

# Delivering value and improving outcomes in a post-Covid world

Value-based healthcare – now, more than ever?

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National Clinical Lead for VBHC in Wales

Honorary Professor Swansea School of Medicine



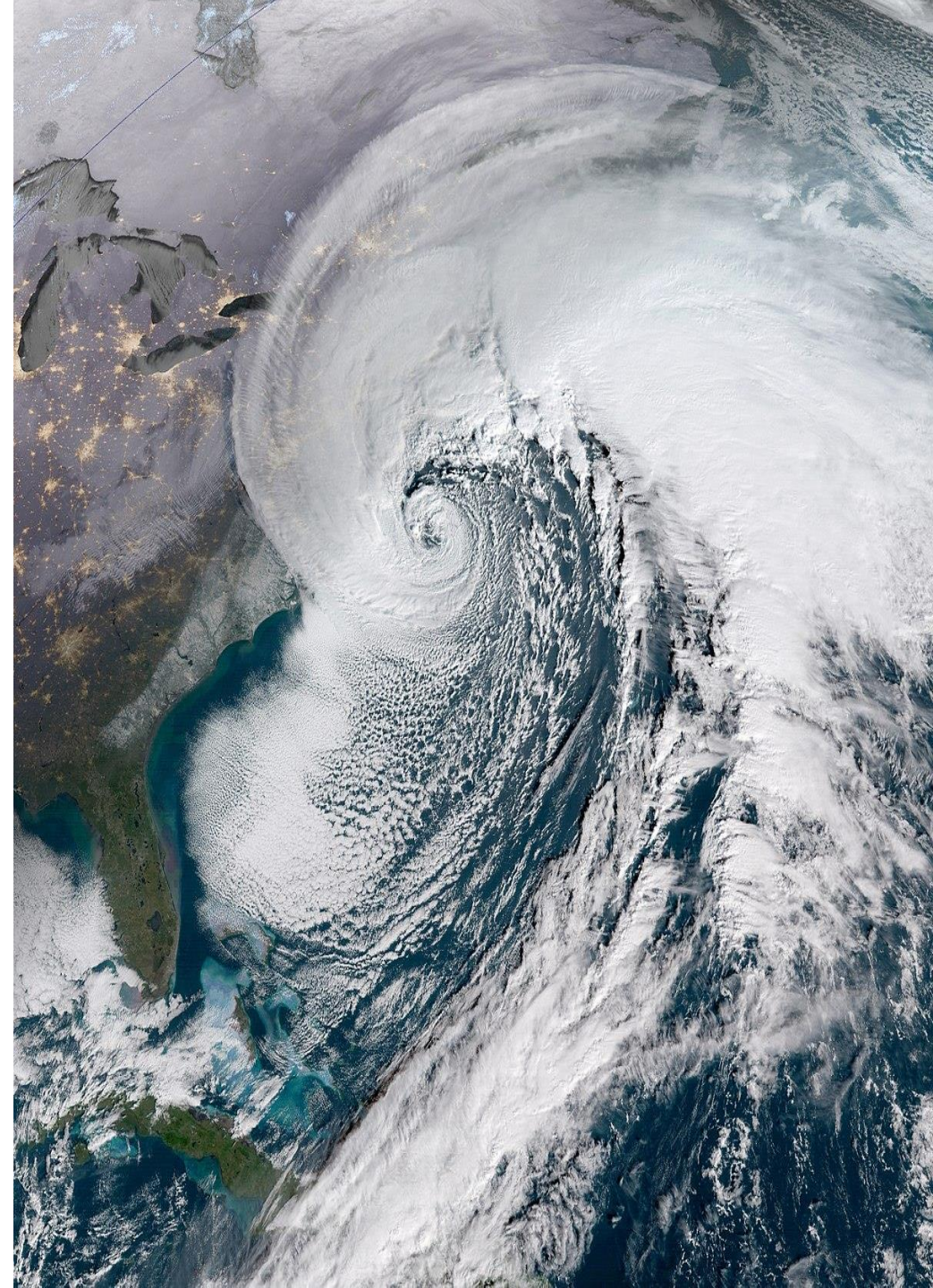
@RslewisSally



# Where are we now?

## A true VUCA environment

- A plethora of guidance, competing for resources
- Potential for inequity of access – geographically and between patient groups
- Relative time sensitivity of interventions
- Interdependencies in the pathway
- Flexing Covid-19 capacity
- Safe care and consent
- Backlog and an eye on recovery





