

# VBHC.. Where do we go?

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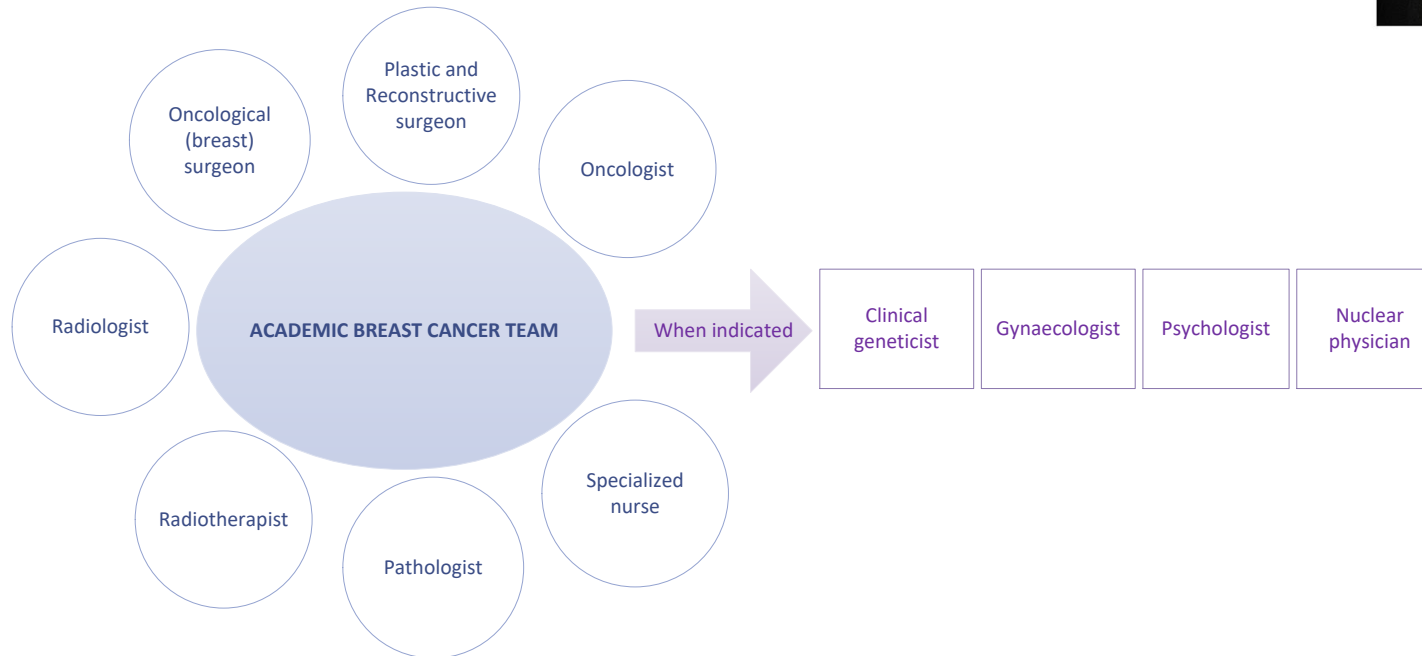


