



## ***Value Based Healthcare***

Jan A Hazelzet, MD PhD

CMIO and Professor Health Care Quality & Outcome

Dpt of Public Health



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@janhazelzet



## ***From: “What is the matter” to: “What matters to you”***

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# ERASMUS MC Sophia Children's Hospital

- Pediatric Intensivist
  - ≈ 1400 admissions/y
  - 28 + 6 beds
  - Age: 0-18 y
  - Staff:
    - 12 intensivists / 4 fellows
    - ≈ 120 fte. nurses
- CMIO (Chief Medical Information Officer)
  - Strategic planning of IT
  - Clinician's perspective
    - IT-Governance
    - Clinical Documentation
    - EMR / Big Data / Quality
    - Value Based Healthcare

**Liaison Medical  $\Leftrightarrow$  Informatics**







Erasmus  
Summer  
Programme  
Courses

## Value Based Healthcare, from theory to implementation [ESP76]

- Wifi: Hotspot
- Go to Kahoot.it

# Who are You

Building on a healthy Future







Course 18

*Visibly* **Better**

**Erasmus MC**  
University Medical Center Rotterdam





# These are our aims!

More information:

<http://koers18.online-magazine.nl>

## Ambition 1: Continually adding Value

Our guiding principle for research, education, and health care is creating added value for patients

Understanding the health, diseases, and wishes of patients

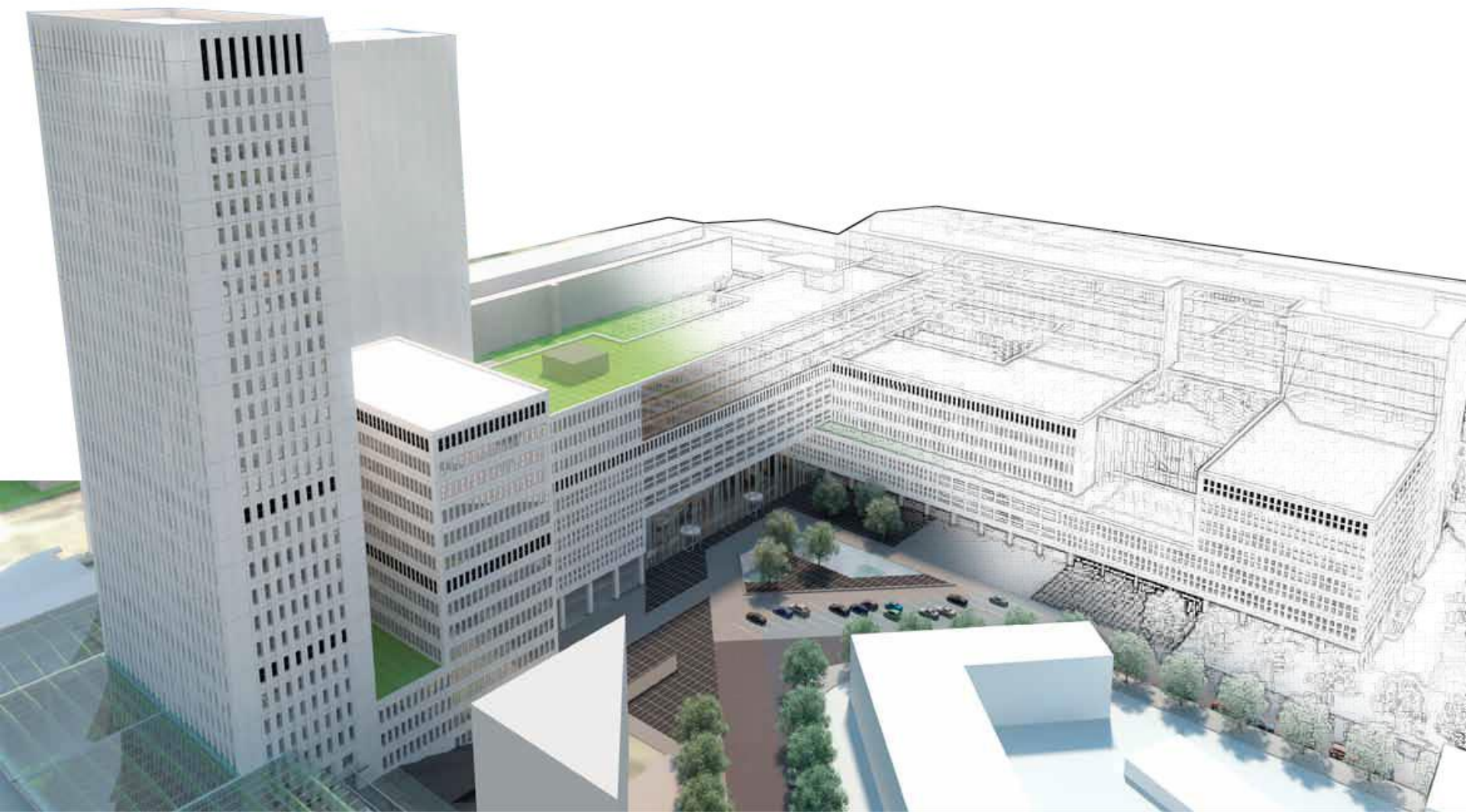
Personalized medicine (individualized treatment)

