improvement efforts

**Funder**
- Provides kick-start and operational funding
- Ties in utilisation data
- Shares population-level outcomes and improvements
- Introduces the concept to policy and politics

**Hospital and clinicians**
- Collect clinical data
- Participate in consortium-wide quality improvement activities
- Do root cause analyses to understand issues and drive specific improvements
PANEL DISCUSSION and Q+A

John Beltrame | Jeremy Millar | Ian Harris | Neil Soderlund
Please get in touch if you are interested in engaging further

ICHOM

Dr. Caleb Stowell
c.stowell@ichom.org

Health Outcomes Australia

Dr Neil Soderlund
soderlund.neil@health-outcomes.org

Dr Tanya Pelly
pelly.tanya@health-outcomes.org