



# International Symposium 2017

## Turning value theory into practice – an international perspective

4 October 2017, Radisson Blu Portman Hotel, London

### Programme

The HFMA Healthcare Costing for Value Institute provides a platform for support and ideas exchange with a focus on applying the theory of value-based healthcare in practice and maximising the value of patient-level costing information.

Achieving the best value from every pound spent on healthcare has always been a core focus of the UK National Health Service (NHS). Getting the most from any healthcare budget must focus on managing the limited resources that are available more effectively so that we can deliver the best possible outcomes for patients. To state this is simple, but the enormity of the challenge is very real for anyone working in healthcare today.

This one-day event is open to senior finance professionals and clinical colleagues from Institute member organisations, as well as international delegates (1 free senior finance place and 1 free clinical place per member organisation).

Our first [International symposium](#) held in October 2016 was a great success with seven different countries providing a top-level view of their approach to costing and value-based healthcare. This year we will continue with the theme of delivering value-based healthcare, but explore more of the operational level in international systems, looking practically at 'Turning value theory into practice – an international perspective.'

**09:00** Registration, networking & posters

**10:00** Welcome

**John Graham**, deputy chief executive and executive director of finance, Royal Liverpool and Broadgreen University Hospitals NHS Trust and chair of the Healthcare Costing for Value Institute

**10:05** Opening remarks – What do we mean by 'value'?

**Dr Paul Buss**, medical director, Aneurin Bevan University Health Board

**10:10** [Building value around the patient pathway](#)

**Claes Ruth (MSE)**, head of central controlling and **Dr Michael Melin (M.D.)**, manager of the Patient Flow for Heart Failure, Karolinska University Hospital, Sweden

Value-based healthcare is still a relatively new concept in the UK, and we are delighted to welcome the Swedish Karolinska University Hospital who are at the forefront of value-based healthcare thinking and have been implementing value-based healthcare since 2011.

The hospital, responsible for highly specialised health care in Stockholm County Council, is introducing a value-based operating model which is based on the patient's health care journey, and focuses on the outcomes that matter to patients. Care is organised on medical theme areas (for example, heart and vascular, cancer) and a number of functions (for example, emergency medicine, radiology and imaging). This new structure around pathways rather than professions supports the hospital's drive to improve value.

The hospital has transformed the way it works with new facilities, new financial governance models and new ways of monitoring patient outcomes in near real time. Claes and Michael have worked together in adapting and implementing a comprehensive tool kit for monitoring and improving the outcomes within the *Patient Flow for Heart Failure*.

Claes is leading on the implementation of some of the key tools for value-based healthcare, including the introduction of digitalized scorecards for monitoring patient group outcomes (including patient outcomes, HR and financials) and improved capabilities for measuring and simulating cost per patient systems.

Michael is leading the newly formed *Patient Flow for Heart Failure* where Karolinska's principle of "Patient First" is key. As head of a patient flow, Michael is responsible for leading a data driven, cross-functional practice with a high degree of patient involvement and with integrated research and education.

Claes and Michael will demonstrate how Karolinska has approached value-based healthcare by providing an overview of how the new organisation, governance model and supporting tools have been implemented and used in practice.

**10:50 Q&A**

**11:00 Coffee break, networking and posters**

**11:30 [Harnessing the power of patient-level costing to support improvements in patient care](#)**

**Alfa D'Amato, director of Activity Based Management, Julia Heberle, deputy director of Activity Based Management (patient costing improvements) and Susan Dunn, deputy director of Activity Based Management (stakeholders and clinical engagement), New South Wales Health, Australia**

With the roll-out of patient-level costing across the NHS as part of NHS Improvement's costing transformation programme, providers of NHS services have increasingly detailed information about the cost of caring for individual patients. However, the data is not consistently being used to support improvements in the efficiency and effectiveness of how patient care is delivered. We are very pleased to welcome Alfa back to provide us with insight into how Australia is harnessing the power of patient-level costing to support improvements in patient care.

