



Dr Sally Lewis Interview

1. What is your background in healthcare?

I have front-line experience of primary care at its most challenging and have been a GP for over 20 years. The formative experience of rebuilding a valley practice gave me insight into the clinical leadership and business management required to serve a local population with limited resources.

I entered a career in medical management in 2011 and was appointed to Assistant Medical Director for value-based care in the Aneurin Bevan University Health Board in 2014. In 2018, I was appointed to the role of National Clinical Lead for Value-based healthcare in Wales and Honorary Chair at Swansea University Medical School.

2. What do you think are the big opportunities for healthcare?

A big opportunity for healthcare is the generation of real-world evidence through patient reported outcomes measurement (PROM) data capture as a central component of a value based approach to healthcare delivery.

This data can be used to enhance communication between patients and their clinical teams. The data has a range of uses in terms of supporting shared decision making, enabling triggers for key conversations and for needs assessment.

The systematic measuring of outcomes will shine a light not only where interventions of low value need to be reduced (whether that is inappropriate imaging, testing or a defunct procedure), but also where there is under-treatment and where investment must be made.

I believe that the answer to sustainability in any health service starts with the right patient involvement. Shared decision-making within the individual consultation and co-production in whole system redesign can be guided by the principles of value-based care. These principles unite clinicians, managers and finance in a common language to improve outcomes that matter to patients.

Value-based healthcare pulls together a system of care around a particular patient pathway, where better outcomes at lower cost are achieved through doing basic things really well. E.g. focus on prevention and early intervention. Arguably it also has the potential to improve outcomes through innovation and quality improvement and can reassure us about patient safety.

Measuring costs and outcomes across the entire patient journey makes a lot of sense. Integrated care is very desirable and beneficial for outcomes and improves the experience of care and the concept of value in healthcare does have the potential to unite the multidisciplinary team through developing a common language of outcomes and costs.

3. What are the biggest challenges/risks?

Balancing resource allocation to meet multiple needs of patients across the population. Medics do need to assume some responsibility for stewardship of healthcare resources as we are the biggest spenders!

In regards to a value based approach, there are significant implementation challenges for value-based healthcare. For outcomes data capture, you need an IT platform and good analytical capability. Value based healthcare also requires a huge cultural change as well as the building of infrastructure to capture, measure, analyse, present and utilise outcomes and costing data.

There are some very sound and helpful principles underlying the theory of value-based healthcare, but if it is to be widely applied and adopted around the world, it will need to flex and evolve to meet the needs, context and cultural expectations of different nations.

Additionally, although better outcomes cost less because they ensure fewer complications down the track, but those savings may be a long way into the future and may not even be realised in the same location, making the initial investment choice a tough one.

4. Tell us a little about your role and priorities at NHS Wales?

My current roles and interests include:

National Clinical Lead for Value Based and Prudent Healthcare in Wales

Clinical lead for patient-facing applications

Chair of Advanced Analytics Group

Honorary Professor, Swansea Medical School

Member of All Wales Prescribing Advisory Group

5. What difference does NHS Wales make for its patients and professionals?

Patients have told us that they would like more information to support their decision making. They want to know what patient-reported outcome data tell them about the likely trajectory of their illness and the life decisions they may make as a result. They want to know what is likely to happen to somebody like them with all of their characteristics if they choose a particular course of action? For most people in most situations, these questions are difficult to answer.

Work we have done with patients in South East Wales demonstrates that the act of filling out a PROM questionnaire could bring structure to a subsequent consultation, allowing patients to prioritise the issues that matter to them most. It also facilitated entry into more difficult or sensitive topics or other issues which the patient and/or their carer may not have identified as relevant. The very act of considering the questions in a PROM began to affect the balance of power in the consultation, giving the patient a tool to lead.

6. Why do you think Patient Reported Outcomes are so important to improving healthcare delivery?

Those of us involved in providing health care too often look at the value we provide to our patients through the lens of the service in which we work, rather than the patient's perspective of the whole system working together to meet all of their needs.

When we are considering how to deploy resources to benefit people, we frequently get this wrong and pour a lot of resource into things that cost a great deal but have uncertain gains for patients, often at the expense of high-value interventions.

Patients are asking for better information in order to then make better choices for themselves with their clinicians based on their likely outcomes and fully understanding the trade-offs, e.g. between length and quality of life. We can only do this if we longitudinally and consistently track patient-reported outcomes.

We have to be certain that treatment benefits are delivered from patients' perspectives when each new technology adoption has an opportunity cost somewhere else, for someone else.

7. What is the best piece of LEADERSHIP advice you would offer a peer in another hospital setting who is considering implementing a value-based healthcare approach?

The advice I would give is to take time to explain the language of value-based healthcare and to create a shared purpose and culture across the disciplines – clinical, financial, operational management and informatics. Also, it is difficult to deliver true value for patients in a hospital alone, as much of what adds real value exists in the community and patients' homes. So if you can, find a way to collaborate outside of your institution to provide seamless and integrated care that truly meets people's needs.

References:

<https://blogs.bmj.com/bmj/2019/05/28/sally-lewis-patient-reported-outcome-measures-enhance-communication-with-patients/>

Value-based healthcare – meeting the evolving needs of our population – CSIRO, Australian Health Review 2019, 43, 485 https://doi.org/10.1071/AHv43n5_ED

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