EFFICIENCY + PRODUCTIVITY  
≠ VALUE

# Delivering value in healthcare

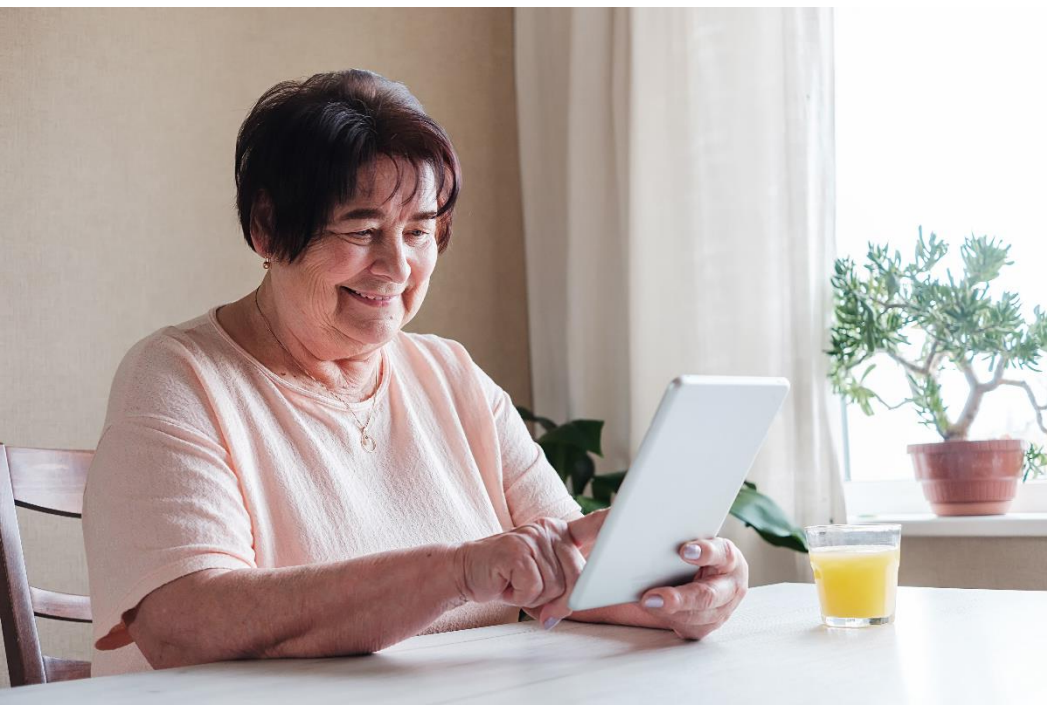
*The sum of all interventions*



# Achieving outcomes for patients, achieving sustainability

## Patient factors

- Raise health literacy
- Support healthy behaviours towards prevention and optimisation of quality of life
- Support shared understanding of medicine-towards the best choices
- Supported self-management



## Healthcare factors

- Financing for value, optimum allocation and prioritisation of resources, incentivising best practice
- Decrease unwarranted variation and low value care
- Optimum positioning of drugs and devices
- Tailoring treatment to the individual's goals and context including preferred place of care
- New models of care, digital health, releasing capacity in the system
- Focus on meeting true need and reducing inequities

# Our pillars

Our pillars facilitate the delivery of value-based care across the whole pathway of care, for the whole population of Wales, equitably.

## Digital Health

- Data insights
- Intelligence for value/NDR
- Digital Services for patients and public - PROMs



## Education, Communication and Engagement

- Leading a culture of stewardship
- Intensive learning academy
- Website, conference, webinars



## Research, industry and strategic partnerships

- Value in Health research group
- HTA



## Impact – delivering value

- National clinical framework
- Reduce unwarranted variation
- Financing for value



