

Value-based healthcare in Catalonia

Challenges and opportunities to
contribute to the future



The Catalan Agency for Healthcare Quality and Assessment (AQuAS) is a non-profit public agency of the Catalan Department of Health that works in the service of public policy. AQuAS's mission is to generate relevant knowledge through the evaluation and analysis of data for decision-making that contributes to the improvement of citizens' health and the sustainability of the Catalan healthcare system. AQuAS is a founding member of the International Network of Agencies for Health Technology Assessment (INAHTA) and the International School on Research Impact Assessment (ISRIA), a corporate member of Health Technology Assessment International (HTAi), a four-star reference site member of the European Commission's European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), a member of the Consortium for Biomedical Research in Epidemiology & Public Health (CIBERESP) and the Research Group on the Evaluation of Health Services and Outcomes (RAR), and is recognised by the Government of Catalonia and the Health Services and Chronic Diseases Research Network (REDISSEC).

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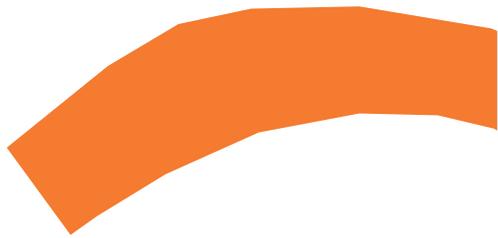
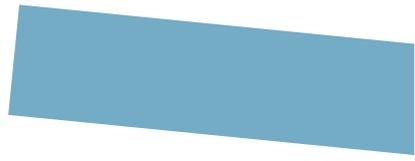
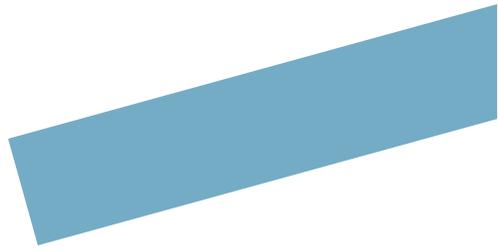
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TABLE OF CONTENTS

Introduction

6

What do we mean by value?

9

Who benefits from value-based healthcare and how?

11

What proposals should be implemented in Catalonia to increase the value of healthcare?

14

AQuAS's proposal for a definition and model of value-based healthcare

17

Some value-based initiatives in Catalonia and their alignment with Europe

21

Final thoughts

26

APPENDIX 1 methodological considerations

27

Bibliography

28



INTRO- DUCTION

Exploring different perspectives on the concept of value and learning about experiences in Catalonia is crucial for future decision-making

The ageing of the population in Europe is a challenge for the healthcare systems of all EU countries and puts their sustainability at risk. The increase in complex, fragile and cognitively impaired chronic patients is increasing the demand for long-term healthcare services. Added to this demand is citizens' expectation of better levels of health, as well as the requirements for greater involvement in decision-making regarding their health, greater access to health innovations and the demand for healthcare services oriented towards person-centred care (1,2).

In general, healthcare systems continue to provide fragmented care despite these challenges, mainly oriented to the individual management of diseases and acute conditions. Until now, medicine has been mainly based on the evaluation of the safety, efficacy, effectiveness and cost-effectiveness of medical practice, and only recently is the importance of the overall outcome of the care process for individuals and patients being recognised (3,4).

Although there is a growing interest in promoting strategies that encourage better use of resources, the gap between the need and demand for healthcare services and the current investment of resources is increasingly wide, putting at risk the sustainability and access to universal health coverage. Problems related to unexplained variations in healthcare practices and intervention outcomes, under-use of effective interventions, inequalities by disease or over-utilisation of healthcare services continue to persist, which can harm patients and waste resources that could be redistributed to effective practices (5).

In this context, value-based healthcare (VBHC) is growing as a new paradigm in the provision of health services, promoting patient-centred care and the optimisation of care processes, in which the measurement of results and the experience of patients are fundamental. However, there is still no single definition of what VBHC is. The definition of value may be subjective and what is considered valuable may differ among patients, clinicians, healthcare providers, politicians, decision makers and the industry (6).

From an economic perspective, the concept of value has a long history that can be traced to Aristotle and has evolved in more contemporary times with philosophies like the Marxist school of thought, for example. Early on, and from a healthcare perspective, Michael Porter defined 'value' as the health outcomes achieved that matter to patients relative to the cost of achieving those outcomes (7). Subsequently, the United Kingdom and Italy adopted an approach that included three different value categories, called the Triple Value Model (6,8). This model is based on personal value, technical value and allocative value (6). Recently, the Expert Panel on Effective Ways of Investing in Health (EXPH) has added a fourth cornerstone to this model: social value (3). These values are described as follows:

- 
- > Personal value: appropriate care to achieve the patient's goals. This requires a process of collaborative decision-making with the patient about risks and benefits, including the option of doing nothing.
 - > Technical or resource use value: achieving the best possible outcomes with the resources available. This includes the need to identify and minimise inequity/inequality.
 - > Allocative value: equitable distribution of resources among different patient subgroups of the population. Inequalities may occur when there are imbalances in the allocation of resources.
 - > Social value: the contribution of healthcare to social participation and connectivity, based on solidarity, respect and recognition of diversity.

