



ICHOM Newsletter Interview

Joseph Casey, Deputy Director of Programme Delivery, King's Health Partners Academic Health Sciences Centre, London

Joseph is working with patients, clinicians and academics locally, nationally and internationally to develop approaches to improving value in health. Joseph is a member of the pathways and outcomes working group of the European University Hospital Alliance and collaborating with colleagues across Europe on a number of major outcomes research initiatives.

Prior to joining King's Health Partners, Joseph worked in management consultancy, supporting clinical teams across the NHS, and advising health commissioners, national regulators and central government.

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

I have the privilege of working for King's Health Partners – an Academic Health Sciences Centre in London – supporting researchers and health professionals to translate research and innovation into improved outcomes for all patients. As Deputy Director for Programme Delivery, I am supporting work across our twenty-two clinical academic groups (CAGs) including leading the development of our work on value based healthcare.

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

The implementation of value based healthcare has been a major focus for King's Health Partners, driven by the inspirational Professor John Moxham, who retired last year after nearly fifty years in the NHS.

Over the last five years, we have published outcomes books¹ sharing the progress across King's Health Partners' teams and highlighting clinical academic innovations. For example, colleagues in palliative care have developed the Palliative Care Outcomes Scale (POS) which is in use in more than 135 countries.² Through this work, we have been developing our

¹ See King's Health Partners website:

https://www.kingshealthpartners.org/resources?utf8=%E2%9C%93&category=Outcomes+Books&commit=Filter#article_filter

² Palliative Care CAG outcomes book: https://www.kingshealthpartners.org/assets/000/002/728/KHPJ6953-Palliative-Care-Updates-190304_original.pdf?1554828852

understanding of outcomes that matter to patients and the importance of understanding the resources necessary to achieve these outcomes across complete pathways of care. For example, colleagues in orthopaedics are developing our approaches to visualising and sharing patient reported outcome measures, supporting implementation across our healthcare system^{3,4}.

We are working closely with range of people – patients, local residents, clinicians, public health teams, researchers, data scientists and others – to develop our understanding and share experience locally, nationally and internationally. I am part of the Pathways and Outcomes Working Group of the European University Hospital Alliance, where we are bringing together our collective experience to implement these approaches across European health systems.

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

Turning theory into practice is easy to say, and hard to do. It requires the skills, talents and energies of the full multi-professional, multi-disciplinary team combined with perseverance and patience. Patients are a core part of this team.

In this context, constantly reminding yourself and everyone else why we are doing this work together is critically important. Every presentation that we have ever given on value based healthcare always starts with the same mantra – *we must improve outcomes that matter to people – patients, their families, staff, our local communities*.

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

To learn from failure as well as success. There are lots of examples - from pilot projects to whole system programmes – that have implemented patient reported outcome measures informed by the principles of value based healthcare which have not been sustained or had the desired impact on improving health outcomes and health system sustainability. We all have these experiences, and we should look to share candidly to support a rigorous, evidence-based approach to improvement.⁵

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

Achieving complex goals – improving the outcomes that matter to individual people – in complex systems is hard. These goals are often achieved indirectly.⁶ Value based healthcare

³ Gabriel L, Casey J, Gee M, et al, Value-based healthcare analysis of joint replacement surgery for patients with primary hip osteoarthritis; BMJ Open Quality 2019; 8:e000549. doi:10.1136/bmjopen-2018-000549 <https://bmjopenquality.bmj.com/content/8/2/e000549>

⁴ C Holzer-Fleming, A Tavakkolizadeh, J Sinha, J Casey, J Moxham, Toby J Colegate-Stone, Value-based healthcare analysis of shoulder surgery for patients with symptomatic rotator cuff tears – Calculating the impact of arthroscopic cuff repair; Shoulder & Elbow, 2 July 2020: <https://doi.org/10.1177/1758573220928258>

⁵ Lee, R. H., Trenholm, S. T., Tulloch, A. D., & Ferlie, E. (2015, Apr 9). Value Based Health Care at King's College Hospital. Unpublished. [https://kclpure.kcl.ac.uk/portal/en/publications/value-based-health-care-at-kings-college-hospital\(d8d846a1-2cdb-4540-bc8e-c5e23e939038\)/export.html](https://kclpure.kcl.ac.uk/portal/en/publications/value-based-health-care-at-kings-college-hospital(d8d846a1-2cdb-4540-bc8e-c5e23e939038)/export.html)

⁶ John Kay, "Obliquity: How Complex Goals Are Best Achieved Indirectly" (Profile Books, 2010) summary available through blog (<https://www.johnkay.com/2004/01/17/obliquity/>) and TED^x presentation (<https://www.youtube.com/watch?v=BoAtYL3OWU>)

provides a framework for thinking about this complexity and understanding how teams might work together, but it does not provide the 'answer'. Given that implementing value based healthcare requires patience and perseverance, consistent enabling leadership is a critical enabler. However, in many healthcare organisations and systems, senior leadership changes frequently.

