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QUEEN ELIZABETH II CONFERENCE CENTRE
LONDON

**Improving patient outcomes and
optimising research**




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Who are UCLPartners?


 **Six million population**




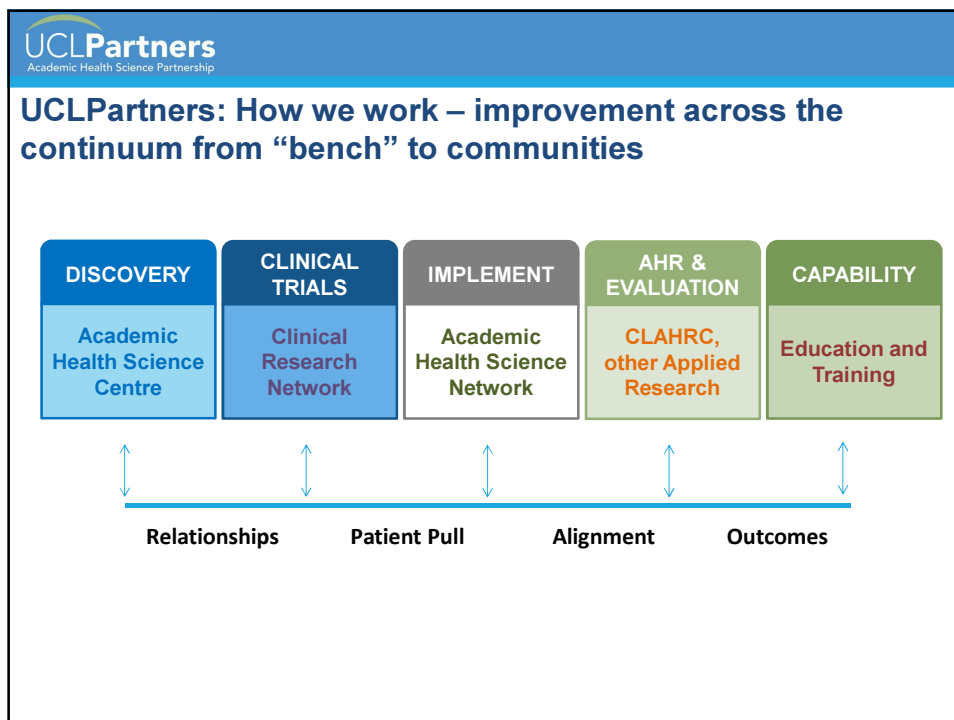
24 healthcare organisations acute and mental health trusts; community providers


20 Clinical Commissioning Groups (CCGs)

11 higher education institutes and research networks


26 boroughs and local councils


Industry partnerships in research and translation of innovation into health and economic gain




Our purpose

Challenge: **Fragmentation wastes lives and money, and frustrates professionals**

- Applies to the pathways from discovery through to delivery
- Applies to every aspect of the clinical pathway from prevention through to acute and long term care

Our organising principle is to **work in partnership to reduce this fragmentation**, where that provides patient and population health gain or economic benefit for communities

Long term goal to be judged on **improvement in population level outcomes**

The elephant in the room



The real challenge is....



**We need to provide value based
health care**

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Quality defined in a way most relevant to a specialty and pathway

$$\text{Quality} = \text{Clinical Outcomes} + \text{PROMS} + \text{Patient Experience}$$

Determine and measure the most important measures of quality

- Within each care setting
- Over the whole pathway of care

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Value-based health care: an emerging new paradigm

Pre-1980 1980 1990 2000 2010

Clinicians Efficacy and safety

Managers Efficiency

Patients, providers, commissioners Value

Value = $\frac{\text{Outcomes (Clinical, PROMs, Experience)}}{\text{Cost to provide care}}$

Outcomes over the cycle of care is at the heart of value-based health care

Source: Adapted from Institute of Strategy and Competitiveness, Harvard Business School; BCG analysis

How can we provide value based health care?

There are four habits exhibited by high value healthcare organisations

High value collaborative – Dartmouth, Intermountain, Denver Health, Cleveland Clinic, Mayo clinic, Kaiser Permanente, Virginia Mason and Massachusetts General.