Prevention

Translating knowledge into useful, innovative products and health care concepts









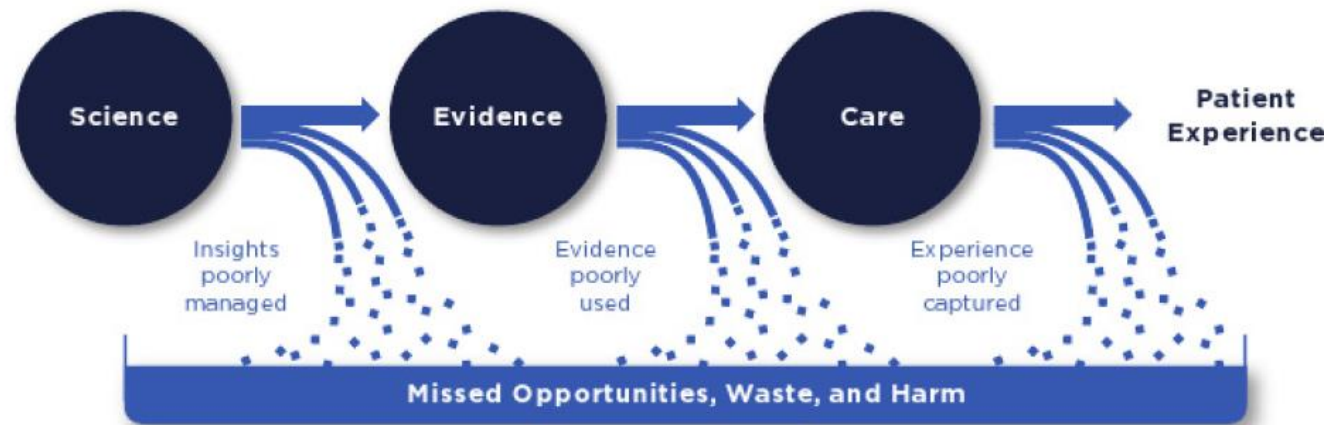


NYT JUNE 15, 2017



# Healthcare: Rapidly Increasing Complexity

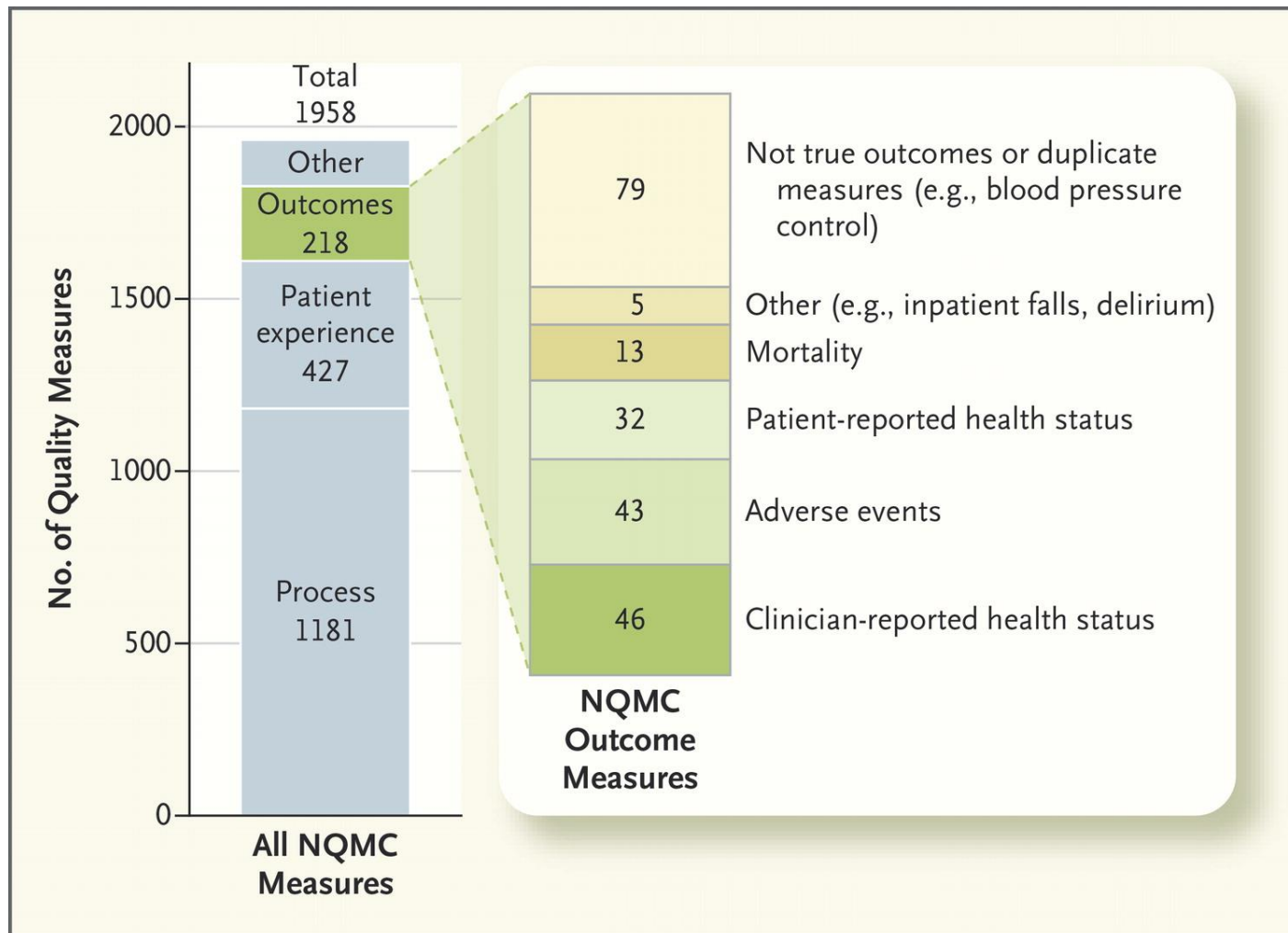
- Diagnostic and treatment options are expanding and changing
- Chronic diseases and comorbid conditions are increasing
- Overtreatment / under treatment / unwarranted variation in outcome
- Care delivery has become increasingly fragmented
- Health care quality, and outcomes fall short of their potential
- Growth rate of health care expenditures is unsustainable
- Not patient centered



Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. IOM 2012

<http://www.iom.edu/Reports/2012/Best-Care-at-Lower-Cost-The-Path-to-Continuously-Learning-Health-Care-in-America.aspx>

# Categories of Quality Measures Listed in the National Quality Measures Clearinghouse (NQMC).





# Performance

Measuring Quality of Care  
to improve it



# The Quest to Improve Quality Measurement Is Necessary but Not Sufficient

Elizabeth A. McGlynn, PhD; John L. Adams, PhD; Eve A. Kerr, MD, MPH

**Thirteen years ago**, we reported that American adults were receiving about half of recommended care for the 30 leading causes of illness and death.<sup>1</sup> We used 439 indicators covering

will not produce different results. For example, you can weigh yourself every day but if you do not change your diet or exercise routine, the results (measurements) probably won't

JAMA Internal Medicine Published online October 17, 2016

anemic improvements in quality. I

... ..

**It Takes a System**

Health care systems that have achieved substantial and sustained improvements in health care quality have devoted time, people, and resources to creating more reliable systems. High-performing systems require leadership that sets

levels.<sup>7</sup> This approach requires that everyone in the organization is engaged in improvement from the leadership to the front lines, which is difficult to accomplish in systems that



# It's a long shot, but it just might work! Perspectives on the future of medicine

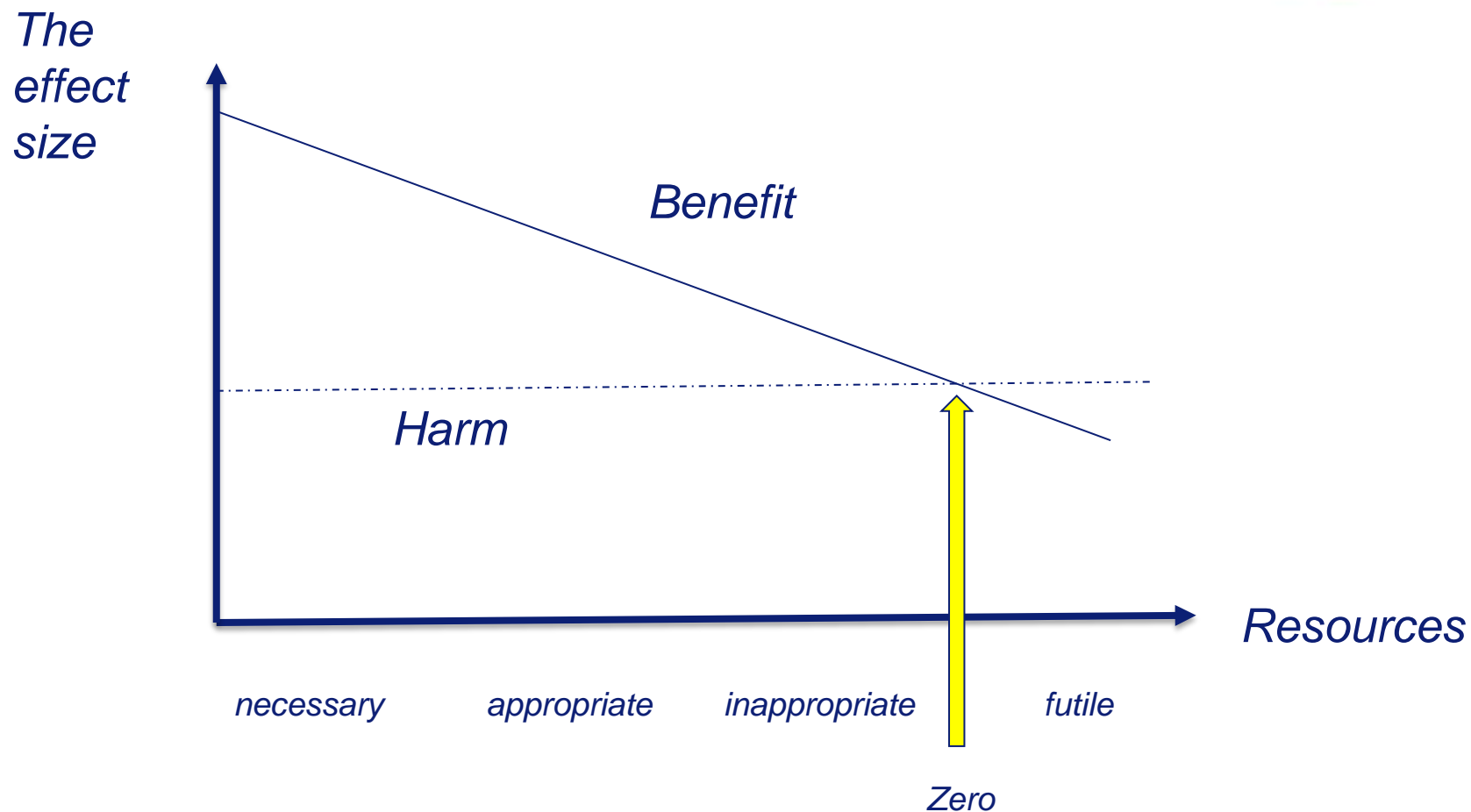
Paul Wicks<sup>1\*</sup>, Matthew Hotopf<sup>2,3</sup>, Vaibhav A. Narayan<sup>4</sup>, Ethan Basch<sup>5</sup>, James Weatherall<sup>6</sup> and Muir Gray<sup>7</sup>

## Abstract

What does the future of medicine hold? We asked six researchers to share their most ambitious and optimistic views of the future, grounded in the present but looking out a decade or more from now to consider what's possible. They paint a picture of a connected and data-driven world in which patient value, patient feedback, and patient empowerment shape a continually learning system that ensures each patient's experience contributes to the improved outcome of every patient like them, whether it be through clinical trials, data from consumer devices, hacking their medical devices, or defining value in thoughtful new ways.