# Our 'outcome journey' since 2014



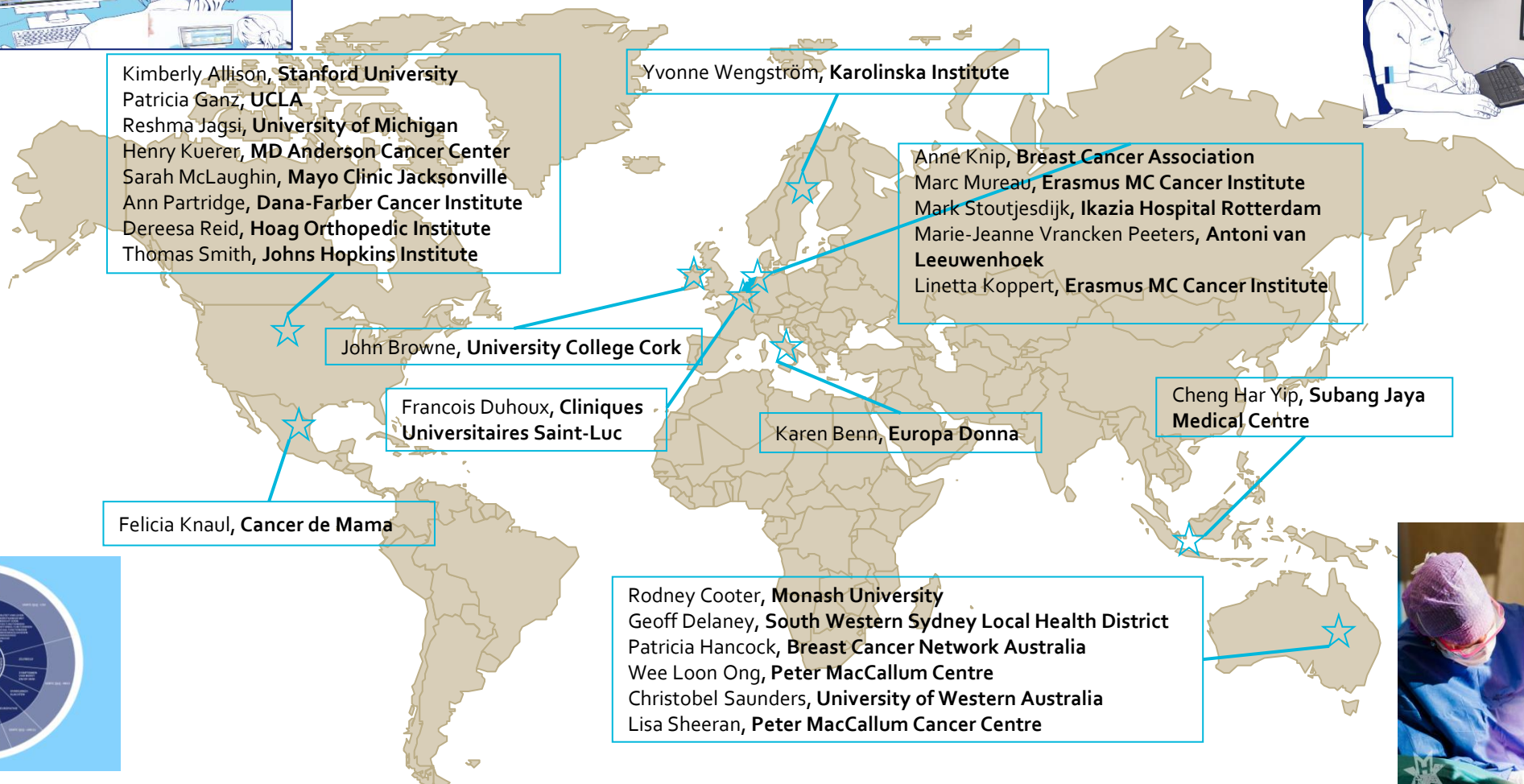
Search for outcomes that matter most to our patients:

