

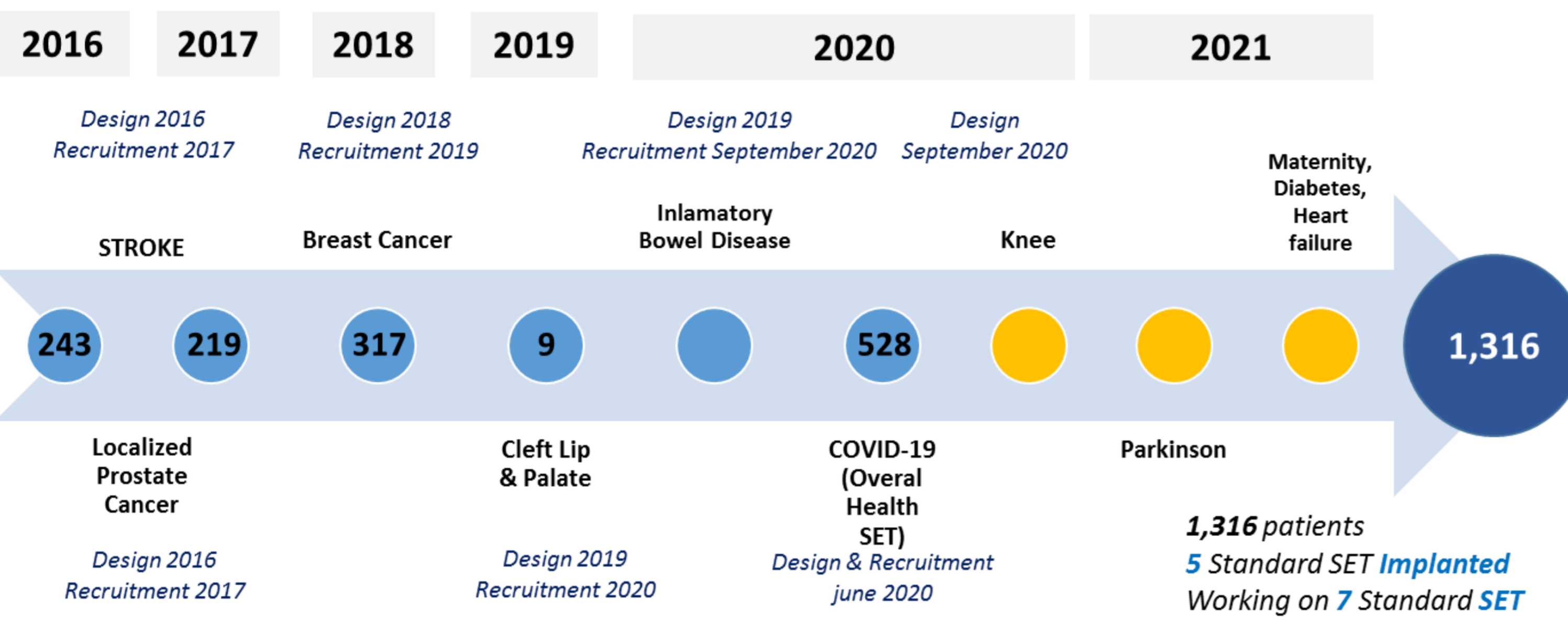
INTRODUCTION

Cruces University Hospital/IHO Ezkerraldea Enkarterri Cruces Osakidetza is the reference centre for specific medical conditions in the Basque Country



Our organization has a great commitment with VBHC

Road in VBHC Standard SET ICHOM



OBJECTIVE

Implement VBHC in patients with breast cancer to improve health outcomes that really matter to them and deploy changes that add value.

METHODS

Implementation

A multi-disciplinary team was created to redesign the care process of patients with breast cancer. Patient experience was studied as well. We applied Design Thinking methodology. ICT tools, integrated in the EHR, were used for data collection. Patient reported outcomes was gathered at baseline, month 3 and month 6.

Clustering of variables

ICHOM Standard Set contains between 70 and 86 items (PROMs). They were grouped into health dimensions in such a way that items in the same dimension were more similar to each other than to those in other groups.

- Allows having an overview of the health status of the patient.
- Zooming into each dimension, PROMs included in each cluster can be individually analyzed.

Patient archetypes

- Profiles of patients suffering from the same condition can vary considerably.
- Results and perception of patients are comparable if patient profiles are similar.
- The rationale behind the patient clustering needs to be based on clinical criteria and significance.
- Demographic information, diagnosis, therapeutics and treatment process are key elements to be considered when patients are classified into groups.