This new paradigm of value-based care is gaining strength in Catalonia, where several initiatives are being developed to enrich the healthcare system. These initiatives focus on the patient, processes, and payment systems based on outcomes and value-based public procurement. Value-based healthcare is also making a strong international impact, particularly at a European level, with programmes such as EU-H2020 (9), EITHealth (10), the EUREGHA network of European Regional and Local Health Authorities (11) and European bodies such as the European Commission's Expert Panel on Value-based Healthcare (5). Thus, for example, value is applied by the Italian Medicines Agency (AIFA) as the marginal utility that the patient, the national healthcare system and/or society can obtain from its acquisition (12).

The Catalan Agency for Healthcare Quality and Assessment (AQuAS), as representative of the Department of Health to EUREGHA, sees the opportunity to position the Catalan system and its stakeholders as leader in value-based initiatives. To that end, it held a workshop in June 2019 with leaders and collaborators of value-based initiatives that are being developed in Catalonia, together with patients and representatives from CatSalut and the Department of Health.

The workshop was structured into two sessions: the first presented the VBHC projects that are being implemented, and the second discussed three aspects: the definition of value-based healthcare, the contribution of VBHC to the accessibility and sustainability of the health system, and the identification of initiatives to implement to increase the value of healthcare.

This document is an initial approach that presents the results of the discussions generated during the workshop and the reflections that were subsequently developed thanks to the knowledge shared with the participants and AQuAS's experience. Likewise, several value-based healthcare initiatives in Catalonia and their alignment with Europe were presented.

WHAT DO WE MEAN BY VALUE?

There is no shared understanding, since this concept varies according to different fields and experiences, despite being in line with international initiatives

The reflections provided by the participants incorporated references relating to six cornerstones: patients, quality care, objective results, costs, continuous evidence-based evaluation and environmental values.

1. **Centring care on patients and their needs.** Value-based healthcare is based on the needs of the patient, both in terms of the disease and the individual, taking into account that care involves other cornerstones, include treatment evidence and the patient's needs and expectations.
2. **Important patient outcomes and experiences** [*Patient Reported Outcome Measures (PROM)*] and quality of life [*Patient Reported Experience Measures (PREM)*] and safety. It is care based on those outcomes that are important to the patient, whether clinical outcomes, self-reported patient outcomes such as quality of life or self-care, management of the clinical condition or number of admissions. It is about ensuring the best outcomes and improving the quality of life for patients, taking into account society at large (for all citizens). Therefore, care is targeted at the patient, the family and society, and should serve to solve their health problems by incorporating safety, expectations and quality of life.
3. **Evidence-based care with objective data.** It is care focused on data and objective information that demonstrates the contribution of an added value and which makes it possible to make decisions and implement actions that reinforce this value. The results are based on the efficacy, effectiveness, efficiency and other impacts of technological and quality assessment.
4. **Efficiency-cost-innovation.** It is the relationship between health outcomes (with a broad view) and the cost of obtaining them: "results/costs". That is, the relationship between the effects obtained and the effort and expenditure of resources involved.
5. **Quality healthcare.** Quality care on a technical, clinical and human scale.
6. **Environmental values (justice, equity, solidarity and sustainability).** They are based on establishing efforts and prioritising objective-based efforts that reflect the priorities of society and citizens in a fair, equitable and sustainable way according to environmental values.



All these cornerstones are reinforced by **ongoing monitoring**, which makes it possible to anticipate their value.

The proposed definition of VBHC that emerges from the input of the workshop participants is as follows: VBHC refers to healthcare that is focused on the patient, his or her needs and the outcomes that are important to him or her (quality of life, health status related to diseases or treatments), as well as the outcomes that are related to experience and care. In other words, quality care on a technical, clinical and human scale, which guarantees the best clinical results, and in which decision-making is based on efficacy, effectiveness, efficiency and objective data and information that has demonstrated added value and allows shared decision-making. To make value-based healthcare effective and operational, measures are needed that are incorporated into organised IT systems and ICT use. Likewise, VBHC is based on the implementation of actions and the prioritisation of actions based on objectives, as well as on evidence and ongoing monitoring. The objectives must reflect the priorities of society and citizens in a fair, equitable and sustainable way according to local values.