## Person-centred care

- Health literacy (OHOK)
- Shared decision making
- Participation



## Implementation

- Community of practice
- PROMs implementation
- Costing methodology



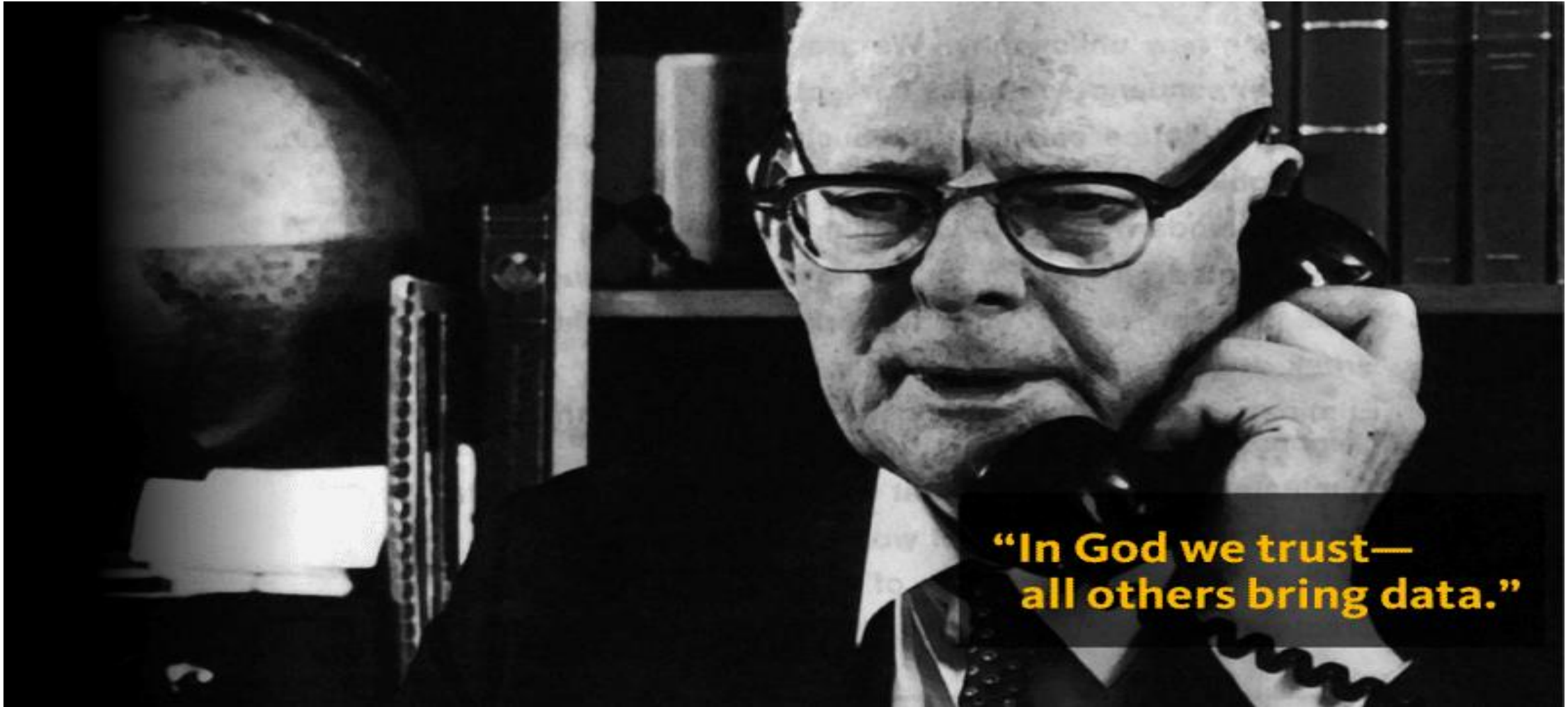
GIG  
CYMRU  
NHS  
WALES

Gwerth Mewn  
Iechyd  
Value In  
Health



Using data to create insights then doing what matters most





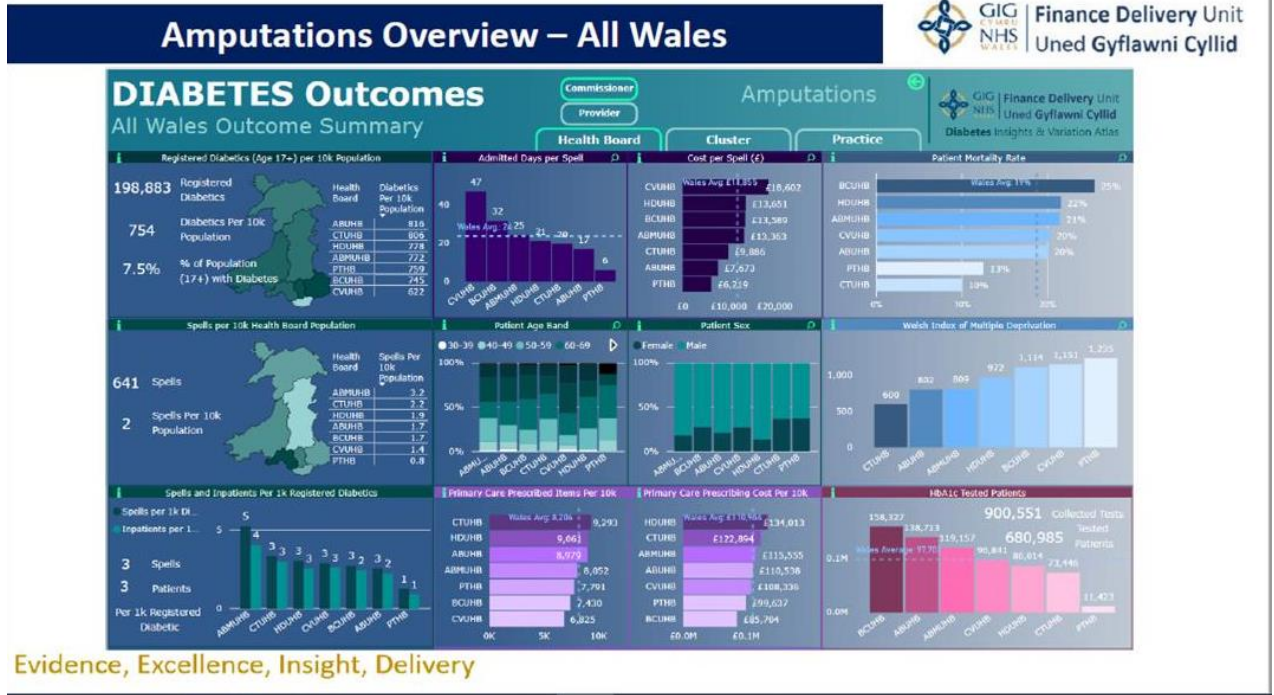
**“In God we trust—  
all others bring data.”**