Australia is recognised as one of the world leaders in patient-level costing, where costing standards are mandated. Alfa D'Amato is best known for leading the implementation of activity based funding in New South Wales (NSW) Health and its evolution to Activity Based Management (ABM). Passionate about transforming data into insights for managing complex and efficient systems, Alfa has been pivotal in creating the comprehensive online ABM Portal program available to health workers. The transparent publication of data encourages collaboration between clinical services around developing and accessing models of care. The ABM Portal has been enhanced to a national benchmarking portal that is now being rolled out across Australia.

In this session Alfa, Julie and Susan will describe the work they have done to turn data into business information. The session will include case studies looking in more detail at data analysis and provide examples of where clinicians have proactively sought out data, what they are doing with it and how their practices have changed as a result. They will also share details of the work they have been involved in around better value care and preventing hospitalisation using data to identify heavy users of a service.

**12:00 [Benchmarking value between six hospitals – a practical approach](#)**

**Dr Samyra Keus, project leader value-based healthcare, OLVG, Amsterdam (part of the Santeon group of hospitals), The Netherlands**

The Institute's Value challenge pilot started to explore the challenges of translating the theory of value into practice. We are very pleased to welcome the Santeon group of hospitals, who have explored similar challenges but in a more systematic way, and have started to embed value-based healthcare within their organisations.

Santeon's value-based healthcare initiative is aimed at improving health outcomes for patients in the main disease areas, and at the same time reducing costs. A key focus of the initiative is to make the comparison of results and the improvement of clinical practice part of the daily routine of the hospitals.

In 2007, six independently-run hospitals in The Netherlands decided to form an alliance that would enable close collaboration around patient care and quality improvement initiatives. The alliance was formalised in 2010 with agreements signed to collaborate under the umbrella organisation Santeon. The value-based healthcare initiative started in 2012 with the measurement, benchmarking and publication of outcomes for four oncological conditions. Seeing the potential of comparing outcomes, and given the wish to speed up their improvement efforts, Santeon developed a method to implement improvement cycles within each hospital and between the hospitals, in which outcomes for specific patient groups are regularly measured, compared, variation is analysed and improvements are implemented. This initiative is clinician-led by multidisciplinary teams that include patients.

The multidisciplinary teams agree a Santeon scorecard for each condition, which contains outcomes that are relevant to patients, key cost indicators and process indicators that are relevant to patients. With the focus on wanting to get started and keeping things simple, the initiative has adopted a practical approach to turning the theory of value into practice. While their aim is to look at the full patient pathway for each condition, if the data is not available, they narrow down the scope to what is attainable. Santeon won the [VBHC Collaboration award](#) in The Netherlands in 2017, and the International Consortium for Health Outcomes Measurement (ICHOM) published [a case study](#) on the initiative.

In this session Samrya will share details of the Santeon's value-based healthcare initiative and give examples of some of the improvements to both service delivery and cost that the initiatives have brought. Samrya will also look at some of the hurdles and challenges which they had to overcome in order to successfully implement the value-based healthcare system.

**12:30 Panel Q&A chaired by John Graham**

**13:00 Lunch, networking and posters**

**14:00 Linking costs and outcomes at the patient level in three acute hospitals – [the Value challenge pilot](#)**

**[Dr Jean MacLeod](#), consultant physician in medicine and diabetes, North Tees and Hartlepool NHS Foundation Trust and [Duncan Orme](#), Deputy Finance Director, Nottingham University Hospital NHS Trust**

Professor Robert S Kaplan set members of the Healthcare Costing for Value Institute a challenge at the Institute's April 2015 inaugural value masterclass:

"Take one or two acute care conditions, take on a chronic care condition, and take a primary mental health situation. Try one pilot in each of these three categories and really try to apply the value framework to see how we can start delivering better value to patients with that medical condition. What are the set of desired outcomes? What does it cost to do the right thing, at the right time, in the right place?."

The Institute's first 'value challenge pilot' is our response to Professor Kaplan's challenge. Clinical and finance staff in three acute trusts in England, with support from the Institute, set about translating the theory of value into practice. All three trusts already cost care at the patient level. The challenge was to test how easy it was in practice to link costs and outcomes at a patient level, and explore whether there was any correlation between them.

