

Working towards common-sense outcomes measurement

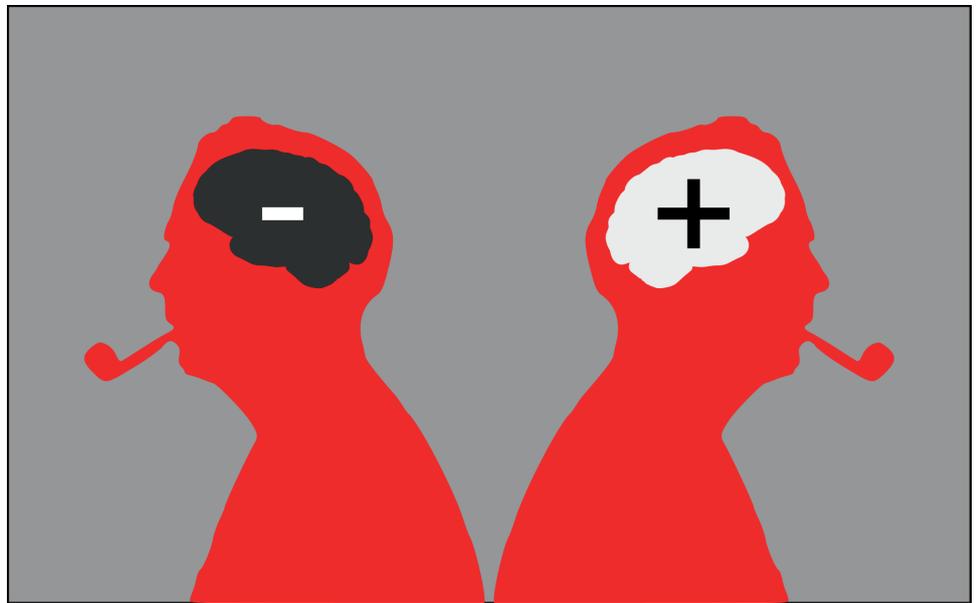
by Victoria Satchwell

The BMJ Health Outcomes Summit brought together a small but committed group of participants from research and industry to consider the way forward for the burgeoning discipline of health outcomes measurement. It offered a snapshot of current challenges facing this important field and coincided with the International Forum on Quality and Safety in Healthcare held in Gothenburg from 12-15 April.

Health outcomes measurement aims to capture the effects of healthcare interventions on patient and population health. Its focus is empirically verifiable information about the relationship between what is done in the healthcare setting and the results of those actions. Unlike other medical research, where the effects of drugs or surgical procedures are examined, outcomes research understands 'intervention' more broadly to include not only treatments and services but also the structures and processes of care, and the way that care is organized.

Outcomes studied include clinical parameters such as blood pressure, survival or hospitalization days but increasingly focus is being directed towards broader questions about the ultimate impact of care and the value that patients experience as a result of that care. Good outcomes measures are more likely to approximate what we understand as the fundamental purpose of healthcare - health. One such measure, Quality Adjusted life Years (QALYs), aims to reflect a patient survival and health related quality of life. Other measures are based on patient responses and may reflect a patient's experience of an illness, what worries them most about their condition, its affect on their life and functionality or their satisfaction with care.

Health outcomes measurement informs several important health system processes. It forms the cornerstone of healthcare quality improvement and can



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be used to hold providers accountable both to patients and regulators. Perhaps most importantly, outcomes measurement contributes to evidence-based medicine, and the establishment of guidelines for care.

In the case of standardized outcome measures, the common language that these measures provide to healthcare practitioners facilitates transnational conversations and learning opportunities. Within the paradigm of Michael Porter and Elizabeth Teisberg's 'value-based healthcare', outcomes measurement is seen as tool to re-orientate care towards improving value for patients and redefine the nature of competition in healthcare.

Within a value-based purchasing system, outcomes measurement informs an individual's choice between practitioners, facilities or procedures, and provides health-insurers and public-payers information to aid in healthcare purchasing decisions.

Growth in the field of health outcomes research represents the awakening of healthcare providers to the need to evaluate the results of their activities, and a recommitment to the common

sense understanding at the heart of healthcare - that what matters is the outcomes that patients experience. As such, this area of research is a response both to the call for evidence-based practice and comparative effectiveness assessments, and the concern that mounting healthcare expenditures have not delivered increased value for patients.

The BMJ Health Outcomes summit centered on questions related to the scalability of outcome measures, the transferability and adaptation of measures to fit local circumstances, what makes a good measure, and whether measures capture what they should.

Keynote speaker, Marc Berg, an advisor at KPMG, introduced the challenge of measuring value as a problem that really hasn't been solved. He aimed to orientate the group's thinking within the somewhat messy waters of patient-centered outcomes measurement and to ground this thinking in what might be described as a common-sense approach.

