# Improving Value for Lung & Breast Cancer: A European Pilot Study of Outcomes Measurement

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#### Working in partnership Providing value in cancer care

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#### Agenda

Project rational and objectives

Community and Timelines

**Impact** 





#### ICHOM has delivered substantial success since launch



#### Standardization

27 Standard Sets published to date

14 Sets in progress or funded

20 papers in peer-reviewed journals

>650 sites implementing at ICHOM Standard Sets



#### Implementation

Expansion of multi-site, community projects (e.g. All.Can) providing foundation for future outcomes benchmarking

2018 external publication in J Patient Rep Outcomes on feasibility of implementing ICHOM Standard Sets



#### Benchmarking

>15k volume of PROMS data collected across 6 sites in HKO GLOBE Phase 1

>7K volume of PROMS data collected across 11 sites in CAT GLOBE Phase 1

GLOBE program publication in European Medical Journal





## The need for VBHC is widely recognized; ICHOM has been a driving force for VBHC

### ICHOM has helped facilitate global recognition of need for VBHC

#### There is a global need for VBHC

- Global healthcare spend continues to outpace growth in GDP<sup>1</sup>
- Variable outcomes delivered across OECD countries<sup>2</sup>
- Reimbursement remains tied primarily to volume in countries across the world

#### ICHOM has helped facilitate a recognition of this need and the importance of patient centered outcomes

 Diverse set of stakeholders globally recognize this need, including patients, providers, payers, suppliers, governments

## ICHOM has helped set the expectation that VBHC has significant, measurable value

- ICHOM is recognized as a global leader in VBHC
- ICHOM has set the expectation that patient centered outcomes can be measured, collected, and compared in a standardized way
- ICHOM is uniquely positioned to a deliver holistic solution that proves the benefits of VBHC
  - Independent, trusted, non-profit
  - Global reach
  - Have already delivered 'proof of concept' for standardized data collection and measurement

#### Now ICHOM must help prove the benefits of VBHC

- 1. Index, 1995 = 100; Sweden changed reporting methodology in 2011; thus HC spend for Sweden is indexed 1995-2010 and 2011-2016 with GDP growth 2010-11.
- 2. OECD Health May 2016. Quantitative figure listed represents the difference between the countries with the lowest and highest rates of the outcome. AMI = Acute Myocardial Infarction





## ICHOM now wants to prove benefits of outcomes measurement through development of multi-stakeholder projects

#### Principles of development of multistakeholder projects



Proactively cover conditions with significant global disease burden



Structure as large scale projects



Include diverse set of Partners



Focus on VBHC



Prove benefits of outcomes measurement at international level



Changing cancer care together







#### What Makes this Project Unique

#### **Creating Value Community**

ICHOM is working collaboratively with all healthcare stakeholders: patients, professionals, payers and private sector companies

#### **Actionable Data**

The outcomes collected will provide evidence for meaningful change. Results will impact all healthcare stakeholders and have the power to influence policy

#### **Standardized Measurement**

ICHOM has forged an international reputation in health outcomes measurement.

The project is using ICHOM Standard Sets for lung cancer and breast cancer

#### **Patient Focused**

We start with patient insights.
This is the basis of our research
and objectives: improving
outcomes for patients