- According to health care professionals



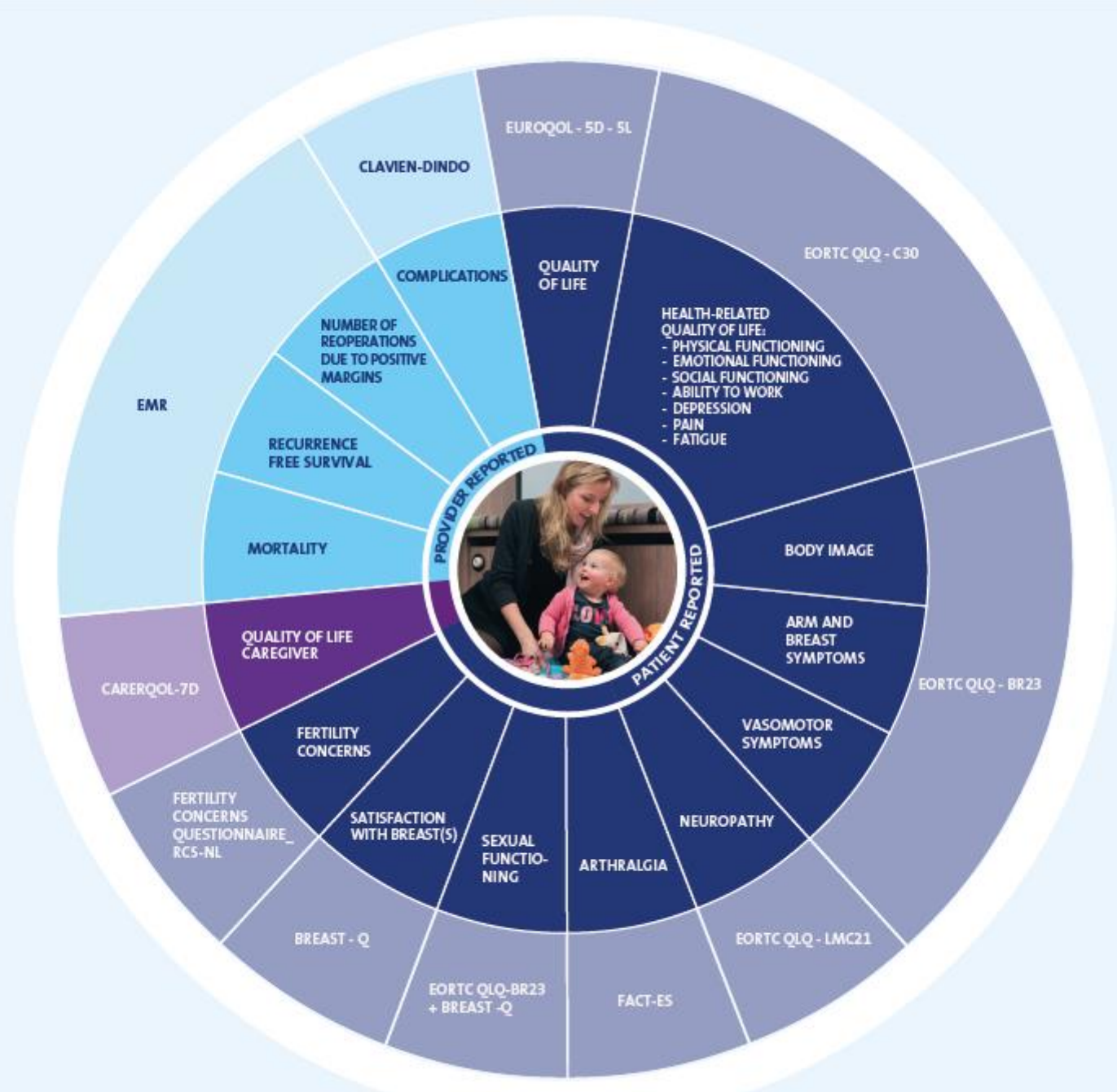
- According to (our mostly young breast cancer)  $\implies$  patient surveys
- Expert panel: what are validated questionnaires that capture the outcomes?

# A wonderful journey



**Published: JAMA Oncology 2017**

*External advisors: Barbara Levy (ACOG), Beth Daley Ullem (DePaul University), Catherine Calderwood (NHS), Paulien Brunings (Achmea)*



Overlapping the 'ICHOM breast cancer set' published by Ong, Koppert, Mureau, Schouwenburg et al. JAMA Oncol. 2017;3(5):677-85.