- 1. Specification and Planning**
- 2. Infrastructure design**
- 3. Measure**
- 4. Self study**

Richard Bohmer Four habits of high value care organisations, NEJM 2011

To improve outcomes we need to demonstrate these four habits

1) Specify and Planning

- Stratify into meaningful subgroups
- Clear protocols & pathways
- Criteria based decision making

2) Infrastructure design

- Deliberately design microsystems to deliver patient care tailored for that specific sub-group
- Not one single platform

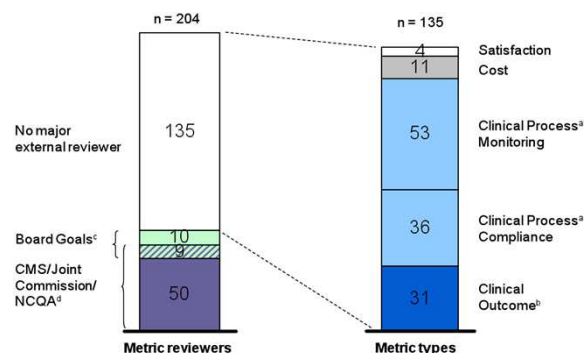
3) Measurement and oversight

- Used for internal process control
- Integrate measures with org priorities i.e tariff, improvement activities and objectives
- Linked to accountability

4) Self study

- Continuous learning to achieve the best outcomes for their patients

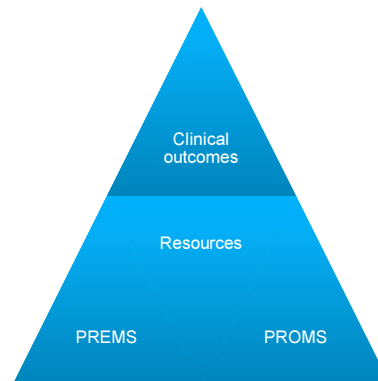
In great organisations, what sort of metrics are tracked and who chooses the measures? – Intermountain example



Source: Intermountain Healthcare


Value score cards

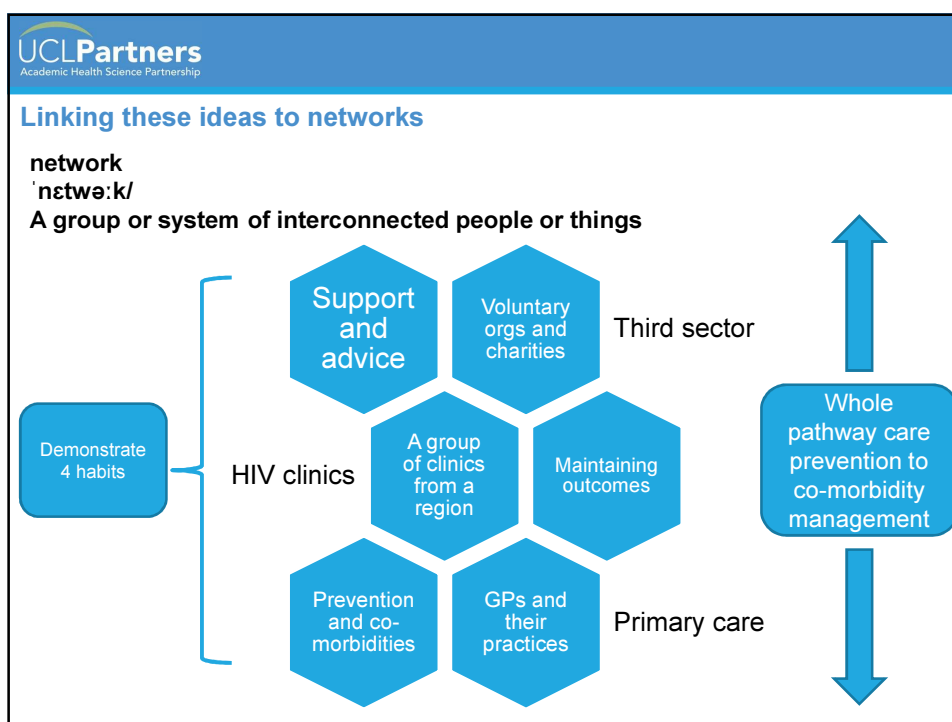
- Co-create with patients, clinicians and commissioners
- One view offers a few quality and resource metrics
- Shared set of goals and definitions
- Aligns stakeholders

