



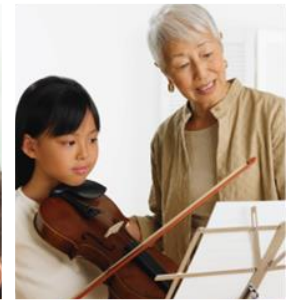
ICHOM

Making It Happen!

CONFERENCE

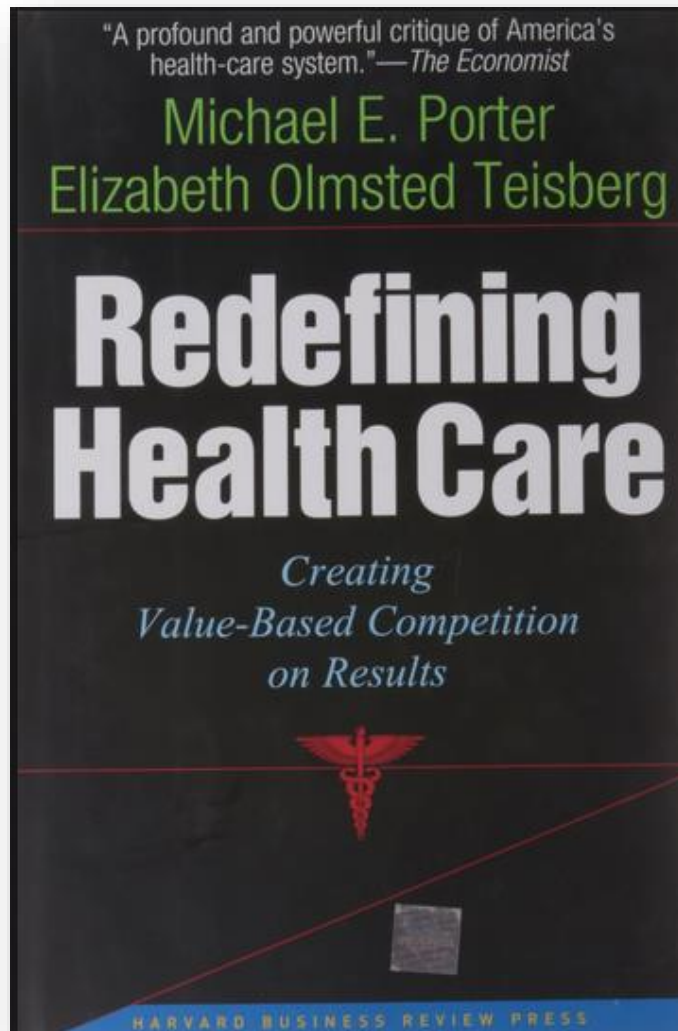
May 16 - 17, 2016 | London

Putting the Focus on the Patient



Putting the Focus on the Patient





"Revolutionary and practical"

Henry V Fineberg, Institute of Medicine



OUTCOMES

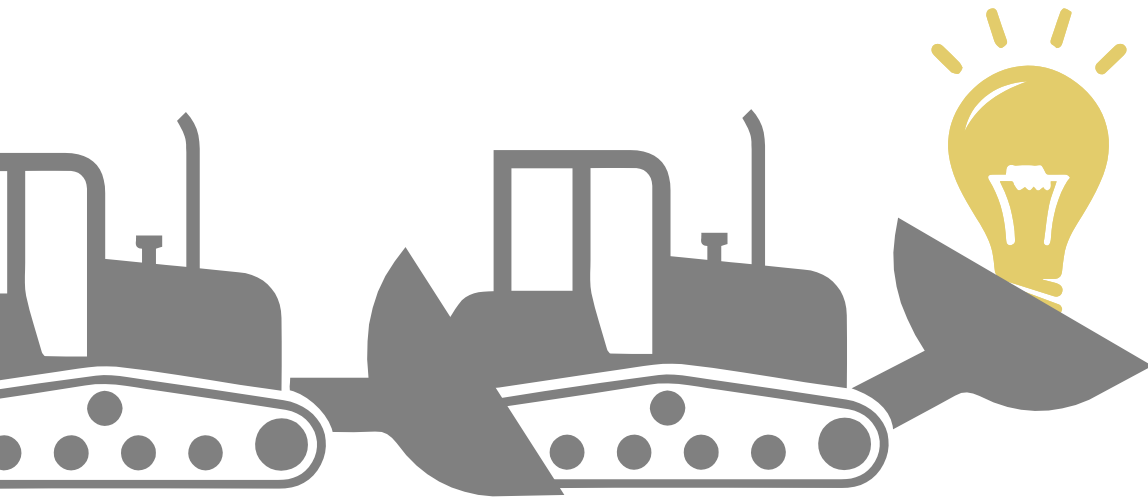


COST



VALUE

*"Ideas don't move
mountains,
bulldozers do."*



Our current 13 Standard Sets



By mid-2016, 8 more will be completed

1. Craniofacial microsomia
2. Heart failure
3. Pregnancy and childbirth
4. Colorectal cancer
5. Breast cancer
6. Older people
7. Overactive bladder
8. Inflammatory bowel disease

With ongoing discussions to launch...

1. Chronic kidney disease
2. Oral health
3. Inflammatory arthritis
4. Congenital hand malformations
5. Facial palsy
6. Bipolar disorder
7. HIV/AIDS
8. Pediatrics epilepsy
9. Pediatric overall health
10. Adult overall health
11. Substance use disorders
12. Burns
13. Head and neck cancer

Numbers not representing prioritization/likelihood

*Focused on low and middle income countries

Our current 13 Standard Sets

By mid-2016, 8 more will
be completed

With ongoing discussions
to launch...



4 Years
21 Standard Sets
45 % of the Disease Burden

1. Craniofacial microsomia
2. Heart failure
3. Infertility and childbirth
4. Colorectal cancer
5. Breast cancer
6. Older people
7. Myasthenia gravis
8. Inflammatory bowel disease

1. Chronic kidney disease
2. Oral health
3. Inflammatory arthritis
4. Congenital hand malformations
5. Facial palsy
6. Bipolar disorder
7. HIV/AIDS
8. Pediatrics epilepsy
9. Pediatric overall health
10. Adult overall health
11. Substance use disorders
12. Burns
13. Head and neck cancer

*Numbers not representing
prioritization/likelihood*

*Focused on low and middle income countries

Support for our work is growing rapidly



Support for our work is growing rapidly

2015/2016



A special thank you to our 9 strategic partners





Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Oxford University Hospitals
NHS Trust



UMassMemorial



UNIVERSITAIR KANKERCENTRUM LEIDEN
DEN HAAG
UNIVERSITY CANCER CENTER LEIDEN THE HAGUE





Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Oxford University Hospitals



Great Ormond
Street
Hospital
Charity



Skåne University Hospital

Universitätsklinikum
Carl Gustav Carus
DIE DRESDNER.