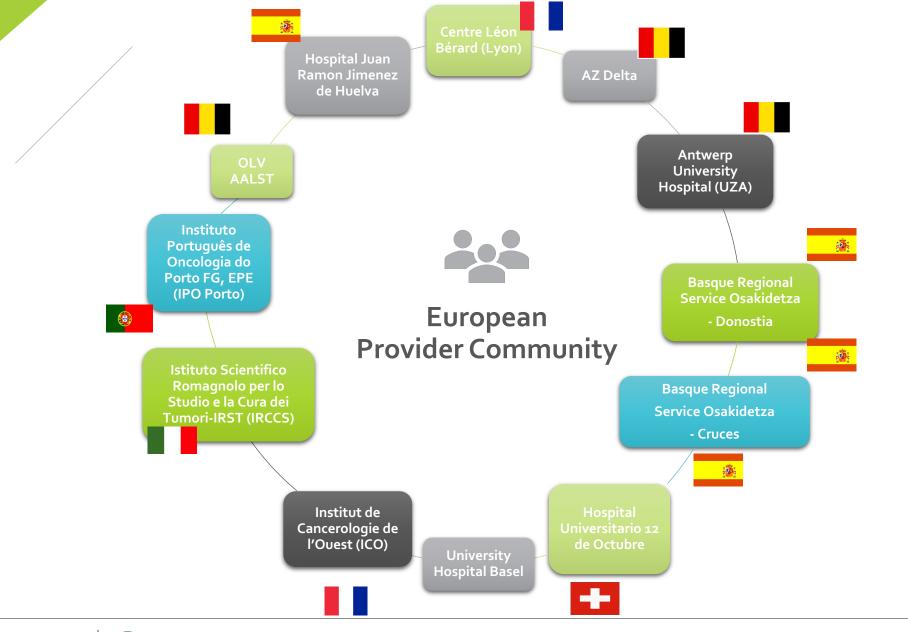


# Study objectives

1	Create a community of healthcare providers, who will collaborate together to improve cancer care
2	Measure outcomes consistently and in a standardised form
3	Measure the costs of outcomes delivery via Time Driven Activity Based Costing.
4	Enable community members to benchmark their performance with one another
5	Measure patient perspectives/experiences regarding service inefficiency
6	To codify an evidence base of value improvement strategies in lung and breast cancer delivery.
7	apport the community in utilising cost and outcomes data to improve the efficiency and efficacy of their services.
8	To engage industry and governments in the learning from the programme.





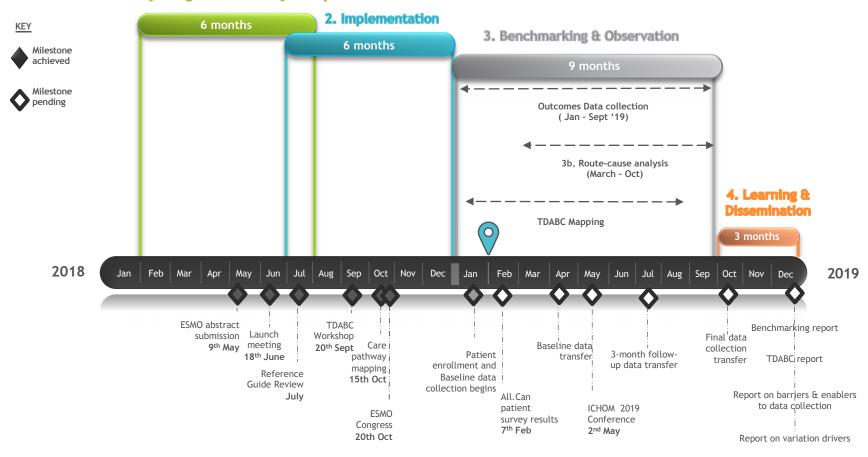






#### Project timelines – high-level overview

#### 1. Study Design & Community Set-up







#### **PATIENTS**

With real-time data collection, clinicians can use PROMs results to better understand patients' needs and improve their care.

Patients will feel more engaged and empowered in their healthcare journey.

#### **PROVIDERS**

Hospitals can use the data to identify variations in outcomes delivery. By identifying where they are underperforming they can act to improve the effectiveness of their care.

Hospitals can use the TDABC mapping to identify areas of inefficacy in their care. They can then redistribute resources to provide the right care at the right time, and the right cost

#### **INDUSTRY**

Use real-world evidence to better understand the effectiveness of care for different populations. Better understand the effect of treatment modalities on outcomes beyond survival.

Improve the quality and cost-benefit of care

#### **POLICY MAKERS**

Better understand the needs of patients, and the performance of providers.

Inform value-based health care strategies such as bundled payments and outcomes based commissioning

Use evidence to advocate for improved patient care.





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