MDO Behandelplan

24-03-2016

Zorgprofessionals

Aanmelden mantelzorger/directe naaste

Neo-adjuvante chemotherapie

Initiële Patiënt Condities (Borstkanker)

Preoperatief

24-03-2016

Patiënten

EQ-5D-5L Nederlandse versie

EORTC QLQ C30

EORTC QLQ BR23

Breast-Q

Definitieve behandelkeuze

01-04-2016

Zorgprofessionals

Definitieve behandelkeuze

T6

07-10-2016

Patiënten

EQ-5D-5L Nederlandse versie

EORTC QLQ C30

EORTC QLQ BR23

De Lastmeter

Breast-Q Module Borstsparende Therapie (Postoperatief)

07-09-2016

Directe naaste

T12

07-03-2017

Zorgprofessionals

Provider Reported Outcomes

07-04-2017

Patiënten

5

07-03-2017

Directe naaste

1

T24

07-03-2018

Zorgprofessionals

Provider Reported Outcomes

Patiënten

EQ-5D-5L Nederlandse versie

07-04-2018

Patiënten

EORTC QLQ C30

07-03-2018

Patiënten

EORTC QLQ BR23

Breast-Q Module Borstsparende Therapie (Postoperatief)



# Dashboard

Uitkomsten per domein:

Selecteer een meetmoment:

1 jaar

Filter:



Alle



Alleen negatief

Geselecteerd traject:

Academisch Borstkankercentrum. start: 2019-12-16

!	Domeln	Vergelijking	Verloop	!	-/+	+
1	EORTC QLQ BR23 > Arm symptomen	=	LM		■ ■ ■	
2	EORTC QLQ BR23 > Lichaambeeld	^	LM		■ ■ ■ ■	
3	EORTC QLQ BR23 > Borst symptomen	^	LM		■ ■ ■ ■	
4	EORTC QLQ BR23 > Toekomst perspectief	v	LM		■	
5	EORTC QLQ BR23 > Seksuele beleving	=	LM			
6	EORTC QLQ BR23 > Seksueel functioneren	^	LM	■ ■		
7	EORTC QLQ BR23 > Syst. ther. Bijwerkingen	=	LM		■ ■	
8	EORTC QLQ BR23 > Haar uitval	=	LM			
9	BQM Borstsparende Therapie > Fysieke welzijn	v	LM		■ ■ ■ ■	■ ■ ■ ■

Answers to each question

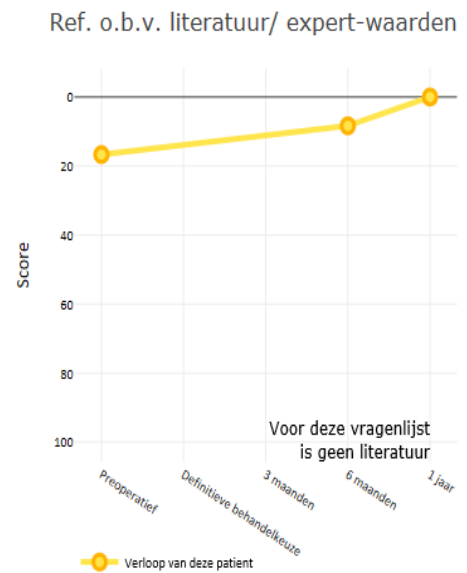
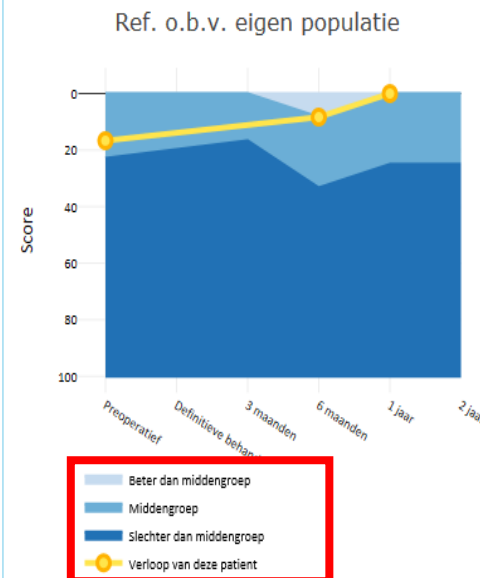
## EORTC QLQ BR23 > Borst symptomen