EUREQUO



Royal Free London



UNIVERSITAIR KANKER

ENTRUM LEIDEN
DEN HAAG
TER LEIDEN THE HAGUE



32 Countries

400 Organizations

13 National Registries



SELE REGIONAL
HEALTHCARE
We bring advanced care closer.™



Connecticut
Joint
Replacement
Institute
Saint Francis



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



U.S. Department
of Veterans Affairs



MASSACHUSETTS
GENERAL HOSPITAL



Galway
University
Hospitals

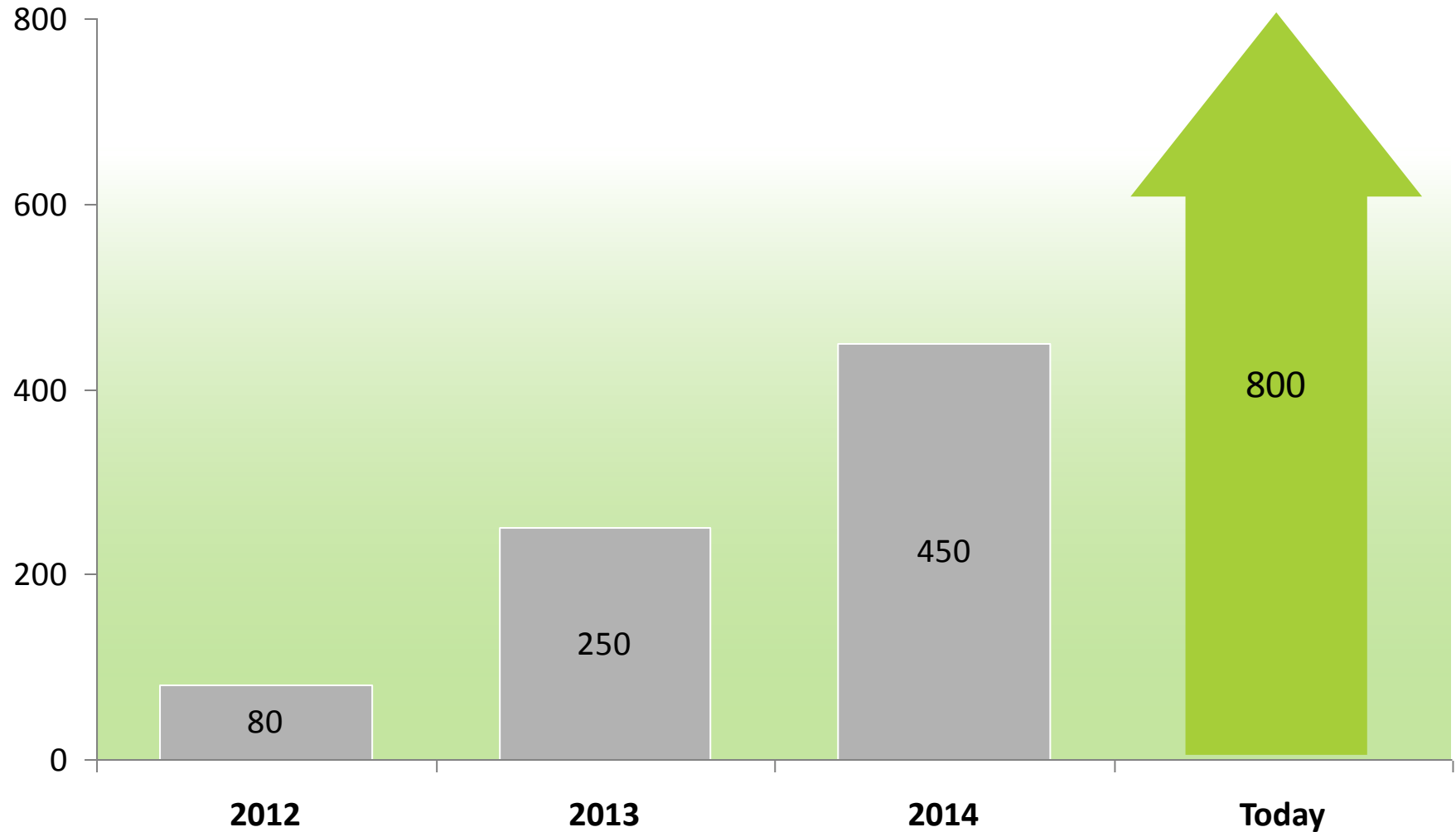


Singapore
General Hospital
SingHealth

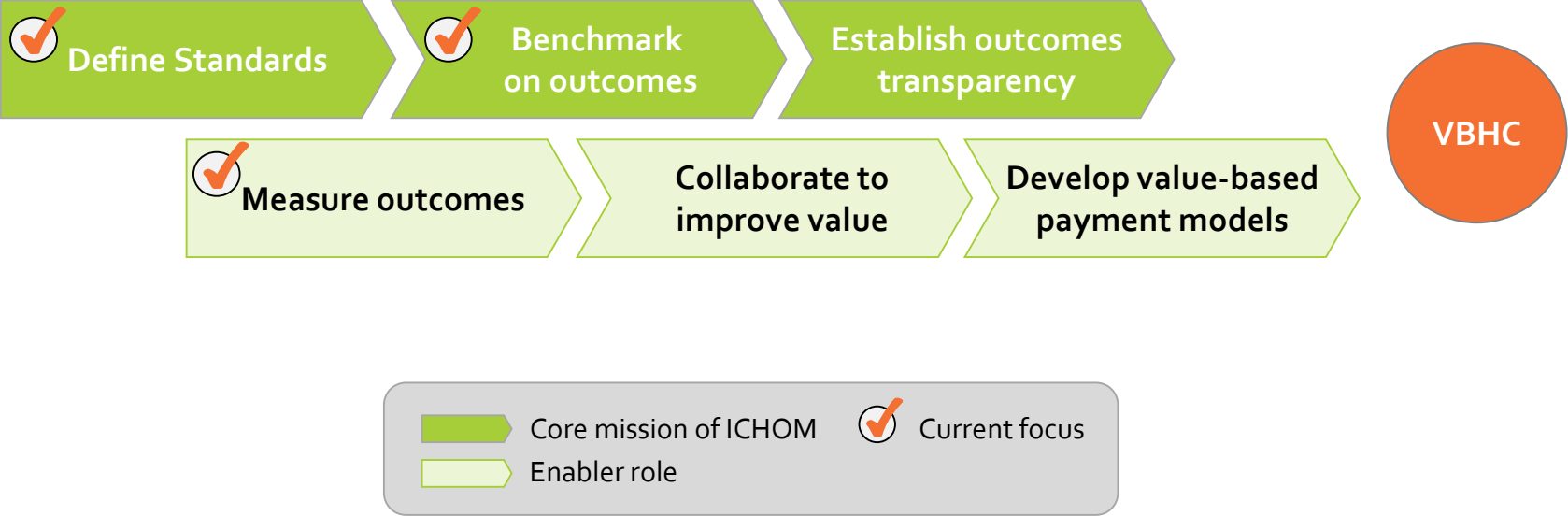


Interest in ICHOM's work continues to swell

Conference Attendants



Our Strategic Agenda





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.¹ 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

