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**International Consortium for Health  
Outcomes Measurement**

FMLM meeting: Insights into leadership

20<sup>th</sup> July 2017

## **Be authentic**

*You have a goal/an idea which you genuinely believe will help to change things for the better*

**2x** variation in 30-day mortality rate from heart attack in US hospitals

**4x** variation in bypass surgery mortality in the UK hospitals

**5x** Variation of major obstetrical complications among US hospitals

**9x** variation in complication rates from radical prostatectomies in the Dutch hospitals

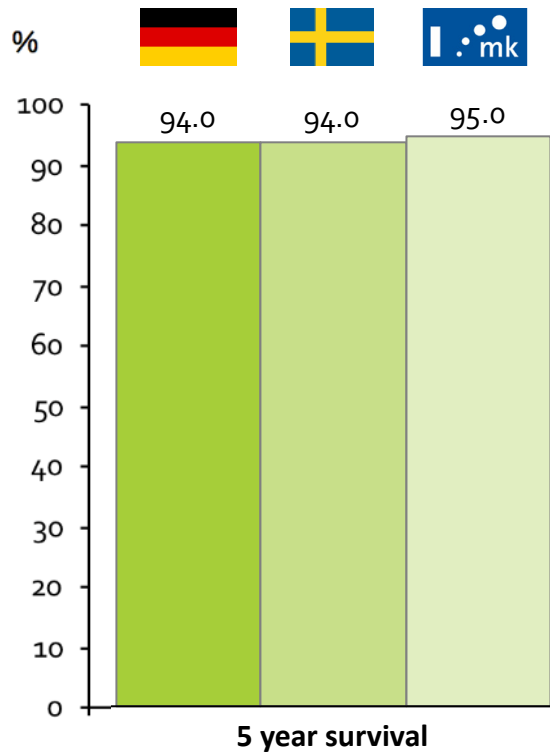
**18x** variation in reoperation rates after hip surgery in German hospitals

**20x** variation in mortality after colon cancer surgery in Swedish hospitals

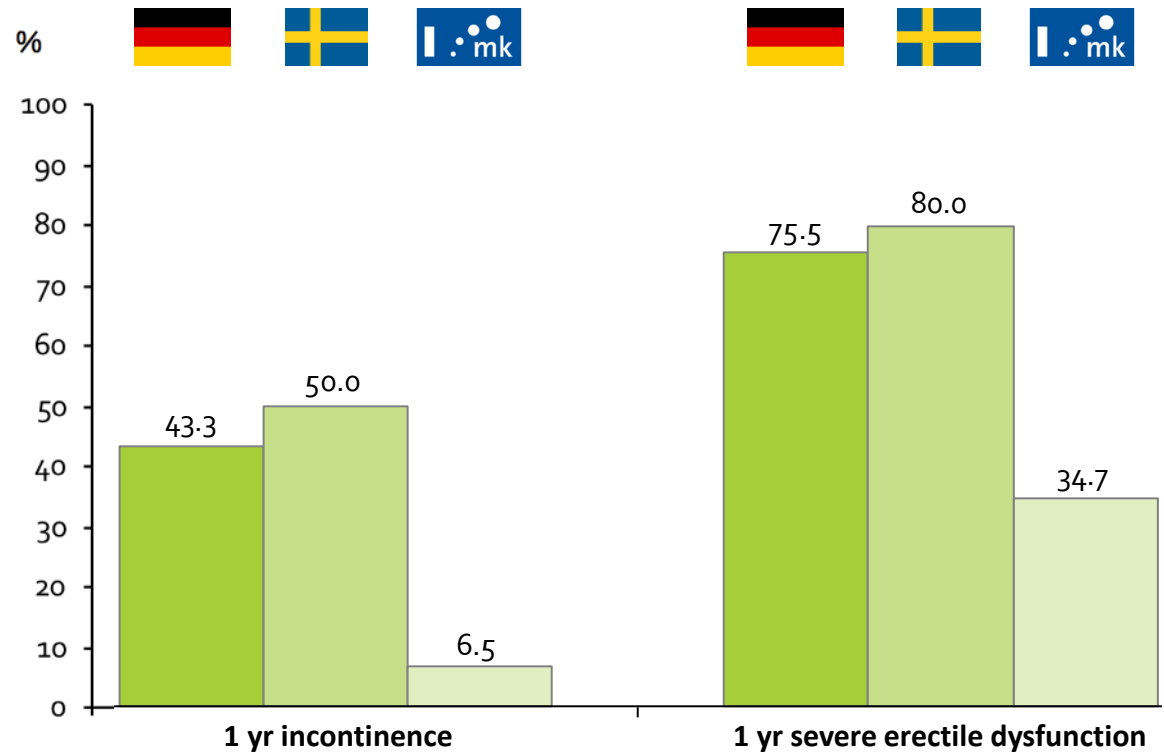
**36x** variation in capsule complications after cataract surgery in Swedish hospitals