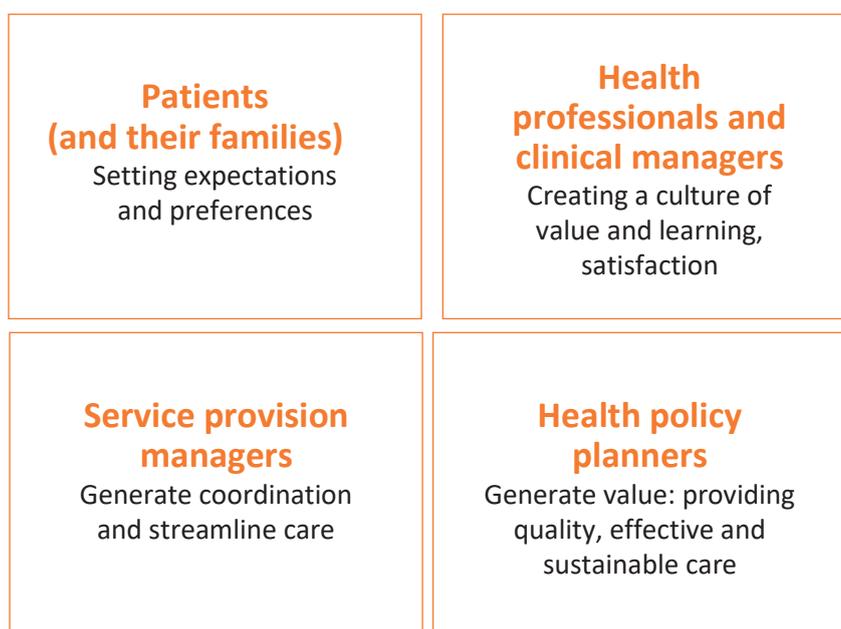
This definition, midway between that of Michel Porter's and that of the EXPH, incorporates a broader perspective than the first, given that it includes the social values of justice, equity, accessibility and the principles of the Healthcare Plan 2016-2020 (Healthcare Plan), shared by the majority of European health systems. Moreover, this definition is more specific and operational than the definition drawn up by the EXPH panel of experts, which has rightly been considered too conceptual and difficult to apply in practice (13).

A final aspect discussed with respect to the definition of "value" is that this concept of value can be defined from different perspectives. Therefore, there is a need to discuss and reach a consensus on the definition of value, not only for the Catalan health system as a whole, but also for each of its major stakeholders (including patients, family members, citizens, healthcare professionals, managers, administrators, planners, evaluators, economists, etc.). This consensus will favour the transformation of the system and will be the launching point for the development of strategies and initiatives aligned with the objectives of a value-based healthcare system, while facilitating the creation of information for making value-based decisions.

WHO BENEFITS FROM VALUE-BASED HEALTHCARE AND HOW?

The beneficiaries of value-based healthcare are patients (and their families), health professionals and clinical managers, service provider managers and health policy planners

The main benefit of healthcare is to transform the health system to make it more effective, accessible and sustainable. The benefits generated are different, however, depending on the different points of view:



Patients (and their families) and society

Patients (and their families) want to be treated differently according to their preferences. Incorporating the patient into the management of their care and aligning care with patients' expectations of outcomes will make healthcare more effective and sustainable, empowering patients in relation to their clinical situation, and increase effectiveness. This will help prioritise and achieve important outcomes for patients. The active participation of patients will allow for the identification of needs and participation in the co-production of clinical services, shared decision-making and the co-creation of research agendas. Involving the patient in decision-making also helps to adapt and adjust care to each individual and empowers the patient in self-care.



Health professionals and clinical managers

The involvement of professionals will make it possible to create a culture of value that includes all the stakeholders involved in healthcare and that transmits ethical, technical, social, participatory and sustainable concepts of value. This culture of value must allow for a mutual understanding between the professional, the patient and the environment. It can also influence the change in the relationship between the professional and the patient through personalised treatment. The involvement of professionals in value-based healthcare is focused on learning, offering value to the patient through evidence-based, clinically relevant information and the recruitment of professionals. Moreover, healthcare quality will be determined by relevant outcomes for patients that professionals are able to measure and visualise. All this should lead to job satisfaction for professionals and their teams.

Organisation managers and service providers

Providers benefit from value-based healthcare by aligning their products and services with positive patient outcomes, at a reduced cost. For example: by influencing payment and purchasing models that promote/reward clinical practices that incorporate the patient experience and quality of care, helping to select practices that have demonstrated added value, or reducing ineffective practices in order to optimise resources. Value-based healthcare also makes it possible for managers and providers to increase efficiency by bundling payments that cover the entire care cycle or for chronic conditions covering long periods. Avoiding duplication and unreviewed procedures makes the system sustainable, preventing fragmented care and improving coordination. In short, multidisciplinary work is crucial when it comes to connecting different levels of care and to carry out joint, collaborative projects.

Health policy planners

There is a universal objective in healthcare that drives all decision-making: to provide quality, effective and sustainable care. Value-based planning must set relevant objectives that guarantee the evolution of the system in terms of generating value. This planning includes strategic planning based on the needs of individuals and the public, as well as planning of investments, disinvestments and purchases based on the multi-criteria system (evidence, needs, experience and quality) for decision-making. It is essential to measure, evaluate, prioritise and thereby encourage innovation and comparison, in order to identify those practices that can be scalable. The evaluation of valuable results must be sustained throughout the entire process of care and understanding how it can affect all levels is central to strategic decision-making.