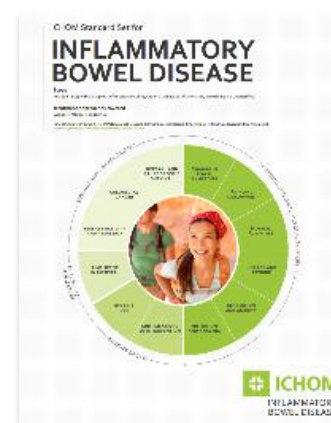
example, only 139 (7%) are actual outcomes and only 32 (<2%) are patient-reported outcomes (see bar graph).² Defaulting to measurement of discrete processes is understandable, given the historical organization of health care delivery around specialty services and fee-for-service payments.

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

Geriatrics

Women's Health and Genitorurinary

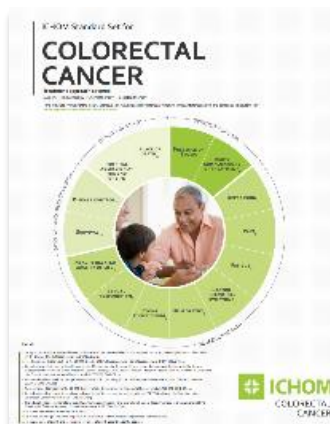
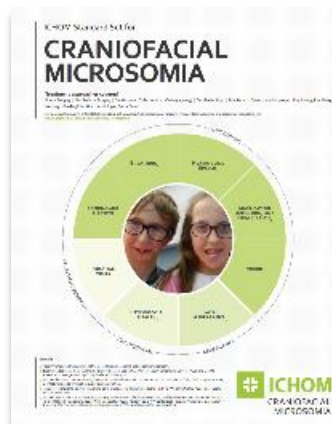
Inflammatory



Cardiovascular

Pediatrics

Cancer



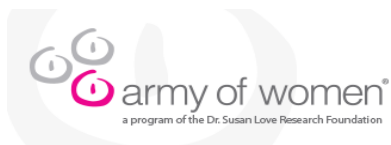
More direct patient input



Leading the
fight against
dementia



Foundation for Faces of Children



Breast Cancer
Network
Australia





Leading the
fight against
dementia



More direct patient input

More external input

THE GLOBAL STANDARD – INTERNATIONAL COLLABORATION IS IN OUR DNA





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Aneurin Bevan
University Health Board

Oxford University Hospitals NHS Trust



Skåne University Hospital



Royal Free London NHS Foundation Trust



Universitätsklinikum
Carl Gustav Carus
DIE DRESDNER.



EUREQUO



Hôpital général juif
Jewish General Hospital



SELE REGIONAL
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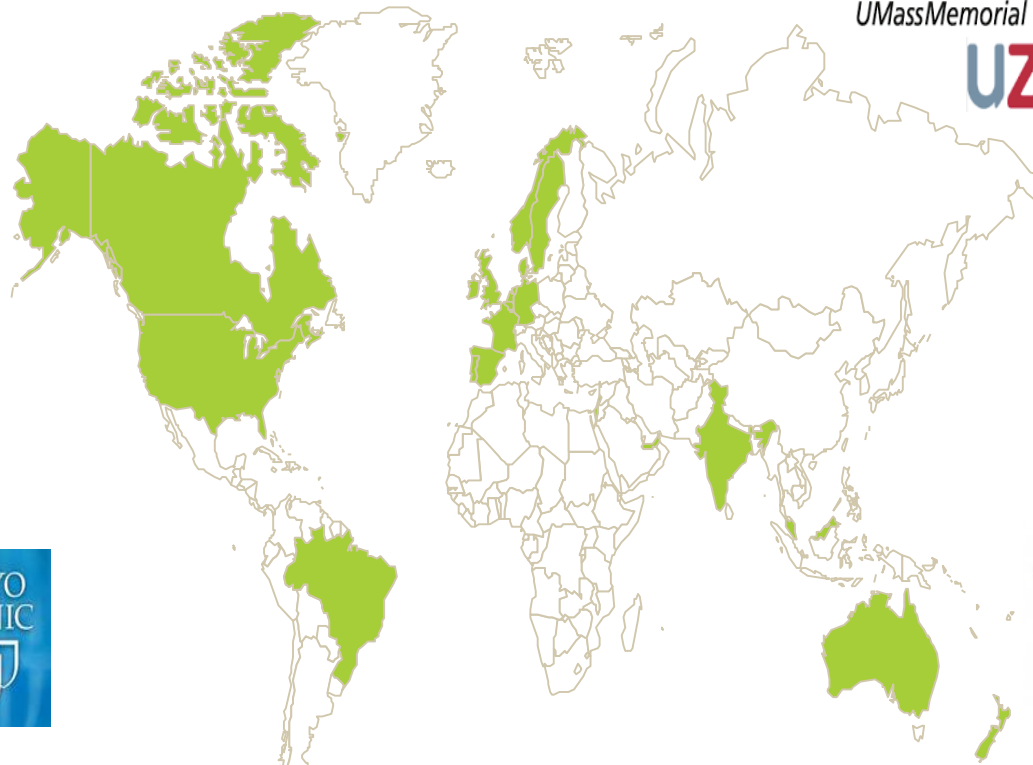
MASSACHUSETTS
GENERAL HOSPITAL