Focussing on mortality alone...



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



Germany Sweden Best-in-class: Martini Klinik

## **Getting people to follow**

*In order to achieve the goal, we need to convince people that it's a good idea!*

"A profound and powerful critique of America's health-care system."—*The Economist*

Michael E. Porter  
Elizabeth Olmsted Teisberg

# Redefining Health Care

*Creating  
Value-Based Competition  
on Results*



HARVARD BUSINESS REVIEW PRESS

"Revolutionary and practical"

Henry V Fineberg, Institute of Medicine



# The NEW ENGLAND JOURNAL of MEDICINE

PERSPECTIVE

STANDARDIZING PATIENT OUTCOMES MEASUREMENT

## Standardizing Patient Outcomes Measurement

Michael E. Porter, Ph.D., M.B.A., Stefan Larsson, M.D., Ph.D., and Thomas H. Lee, M.D.

The arc of history is increasingly clear: health care is shifting focus from the volume of services delivered to the value created for patients, with “value” defined as the outcomes achieved relative to the costs.<sup>1</sup> But progress has been slow and halting, partly because measurement of outcomes that matter to patients, aside from survival, remains limited. And for many conditions, death is a rare outcome whose measurement fails to differentiate excellent from merely competent providers.

Experience in other fields suggests that systematic outcomes measurement is the sine qua non of value improvement. It is also essential to all true value-based reimbursement models being discussed or implemented in health care. The lack of outcomes measurement has slowed down reimbursement reform and led to hesitancy among health care pro-

viders to embrace accountability for results.

If we're to unlock the potential of value-based health care for driving improvement, outcomes measurement must accelerate. That means committing to measuring a minimum sufficient set of outcomes for every major medical condition — with well-defined methods for their collection and risk adjustment — and then standardizing those sets nationally and globally.

Why has arriving at the essential measures of performance been so difficult in health care, when it seems to occur naturally in other fields? First, in health care we've allowed “quality” to be defined as compliance with evidence-based practice guidelines rather than as improvement in outcomes. Of the 1958 quality indicators in the National Quality Measures Clearinghouse, for

example, only 139 (7%) are actual outcomes and only 32 (<2%) are patient-reported outcomes (see bar graph).<sup>2</sup> Defaulting to measurement of discrete processes is understandable, given the historical organization of health care delivery around specialty services and fee-for-service payments.

Yet process measurement has had limited effect on value. Such measures receive little attention from patients, who are interested in results. Process measures don't truly differentiate among providers, so incentives for improvement are limited. Nor does improving process compliance from 95% to 98% matter much for outcomes. Yet the effort required to measure processes and ensure compliance consumes organizations' resources and attention, leading to clinician skepticism about the value of measurement, which spills over to outcomes





## **Dedication and persistence**

*Leading people towards a goal requires time to deliver the goals and dogged persistence!*

INSTITUTE FOR STRATEGY  
AND COMPETITIVENESS



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THE BOSTON CONSULTING GROUP



Karolinska  
Institutet



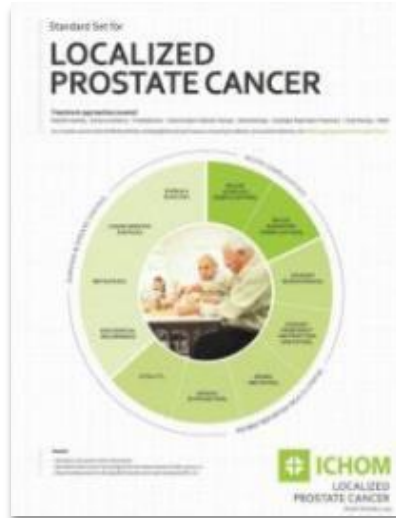
ICHOM

## Our mission:

Unlock the potential of value-based health care by **defining global Standard Sets of outcome measures that really matter to patients** and by **driving adoption and reporting** of these measures worldwide