To achieve all these benefits, it is crucial to implement changes at all levels (micro, meso and macro), i.e. value-based healthcare involves improving patient outcomes through participation, recognition of professionals and sustainability of the system to be more equitable. It is a way to change the mentality of professionals and organisations; it involves a cultural shift for all the stakeholders involved, decreasing asymmetry and increasing co-production, i.e. favouring a shared vision.

WHAT PROPOSALS SHOULD BE IMPLEMENTED IN CATALONIA TO INCREASE THE VALUE OF HEALTHCARE?

The proposals to be implemented in Catalonia are framed at the micro, meso and macro level

The following are different proposals that can be carried out to increase the value of healthcare; they are the result of the different visions provided during the workshop and serve as a starting point for the next steps to be considered for Catalonia's healthcare system. Any of these proposals will necessarily imply their development, as well as coordination, cooperation and strong change management.

The first proposal is related to the concept of "value", and it is the one that is considered most relevant and central, since value-based healthcare cannot be a reality until there is a shared understanding of "value" in Catalonia.

The proposals have been grouped at the macro, or systemic level; meso, or organisational level; and micro, or individual level (professionals and patients).

Level	Size	Proposals
	Definition of value-based healthcare	> Consensus on the terms value and value-based care, and the operational framework for the Catalan national health system.
MACRO	Value-based strategic and operational planning	<ul style="list-style-type: none"> > Significant goals must be set that guarantee the evolution of the system in the sense of generating value. > Planning should be based on results-based value criteria. > It involves a consensual positioning of the system (prioritisation criteria and strategic vision).
	Value-based payment	<ul style="list-style-type: none"> > Payment based on results and not on the procedure (Value-Based Competition on Results). > New positive competition needs to be supported that emphasises what value represents to patients (and their relatives), and that is focused on the entire care cycle. > Time and space to allocate sufficient resources.
	Continuous evaluation	<ul style="list-style-type: none"> > Continuous evaluation of what is being accomplished makes it possible to align products and services with the positive evaluation results. > Alignment and organisation of the different initiatives. > Analyse the system's equity in order to guarantee equality (both in healthcare provision and results).
	Identifying good practices' in value	> Identify good practices in value and those that are not in order to generate scalable evidence and eliminate those that do not add value.
	Future prediction	> Prediction of the future (what we have to do and where we want to go).
	Value-based management	> Implementing effective management tools and adapting to new technologies should help achieve the goals of value-based management.
CAPTION	Communication	<ul style="list-style-type: none"> > Promote communication between stakeholders. > Multidisciplinary, incorporating all the professionals involved in the process, from different levels of care. > Cross-cutting and collaborative. > Sharing and replicating successful experiences.
	Training	> Training in value-based medicine, PROM, PREM, evidence-based medicine and shared decisions.
	Professional (outcome measures)	<ul style="list-style-type: none"> > Have clinical outcome measures that are relevant to patients and that professionals can reliably visualise and measure. > It is imperative to identify appropriate outcome measures. > Include PROMs (Patient Reported Outcome Measures) and PREMs (Patient Reported Experience) as measures of health outcomes. > The standardisation of outcome measures at the regional scale would be a macro-level proposal.
MICRO	Patient	<ul style="list-style-type: none"> > Redefine patient-centred care. We need to move from a 'disease-centred' approach to a 'person-centred' approach, based on needs, goals, priorities and preferences. > The patient needs to be involved in decision-making (shared decision-making). > Empower patients.



To increase the value of healthcare in the Catalan healthcare system, initiatives that require promotion at the macro level, which refer to healthcare policies and organisation, are the standouts in terms of the number of proposals submitted. A shared positioning of the value-based healthcare system is thus required, defining the criteria for prioritisation and strategic vision. Both strategic and operational planning at a macro scale must be done according to value criteria based on actual data and results available in the healthcare system and incorporating forecasting when planning the steps the system needs to take. Therefore, incorporating reliable PROM clinical outcome measures and reliable PREM patient experience and their indicators is a key element both in planning and benchmarking and in transforming the current payment system, based on service volume, to a system based on patient-relevant outcomes. At this macro level, it is also necessary to incorporate the identification of both good and non-value-adding practices, continuously evaluate what is being accomplished throughout the care process and promoting the alignment of the different initiatives. All these initiatives must be based mainly on the analysis and guarantee of the equity of the system, both in the provision of services and in their results.

Currently, the priority initiatives that health organisations must develop before providing value-based healthcare must focus on communication and training of health professionals to promote awareness and cultural change among all system stakeholders. Favouring communication between healthcare stakeholders, the creation of collaborative networks for professionals, cross-cutting practices, the multidisciplinary nature of professional teams, and knowledge of successful experiences by promoting their scalability and transfer, were the most relevant efforts proposed in the debate. On the other hand, in terms of training, the proposals which focused mainly on promoting value-based medicine, taking evidence-based medicine as a reference, stand out. Therefore, this training will focus mainly on clinical outcome measures, but also on those informed by patients about their health, such as PROMs, or about their experience with health services, such as PREMs. There is also a need for mutually shared definitions to create PREMs. It should be noted that these outcome measures are fundamental when measuring value from the patient's perspective. Next, the urgent need for training of health professionals in the area of shared decisions was emphasised.