UNIVERSITAIR KANKERCENTRUM LEIDEN
DEN HAAG
UNIVERSITY CANCER CENTER LEIDEN
THE HAGUE



UMassMemorial



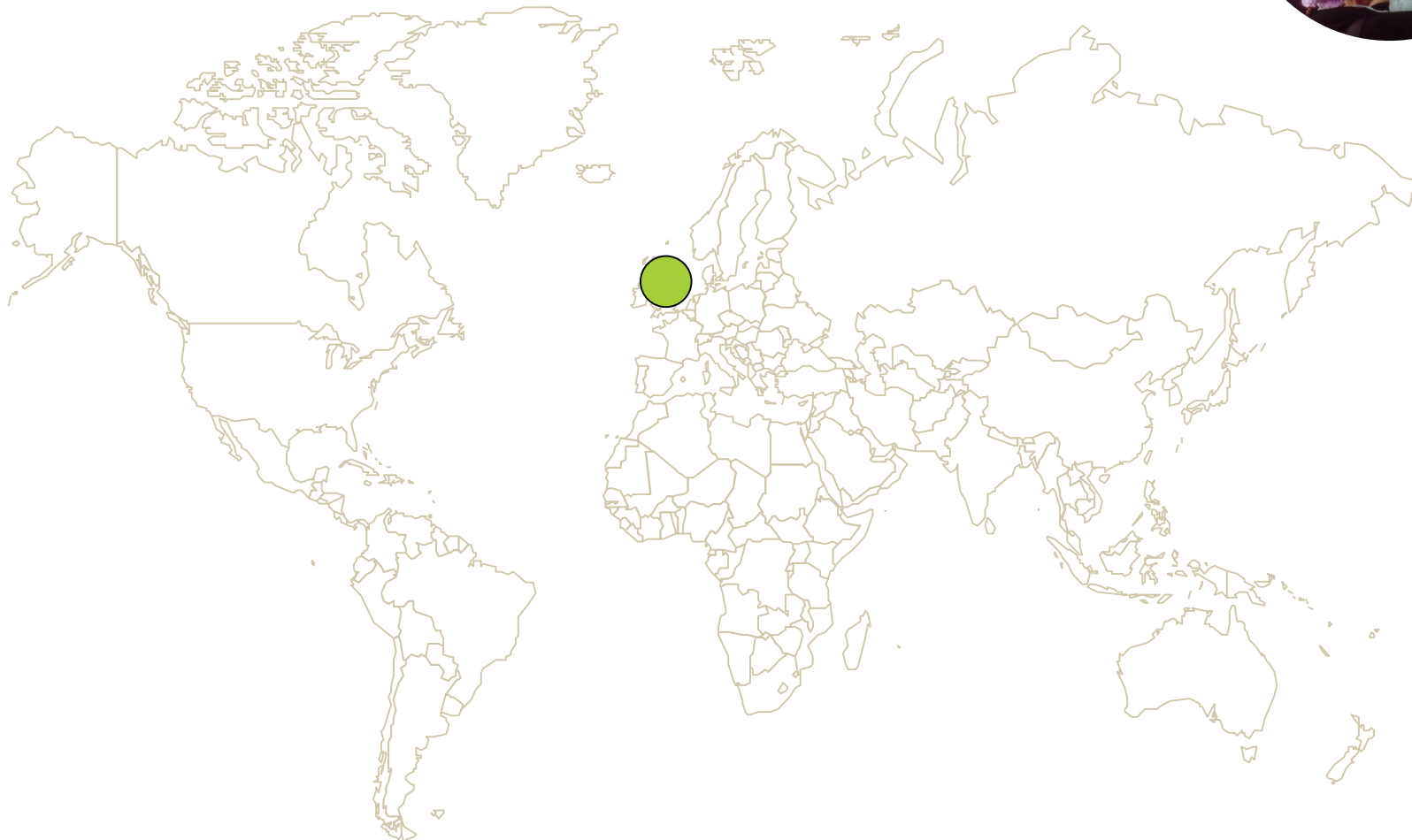
NHS
England

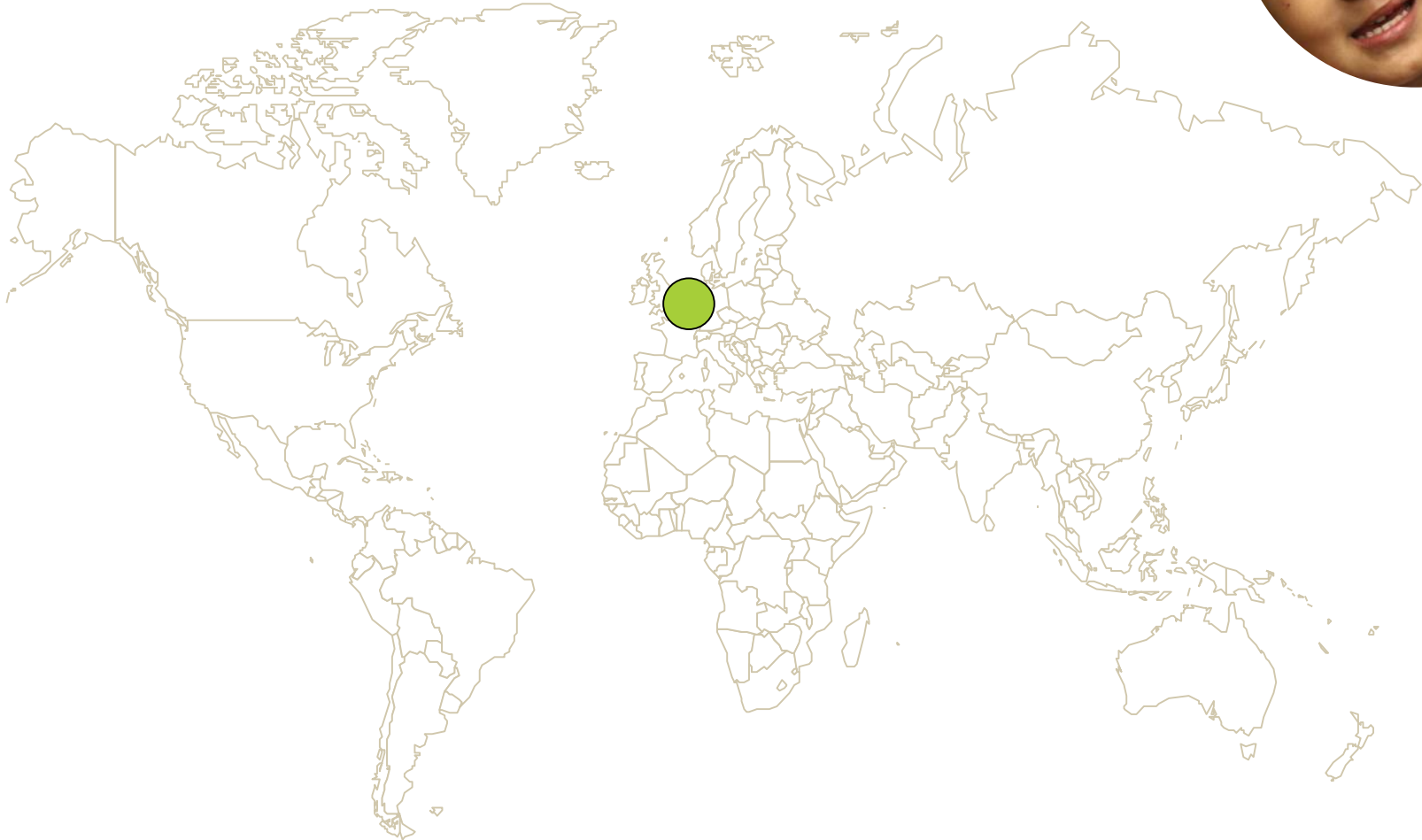


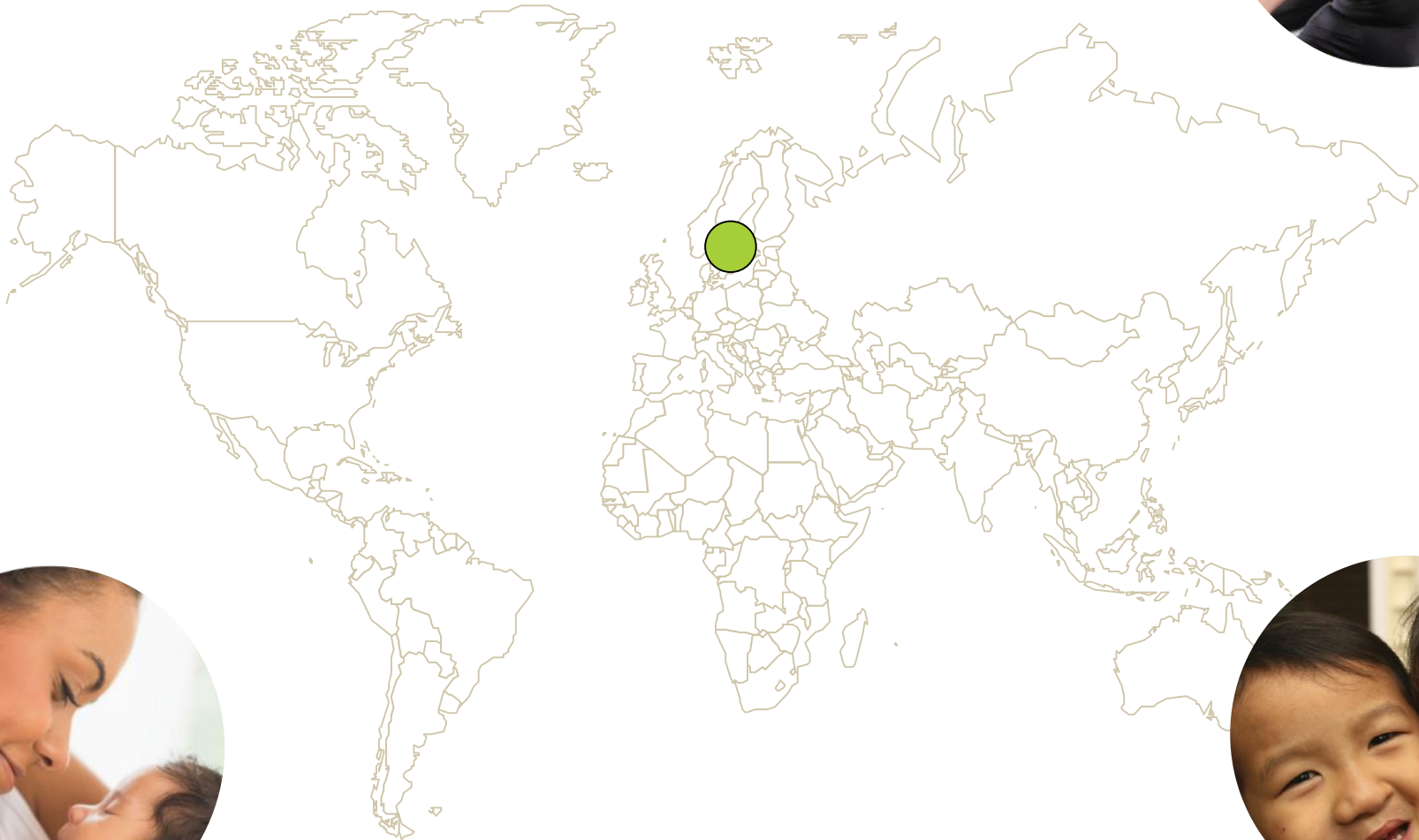


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board











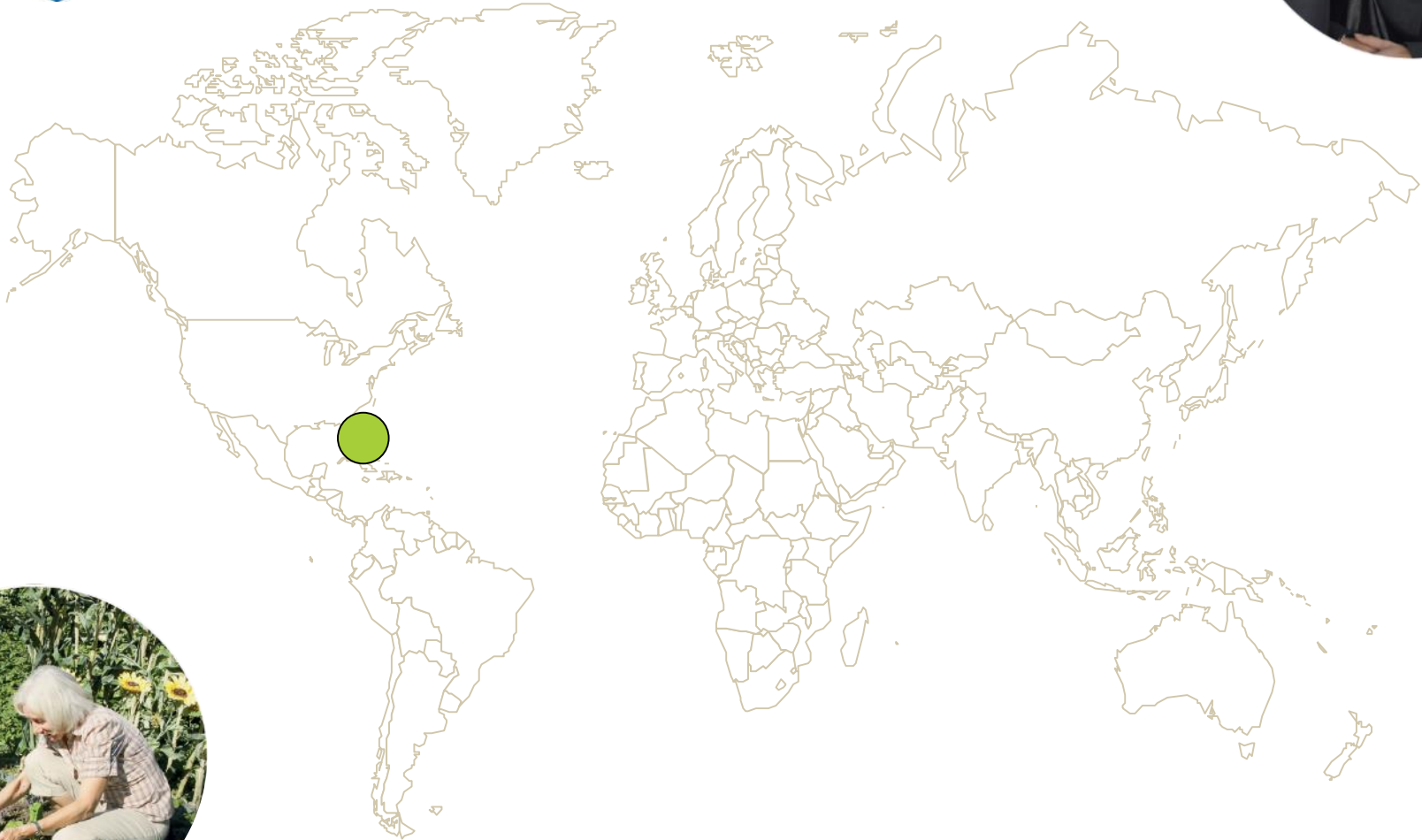
People caring for people







MAYO CLINIC





HOSPITAL MOINHOS DE VENTO





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Aneurin Bevan
University Health Board



Inspire

Equip

Accelerate

ICHOM International Consortium
Health Outcomes
BUILDING NATIONAL OUTCOMES REGISTRIES
NETHERLANDS: THE DUTCH INSTITUTE FOR
AUDITING (DICA)
MARGO 2008

DICA

DUTCH
INSTITUTE
FOR CLINICAL
AUDITING



VALUE Partnerships
Improving Health Care in Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



 **HealthCatalyst**
ignite change

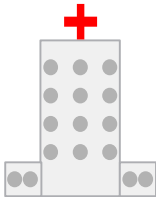
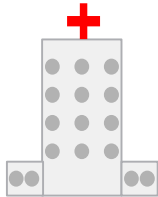
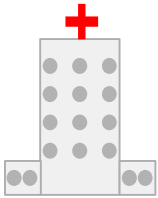
Inspire