## **Focus**

*Start small, celebrate success and move forwards step by step*



Showcase and celebrate the successes

## Our current 21 Standard Sets



\*Focused on low and middle income countries

## 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

*Numbers not representing prioritization/likelihood*



**Patient +/- Carer  
arrives in clinic waiting  
room**

**Patient / Carer  
completes PROM's  
on tablet**

**Other outcomes  
pulled from admin  
and clinical data**

**Patient seen by Dr  
who reviews all  
outcomes in real time**

- Showcase and celebrate the successes
- Empower others to take the lead
- Figure out what approaches will best convince others



# **Listening, Observing & Understanding the environment**

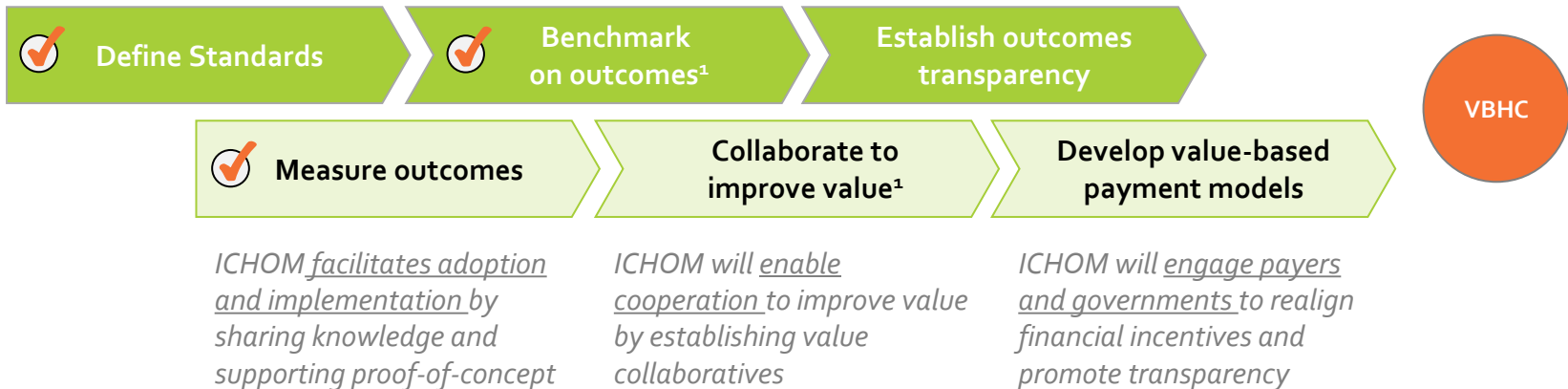
*We must work to convince but also to provide what people want/need*



*ICHOM defines internationally recognized Standard Sets of outcomes and related case-mix factors*

*ICHOM will provide risk-adjusted international benchmarks on outcomes by medical condition*

*ICHOM will become a methodological partner with media to publish ratings based on ICHOM outcomes*



*ICHOM facilitates adoption and implementation by sharing knowledge and supporting proof-of-concept*

*ICHOM will enable cooperation to improve value by establishing value collaboratives*

*ICHOM will engage payers and governments to realign financial incentives and promote transparency*



# **Working with a terrific team with the right competencies**

*The key to achieving the goal is creating and working in a high-performing team*

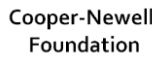
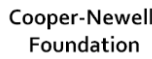
- Support each other
- Value each other's contributions
- Value each other and the different personalities we may have
- Discuss and plan together
- Clear roles and responsibilities
- Embrace opportunities and learn from failures

## **Empowerment and building a leadership network**

*The key to scaling the goal is creating an empowered network within and beyond the limits of the organization*



People caring for people



St. Luke's Health #Partners



**And finally...**

**Resilience**

Leading towards a goal will have setbacks