

ICHOM Newsletter Interview

Justin Saliman, MD, CEO, OutcomeMD

Dr Justin Saliman is a Stanford Sports Medicine Fellowship trained Orthopaedic Surgeon practicing part-time out of Cedars-Sinai in Los Angeles, and a serial entrepreneur. He was the founder and Chief Medical Officer of Ceterix Orthopaedics, a surgical device company focused on knee meniscus repair which was acquired by Smith & Nephew in January 2019. He also founded OutcomeMD in 2016, delivering a multifaceted decision support tool that empowers system wide adoption of measurement-based care. OutcomeMD integrations turn EHR systems into Outcome Management Systems, enabling value based care while uniquely enhancing both the clinician and patient experience.

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

I am the founder and CEO of OutcomeMD, and a part-time practicing Orthopaedic Surgeon out of Cedars-Sinai in Los Angeles. I am also the founder of Ceterix Orthopaedics. Here is a bio: https://www.forbes.com/sites/chasefeiger/2019/12/05/from-the-operating-room-this-physician-entrepreneur-manufactured-his-way-to-a-105-million-exit/#31c46fc21158

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

As Chief Medical Officer of Ceterix Orthopaedics I led a multi-center prospective clinical trial using PROs and learned a lot of lessons. As founder of the company I also flew around the country and met with the famous and average orthopaedic surgeons and learned what made them tick, often not value based unfortunately. That experience lit a fire under me to change medicine / healthcare to one that uses measurement-based care as standard of practice. I started OutcomeMD in 2016 to bring that vision to the world.

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

In order for clinicians and health systems to truly embrace value based care on a massive scale, positively disruptive financial incentives need to be in place and the obtained outcome data needs to be correlated with confounding factors, without which benchmarking feels unfair and non-scientific to clinicians. We hence need to obtain structured confounding factor data from all sources (including the patient and the EHR), and to allow clinicians and administrators to create inclusion and exclusion criterias that mimic those which would occur in valid clinical studies.

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

Look for a system that improves patient experience (rather than detracts), and helps you truly improve care by making more efficient and more fully informed decisions. In order to be successful with value based care you need to be able to dial in best practices, which means you need to be able to easily and effectively put patient reported outcome data to work.

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

Workflow disruption and patient apathy are probably the largest obstacles. Solutions need to engage the patient and actually enhance their experience (turn a traditionally burdensome survey process into an enjoyable one), and at the same time improve the clinician's workflow.

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

I believe outcome-based medicine is the future of medical care across all specialties. The initial fan might be in mental health, surgical subspecialties and cardiology.

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

OutcomeMD:)

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

https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1108766

https://www.nejm.org/doi/full/10.1056/NEJMp1707537

https://www.newsweek.com/doctor-patient-visits-1035514

https://link.springer.com/article/10.1007/s11606-018-4540-5