**Keywords:** Patient reported outcomes, Machine learning, Medical informatics, Smartphones, Patient engagement





Adapted from: Gray M. How to Get Better Value Healthcare. 2nd edition.  
Oxford: Oxford Press Ltd.; 2011

Eric Topol

*Author of The Creative Destruction of Medicine*

# THE PATIENT WILL SEE YOU NOW

The **FUTURE** of **MEDICINE**  
is in **YOUR HANDS**

Michael E. Porter  
Elizabeth Olmsted Teisberg

# Redefining Health Care

*Creating  
Value-Based Competition  
on Results*



HARVARD BUSINESS SCHOOL PRESS



ABOUT US

TOPICS

EDUCATION

RESOURCES

REGIONS

Home / Engage with IHI / Initiatives / Triple Aim - The Best Care for the Whole Population at the Lowest Cost

## Initiatives

Overview

Are You Ready to  
Pursue the Triple Aim?

IHI Triple Aim  
Measures



### IHI Triple Aim Initiative

Better Care for Individuals, Better Health  
for Populations, and Lower Per Capita Costs

**BMJ** Outcomes

BMJ Outcomes Collection / Measuring the value of healthcare delivery: a call to action

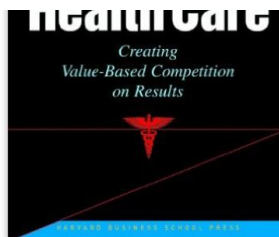
## Measuring the value of healthcare delivery: a call to action

# Review

THE BIG IDEA

## The Strategy That Will Fix Health Care

Providers must lead the way in making value  
the overarching goal by Michael E. Porter  
and Thomas H. Lee



## Best Care at Lower Cost

The Path to Continuously Learning Health Care in America

### Activity

Roundtable on Value & Science-Driven Health Care

Mark Smith, Robert Saunders, Leigh Stuckhardt, J. Michael McGinnis, *Editors*

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES



## Enhancing Value in European Health Systems

The Role of Outcomes Measurement

Consensus document



## Health Care Quality:

- Effective
- Patient centered
- Safe
- Efficient
- Timely
- Equitable

# Health care should be

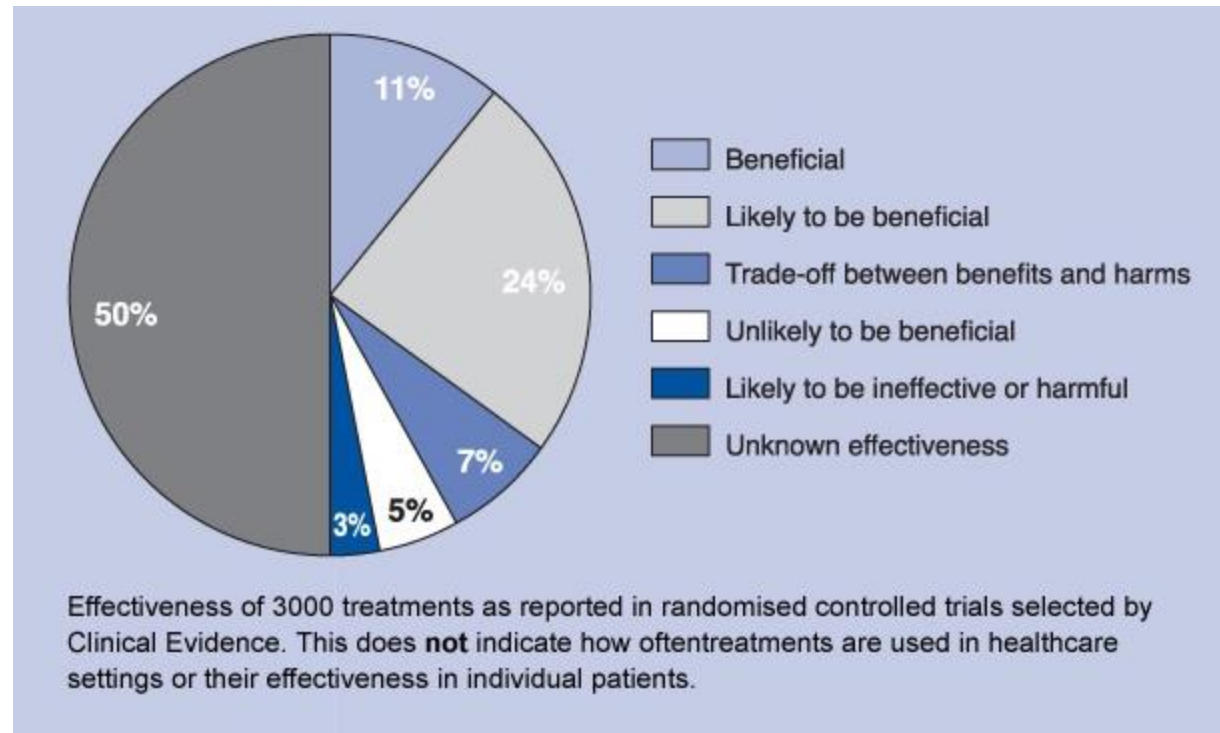
1. Effective “Do the right thing in the right patient”
2. Patient centered “Do what the Patient really needs”
3. Safe “Do not harm the patient”
4. Efficient “Don’t waste money”
5. Timely “Don’t waste time”
6. Equitable “Don’t discriminate”

# Quality

## Health care should be

1. Effective: choosing the right treatment for the right patient

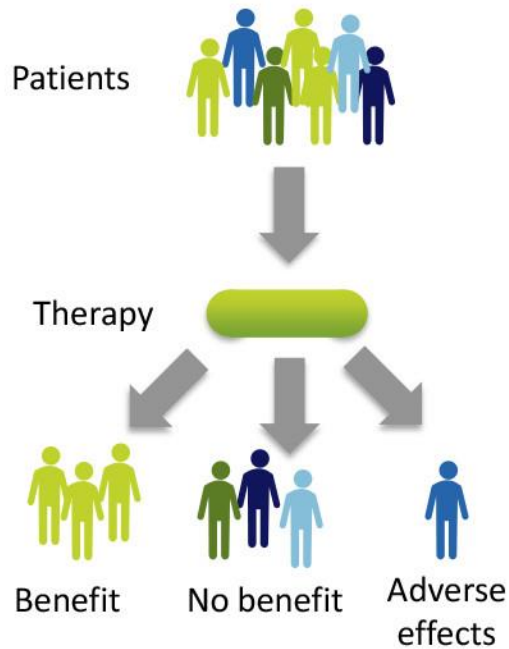
### *Personalized*





## Without Personalized Medicine:

Some Benefit, Some Do Not

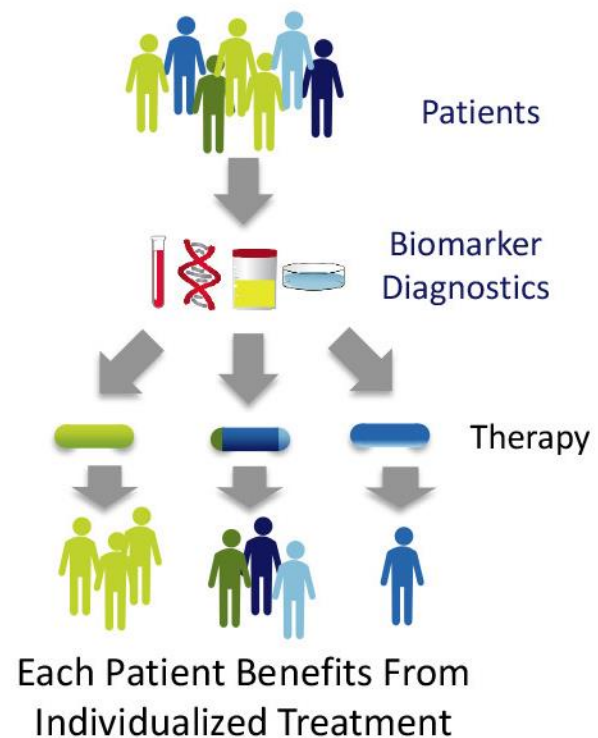


<http://chartpack.phrma.org/personal-medicines-in-development-chartpack/a-new-treatment-paradigm/a-new-treatment-paradigm>

Source: Adapted from Bayer Healthcare, "Personalized Medicine." (accessed May 2015).

