

Definition of results value-based through the International Consortium for Health Outcomes Measurement (ICHOM) in a reference hospital in southern Brazil

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Abstract

HMV's Value Management Office measures health outcomes through the ICHOM methodology to determine best practices for each line of care, with efforts focused on fulfilling the Value Agenda. Currently, more than 2,000 patients are monitored and observed individually, using 8 standard sets, which allows the institution to outline new care strategies based not only on physical and symptomatic aspects, but also on the patient's experience - constituting the Clinical Outcomes Program. This approach underpins the importance of patient-centered care, multidisciplinary, and the generation of results aimed at improving practices at the lowest cost.

Introduction

Hospital Moinhos de Vento (HMV) is among the six excellence hospitals in Brazil and offers clinical and hospital care, with an emphasis on high complexity (over 500 hospital beds), with value-based healthcare (VBHC) being the center of its strategic map. For this purpose, it has a specialized core – the Value Management Office (VMO) - that uses the International Consortium of Health Outcomes Measurement (ICHOM) to evaluate its health outcomes. The methodology application allows to verify the patient's perception regarding the care received in the hospital and about their state of health after the disease management. After verifying the results, it is possible to come up with action plans to improve the quality and safety of medical care through communication between medical teams, patients and relatives.

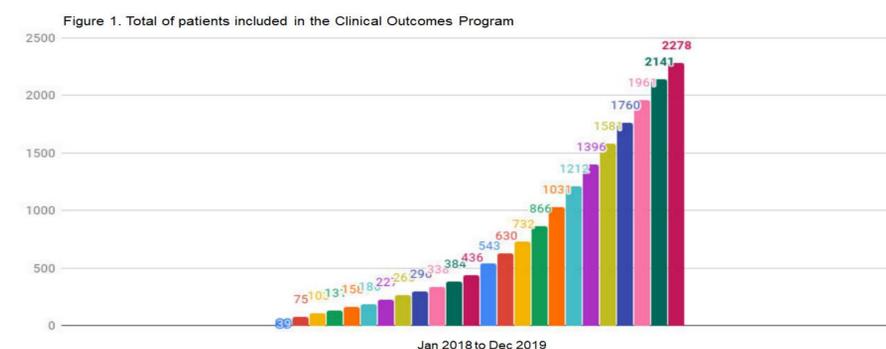
Methods

Following the VBHC guideline, HMV employs ICHOM to measure and analyze clinical outcomes in order to determine the best medical, care and management behaviors. From these conducts and processes, the hospital aims to improve the quality of life of patients through individualized treatment, reducing readmission rates, as well as to determine the equation of results over costs. To evaluate the results of the main pathologies, present in the HMV hospital routine, the Standard Sets (SS) for heart failure (HF), stroke, low back pain, hip & knee osteoarthritis, breast cancer, localized and advanced prostate cancer and colorectal cancer are used. Still, in the absence of ICHOM SS by pathologies of interest, the VMO created two SS to accompany newborns treated at the neonatal ICU and patients with community sepsis, the latter created in partnership with ANAHP (National Association of Private Hospitals). For heart failure and stroke, the inclusion of diagnosed patients is performed through reports generated daily through pre-established codes based on the International Statistical Classification of Diseases and Related Health Problems (ICD).

Pregnant women, patients in cardiogenic shock and palliative care are excluded for heart failure, as patients with transient ischemic attack (TIA), subarachnoid hemorrhage (SAH), patients transferred to HMV with symptoms longer than 24 hours or with ongoing treatment or without diagnosis are excluded for stroke. Clinical data are collected through an electronic medical record with the attending physician's supervision. The data collection from patients diagnosed with breast cancer, localized and advanced prostate cancer and colorectal cancer is performed through the surgery, chemotherapy and radiotherapy centers, with the assistance of specialized groups. The exclusion criteria are based essentially on the absence of diagnosis, specific types of tumor and/or previous treatment. Patients with low back pain and hip & knee osteoarthritis are included through the surgery center. Patient-reported outcomes (PROs), for all pathology, are personally collected, via phone or email accordingly the need of each patient. The follow-up is performed from 30 days to several years after treatment. Different follow-ups are specified for each pathology, following the ICHOM SS. Only patients >18 years are included in the study, maintaining the anonymity of the participants.

Results

Since 2017, the Clinical Outcomes Program was created, centralized in the VMO and supervised by the Medical Manager. This program uses the ICHOM to measure health outcomes, focused on care pathway data generating KPI's to determine the care management - outcome-oriented care – and new models of reimbursement. Currently, more than 2,000 patients are monitored and observed individually, which allows the institution to outline new care strategies based not only on physical and symptomatic aspects, but also on the patient's experience. Care is extended to the patient's home and the relationship with his relatives. The approach of the work of multidisciplinary teams and the active communication are essential for sharing reliable information and, consequently, greater adherence of individuals, thus generating a robust database. The Clinical Outcomes Program promotes value delivery practices that are already being applied at the institution.



Conclusion

This approach substantiates the importance of patient-centered care, integration and active communication within multidisciplinary teams and the generation of results in research aimed at improving diagnoses and practices.