**GIG  
CYMRU  
NHS  
WALES**

Gwerth Mewn  
Iechyd  
Value In  
Health

- Gain the insights to learn how to incentivize, plan and invest for value across the whole system –the importance of data triangulation



## Proms - Heart Failure

679

04/12/2018

11/10/2019

Number of Records



### The Patient Health Questionnaire-2 (PHQ-2)

The PHQ-2 inquires about frequency of depressed mood and anhedonia over the past 2 weeks

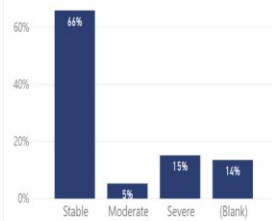
Prevalence of a significant trigger score for depression



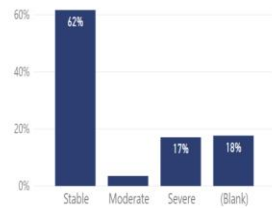
### Cardiomyopathy Questionnaire (KCCQ-12)

The KCCQ-12 inquires about how heart failure affects the patients life

#### Patient reported swelling in morning

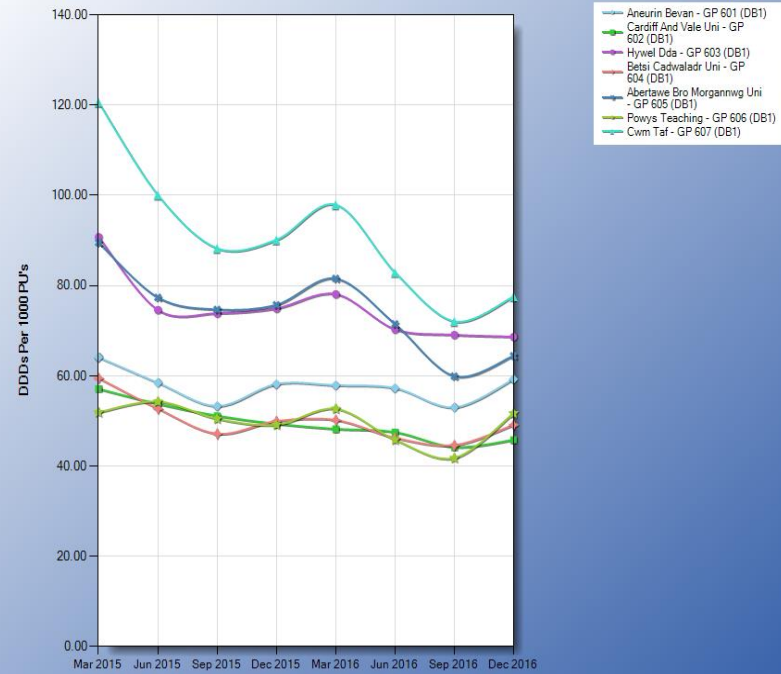


#### Patient reported sleeping sitting up

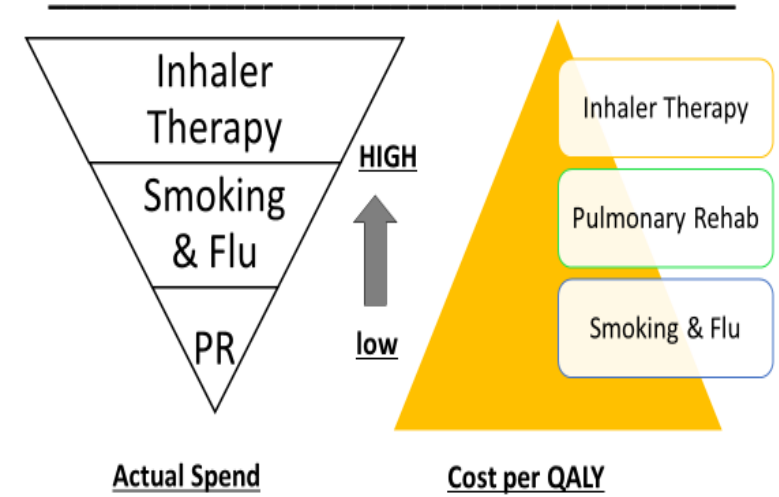


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## Co-Amoxiclav (Amoxicillin/Clavul Acid) - League Trend

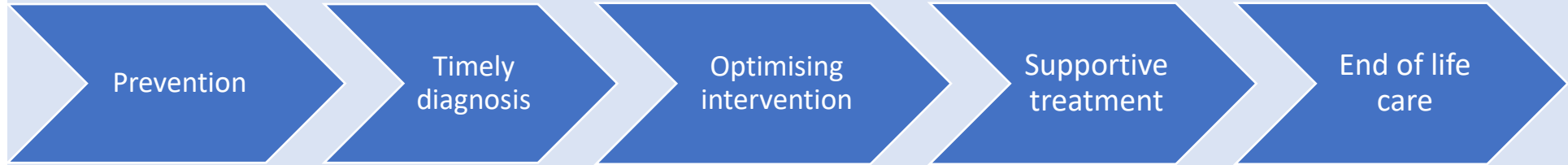


## Reallocating resource for Value across a programme of care (COPD)




Need, disutility and value


## Improving outcomes, improving value in heart failure





Cardiovascular risk factors




Symptom recognition




Pro BNP testing




Echocardiography




Medicines optimisation




Specialist support




Devices



Digitally enabled remote review



Palliative care  
Parenteral diuretics  
Anticipatory care planning



Preferred place of care

**Kansas City Cardiomyopathy Questionnaire (KCCQ-12)**

The following questions refer to your heart failure and how they affect your life. Please read and complete the following questions. There are no right or wrong answers. Please mark the answer that best applies to you.