## With Personalized Medicine:

Each Patient Receives the Right Medicine For Them



<http://chartpack.phrma.org/personal-medicines-in-development-chartpack/a-new-treatment-paradigm/a-new-treatment-paradigm>

Source: Adapted from Bayer Healthcare, "Personalized Medicine." (accessed May 2015).

# VBHC: value based healthcare

## Health Care Quality:

- Effective
- Patient centered
- Safe
- Efficient
- Timely
- Equitable

*Outcomes + Experiences  
that matter to patients*

————— =

*€€ + energy needed to  
achieve the outcomes*

**VALUE** ↑

***Focus on Disease / Individual***

***Team based approach***

***Care Path / Integrated Care***

***Measurement of outcome &  
costs in every patient***

***Culture / Organizational change***

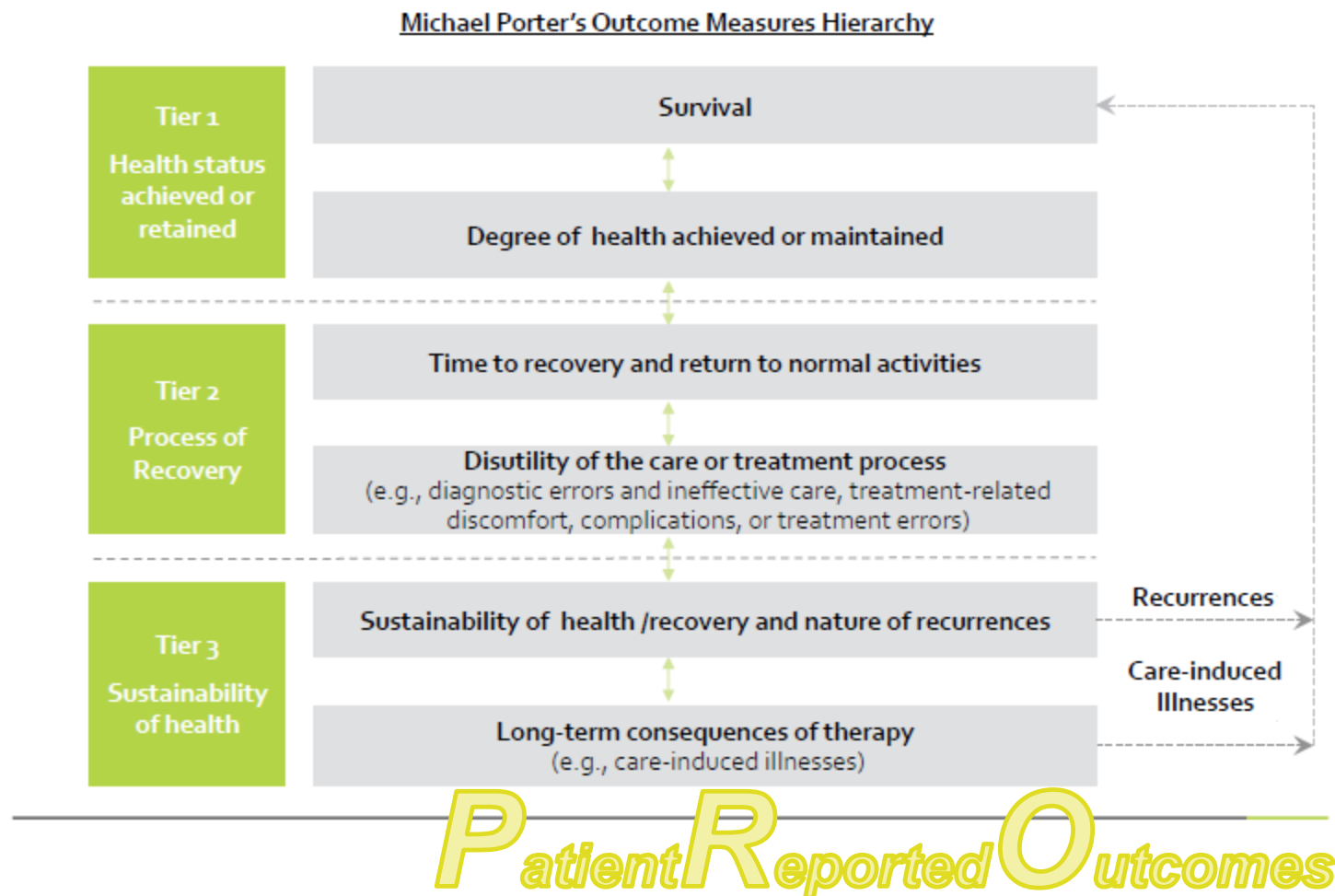
***Fee for volume → performance***



What's  
**Important**  
to You?

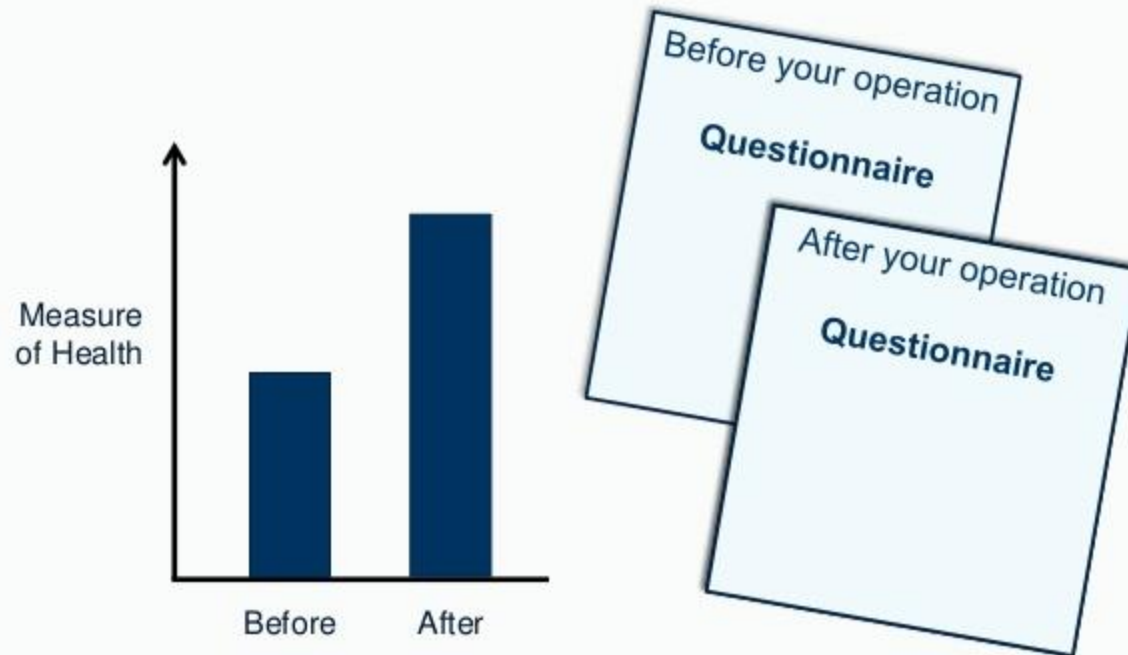


## *Focus on the outcomes that matter most to patients*



## Patient Reported Outcome Measures

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# Why PRO (patient reported outcome)

- Biomarkers fail to correspond with how patients actually feel
- Patients value biomarkers differently
- PROM's provide a key component to understand burden of disease
- Especially important in diseases with morbidity (and low mortality)
- Starting point for improvement of therapy
- Better communication and shared decision making
- Detecting adverse effects of therapy
- PRO → PROM → PRO-PM
  - Depression – HADS - % pts wit initial HADS > 8, and < 8 at 6m