From the outset this project was seen as a pragmatic proof of concept. This was an ambitious pilot with only a short timescale allocated, and the project team recognised the clear limitations from the start. Nevertheless, significant progress was made over a period of seven months, and the project has demonstrated that it is possible to link costs and outcomes at a patient level, and identify relationships between them.

In this session members of the project team will discuss how clinical and finance staff set about translating the theory of value into practice, with a focus on orthopaedics and diabetes. It will explore the key components of value – health outcomes and patient level costs – and describe the challenges facing the NHS if greater value is to be unlocked. The team will also describe what further projects have been initiated in their hospitals as a result of the value challenge pilot.

**14:20 Q&A**

**14:30 Turning value theory into practice - facilitated discussion session led by Dr Jean MacLeod**

How can delegates adapt the learning from Sweden, Australia, The Netherlands and the UK within their own organisation and local health economies?

**15:00 Afternoon break, networking and posters**

**15:30 [Measuring value across health and social care systems](#)**

**Dr. Anne Lemay**, associate executive director for support, administration and performance programs, CIUSSS, West Central Montreal, Quebec, Canada

We are becoming increasingly aware in the UK that to drive value we need to be able to measure costs and outcomes across whole patient pathways, which are likely to cover more than one organisation. The challenge is how to do this. We are delighted that Anne can attend our symposium to talk about how her integrated network of health and social care is starting to measure value across whole systems.

In this session Anne will give a brief overview of the Canadian and Quebec healthcare systems and outline some of the challenges which they face. She will describe the implementation of the reforms which were necessary to merge 480 institutions into 34, remove the regional agencies and deal with the associated budget and resource constraints.

Following the reorganisation, there was a huge challenge around information management but this led to changes to the way information is used. There was a move towards identifying patient costs and measuring outcomes across the system in order to be prepared for fee per patient funding. Anne will share examples of their cost and outcomes measurement and the improvements which have resulted.

## **16:00 Value-based population health – a preventative proactive approach**

[Dr Martin Wetzel](#), GP and head of Kinzigtal GP Federation, Germany and [Dr Nicholas Hicks](#), director of OptiMedis-COBIC UK

There is much discussion within UK healthcare about population health and many of the current initiatives are being developed with population health in mind. However, there are no simple solutions to this complex problem which will involve a wide range of different services and sectors working collaboratively with the best healthcare interests of the population in mind. We are very pleased to welcome representatives from the Gesundes Kinzigtal initiative to the symposium to share details of the work that has been carried out in Germany to operate a regional integrated care system which is responsible for all healthcare outcomes for a specific region.

Gesundes Kinzigtal (meaning 'healthy Kinzigtal') is a joint venture between a network of clinicians in Kinzigtal and OptiMedis AG. Gesundes Kinzigtal is responsible for organising care and improving the health of nearly half of the population of Kinzigtal in southwest Germany. Since 2006, Gesundes Kinzigtal has held contracts to integrate health and care services for their insured populations, covering all age groups and care settings. Around a third of this population has actively enrolled in Gesundes Kinzigtal which is free to all those insured and which allows access to a number of health improvement programmes.

This session will share details of the project which aims to keep the population of Kinzigtal healthy and reduce the costs of care. Initiatives include contracts with traditional health and care providers as well as collaborations with a range of community groups including gyms, sports clubs, self-help groups and local government agencies. There are also health promotion programmes in schools and workplaces and for unemployed people, and classes to offer health advice to support prevention and self-management of conditions.

Gesundes Kinzigtal has developed targeted care management and prevention programmes for particular high-risk population groups and health professionals are trained in shared decision-making to ensure that patients are actively involved in their own care. Evaluation of the programme has shown that this approach is improving health outcomes including reducing mortality rates and there have also been improvements in the efficiency of services, as well as people's experience of care.

As well as describing the approach taken in Germany, the session will also look at how the learning from the Gesundes Kinzigtal initiative can be applied in the UK.

## **16:30 Panel Q&A – chaired by Paul Buss**

## **17:00 Final remarks and close – Paul Buss**