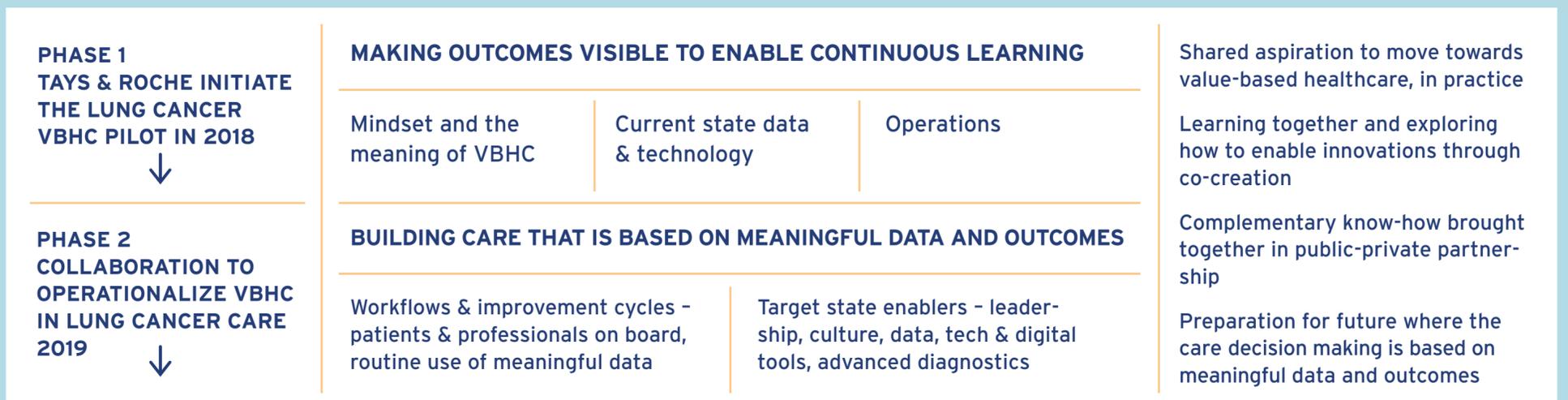


Developing value-based lung cancer care with the help of ICHOM standard set

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Drive practical change in lung cancer care towards outcomes that matter to patients



INTRODUCTION

Tampere University Hospital (Tays) decided to map their existing data against the ICHOM lung cancer standard set in 2018. The aim was first to identify how the existing data sources at Tays corresponded to the ICHOM requirements and then build a road map for how the needed data gaps would be met. The aim has been to shift the focus to value-based care in lung cancer entailing: 1) the collection and use of outcomes information by clinicians, patients and management, 2) change in operating models to be more value-based and 3) application of outcomes information (including value-based pricing).

This project has become the flagship project at Tays feeding into the organization-wide VBHC-programme and VBHC research programme. The goal of the pilot is to identify scalable solutions and models to benefit the entire Tays.

The pilot has been conducted in collaboration with Roche Finland and Nordic Healthcare Group.

METHODS

The selected approaches include:

- 1) Co-creation in agile manner and with service design approach from mock-up to full-fledged design that meets the needs of both clinicians and management
- 2) Visualizing data through the approach of design science that makes use of metrics definition & data analytics including both outcomes and costing perspectives

RESULTS

The existing standard set for lung cancer included data that is mainly available with the exception of PROMs; however, the current standard set requires updates given e.g. the emergence of precision medicine if this should be used to benefit clinical decision-making.

The completed phase of the pilot has included the construction of the relevant metrics for the management and for the clinicians, but PROMs have not yet been collected due to waiting for a decision for a scalable Tays-wide solution. The patient forum will be closely involved when engaging patients in PROM collection and in shared decision-making.

The completed phase of the pilot has focused on the visualization of the existing data: the main output has been the construction of a prototype for the clinicians (figure 1) and the management (not shown) that function as a mock-up for the finalized dashboard constructed in Tays' own IT environment.

CONCLUSIONS

This project revealed that the existing outcomes data corresponds well to the ICHOM Standard Set for lung cancer and appropriate steps were taken to bridge the existing data gaps and to improve the quality of the current data collection. Furthermore, additional metrics were incorporated to the clinician and management dashboards to

meet the information needs of the daily operations (including costs and key process metrics).

The first phase of data visualization does not allow for making comparisons based on the data due to the existing data gaps and absence of case-mix adjustments. This first version of the prototype will be further refined when developing value-based operating models in lung cancer.

The extension of the lung cancer pilot in 2020 includes: 1) engaging patients in shared decision-making with the collection of PROMs, 2) the clinic employing continuous improvement cycles and value-based operating model, 3) the prototype being constructed into hospital's own IT environment, 4) outcomes information to be used more holistically in daily operations, resource planning and value-based pricing. Furthermore, this project has resulted in harvesting the potential of genomic data more holistically at Tays. Additionally, different value-based pricing models are under analysis and more developed value-based pricing models are under development based on the outcomes information collected.



Figure 1