



ICHOM Newsletter Interview

Dr Ayodele Kazeem MB.BS., M.Sc., DIC. started his career off with a special interest in Obstetrics and Gynaecology. However, this evolved into a career in the management of healthcare after studying international healthcare management at Imperial College. His interests are in governance, risk management and healthcare analytics. This has led him to a varied career in the UK National Health Service and roles within the international and domestic businesses of the largest private medical insurance companies in the UK.

He is now Deputy Chief Medical Officer for AXA PPP working to drive forward new payment models, governance, and strategic client relations. He specialises in digital healthcare and data insight and advises a range of companies, from start-ups to large corporates. He is also Chair of the Clinical Coding & Schedule Development Group which is tasked with maintaining a schedule that reflects current medical practice within the UK independent healthcare sector.

Dr Kazeem is deeply passionate about giving back to the community. In his spare time, he steers and supports local development initiatives in developing countries e.g. Nigeria and offers his time as a mentor to young adults interested in a career in data analytics and healthcare. He works with likeminded individuals to develop and explore financing mechanisms to drive innovative solutions to common healthcare problems such as access, appropriateness, and the quality of care obtainable in local settings.

1. Tell us about your current role and responsibilities/key focus?

I am Deputy Chief Medical Officer for AXA PPP, the healthcare arm in the UK of the world's largest insurance company. We are passionate about our 'Know you Can' strategy which is designed to empower people to live better lives and built on the global vision to progress human development by protecting what matters. A key focus of my role is to ensure that decision making within the organization is based on robust data and evidence-best practice. This also allows the delivery of value to our customers. I am also Chair of the Board for the [Clinical Coding & Schedule Development Group](#) which supports the coding standard within the independent healthcare sector in the UK.

2. What is your background in patient reported outcomes measurement/ value-based healthcare?

Patient reported outcomes is an integral element of practicing as a clinician however, studying International Healthcare Management at the Imperial College Business School formalized my awareness of the impact measurements at a local level have on the global picture of healthcare systems. A fellowship with [NIHR CLAHRC](#) (National Institute for Health

Research Collaboration for Leadership in Applied Health, Research and Care) raised my awareness of the challenges met when translating research into practice. From information governance roles to healthcare analytics, I have spent the last 15 years applying techniques which maximize value by understanding care from a patient perspective.

3. What is the biggest lesson you have learnt regarding your experience to date with patient reported outcomes measurement and value-based healthcare?

A deeper understanding of behavioral science and the interplay with healthcare helps in designing motivations around the patient. When setting up a value-based healthcare or outcomes project, achieving a set of shared goals amongst the various stakeholders in healthcare in relation to a specific healthcare condition requires effort and this should be planned into the implementation process.

4. What is the most important piece of advice you would offer a peer considering patient reported outcomes measurement and value based healthcare implementation?

Consider the view of all the stakeholders involved in the entire pathway of care from their perspective. A typical pathway for any healthcare condition will involve a patient, one or many providers and one or more payers. Measuring what matters is not limited to the patient but also collecting data relevant for providers (for example to prove the quality of care process measures they deliver over their peers) and payers (benchmarking peers and delivering quality improvement in the procurement cycle).

5. What do you think are the biggest obstacles to patient reported outcomes measurement and value-based healthcare?

Alignment of the stakeholders involved in viewing the bulk of measures from the patient's perspective. Commercial drivers will affect decisions from a payer's perspective however this can still be achieved by reframing value. The other obstacles worth pointing out are the resistance in healthcare and challenges with translating evidence into practice and terminology use. More of the evidence-based techniques researched and trialed in relevant populations should be made available to providers as easily as possible. On terminology use, value is such a simple word that it is almost akin to beauty which is in the eye of the beholder. In healthcare it is important to ensure that actors take time to ensure terms are being used with the same meaning to avoid translation errors.

6. Where do you see the biggest opportunity for value based healthcare to flourish?

The biggest opportunity lies in its ability to ensure all parties focus on what matters to patients without losing sight or benefits to what matters to each individually. Value and outcomes are implied in healthcare however value-based healthcare makes it an explicit measurable exercise with benefits for all parties.

7. What advice would you offer on how to approach patient reported outcomes measurement and where to get started?

Start simple – whilst this might seem cliché, it is absolutely the case in decision making for outcomes and value-based care. Conceptually the frameworks and measurement datasets are all important, however the process and activities required to translate the data into a

useful form for decision making is more complex. From a patient's perspective, avoid information overload; for a provider, whilst the data is great and should ideally inform quality improvement practice, the unintended consequence of having it available and transparent for all parties could mean penalties and loss of income from payers.

Start outcomes collection with simple projects to improve trust and cooperation amongst all the stakeholders. Involve patients to ensure it remains relevant and can be used in decision making rather than having yet another data gathering exercise with little benefit.

8. What are the top 3 case studies and real world examples of patient reported outcomes measurement and value based healthcare implementation that would you recommend for further investigation?

There are too many to select a top 3 although I have a natural bias for case studies where a payer is involved in the process. There are several stellar submissions at the annual VBHC prize.

9. What further reading would you recommend to assist our stakeholders in their patient reported and value based healthcare journey?

The Other Invisible Hand: Delivering Public Services through Choice and Competition by Julian LeGrand

10. Have we missed anything you would like to add?

Developing countries are a fertile group to focus implementing value-based healthcare initiatives and patient reported outcome measures. The current framework would benefit from translating itself to settings where there is limited infrastructure.

Please include links to any Articles, Reports and Citations you wish for us to include/that you have contributed to or simply recommend for further reading for our readers and stakeholders.

Company website:

<https://www.axa.com/en/page/our-purpose>

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AXA Ambition 2020

<https://www.axa.com/en/magazine/axa-reveals-its-ambition-2020-strategy>