



## ICHOM Newsletter Interview

**Susan McKee, Chief Executive Officer, Dental Health Services Victoria**

Sue is a Registered Nurse with over 35yrs in the health sector. During this time she has worked across the healthcare sector with a range of organisations including public, not-for-profit, privately owned and the charitable sector. Her roles have included both clinical and organizational leadership as a Nursing Director, Chief Operating Officer and Chief Executive. Sue is a strategic, values-driven executive, with a proven ability to lead organisations through complex change and challenging external environments. She is committed to leading organisations that provide services that enhance the life of its customers that is true to its purpose and values its people.

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

My role is as the Chief Executive Officer for Dental Health Services Victoria. Dental health Services Victoria (DHSV) is the leading public dental agency in the state of Victoria in Australia. We provide and support the provision of public dental services for those most vulnerable in our community. I am responsible for driving DHSV's value based health agenda for oral health care across the state of Victoria and supporting other parts of the health system to understand and implement value-based health care.

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

We have been implementing the principles of value based health care for over three years at DHSV. Since 2016, DHSV has closely worked with ICHOM. DHSV is a member of the ICHOM led international working group and contributed to the development of standard oral health outcome set. DHSV subsequently became the first organisation to trial the ICHOM oral health standard set to measure patient outcomes as part of its value based health care proof of concept phase. We continue to use the ICHOM standard set in the current COVID environment to capture patient reported oral health outcomes.

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

Although it seems very logical and clinicians understand the concept of value based health care, implementation takes time, effort, change in the mindset and a complete cultural shift from the traditional output focused measures to an health outcome focused care. A substantial upskilling of all staff on how to engage and work with patients on what is truly important to them is critical. Strong leadership at all levels, including Board, Executive, clinical, staff and patient level is important to drive change. Commitment from the entire

organisation to measure long-term health outcomes for every patient is essential for successful implementation of value-based health care.

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

Start small, measure aspects that are feasible, practical and useful. Track the changes so you have data and facts to support ongoing change and continuous improvement in health service and patient care. Promote an organisational mindset that recognises the importance of partnering with patients and consumers in their care. Create an environment where patient and consumer engagement are valued, and their voices are recognised and heard.

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

Cultural shift from long sustained traditional practices is often slow to change and evolve. Such practices require long term commitment, collaboration, coordination and partnership among all stakeholders. Developing the right digital data collection tools is difficult and resource intensive. These digital data tools must have the capability to be able to collect and display data that is easily understandable for patients so clinicians can utilise it to change behaviour and track outcomes.

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

I think the COVID-19 pandemic has challenged the health care system to take a long hard look at the way it operates and delivers services, in a way it has never done before. Working with digital platforms to treat patients and taking a greater prevention and integrated care approach will drive change. In addition, wide variation in patients' clinical outcomes, and soaring health care costs presents opportunities for innovations through value-based health care.

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

I would start by looking at the ICHOM standard sets and even if there is not one for your specific clinical cohort, utilising some of the outcome questions from other sets would be a good place to start. Moving away from fragmented care to an integrated team-based care to capture outcomes is important. Measuring, reporting, and comparing patient reported health outcomes helps us to track progress and drive innovation in health care delivery.

**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?**

The Martini Klinik case study is one of first go to's. Since its establishment in 2005, Hamburg's Martini Klinik has single mindedly focused on prostate cancer care with a commitment to measure long-term health outcomes for every patient. The Martini-Klinik systemically measures the quality of its surgical procedures based on outcomes that are most relevant to its patients

Dell Medical School's Musculoskeletal Integrated Practice Unit provides care to underserved patients in the local community who historically had limited health care access. With support and dedication from an interdisciplinary team of musculoskeletal specialists, their Integrated Practice Unit care design shows significantly better outcomes among surgical patients.

Texas Children's Hospital used value based health care as an opportunity to improve the outcomes for high risk children. Several hospitals, networks and pediatricians work collaboratively to focus on improving care outcomes, reducing costs, and strengthening the system's relationship with payers.

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

I always recommend Porters paper to get people started "The Strategy that will fix health care" - Porter, M.E. and Lee, T.H., 2013. The strategy that will fix health care. Harvard business review, 91(12), pp.24-24.

Creating a High Value delivery System for Health Care. - Teisberg and Wallace - Teisberg, E.O. and Wallace, S., 2009, March. Creating a high-value delivery system for health care. In Seminars in thoracic and cardiovascular surgery (Vol. 21, No. 1, pp. 35-42). WB Saunders

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

I am happy for anyone to contact us at anytime to talk about our value based health care journey.

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.

1. Hegde, S. and Haddock, R., 2019. title Re-orienting funding from volume to value in public dental health services. Deeble Institute for Health Policy Research. Australian Healthcare and Hospitals Association.
2. Hegde, S. and Raymond, K., 2019. title Dental Health Services Victoria: Journey to Value Based Healthcare. Deeble Institute for Health Policy Research. Australian Healthcare and Hospitals Association.
3. Porter, M.E. and Lee, T.H., 2016. From volume to value in health care: the work begins. *Jama*, 316(10), pp.1047-1048
4. Teisberg, E.O. and Wallace, S., 2009, March. Creating a high-value delivery system for health care. In Seminars in thoracic and cardiovascular surgery (Vol. 21, No. 1, pp. 35-42). WB Saunders
5. Porter, M.E., Pabo, E.A. and Lee, T.H., 2013. Redesigning primary care: a strategic vision to improve value by organizing around patients' needs. *Health Affairs*, 32(3), pp.516-525.
6. Porter, M.E. and Teisberg, E.O., 2006. *Redefining health care: creating value-based competition on results*. Harvard business press.