1. Heart failure affects different people in different ways. Some feel symptoms of heart failure when they feel fatigue. Please indicate how much you are limited by heart failure symptoms of breath or fatigue to your ability to do the following activities: **SEVERELY LIMITED**, **Quite a bit limited**, **Moderately limited**, **Slightly limited**, **Not at all limited**. Limited for other reasons or did not do the activity.

**Activities:**

1. Shopping/shopping
2. Walking 1 block on level ground
3. Climbing or jogging up a flight of stairs or hill
4. Over the past 2 weeks, how many times did you have swelling in your feet, ankles or legs when you woke up in the morning?
5. Over the past 2 weeks, on average, how many times has fatigue limited your ability to do what you wanted?
6. Over the past 2 weeks, on average, how many times have shortness of breath limited your ability to do what you wanted?
7. Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or when at

8. Over the past 2 weeks, how much has your heart failure limited your enjoyment of life?

9. How often do you have symptoms of heart failure?

10. How often do you feel short of breath?

11. How often do you have symptoms of heart failure that you have limited your ability to do what you wanted?

12. How often do you feel short of breath that you have limited your ability to do what you wanted?

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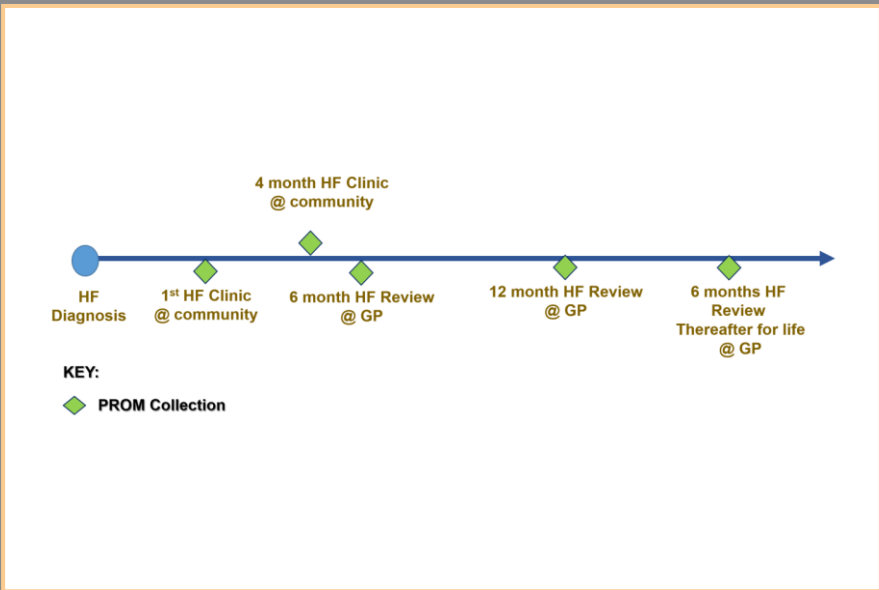
97. How often do you have symptoms of heart failure that you have limited your ability to do what you wanted?