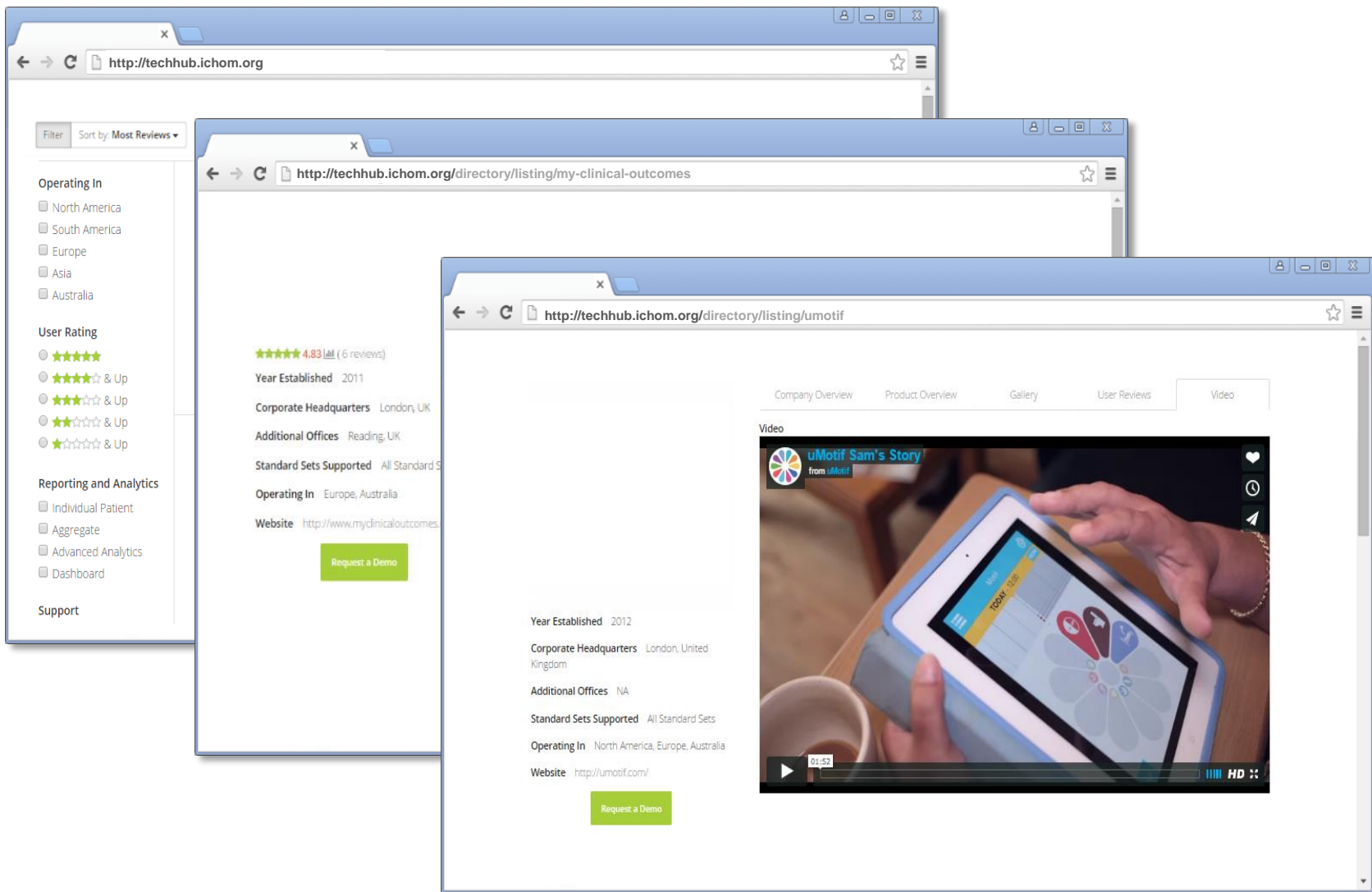
Equip



TechHub

Measurement Starts Here





Visit the ICHOM TechHub at: <http://techhub.ichom.org>



TechHub

Measurement Starts Here





TechHub
Measurement Starts Here



Inspire

Equip

Accelerate

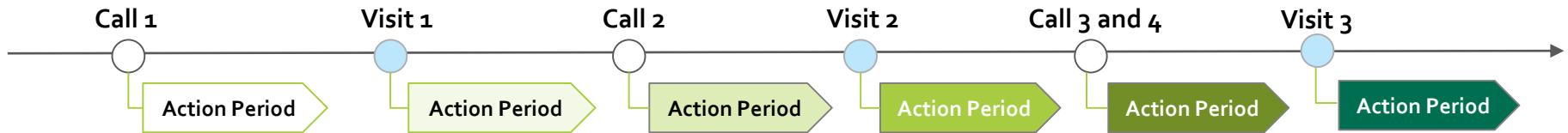
How do we get started?

How do we minimise the costs?

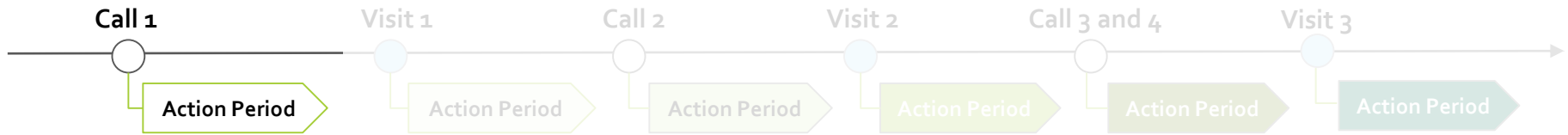
How do we use IT effectively?

How can we learn from others?

Capacity Building



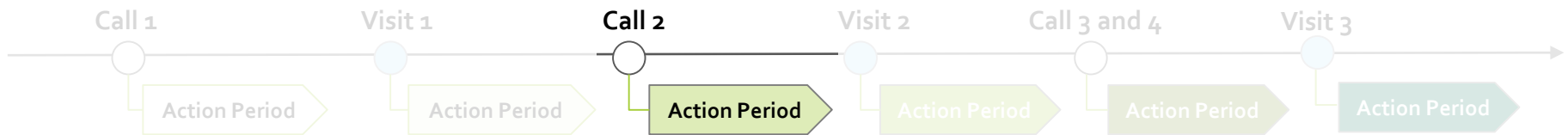
- A combination of teleconferences and site visits
- That brings ICHOM's global implementation knowledge and experience
- To support organisations, in a low cost way
- **To get started with outcomes measurement.**



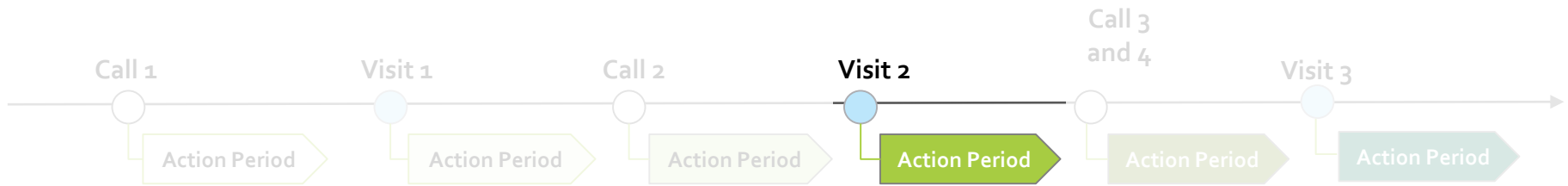
- The structure of teams.
- The background to the Standard Set.
- How to launch the project.



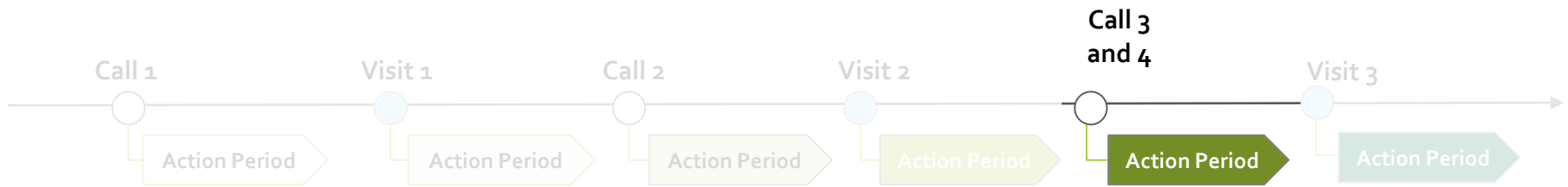
- Internal launch event
- IT analysis
- Process mapping
- Gap analysis



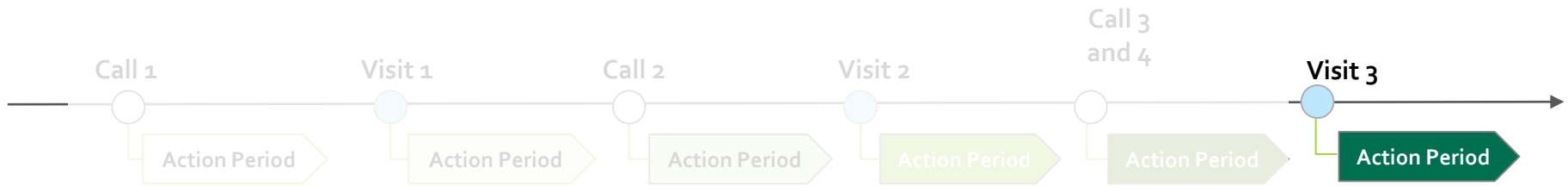
- Analyse the gap analysis
- Review the process mapping and plan when to collect the data
- Determine the IT needs



