



FROM VOLUME TO VALUE MEASUREMENT: THE EXPERIENCE OF DESIGNING AND IMPLEMENTING AN OUTCOMES MEASUREMENT UNIT IN A HEALTH CARE ORGANIZATION

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INTRODUCTION

In compliance with Fundación Santa Fe De Bogotá's superior value strategy, we have focused our efforts on measuring the best possible health outcomes, making efficient use of resources, and maximizing the experience our patients' and families' experience. To fulfil this last aspect, in 2021, a specialized unit was established to measure outcomes in 29 clinical conditions within a comprehensive patient-centered framework. The present project aims to describe the design and implementation experience of this Health Outcomes Measurement Unit, including its main milestones, current status, and future challenges.

METHODS

The Health Outcomes Measurement Unit was established following four main phases. **Phase 1 (Planning)** involved defining specific tasks, goals, and professional roles to achieve the project's overall objective. **Phase 2 (Structural creation)** focused on hiring personnel and establishing the necessary resources for implementation. **Phase 3 (implementation)** involved operationalizing outcomes measurement within the whole clinical journey of patients, in regular time points (from hospital admission to at least one year follow-up), designing a comprehensive approach that included clinical, functional, mental and Patient Reported Outcomes (Figure 1). **Phase 4 (communication)** focused on presenting data to stakeholders and publications for continuous improvement of clinical models.

Figure 1. Comprehensive measurement approach of Health Outcomes Unit



RESULTS

Through a 2-year and 7-months period of The Health Outcomes Measurement Unit functioning (November 2021 to June 2024), we have defined and implemented a set of 191 outcomes (131 clinical, 12 functional, 26 mental health, 22 PROMS) in 25 clinical conditions, measuring a total of 35,790 patients.

Table 1. Health Outcomes Unit performance compared to scientific benchmark or baseline

Outcomes Classification	Number of Outcomes	% Of Outcomes	Outcomes equal or better than benchmark or baseline
Comparable Outcomes	162	84,8%	-
With scientific benchmark	103	63,6%	82 (79,6%)
With our historic baseline data	59	36,4%	53 (89,8%)
Non-Comparable Outcomes	29	15,2%	-
Total	191	100,0%	135

We currently benchmark 103 of these outcomes against rigorous national and international standards, achieving equal or better performance in 79.6% of them. For 59 outcomes, we have established a 1-year baseline with our historic data (in absence of an external accurate benchmark) to enable comparisons with subsequent performance, and to date, 53 of these 59 outcomes (89.8%) currently demonstrate improvement compared to the baseline. Efforts are ongoing to identify suitable benchmarks or establish robust baselines for the remaining 29 outcomes, thereby informing the development of key improvement indicators (Table 1).

CONCLUSIONS

Building a Health Outcomes Measurement Unit has been a valuable learning experience, demonstrating that outcomes measurement from a comprehensive and patient-centered perspective is the way to understand our commitment to value-based care and to assess our clinical performance. Although challenges of defining relevant outcomes, collaborating with clinical leaders, and selecting appropriate measurement and digital tools arose, to date, fundamental outcome-related questions for specific patient groups can be answered.

Future efforts include:

- Creating or participating in benchmarking systems.
- Integrating outcome measurements throughout the whole care journey.
- Developing clear communication strategies for various stakeholders.
- Optimizing the technology and innovation supporting the Outcomes Unit's operations.