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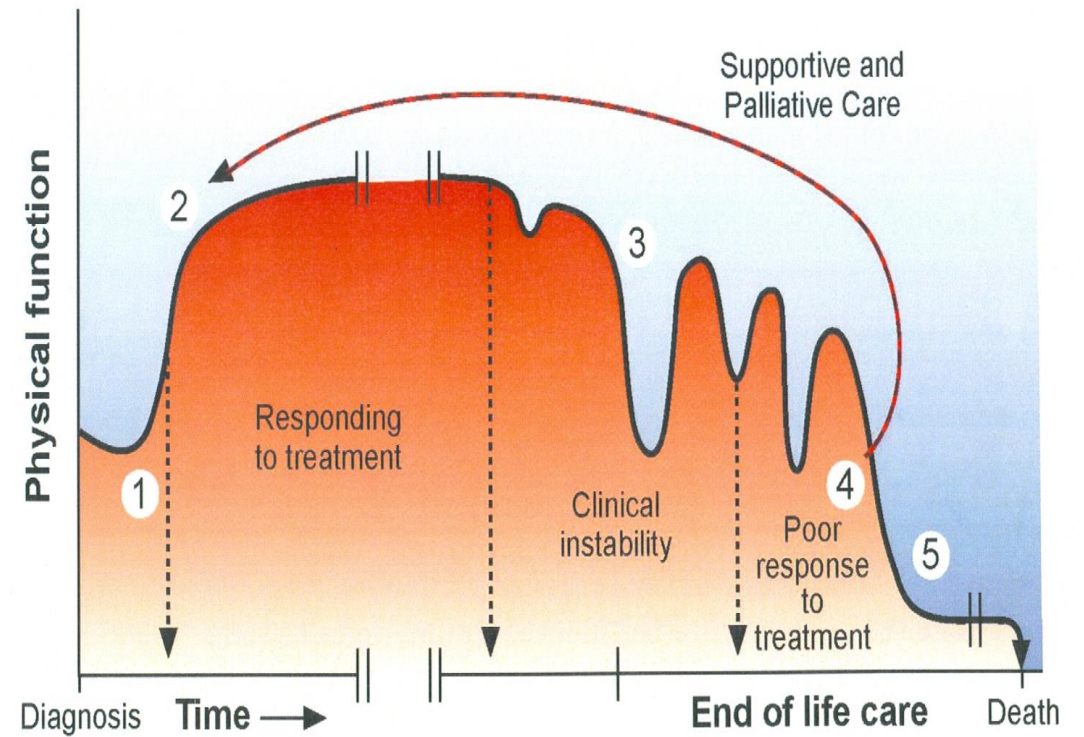
99. How often do you have symptoms of heart failure that you have limited your ability to do what you wanted?