Vragen	X6.maanden	X1.Jaar
Heeft u pijn gehad in het gebied van uw aangedane borst?	Helemaal niet	Helemaal niet
Was het gebied van uw aangedane borst gezwollen?	Helemaal niet	Helemaal niet
Was het gebied van uw aangedane borst overgevoelig?	Een beetje	Helemaal niet
Heeft u huidproblemen gehad in het gebied van uw aangedane borst (bijv jeukerig, droog of schilferachtig)?	Helemaal niet	Helemaal niet

Overview questionnaire and domain

## > Borst symptomen Score

## Reference scores



Here all challenges come together .. 'standardisation, interoperability and digitalisation'. No clear answers yet, but let me draw a beautiful example inspiring me. In 2020 I got involved with an international collaboration which needs some introduction



*“Sustainable health care systems should be focused on outcomes instead of reimbursing for the services provided ....”*

(..could have been an ICHOM statement..)

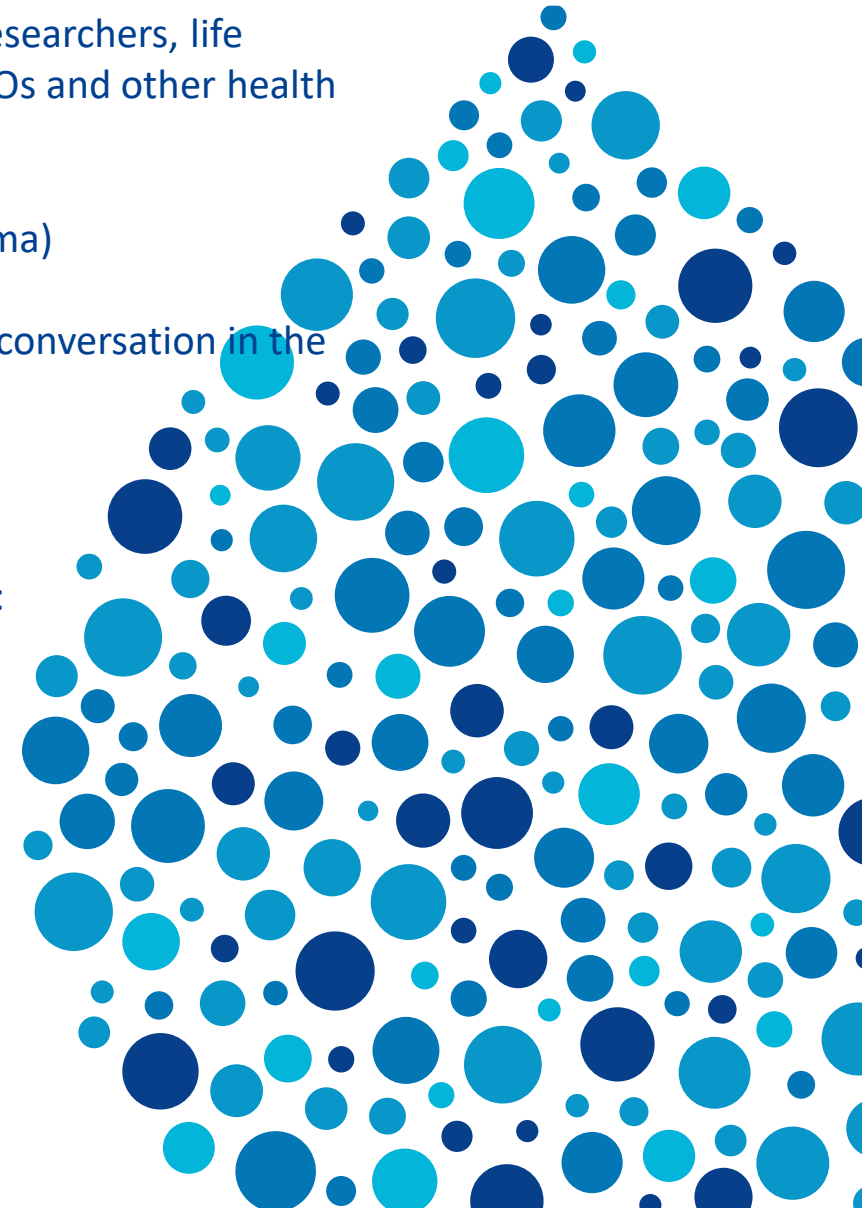


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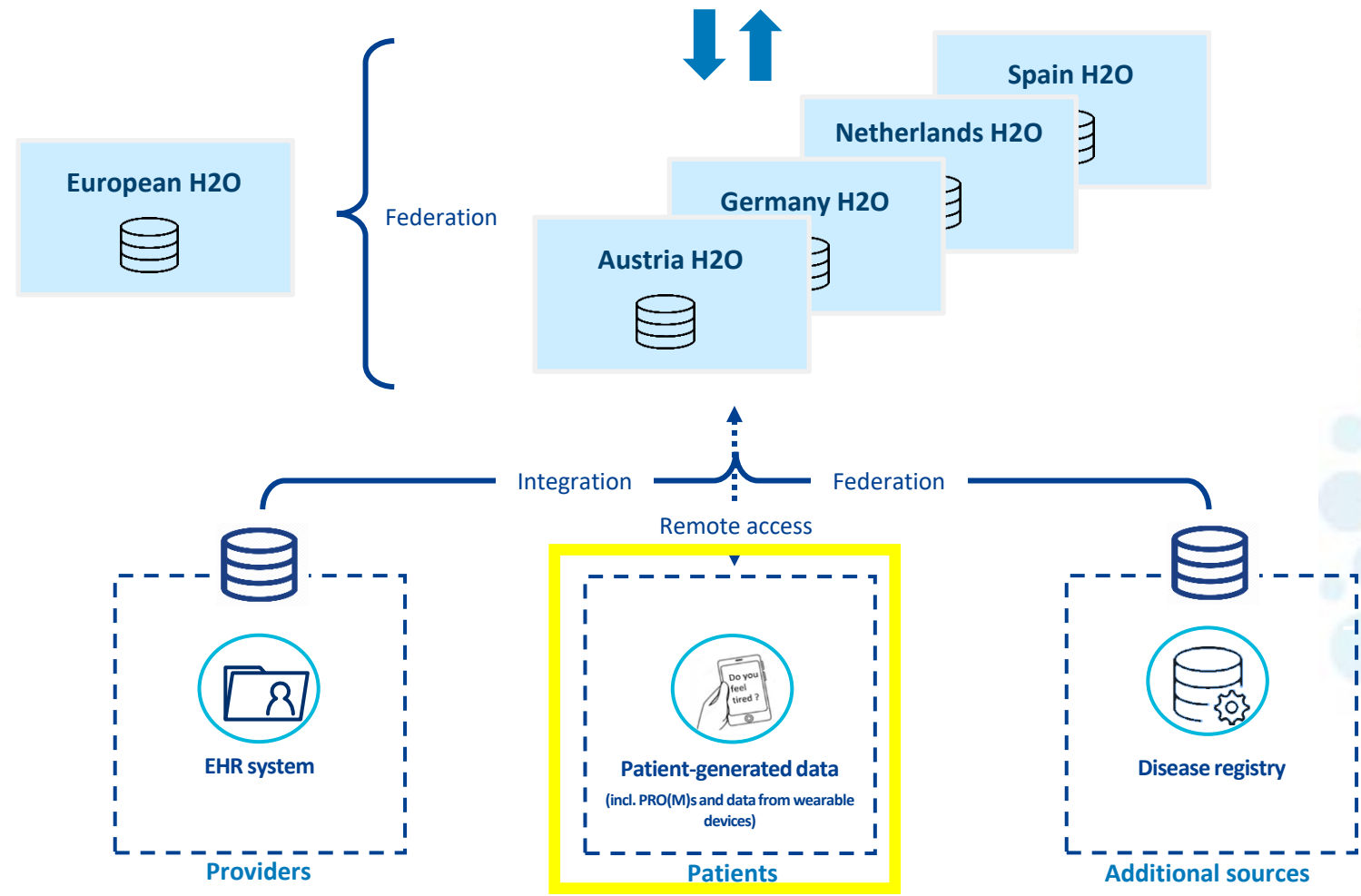
# Why