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

European health and social systems have many of the structural enablers to realise the vision for value based healthcare – improving health outcomes that matter to people whilst improving sustainability. There are increasing moves to combine value based health care with population health approaches, taking greater account of the critical importance of health equity. This is not supported by all proponents of value based healthcare, but is increasingly relevant. Professor Sir Muir Gray has been developing the framework and evidence in this area for many years, setting out both the challenges and potential solutions.⁷

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

Start with the evidence. There has been significant development over the last five years in the approaches to capturing, collating and communicating patient reported outcome measures as part of healthcare delivery. Building on this experience and expertise is critically important to avoid repeating previous failures. Patient reported outcome measurement is not predominantly a technical challenge (although technology is a critical enabler) but a challenge of how people understand one another and communicate to make decisions together. Clinical and patient leadership is fundamental to turning evidence into practice.

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?

We have very deliberately spent the past few years learning from others who are making significant progress in realising the ambition of value based healthcare and implementing patient reported outcomes as part of effective care delivery. I would recommend learning from the experiences of:

- Aneurin Bevan University Health Board’s approach to developing a whole health system approach to value based healthcare (our reflections from our visit in April 2018 remain very relevant⁸).
- Erasmus Medical Centre in Rotterdam as part of a national approach in the Netherlands to developing patient reported outcome measurement alongside payment mechanisms to enable this improvement (and their upcoming summer school is highly recommended: <https://erasmus-vbhc-course.nl/programme/>)
- Closer to home, the development of London respiratory network applied the principles of value based healthcare across secondary, community and primary care, demonstrating the importance of involving the whole multi-professional team in improving outcomes and value.⁹

⁷ The Oxford Centre for Triple Value Healthcare website: <https://www.3vh.org/challenges-solutions/>

⁸ Value Based Healthcare: Learning from practice (King’s Health Partners website, April 2018): https://www.kingshealthpartners.org/assets/000/002/178/KHP_VBHC_Lessons_from_practice_-_Aneurin_Bevan_University_Health_Board_v3_original.pdf?1530185305

⁹ King’s Health Partners website: https://www.kingshealthpartners.org/assets/000/001/982/Case_studies_4.05_05_original.pdf

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

There are multiple definitions of value based healthcare, which is contributing to conceptual confusion and limiting the potential to improve outcomes that matter to people.¹⁰ From our experience, having a shared understanding of what value “means” across the multi-professional team is critical to successful implementation. An expert report to the European Commission last year¹¹ provides a comprehensive overview, but my recommendation would be to read the excellent report from the Centre for Evidence-Based Medicine (May 2019) on “Defining Value-based Healthcare in the NHS”¹²:

“Value-based healthcare is the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person.”

The importance of considering issues of societal value has risen in prominence. Outside the field of value based healthcare specifically, I would recommend John Kay’s work on how complex goals are often best achieved indirectly¹³ and more recently Mariana Mazzucato’s work on mission-orientated innovation¹⁴.

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

Prof Moxham has always said: we must keep on keeping on. We need to do so now, more than ever.

¹⁰ Fredriksson JJ, Ebbevi D, Savage CPseudo-understanding: an analysis of the dilution of value in healthcare, *BMJ Quality & Safety* 2015;24:451-457: <https://qualitysafety.bmj.com/content/24/7/451.full>

¹¹ Report of the Expert Panel on effective ways of investing in Health (EXPH), ‘Defining value in “value-based healthcare”’ (July 2019):

https://ec.europa.eu/health/expert_panel/sites/expertpanel/files/docsdire/024_defining-value-vbhc_en.pdf

¹² Hurst L, Mahtani K, Pluddemann A, Lewis S, Harvey K, Briggs A, Boylan A-M, Bajwa R, Haire K, Entwistle A, Handa A and Heneghan C. Defining Value-based Healthcare in the NHS: CEBM report May 2019:

<https://www.cebm.net/2019/04/defining-value-based-healthcare-in-the-nhs/>

¹³ John Kay, “Obliquity: How Complex Goals Are Best Achieved Indirectly” (Profile Books, 2010) summary available through blog (<https://www.johnkay.com/2004/01/17/obliquity/>) and TED^x presentation (<https://www.youtube.com/watch?v=BoAtYL3OWU>)

¹⁴ Mariana Mazzucato, “Governing Missions in the European Union” (Independent report to the European Commission, July 2019):

https://ec.europa.eu/info/sites/info/files/research_and_innovation/contact/documents/ec_rtd_mazzucato-report-issue2_072019.pdf