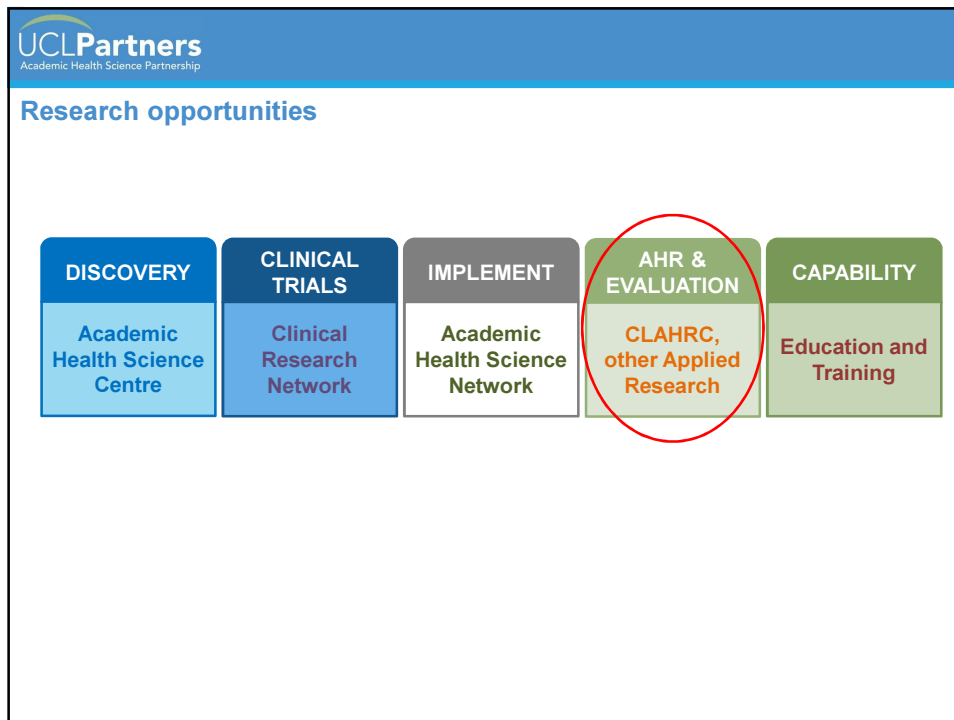


Who are our customers and what do they value?

Patients	Commissioners
Convenient service	Cost
Friendly	Outcomes
Clear communication with me	Quality
Great communication with other orgs	Experience
Best care and Rx options	Safety
Outcomes	


 Whole pathway quality measurement: HIV care	
Element of pathway	Outcome measure
HIV education and public awareness	<ul style="list-style-type: none"> Population awareness of risk factors Population awareness of campaigns
Primary prevention and population risk factors	<ul style="list-style-type: none"> HIV prevalence and incidence per network - PHE
HIV diagnosis, retention in care and outcomes	<ul style="list-style-type: none"> Late diagnoses Numbers on treatment and virally suppressed Numbers of IP admissions LTFU
PROMS	<ul style="list-style-type: none"> How well are patients supported to live with HIV? Partnership with 3rd Sector
PREMS	<ul style="list-style-type: none"> Would you recommend this service?
Integration	<ul style="list-style-type: none"> Primary care involvement or other agencies





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CLAHRC – Collaboration for Leadership in Applied Health Research and Care



Innovations in systems and models of health and health care

AIM: to develop and evaluate innovations in systems and models in healthcare to improve outcomes in people living with long term conditions

- How cost effective are HIV prevention programmes?
- Which models of shared care exist and are effective for future commissioning?
- How cost-effective are models in improving outcomes for those with long term HIV with co-morbidities?

Summary

We need to demonstrate value and be commissioned on value based healthcare

- PROMS + PREMS / COST
- Networks need to demonstrate the four habits to deliver the best outcomes for patients across the whole pathway
- Specify and stratify, Infrastructure, Measurement and self study
- There are research opportunities most relevant with the CLAHRC