Patient-centred care is one of the key elements in the definition of value-based care. To develop this type of care, patient education and training to promote patient empowerment, together with appropriate health literacy strategies, have been featured as important elements to be considered. Similarly, patient participation is important for sharing decision-making about their health with the health professional, as well as for tailoring interventions to their expectations. The need to promote the co-production of healthcare processes and services (at all stages) with patients and professionals was also a priority.

AQuAS's PROPOSAL FOR A DEFINITION AND MODEL OF VALUE-BASED HEALTHCARE

Although there is no single definition of VBHC on a global scale, one of the proposals from the workshop participants was that it is relevant to have mutually shared understanding of value at a Catalan scale. Likewise, one of the recommendations of the UK's National Health Service is to adopt a shared understanding of what value-based health care is. Thus, they propose that VBHC be defined as the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every individual (14).

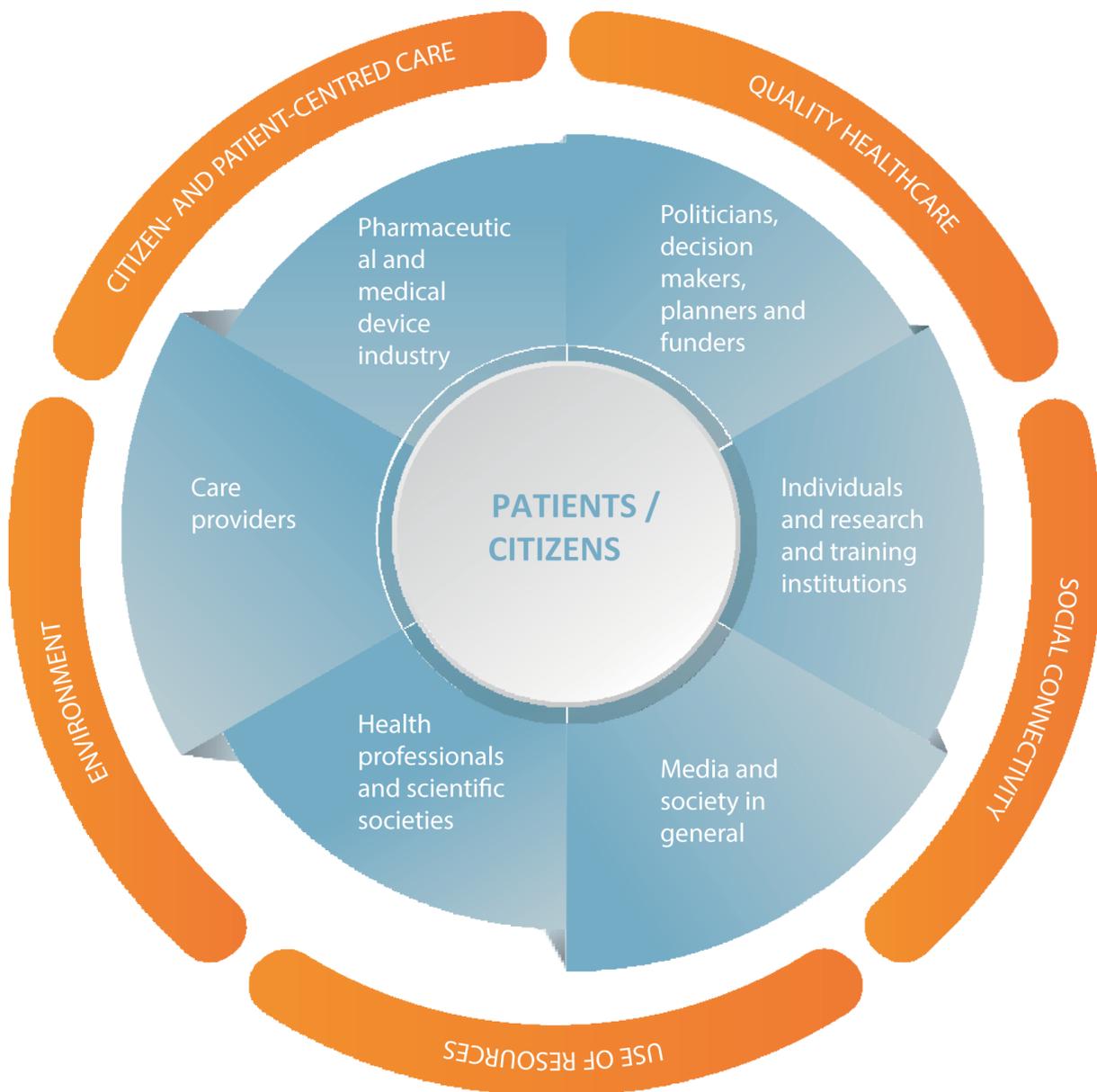
To address this need, AQuAS has agreed on the terminology of value, taking into account the scientific evidence available and the contributions of several initiatives that are being implemented in our region. We are transforming and innovating when more value is generated. One of the tools for generating value is innovation, and this generation of value is an element of transformation. There are elements that are important and must be taken into consideration, such as the criterion of the definition's relevance over time (which may change) and the existence and development of an ecosystem that allows for adequate collaboration among stakeholders and an increase in the sophistication of demand. Likewise, the alignment of different stakeholders, such as companies, health providers, payers, etc., is fundamental.