- H2O is a new public-private consortium bringing together patients, clinicians, academic researchers, life science and industry to generate a multinational ecosystem to collect and incorporate PROs and other health outcomes into healthcare decision making
- DM, IBD and cancer (**metastasized breast**, lung, multiple myeloma, Non-hodgkin lymphoma)
- Patient empowerment to measure outcomes in standardized manner, being transparent, conversation in the consultation room; deliver better healthcare
- Within EUHA; funded by Innovative Medicines Initiative (IMI)
- Scalability; Anonymized and aggregated data form a natural source; Non-for-profit model: data broadly available, in a legal and ethical way
- *Implementation*; digital technology; patient dashboard; autonomy on data flow; patient-centered VBHC model
- Federative architecture for data collection, 'OMOP Observational Medical Outcomes Partnership CDM common data model'





# H<sub>2</sub>O



- NOVARTIS
- abbvie
- Roche
- MEDICAL UNIVERSITY OF VIENNA
- teamit RESEARCH
- Takeda
- Medtronic
- EPF
- KAROLINSKA
- KING'S HEALTH PARTNERS
- Lilly
- KNL
- KU LEUVEN
- Pfizer
- HD The European Institute for Innovation through Health Data
- UniSR
- The Hyve
- CHARITÉ
- SANOFI
- Vall d'Hebron
- Erasmus MC

## The Value of PRO data

**Table 2. Legitimate Interest and Stakeholder Value of Patient-Reported Outcomes (PRO) Data**

PRO Utility	Patient	Clinical Provider	Academic Researcher	Health System	Payer	Research Funding Agency	Regulatory Agency
Shared decision-making	X	X					
Evaluating provider performance	X	X		X	X	X	X
Determining treatment effectiveness	X	X	X	X	X	X	X
Evaluation of novel treatments	X	X	X	X	X	X	X
System-level cost & quality improvement		X	X	X	X	X	X

Source: The authors, adapted from: Squitieri L, Bozic KJ, Pusic AL. The role of patient-reported outcome measures in value-based payment reform. *Value Health* 2017;20:834-836. [https://www.valueinhealthjournal.com/article/S1098-3015\(17\)30114-6/fulltext?\\_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1098301517301146%3Fshowall%3Dtrue](https://www.valueinhealthjournal.com/article/S1098-3015(17)30114-6/fulltext?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1098301517301146%3Fshowall%3Dtrue). 10.1016/j.jval.2017.02.003.

Shared decision making  
The right conversation  
'Patients like me'  
Proper use  
Culture change  
Learn and become better

....

Overlapping aims; let's further collaborate here!

- **We came from:** RCTs, meta-analyses (2016: 3700 publications/ day..... ). So much knowledge to process
- **And are now in** Real World Evidence, **Big Data**.. Even enlarging the gap between gain of knowledge and apply that knowledge
- **Big Data potential:** Shared Decision Making, decision support, personalized medicine
- **Ideally the** patient gives consent: Big Data now should generate hypotheses for RCTs

:

- Bring Evidence Based Medicine forward: data, conclusions out of data; the international benchmarks!
- Keep helping health care providers to create and use standard outcome sets
- Help to create data infrastructure / ecosystem out of EMRs and patients, disease registries, GP data, pharma data..
- And bring outcomes *into the consultation room*: Shared Decision Making, decision support, personalized medicine
- Since outcomes should be *openly* discussed *in the shelter* of the consultation room





# Concrete

“Let doctors be doctors and nurses be nurses” .. We all want to deliver high quality care

Bring the data into consultation rooms (ICT, dashboarding, disease registries, ..)