100. How often do you feel short of breath that you have limited your ability to do what you wanted?

© 2002 American Heart Association



### The typical course of heart failure

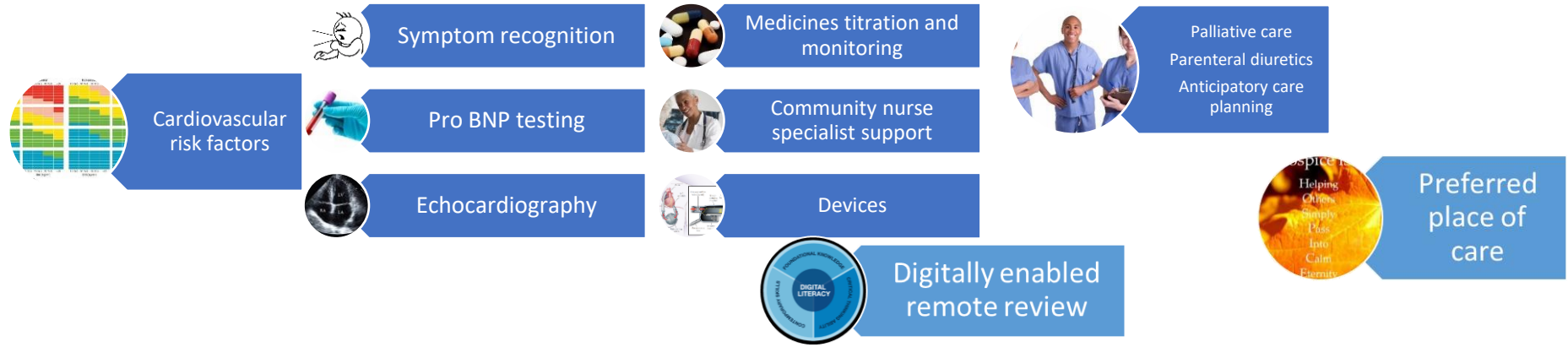


### Using PROMs in heart failure





# Improving outcomes, improving population value in heart failure

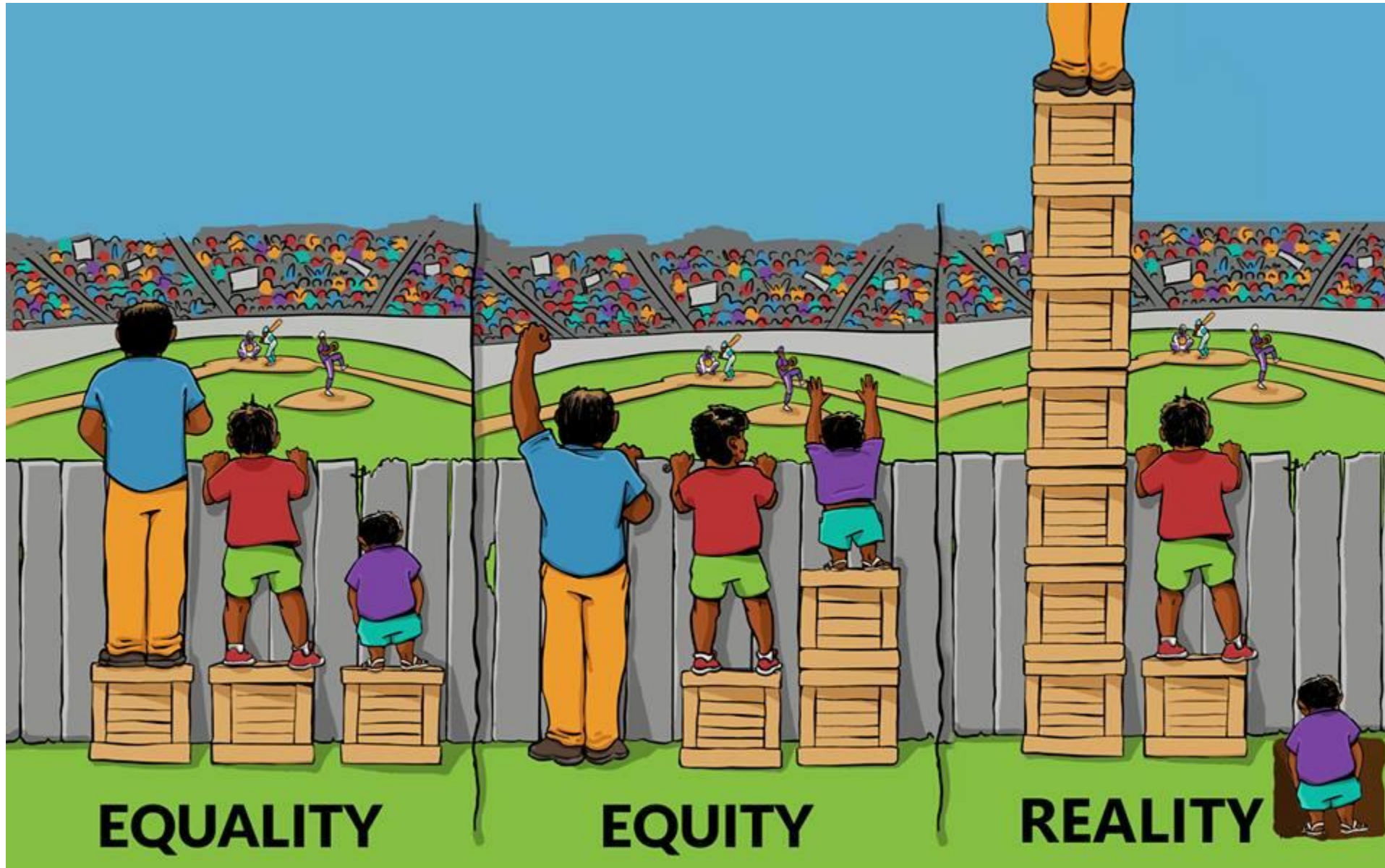


# Creating a culture of stewardship

*'the conducting, supervising, or managing of something; especially the careful and responsible management of something entrusted to one's care'*

*Merriam Webster*





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# What drives activity?