Therefore, we propose to define value-based healthcare as a concept built on the following factors:

- > **Citizen- and patient-centred care:** Care focused on people, their needs and the outcomes and experiences that are relevant to the patient.
- > **Quality healthcare:** quality healthcare on a technical, clinical and human scale that guarantees the best clinical results, based on efficacy, effectiveness, efficiency and objective data and information that has demonstrated added value and allows for decision-making.
- > **Use of resources:** healthcare that achieves the best possible outcomes with the resources available.
- > **Environment:** health care is based on the establishment of efforts and prioritisation of efforts based on objectives, evidence and continuous evaluation. The objectives must reflect the priorities of society and citizens in a fair, equitable and sustainable manner in accordance with environmental values.
- > **Social connectivity:** contribution of healthcare to social participation and connectivity, based on solidarity, respect and recognition of diversity.

The following is the Value-Based Care Model, which includes the components of the definition proposed by AQuAS and the beneficiaries with and on whom value-based healthcare is focused.

Proposed value-based healthcare model





SOME VALUE-BASED INITIATIVES IN CATALONIA AND THEIR ALIGNMENT WITH EUROPE

There are initiatives in which patients are key stakeholders and healthcare policy processes and strategies are based on value for both patients and professionals

The following is a gallery of cases with different initiatives that are an example of diversity, leadership and interest from different healthcare service providers in transforming the current provision of service into a new value-based model.

These projects bring together a wide range of experiences, from initiatives in which patients are key stakeholders, value-based processes for both patients and health professionals, to value-based health policy strategies. Specifically, they describe aspects that can generate value for the healthcare system by focusing on people, processes and health policies (payment systems according to results and public procurement according to value).

Some of these initiatives have been in place for more than five years, such as the person-centred prescription at the Hospital de la Santa Creu in Vic and the CatSalut pharmacotherapeutic harmonisation programme, based on month-to-month payment schemes for results through risk-sharing agreements, to manage access in situations of medical need and uncertainty. The patient is at the centre of these initiatives, either by improving safety and efficiency, by reducing the number of unnecessary drugs prescribed and the adverse effects of poly medication on complex and fragile patients, or by accurate monitoring of clinical data to measure treatment effectiveness. The active involvement of the patient is part of more recent initiatives, such as the evaluation of the process of giving blood for diabetes control tests in children and adolescents, through the Design Thinking processes at the Sant Joan de Déu Hospital. It is also worth mentioning the evaluation of the patient's experience for the co-creation of clinical services at the Hospital Clínic.

On the other hand, also worth mention is the Hospital Vall d'Hebron initiative focused on the experience of reorganising clinical process with the organisation's commitment and professional leadership, thus reducing the practices of little value, while incorporating the measurement and monitoring of self-reported results for patients in different clinical conditions, adding the use of these new data to standard clinical practice. Finally, at AQuAS, the experience in international projects proves how innovation can be a stimulus for value-based public procurement. In short, all these initiatives are characterised by their complexity and the participation of different stakeholders.

The value-based healthcare initiatives being developed in Catalonia, which were shared during the session, are in line with the approaches being taken in the rest of Europe. The initiatives focus on patients, processes, results-based payment systems and value-based public procurement. The EXPH focuses on an approach similar to the Catalan one, in which the value of the person is very relevant, as is the achievement of the best possible results with the available resources, resource allocation and social value.

The meaning of value-based healthcare from the patient's point of view: the moment of injection

Organisation

Hospital de Sant Joan de Déu. Barcelona

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What is this initiative about?

The aim is to improve the patient's (children and adolescents) experience when getting a blood test.

What is meant by value in this initiative?

Detecting and recognising the issues, barriers, fears, etc., themselves that the child has before a blood test tell us what to do to improve this experience.

What generates value and who are the beneficiaries?

The incorporation of the patients themselves in the improvement of the processes generates value: the beneficiaries are the patients and their families.

How is this initiative aligned with European definitions?

This initiative is aligned with the existing definitions as it takes into consideration patient-centred care (their situation, expectations, uncertainties, etc.), process optimisation (eliminating those aspects that do not add value), measuring the results obtained and improving the patient and professional experience.

Evaluation of patient experience for the co-creation of clinical services

The HCPB space for exchanging experiences

Organisation

Hospital Clínic. Barcelona

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What is this initiative about?

The EIE, Space for Exchanging Experiences, proposes a new effective and innovative work philosophy and a physical space at the Hospital Clínic in Barcelona. It promotes and supports a collaborative and open work environment that incorporates the perspectives of all the stakeholders that form part of the healthcare ecosystem. It places strong emphasis on the reincorporation of the voice of patients and their caregivers. The aim is to reflect, rethink and create solutions to improve the services of the healthcare model and increase its value from the patient's perspective.

