Audience Questions & Expert Responses

Discover Key Questions from the **Key Lessons from Estonia's Stroke Pilot** Webinar

How were service providers compensated under the bundled payment system?

The bundled payment was simulated but not implemented in actual financial transactions.

What was the response rate for PROMs, and how did it vary across patients with different MRS scores? Did you implement any activities to increase the response rate? How were PROMs completed during the discharge phase?

Our response rate was 98.6%, with PREMs achieving an even higher response rate of 100%

How is the KPI Outcome Index calculated?

The process involves assigning weights to different outcome categories, then defining the possible distribution and average. This can be done mathematically or by agreeing on specific cut-off points. The results are normalised to an average of 100, with a distribution range of 0–200.

Why weren't other outcomes, such as cognitive performance, considered, even though they might have a greater impact on functionality?

The ICHOM Set of Patient-Centered Outcome Measures for Stroke was used, which includes the PROMIS-10 questionnaire. This questionnaire covers emotional, mental, and social wellbeing, indirectly reflecting cognitive performance. However, the ICHOM set does not include a specific cognitive performance test.

Have you implemented a bundled payment system, and if so, how was it designed to account for differences between hospitals?

The bundled payment system was simulated but not implemented in actual financial transactions.

How do patients control data sharing? When and how can they decide what data to share, what aspects of their quality of life to prioritise, and the care needed to maintain their quality of life?

We have a central Health Information Centre, where every citizen has secure, authenticated access via the Patient Portal. Within this portal, patients have the option to restrict access to certain data (though not delete it).

Additionally, they can view a logbook that records who has accessed their health information and request an explanation if they do not recognize the individual.

What app do you use for registering PROMs? Which company manages the collection process?

We used Philips VitalHealth for PROMs collection. Currently, this PROMs platform is provided by Lighthouse Software.

Who uses the dashboard within the institution? Do clinicians use it, and do they share the outcomes of their care?
Regarding health data stored within our hospital, patients have the right to request a logbook of access. The medical team, including consultants, must log in and identify themselves when accessing patient data, and all activity is recorded.

What types of patient input data were used to normalise outcome measures? Beyond age and gender, were social characteristics, time of complaint onset, time of medical service initiation, and the patient's initial status considered?
Initially, results were normalised using a broad range of patient input. However, stroke severity proved to be the best predictor of outcomes and was used for case-mix adjustment.

To what extent does ICHOM utilise OMERACT, COSMIN, and COMET principles for defining core outcome sets (COS)?
ICHOM develops its Core Outcomes Sets in line with the methodology proposed in 2010 Porter, with emphasis on a detailed Delphi process, as undertaken by the Working Group members. These WG members come to a consensus on the Outcome Domains, the Outcome Instruments and the Case-Mix variables over a number of meetings and voting rounds. ICHOM ensures PROMs meet COSMIN criteria for reliability and validity, but prioritizes ease of integration into clinical practice.

What triggers survey distribution? Was it automated and integrated with the hospital's HIS? Could you provide insight into response rates and any trends you've observed?
We use a range of quality indicators to monitor and improve performance, both internally and in benchmarking against other hospitals in Estonia and internationally. As part of our quality improvement efforts, we collect PREMs from both inpatients and outpatients one month per quarter to assess and enhance patient experience.

How do you measure stroke severity?
Stroke severity is measured using the NIHSS score.

How can this approach accommodate comorbidities, such as respiratory failure, osteoporosis with mobility restrictions, or sarcoidosis with musculoskeletal impacts?
The dashboard's filtering capabilities allow the analysis of outcomes and costs for stroke patients with specific comorbidities compared to other patients.

How was the Outcome Index designed and agreed upon by project participants? Which party was assigned responsibility for collecting and sharing the outcomes data?
The Outcome Index weights and methodology were agreed upon in workshops with physicians.

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In this integrated care approach, how is the organisational structure managed? Do medical professionals and social care professionals work together as a team? How is multimorbidity addressed?

At the national level, integrated care still has room for improvement. However, in our hospital, social workers are an integral part of the care team, ensuring a multidisciplinary approach to complex cases. For multimorbid patients, care is typically coordinated by a specialist managing the primary condition at the time. We also have a strong e-consultation system that facilitates communication between specialists and general practitioners (GPs), as well as between specialists, ensuring efficient collaboration and continuity of care.

Have more questions? Reach out to ICHOM team or guest panelists!

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