It is a paradox of outcomes measurement that healthcare providers are often drowning in measures that describe indi-

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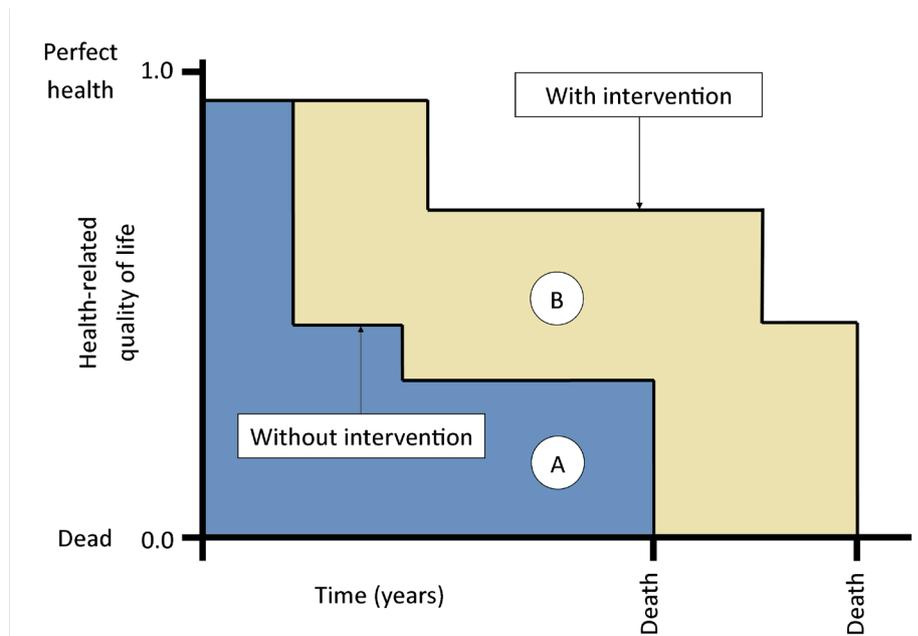
vidual aspects of care but know very little about the quality of care experienced at the level of the patient.

Marc describes how the separation of healthcare into various departments and specializations, and an eagerness within each unit to demonstrate its own value results in fractured health outcomes measurement that fails to reflect the journey of the patient through the care cycle. Within healthcare management, the metaphor of silos is commonly used to illustrate the division of healthcare activities into distinct jurisdictions and to consider the effect of these divisions on care.

Because quality of care is a product of the interaction between the activities of these silos, and often occurs at the intersections or where providers collaborate, health outcomes measurement must work to transcend 'silo-ization'.

In order to understand value experienced by patients, Marc suggests a shift in focus away from silos and towards care functions. He points out that from the patient's perspective there are a limited number of care functions that a health system delivers and that the outcomes associated with each of these functions are distinctive.

For example, for the function 'chronic care', patients are more interested in whether a provider successfully prevents deterioration than their waiting time when they come for a visit. For the function 'prenatal and maternity care', a healthy baby and healthy mother is a better measure of value for patients than a gauge of ward hy-



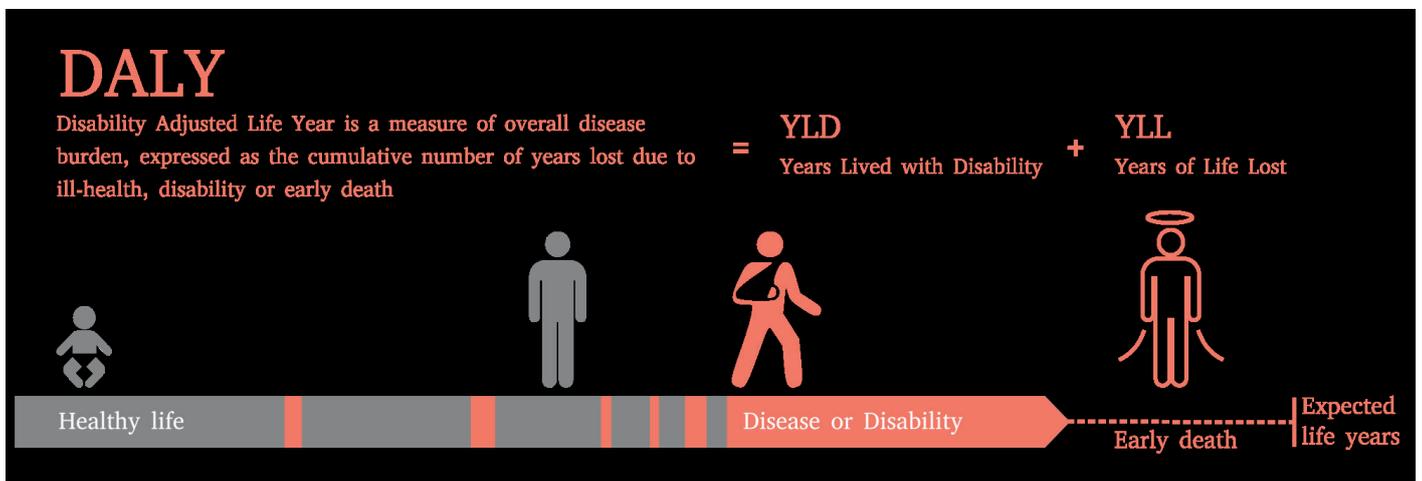
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giene or whether a physician attended the delivery.

Performance within silos may very well contribute to quality of care but is in no way an obvious determinant of whether a patient experiences value. The argument is for outcomes that reflect the ultimate objectives of a function that may span silos rather than an outcome that tells us how a silo is performing. This argument highlights the point that asking the right question is key to meaningful outcome measures.

A shift in thinking towards outcomes that span the cycle of care draws focus to the question of which data sources are key and where money and the time of healthcare professionals is being underinvested. Marc points out that you often don't need very much data to construct measures that both matter to patients and that feel relevant to the work of the healthcare professionals that will be capturing this data and using these measures to improve care.

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