N Engl J Med 2017; 377 July 6

48

## Patient-Reported Outcomes — Are They Living Up to Their Potential?

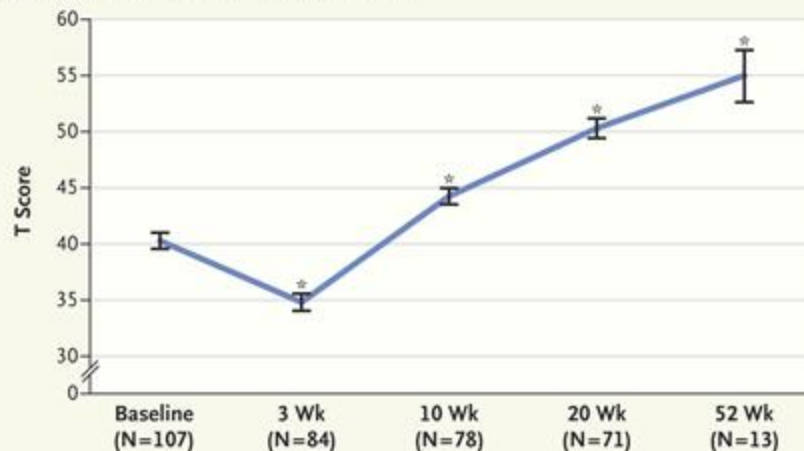
Judith F. Baumhauer, M.D., M.P.H.

As part of a nationwide movement toward giving patients more of a voice in their health

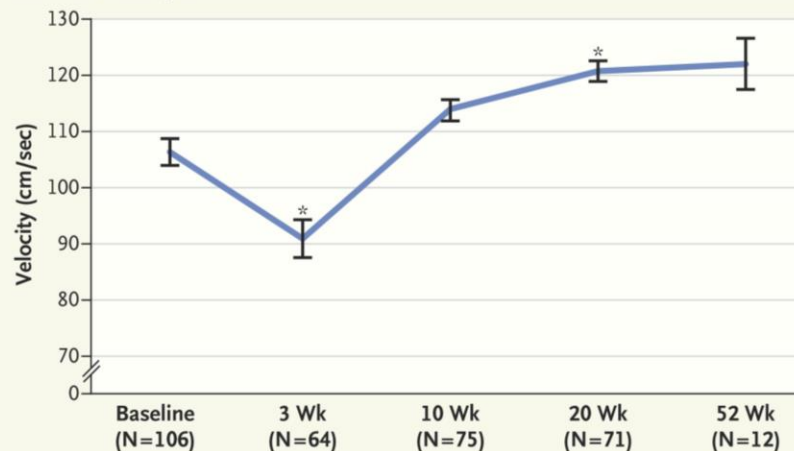
outcomes should be collected, visualized, shared, and used to improve the quality of care.

study that compared physical function scores obtained in the office using the Patient-Reported