RESULTS

Recruitment and follow up

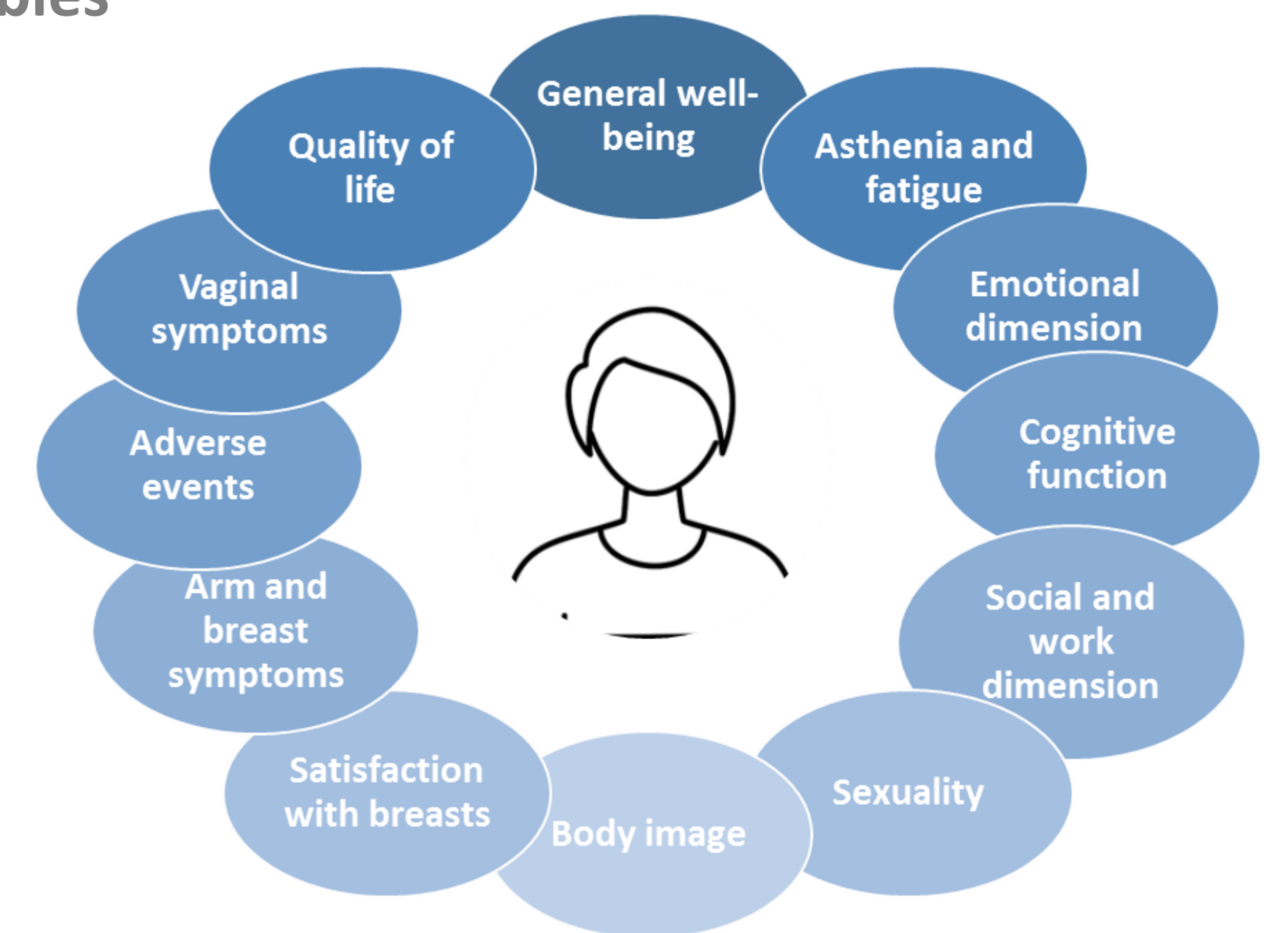
204 patients were recruited between April and December 2019. 194 (95.1%) and 192 (94.1%) completed the month 3 and month 6 follow up surveys, respectively.

Patients' profile

	N=204
Age	58 [49;68]
Age category:	
<50	57 (27.9%)
50-70	117 (57.4%)
>70	30 (14.7%)
In situ carcinoma	33 (16.2%)
Surgery:	
Conservative	161 (78.9%)
Mastectomy with reconstruction	32 (15.7%)
Mastectomy without reconstruction	10 (4.90%)
Other	1 (0.49%)
Axillary surgery:	
Sentinel node	161 (78.9%)
Axillary lymphadenectom	28 (13.7%)
None	15 (7.35%)
Chemotherapy	68 (33.3%)
Radiotherapy	170 (83.3%)
Hormonotherapy	163 (80.3%)

Clustering of variables

12 health dimensions



Patient archetypes

Variables described in the table have been considered.

- Patients with "In situ carcinoma" are grouped together.
- 145 possible theoretical combinations according to the variables considered.
- Need to have a smaller but significant number of archetypes/groups.
- Patients belong to 41 different archetypes. Their distribution into archetypes is:
 - 60.7% are classified into 5 groups.
 - 73.8% are classified into 10 groups.
 - 31 groups have less than 4 patients.

CONCLUSIONS

- VBHC is a tool to provide personalized care.
- Team work, with the patient at the centre, is crucial to ensure coordinated action.
- Exploring patient experience results in greater empathy.
- Implementing VBHC implies an organizational transformation towards value.
- It requires managerial and clinical leadership.
- It is essential to share small successes to raise awareness and to contribute to stakeholders' engagement.

NEXT STEPS

- Analyze how the number of archetypes can be reduced and study how to deal with outliers.
- Analyze the health outcomes according to the patient profiles.
- Deploy changes in the care process that can improve patient experience and outcomes.
- Implement VBHC in routine clinical practice on a systematic and long-term basis to include patients' perspective in clinical decision-making.