What is meant by value in this initiative?

The definition of value should always be made in collaboration with the patient. Micheal Porter explains it very clearly: "Value is defined by the person who receives a service, not the person who provides it".

What generates value and who are the beneficiaries?

The recipients are the patient and their families.

How is this initiative aligned with European definitions?

The EU group report on value-based healthcare recognises the following as key components: patient-reported measures (experiences and outcomes), social participation and equity. One of the tasks of the EIE is to develop these indicators and implement them in the hospital.

Value chain practices

Organisation

Hospital Universitari de la Santa Creu. Vic

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What is this initiative about?

These are interrelated care practices with an additive effect when it comes to providing value.

What is meant by value in this initiative?

Healthcare practices that improve people's health outcomes.

What generates value and who are the beneficiaries?

The fact that patients can make decisions based on a therapeutic objective generates value. The targets are elderly patients with multiple diseases.

Implementation of Value-Based Healthcare at Vall d'Hebron Hospital

Organisation

Hospital Vall d'Hebron. Barcelona

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What is this initiative about?

Reorientation of the healthcare process and provision of health services focusing on those results that are important for the patient.

What is meant by value in this initiative?

Focusing on healthcare is understood as a value for the patients' health and quality of life, which are the values most important to them.

What generates value and who are the beneficiaries?

What generates value is that all the stakeholders in the system focus on achieving the recovery or preservation of patients' quality of life, favouring the personalisation of care, patient empowerment and encouraging shared decision-making. The project is intended to improve outcomes for patients and caregivers but has a direct impact on clinical teams and healthcare providers, as well as on the entire health system in the long term.

How is this initiative aligned with European definitions?

The experience presented is aligned with the four cornerstones of value in the most holistic sense, with an emphasis on proper care for reaching the patient's goals, and on achieving the best possible results with the available resources, respectively.

Monitoring report results

Organisation

Àrea del medicament (CatSalut). Barcelona

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What is this initiative about?

Analysis of health outcomes associated with the use of innovative outpatient hospital medicines, based on the data reported by professionals: <https://catsalut.gencat.cat/ca/proveidors-professionals/farmacia-medicaments/programa-harmonitzacio-farmacoterapeutica/informes-de-seguiment-de-resultats/>.

What is meant by value in this initiative?

Quantification of real-life results as a result of the therapeutic process when new medicines are used.

What generates value and who are the beneficiaries?

The objectification of the clinical response in relation to the treatment, and the comparison with the expectations derived from the clinical trials that supported marketing authorisation, means that the adequacy of the investment made in these resources can be established, reconsidering whether the criteria of use are the best ones, and the implementation of results-based payments.

How is this initiative aligned with European definitions?

It is aligned with the development of methodologies on measures of adequacy and variability, as well as with the encouragement of professionals to feel responsible for the increase in value in healthcare.

Innovation as a stimulant for value-based public procurement: the experience of international projects

Organisation

Catalan Agency for Healthcare Quality and Assessment (AQuAS) Barcelona

Contact

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What is this initiative about?

Hiring innovation makes the development and deployment of innovations that can meet unmet needs possible, thus improving current practice. If the incorporation of innovation does not add value, hiring innovation does not make any sense.

What is meant by value in this initiative?

Value is understood as the satisfaction of needs, currently unsatisfied, in order to achieve better results.

What generates value and who are the beneficiaries?

Value is generated thanks to innovative services and research and development, whose objective will be to improve current practices and to transform the healthcare services by meeting the identified needs. Likewise, value will be generated through the sharing of risks and benefits based on the meeting of identified needs and the expected improvement of outcomes between buyers (health care providers, insurers, etc.) and innovative service providers. On the other hand, the beneficiaries of the generated value are: patients and citizens, healthcare professionals, healthcare providers, insurers and health systems in their entirety, innovation and R&D service providers, and the industry as a whole.

How is this initiative aligned with European definitions?

Value-based public procurement is fully aligned with the definition of value proposed by the Commission's expert panel. On the other hand, value-based public procurement goes beyond this definition because it considers other perspectives (such as the innovation and R&D service provider and environmental sustainability industries) or can bring together perspectives in different ways and, for example, make a distinction between professionals and insurers, patients and caregivers, etc.



FINAL THOUGHTS

This report is an initial exploratory approach that requires further efforts. Therefore, based on experience, it proposes contributions primarily aimed at developing healthcare policies and a joint strategic vision for the entire Catalan healthcare system to promote and strengthen value-based healthcare and to encourage the transformation of the current healthcare system towards a comprehensive person-centred model to meet their biopsychosocial needs. In this sense, we underscore the need to agree on and define what value-based healthcare means, what value is and what it means to the stakeholders in the healthcare system, and how to align and organise the initiatives developed. The workshop held was the first workshop on value-based healthcare in Catalonia with the participation of predominately ground-breaking professionals involved in value-based projects and initiatives.