A Mean PROMIS Physical Function T Scores



B GAITrite Velocity Scores



# Expertiseteam voor Waardegedreven Zorg

Erasmus MC Center for Value-Based Health Care

## Zorg die verder reikt

## Reaching further Together



Erasmus MC  
Universitair Medisch Centrum Rotterdam



# Breast Cancer

CTCAE v4.0

EORTC QLQ-C30

EORTC  
QLQ-BR23

FACT-ES

EORTC QLQ-LMC21

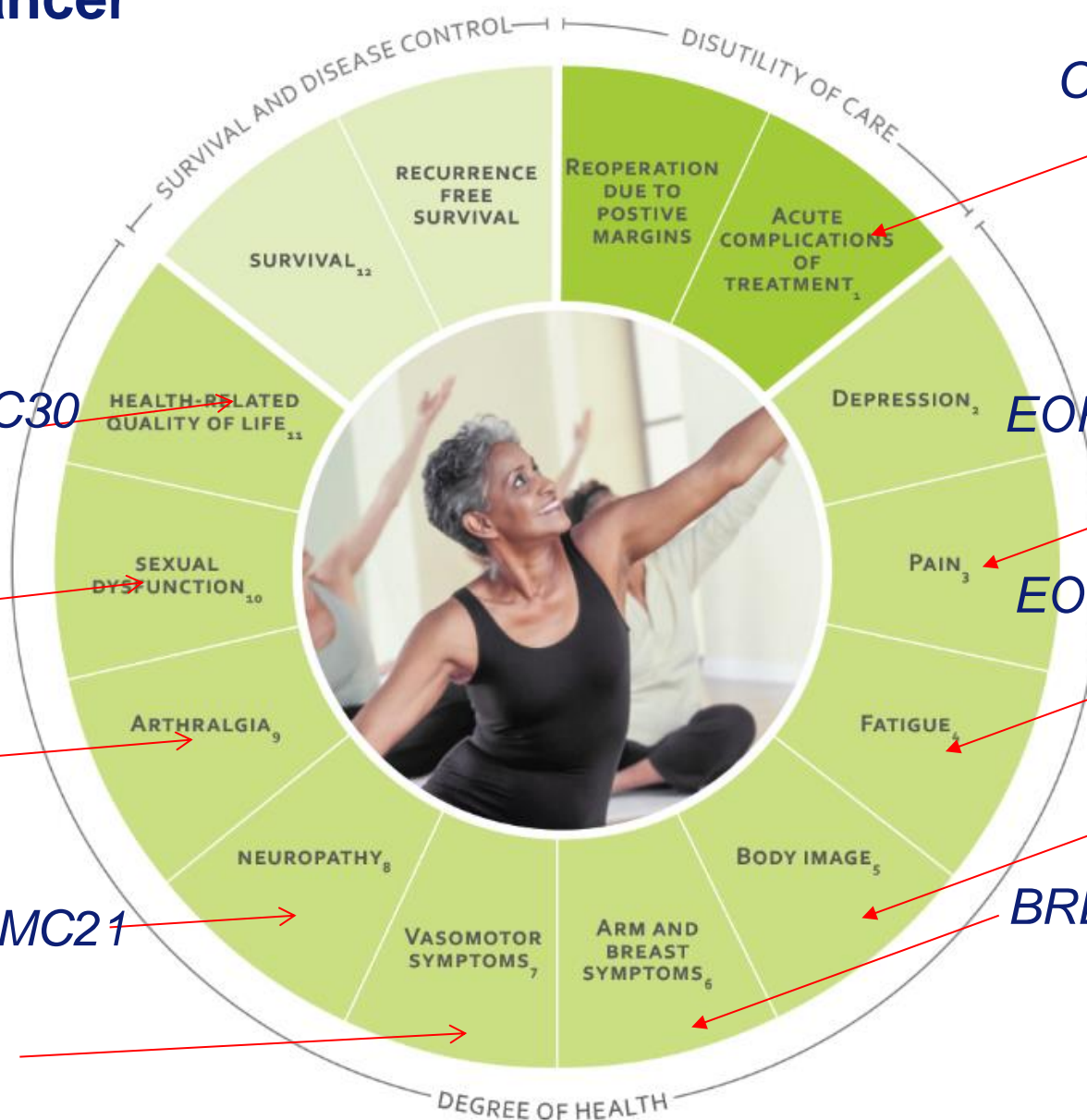
EORTC QLQ-  
BR23

EORTC QLQ-C30

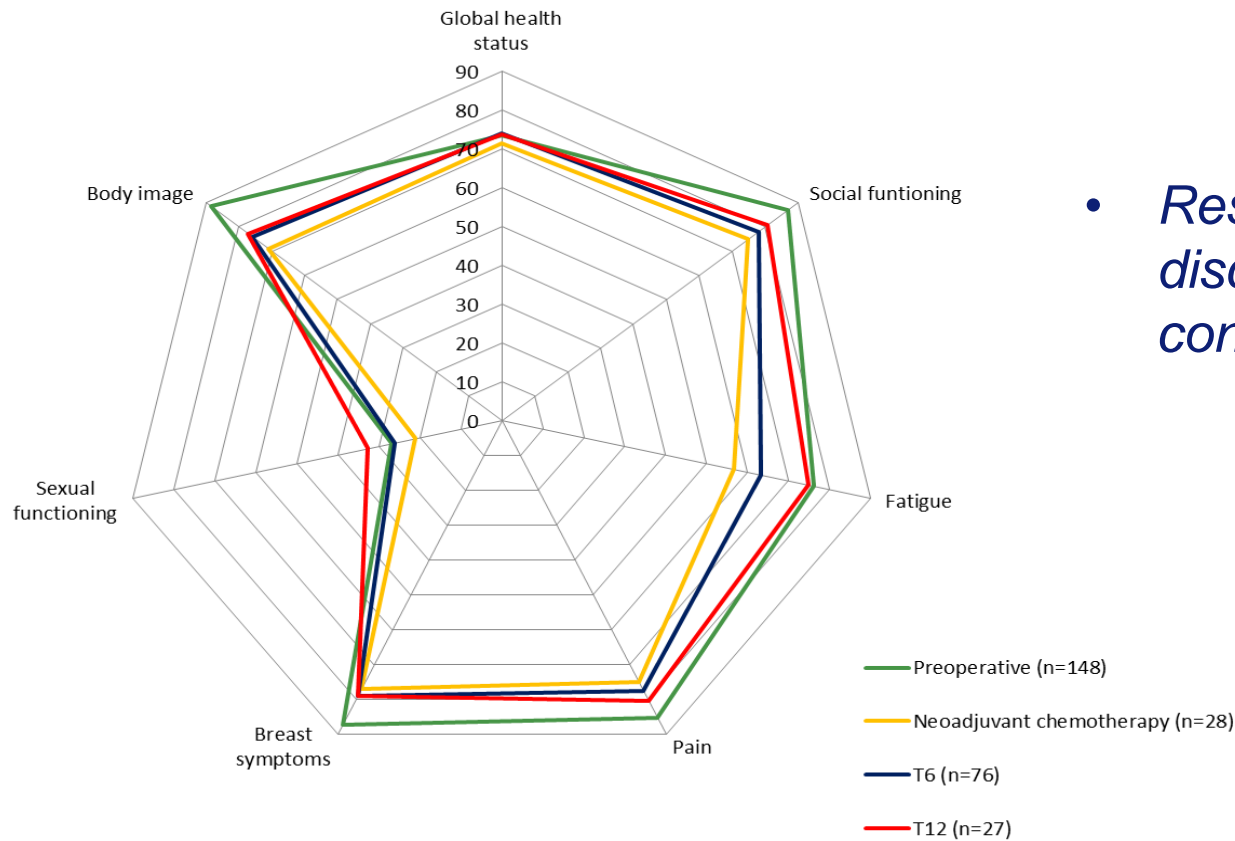
EORTC QLQ-C30

BREAST-Q

BREAST-Q



# Initial results PROMs Okt 2015 - now

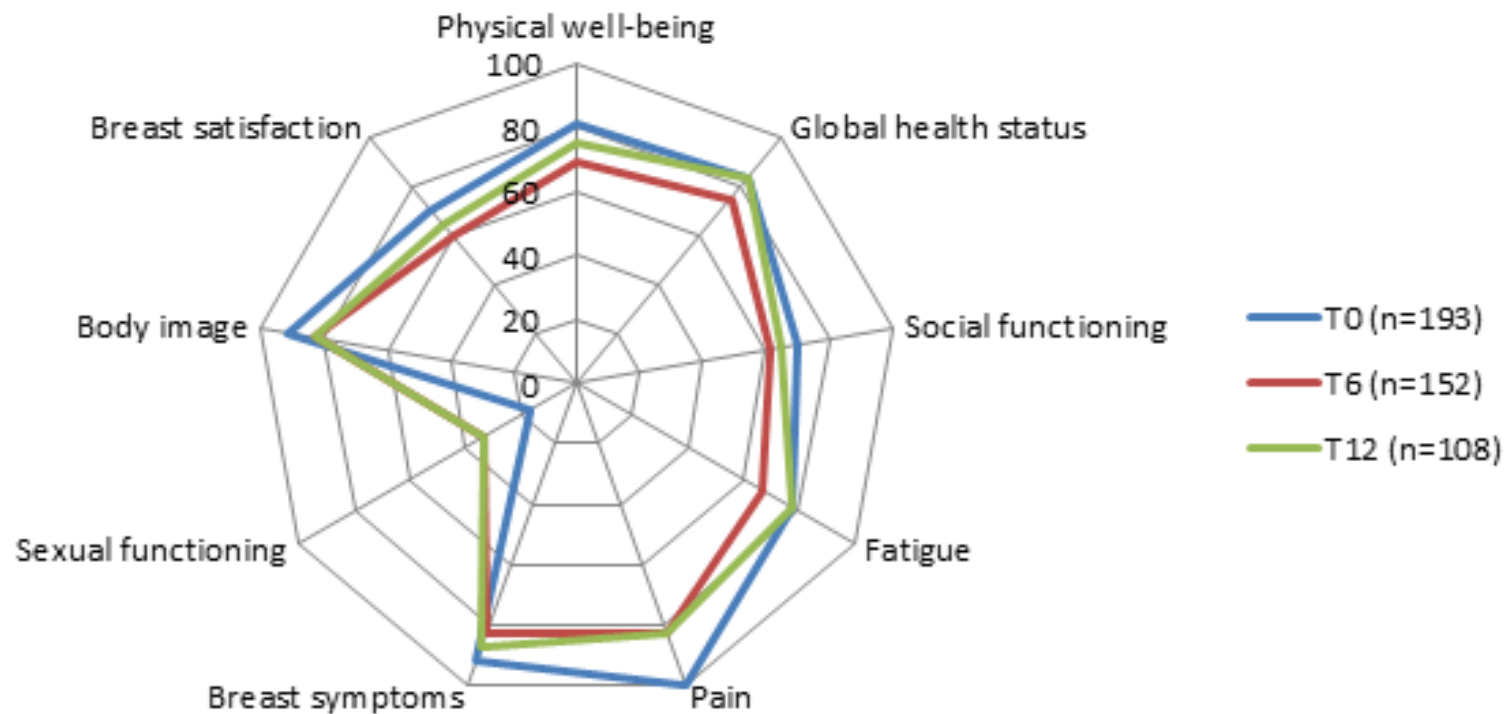


- *Results are discussed in the consultation room*



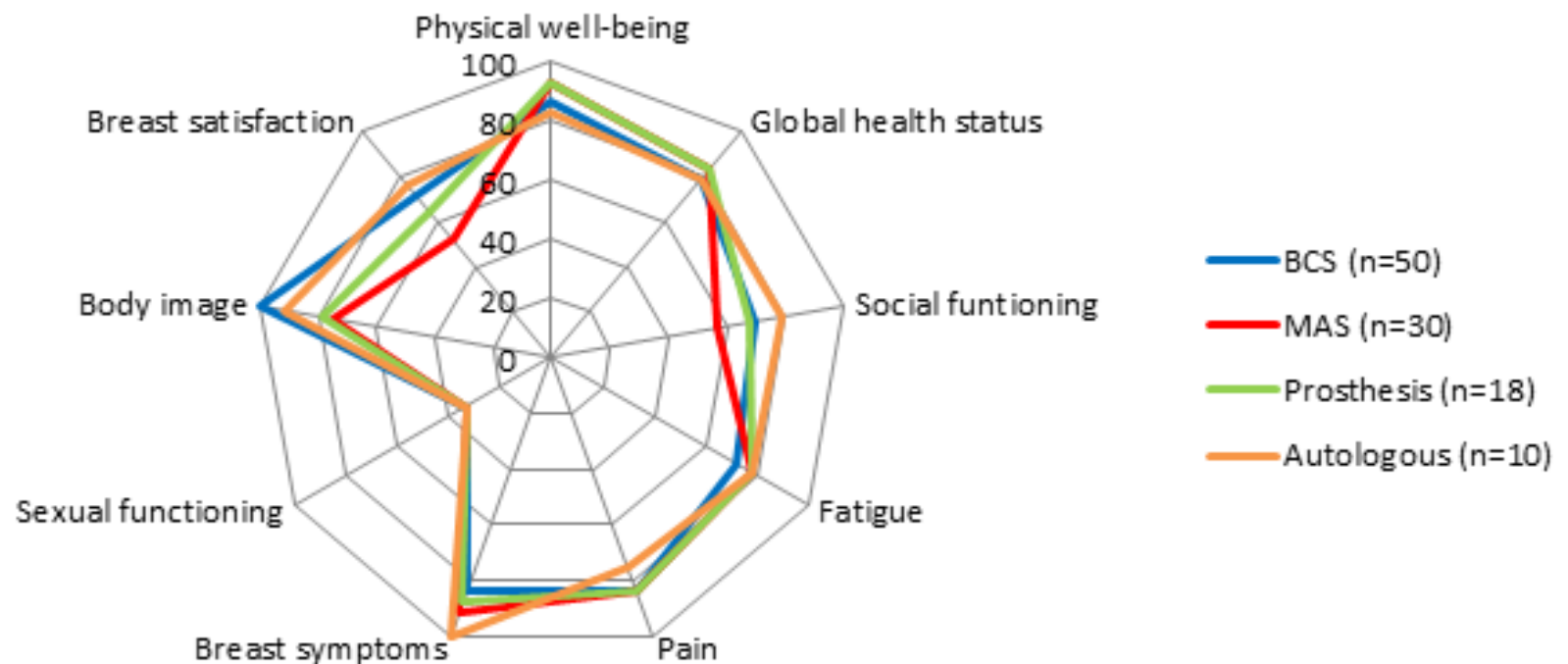
## Initial results PROMs Okt 2015 - now

### PROMS per meetmoment Zorgmonitor



# Initial results PROMs Okt 2015 – now Surgery

## PROMs per type borstoperatie (2Y VBBC)



# Patient experiences: online PROM survey

Jouw antwoorden en die van andere patiënten worden (anoniem) gebruikt voor wetenschappelijk onderzoek (n=571)



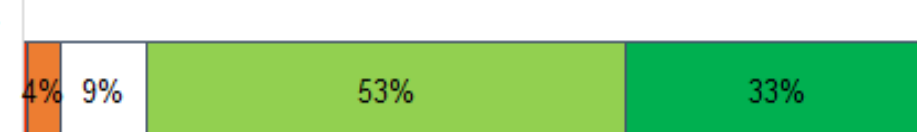
De dokter of gespecialiseerd verpleegkundige kan extra zorg aanbieden en/of doorverwijzen als de uitkomsten van de vragenlijsten daar aanleiding toe geven (n=567)



Het totale behandelresultaat wordt bepaald door medische uitkomsten maar ook door jouw ervaring (n=569)



De dokter of gespecialiseerd verpleegkundige bespreekt naar aanleiding van de ingevulde vragenlijst jouw ervaren behandeluitkomsten en kwaliteit van leven met jou (n=570)



De dokter of gespecialiseerd verpleegkundige heeft inzicht in de door jou ervaren behandeluitkomsten en kwaliteit van leven (n=574)



■ Zeer negatief ■ Negatief □ Neutraal ■ Positief ■ Zeer positief

Uitkomstmaten en meetinstrumenten  
Schisis

Uitkomstmaten en meetinstrumenten  
Blaaskanker

Uitkomstmaten en meetinstrumenten  
Herseninfarct



Cases en behandelplan
Behandelplan
Levensplan
Gezondheid
Sociaal-maatschappelijke status
Waardevolheid
Strijd van het infarct-neurologische infarct
Comorbidity: Diabetes
Comorbidity: Alarms Fibrilleren
Comorbidity: Leren Beroerte

WAARDGEGEDRIVEN ZORG  
Zorg die verder reikt

Voor informatie en al onze diagnose-specifieke uitkomstmaten:  
waardgedrevenzorg@erasmusmc.nl

GEDRIVEN ZORG  
order reikt

De en al onze  
officiële uitkomstmaten:  
verzorg@erasmusmc.nl

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# The Timeline of VBHC in Erasmus MC

2013

2014

2015

2016

2017

2018

## Starting:

- Head and Neck cancer

## Starting:

- ★ Bladder cancer
- ★ Breast cancer
- ★ Stroke
- ★ Cleft lip & palate
- Turner syndrome
- Brain tumors
- Obesity (T)

## Starting:

- ★ Macula degeneration (T)
- Sickle-cell disease
- Cervical cancer
- Pediatric thoracic surgery
- Pediatric brain tumors
- Obstructive Jaundice
- Lung cancer
- Liver tumors
- Liver transplantations
- ★ Kidney transplantations
- Familial hypercholesterolemia

1<sup>st</sup> Erasmus MC and  
ICHOM  
strategic partnership