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- **Preference-sensitive care**
- Influenced by availability of time and information to support SDM
- Aim to reduce clinician bias
- Aim to meet patient goals
- Seek optimum trade offs between benefits and risks
- Evidence-based alternatives needed

## **Supply-sensitive**

- Care initiated or driven by professional or system
- Targets
- Referrals
- Tests
- Procedures
- Follow up appointments



*Evidence-based  
medicine – has it  
succeeded?*

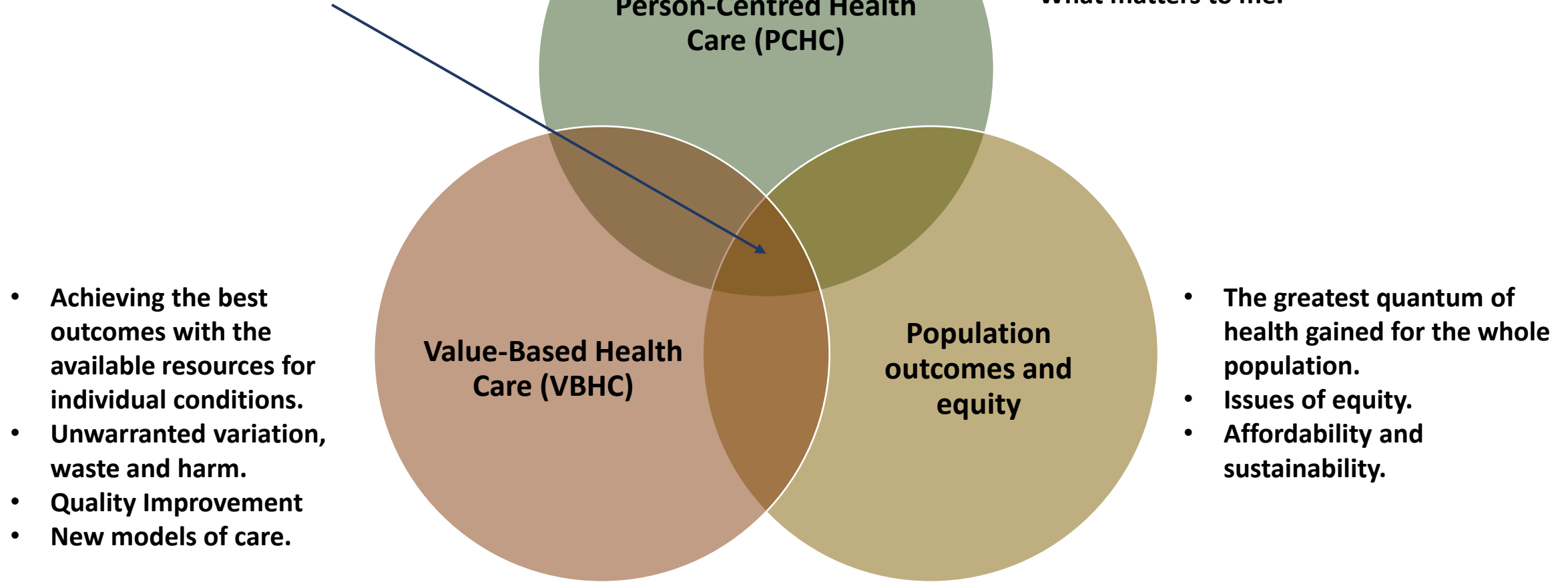
*Guidelines and  
pathways*

*Randomised  
controlled trials*

- ‘Evidence-based practice is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. **It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.**’
- ‘**The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values.**’

David Sackett

**\*How do we reach this point?\***



<https://www.sprink.co.uk/pcvbhc-report/>



# Financing for value

## Incentivise excellence

Optimising standard processes

Reduce unwarranted variation

Avoid under-treatment

Reward outcomes that matter



## Invest where personal preferences matter

Culture

Time

Information

Avoid harms of over-treatment



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CYMRU  
NHS  
WALES

Gwerth Mewn  
Iechyd  
Value In  
Health



**INVEST IN UNDERSTANDING YOUR  
COSTS AND OUTCOMES INCLUDING  
PROMS - LINK TO DIGITAL HEALTH**



**INCENTIVISE EXCELLENCE -  
STANDARDISE APPROPRIATELY TO  
REDUCE UNWARRANTED VARIATION**



**INVEST IN THE PATIENT - PREFERENCE-  
SENSITIVE CHOICES TOWARDS  
'CAPABILITY, COMFORT AND CALM'**