

Clalit aim to include Health Value Measurements in its system

– The missing piece of the puzzle –

Marcelo Low¹, Einat Bergman¹, Avichai Vaisman², Avi Mansharov², Rachel Berkowitz², Reut Ochana¹, Avinoam Pirogovsky³, Ran Balicer¹, Gil Admon³

1. Health Policy, Innovation Division 2. Information and Digital Systems Division
3. Medical Wing, Hospital Division | Clalit Health Services, Tel Aviv, Israel

Introduction

Clalit, the biggest HMO in Israel, owns one of the most comprehensive computerized infrastructures used for the routine clinical and managing processes.

Clalit is promoting a new strategic move for including an additional piece of information regarding the patient's perspectives and outcomes.

Our goal is to assess the feasibility of introducing a new, automatic computerized system focusing in **Patient Reported Outcome Measures (PROMS)** in the routine patient journey.

Method

Clalit is implementing a **The Clinician** platform for the systematic collection of PROMS, creating generic tools for integrating questionnaires during the whole patient's therapeutic episodes.

A pilot was carried out in the field of Joint Replacement Surgeries in orthopedics departments in three hospitals.

A consensus committee of orthopedic surgeons, who also established a registry for joint surgeries, decided to adopt three questionnaires, that will provide information about the PROMS at three time points: before surgery, 6 months and 12 months after.

We designed a brochure in three languages, to be presented to the patients by the staff. This include a description of the process, emphasizing the future benefits for the patients such being involved in the generation of personalized data and visualization of their own recovery pathway.

A digital message with a link to questionnaires was sent to 45 candidates for elective knee or hip replacement surgery.

Results

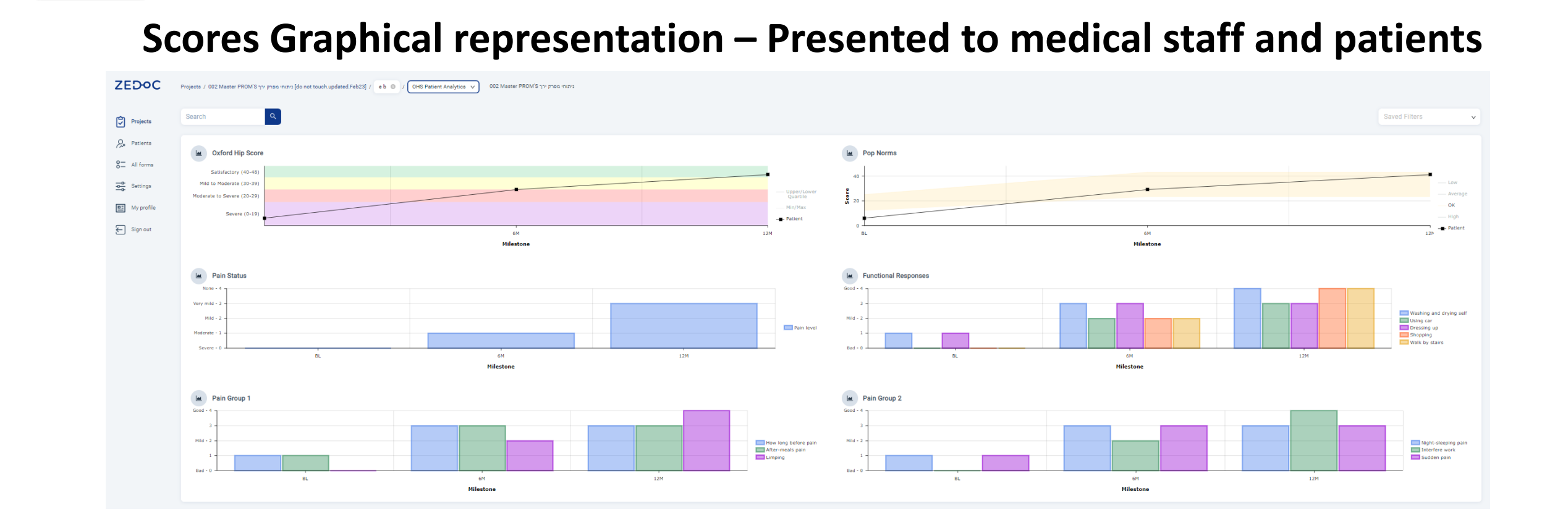
Completed questionnaires were received for 22 patients (49%). The average age of all candidates was 73 years for knee and 72 for hip. Women accounted for about 50% and 75%, respectively. About 70% speak Hebrew, 27% Arabic and 3% Russian.

Score for the **Promis10**, in the general physical function of the patients **before surgery**, ranged between the 9th-11th percentiles in relation to the healthy people of a similar age. The mental score ranges between the 9th-14th percentiles.

In the **Oxford**, the patient's score for the level of function and pain of the joints before surgery ranged from 12-14, when expected to improve in next 6 months up to 48.

In the **EQ-5D**, the patient's answers to the quality of life scale ranged from 44-46, while the average for healthy people of a similar age is around 70.

Response rates of 49% to the pre-surgery questionnaires, slightly higher than other reported rates assessed also by electronic means.



Conclusions

The automated generic process for patient identification and recruitment will be reinforced by the team engagement and explanation during a pre-operative visit. Two reminders will be activated and a control mechanism by staff will be implemented.

The more the teams in the field are involved and encourage the patient to participate, the quantity and quality of the answers will increase.

The system has a high potential for calculating health value, as it allows assessing the progress of the patient's condition.

This system may have meaningful utilities like infrastructure for decision-making. This, by mirroring the data to be visualized during the caregiver-patient dialogue, and also by creating models for calculating standardized measures as a tool for prioritizing treatments with a high health benefit over those with low benefit.

The purpose of the Clalit strategic move is the creation and implementation of innovative models and a computerized infrastructure for measuring health value in the eyes of the patient, in hospitals and community settings, for different clinical conditions, and promoting better management decisions based on clinical and economical data.