## Starting:

- Cataract (T)
- ★ Craniofacial  
Microsomia
- Functional bladder  
disorders
- Larynx cancer
- Peripheral vascular  
disease
- Skin cancer (T)
- Sarcoma
- \*HBR: "A Blueprint for  
Measuring Health  
Care Outcomes"

## Starting:

- Subarachnoid hemorrhage
- GIST
- \*Start: Pilot Value Based  
Payment
- \*First VBHC course  
(Erasmus Summer School)
- \*Start: Pilot Value Based  
Healthcare Medical  
Curriculum

## Starting:

- ★ Pregnancy & Birth
- Esophageal and anorectal  
malformations
- Reproductive medicine:  
(Testicular sperm extraction  
and IVF)
- ★ Autoimmune inflammatory  
disease (incl. biologicals)
- Multiple myeloma
- ★ Congenital hand  
malformations
- ★ Overall health
- \*2nd VBHC course  
(Erasmus Summer School)

★ = Erasmus participation in ICHOM set



WORLD  
ECONOMIC  
FORUM



Rijksoverheid

Curatieve zorg

- We zetten in op de beweging van meer zorg van de tweede naar de eerste lijn en het voorkomen van



Ministerie van Volksgezondheid,  
Werk en Sport



Zorginstituut Nederland

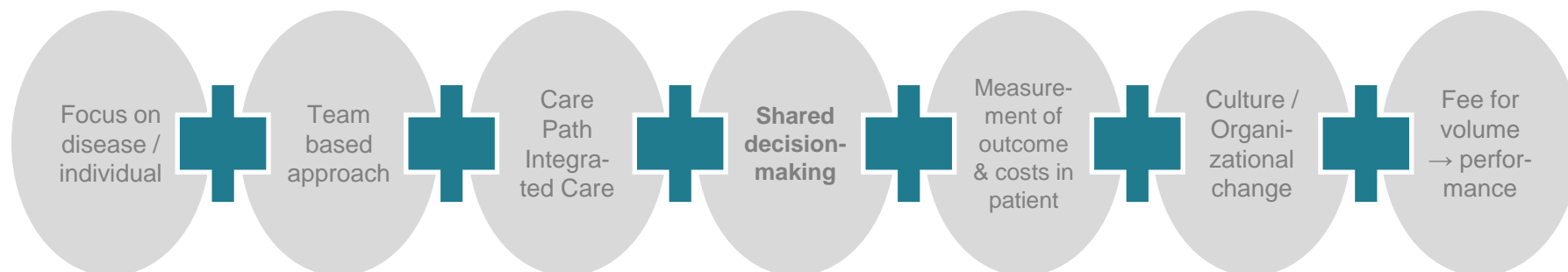
Zorginstituut Nederland > Werkagenda > Publicaties >

## Rapport 'Meer patiëntregie door meer uitkomstinformatie in 2022'



## VALUE BASED HEALTHCARE (VBHC)

$$\text{Value} = \frac{\text{Outcomes \& experiences } *that matter to patients*}{\text{Costs and energy needed}}$$



Date	Time	Speaker	Topic
20-aug Monday	13:00 - 13:50	<b>Jan Hazelzet, Erasmus MC</b> break	Introduction
	14:05 - 14:55	<b>Mona Khalid, ICHOM</b> break	VBHC, the place of ICHOM
	15:10 - 16:00	<b>Morten Kildal, Uppsala Universitet</b>	Implementation of VBHC in Uppsala University Hospital
21-aug Tuesday	13:00 - 13:50	<b>Niek Klazinga, UvA OECD Paris</b> break	International comparability of the measurement and use of outcomes for health system improvement; an OECD perspective
	14:05 - 14:55	<b>Nikki van Leeuwen, Erasmus MC</b> break	Pitfalls around benchmarking
	15:10 - 16:00	<b>Eppo Wolvius, Erasmus MC</b>	Disease Examples: Cleft lip palate Erasmus MC
22-aug Wednesday	13:00 - 13:50	<b>Jan Hazelzet, Erasmus MC</b> break	Patient engagement
	14:05 - 14:55	<b>Frank Eijkenaar, ESHPM</b> break	Value-based provider payment: from theory to practice
	15:10 - 16:00	<b>Caroline Terwee, VUMC Amsterdam</b>	Outcome measurement using PROMIS
23-aug Thursday	13:00 - 13:50	<b>Ingeborg Griffioen, TU Delft</b> break	Service design and SDM
	14:05 - 14:55	<b>Martina Buljac, ESHPM</b> break	Team collaboration and leadership
	15:10 - 16:00	<b>Erik van Raaij, ESHPM</b>	Purchasing Value: Value Based Purchasing and Supply Management in Health Care
24-aug Friday	13:00 - 13:50	<b>Egge van der Poel, Erasmus MC</b> break	Big Data. How it's creating inequality in Healthcare. And why that's a good thing.
	14:05 - 14:55	<b>Eric van der Heijden, Talma Institute/Zilveren Kruis</b> break	Value based Procurement : putting theory into the daily practice of a health insurance company
	15:10 - 16:00	<b>Jan Hazelzet, Erasmus MC</b>	Wrap up & evaluation