Thus, one of the Department of Health's priority efforts, with the collaboration of major stakeholders, is to provide a conceptual and operational framework on value-based healthcare. Therefore, introducing the concept of value and value-based healthcare in the next Health Plan, a leading framework for all public healthcare efforts developed by the Government of Catalonia, should be evaluated in order to contribute to the plan's main objective, which is to improve health-related quality of life and well-being for all while promoting the sustainability of the healthcare system.



ANNEX 1. METHODOLOGICAL CONSIDERATIONS

Workshop: Value-based healthcare in Catalonia

To respond to the objectives set out in the workshop, the group of health professionals who collaborate with or lead projects aligned with the value-based healthcare of different providers in the Catalan healthcare system were invited, along with patient representative from the AQuAS Board of Directors, the CatSalut Health Department and the Health Planning office. Although the number of spots was limited, the workshop was posted publicly on social media to promote the participation of other interested health professionals.

The aim of the workshop was to share some of the experiences of value-based healthcare in Catalonia at different levels of care and to explore what is meant by value-based healthcare in our context, as well as to evaluate the alignment of health system initiatives in Catalonia with European proposals (EITHealth, EUREGHA and EXPH).

The workshop was structured into **two sessions: the VBHC projects of the Catalan health system were presented in the first session, and in the second a discussion took place** between two working groups guided by two facilitators and two observers to answer the three questions posed by the organisers. The questions put to the participants were:

1. What do we mean by value?
2. How can value-based healthcare help transform the healthcare system to become more effective, accessible and sustainable?
3. What initiatives must be implemented in Catalonia to increase the value of healthcare?

At the end of the session, a spokesman for each task force shared the answers to each of the questions, and a space was opened for further discussion and commentary with the participation of all attendees. The session lasted three hours and was held on 25 June 2019 at the AQuAS headquarters.

BIBLIOGRAPHY

1. *Incorporating value in investment decisions in health across Europe*. Reflection paper written by Prof. Rifat Atun on behalf of the working group on “Creating Value in European Healthcare” (Prof. Rifat Atun, Dr. Christina Åkerman, Prof. Lieven Annemans & Mr. Hans Martens) [Internet]. [Accessed July 2019] Available at: www.medtecheurope.org/resource-library/incorporating-value-in-investment-decisions-in-health-across-europe/
 2. WHO, OECD, European Observatory on Health Systems and Policies. *Improving healthcare quality in Europe: Characteristics, effectiveness and implementation of different strategies (2019)*.
 3. NHS. Guidance. *Universal Personalised Care: Implementing the Comprehensive Model*. Published on 31 January 2019. <https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/>
 4. Barrubés, J, Honrubia, L, de Vicente, M, Nake, A, Sopeña, L, Vilardell, C, et al. *Value Based Healthcare*. From theory to action. Barcelona: Antares Consulting, 2019.
 5. *Opinion on defining “value-based healthcare*. Expert panel on effective ways of investing in health. Draft 13.05.2019. European Commission. DG Health and Food Safety. Brussels [accessed June 2019]. Available at: https://ec.europa.eu/health/expert_panel/
 6. *Defining value in “Value-based healthcare”*. Opinion by Expert Panel on effective ways of investing in health (EXPH). Factsheet accessed September 2019]. Available at: <https://op.europa.eu/en/publication-detail/-/publication/d7087e5e-ac2b-11e9-9d01-01aa75ed71a1>
-

-
7. Porter, ME. *What is value in health care?* N Engl J Med. 2010 Dec 23;363(26):2477-81.
 8. Gray M. *How to get better value healthcare*. Vol. 3rd edition. Oxford (United Kingdom): Oxford Press; 2017.
 9. European Commission. Horizon 2020. *Health, demographic change and well-being*. <https://ec.europa.eu/programmes/horizon2020/en/h2020-section/health-demographic-change-and-wellbeing>
 10. EIT Health programmes [Internet]. Munich (Germany): EIT Health. European Institute for Innovation & Technology (EIT). [accessed July 2019]. Available at: www.eithealth.eu/programmes
 11. European Regional and Local Health Authorities (EUREGHA) [Internet]. Belgium, Brussels [accessed July 2019]. Available at: www.euregha.net/news/towards-a-valued-based-healthcare-system-from-concept-to-implementation/
 12. Valutazioni economiche. Agenzia Italiana del Farmaco. [accessed December 2019]. Available at: <https://www.aifa.gov.it/valutazioni-economiche>
 13. Pla de Salut 2016-2020. *Un sistema centrat en la persona: públic, universal i just*. Barcelona: Departament de Salut. Generalitat de Catalunya; 2016. [accessed July 2019]. Available at: http://salutweb.gencat.cat/ca/el_departament/Pla_salut/pla-de-salut-2016-2020/
 14. Hurst, L, Mahtani, K, Pluddemann, A, Lewis, S, Harvey, K, Briggs, A, Boyle, A, Bajwa, R, Haire, K, Entwistle, A, Handa, A and Heneghan, C. *Defining Value-based Healthcare in the NHS: CEBM report*. <https://www.cebm.net/2019/04/defining-value-based-healthcare-in-the-nhs/>
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