- Launch the data collection
- Quality Improvement to enhance collection

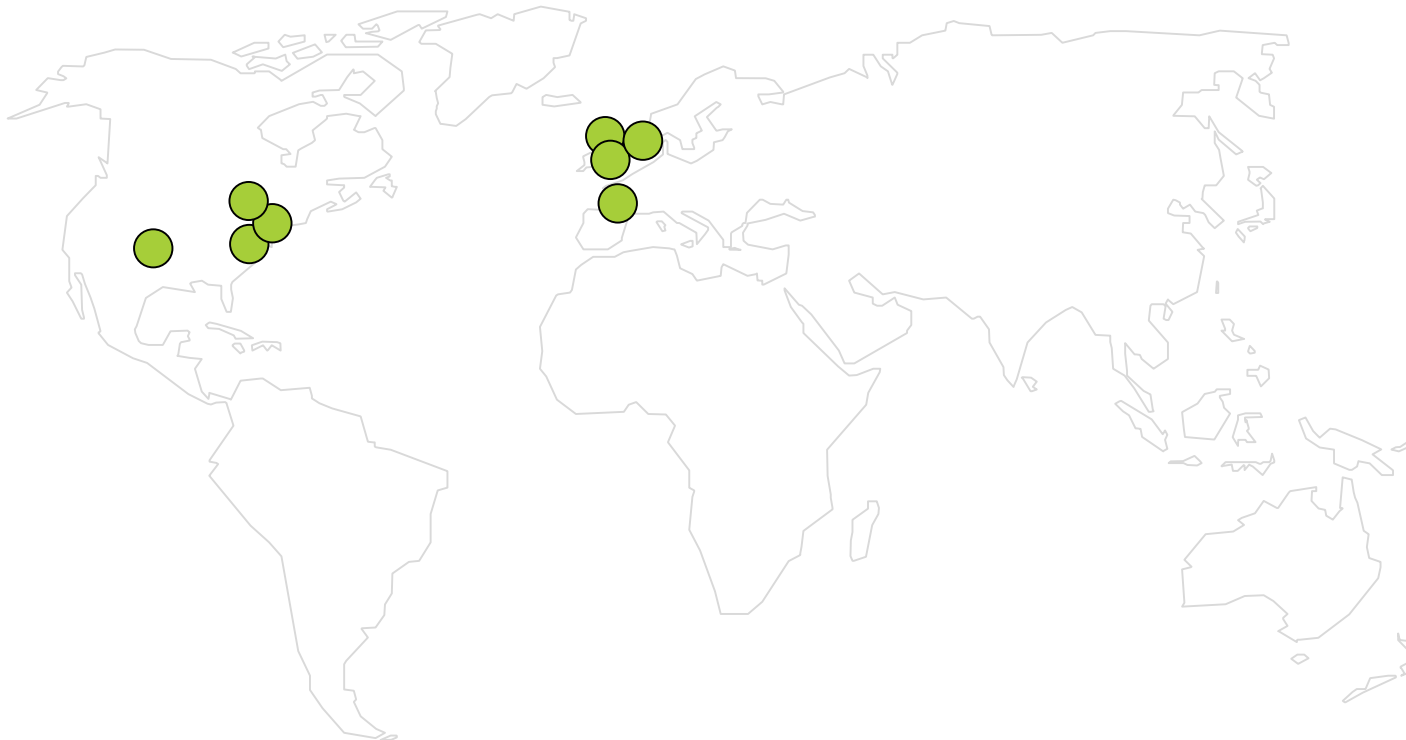


- Refinement of the work flow



- Audit
- Planning to scale

Implementation Communities



Commissioning





Working to figure out how to build a contract for health and care that incorporates a Standard Set of outcomes.

The global perspective



Pharm^Access
FOUNDATION



NOVARTIS
FOUNDATION

Life Science Industry

Case studies

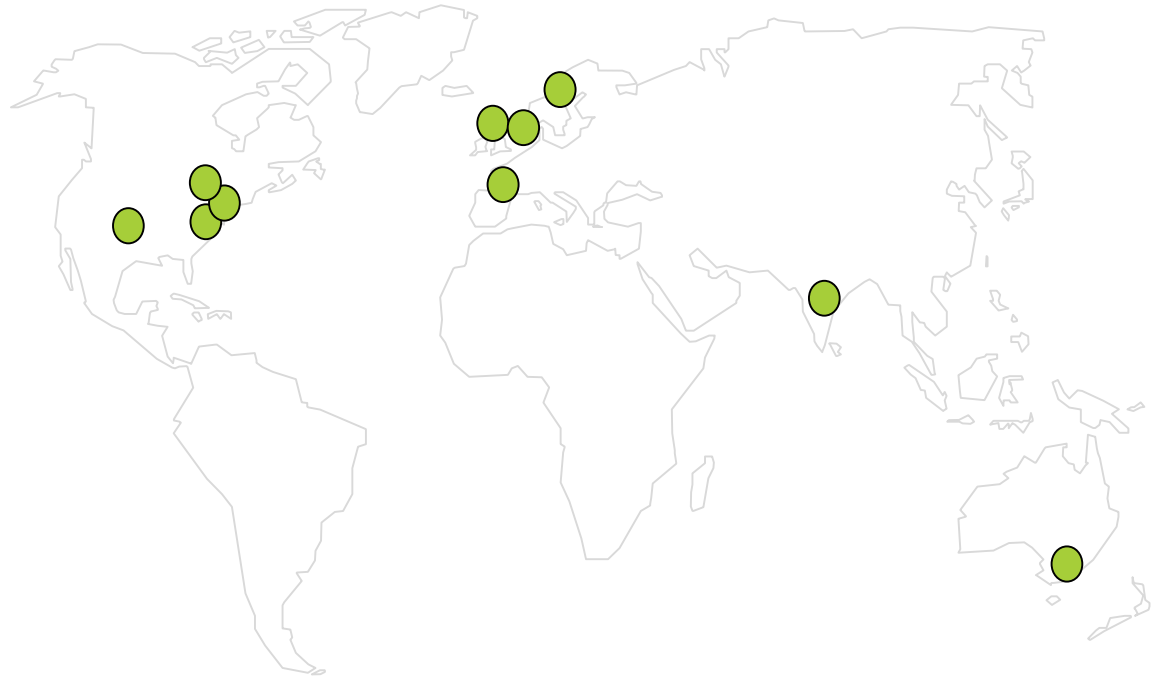


ALIGNING PAYERS AND PROVIDERS AROUND VALUE:
BLUE CROSS BLUE SHIELD OF MICHIGAN'S
COLLABORATIVE QUALITY INITIATIVES

JUNE 2015



Communities



Patients



Patients



Patients





Chosen a medical condition

Working to identify the relevant devices and drugs
for this condition

Working to build a contract that includes a set of
ICHOM outcomes



ICHOM

Break: Return at 10:50

CONFERENCE

May 16 - 17, 2016 | London