# EHR: the Cornerstone of Clinical Documentation



VIEWPOINT

## Evolutionary Pressures on the Electronic Health Record Caring for Complexity

Donna M. Zulman,  
MD, MS  
Division of General  
Medical Disciplines

Frances Peabody's timeless lecture to Harvard Medical School students, published in *JAMA* almost 90 years ago,<sup>1</sup> spoke of the complex and deeply human experi-

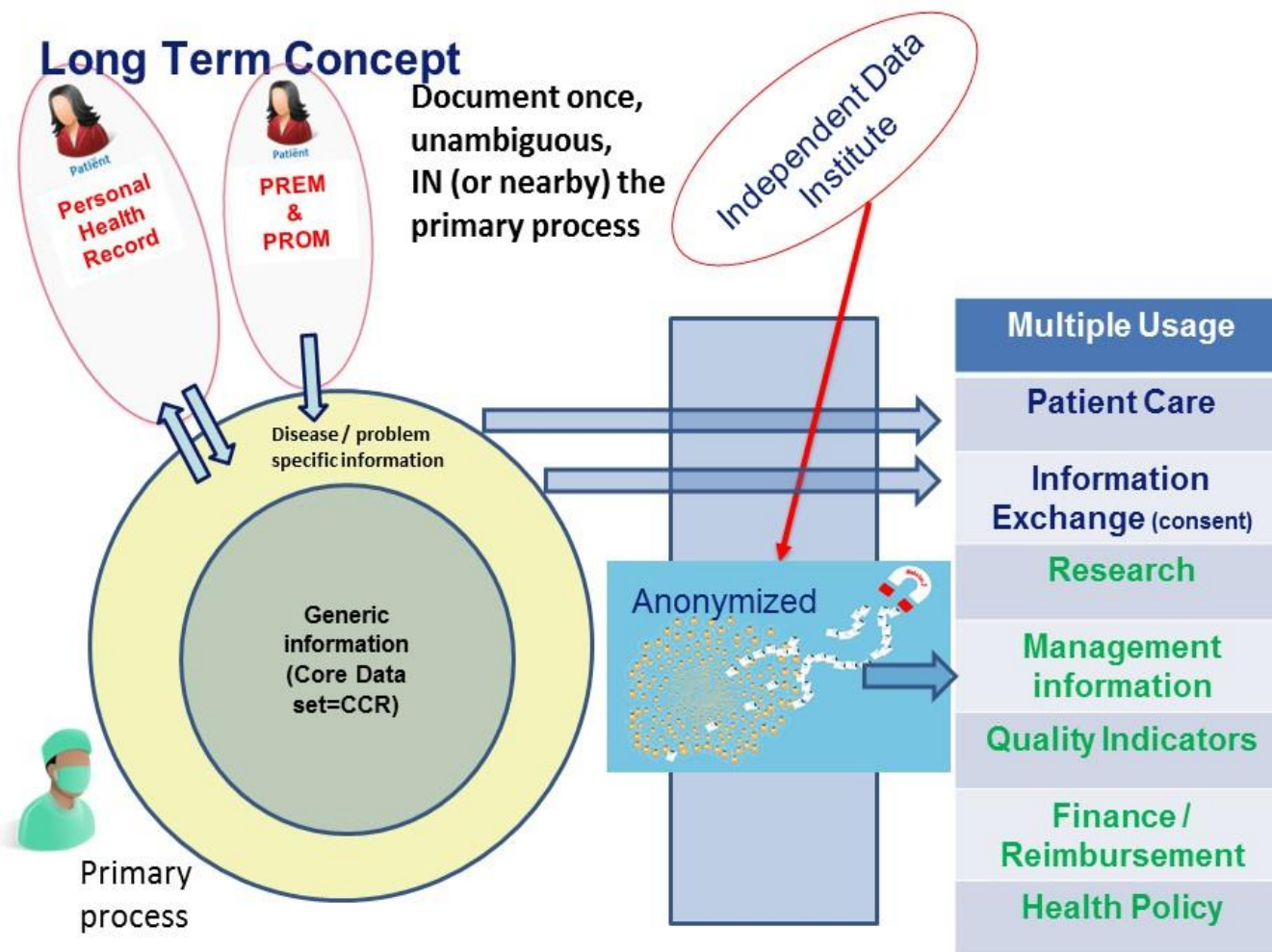
instance, when a 55-year-old woman of Asian heritage presents to her physician with asthma and new-onset moderate hypertension, it would be helpful for an EHR

There is building resentment against the shackles of the present EHR; every additional click inflicts a nick on physicians' morale.

**JAMA** September 6, 2016 Volume 316, Number 9 923

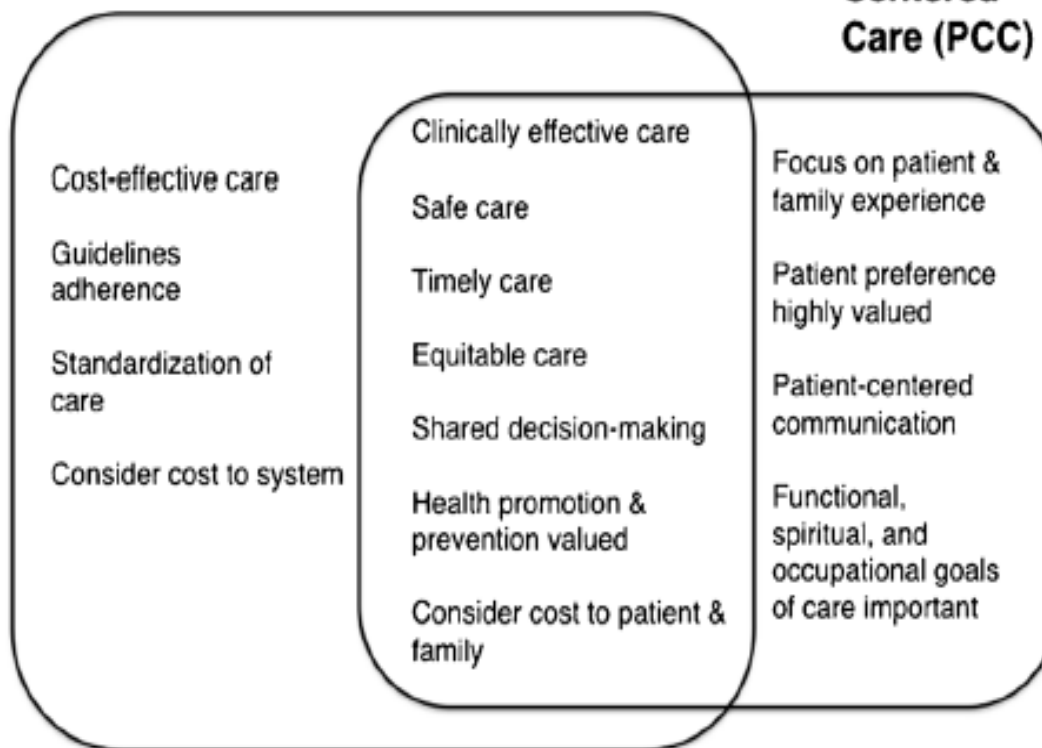
Better medical record systems are needed that are dissociated from billing, intuitive and helpful, and allow physicians to be fully present with their patients.

## Long Term Concept



## Value-Based Care (VBC)

## Patient-Centered Care (PCC)



*Tseng, E. K. & Hicks, L. K. Value Based Care and Patient-Centered Care: Divergent or Complementary? Curr Hematol Malig Rep 2016; **11**, 303-310*



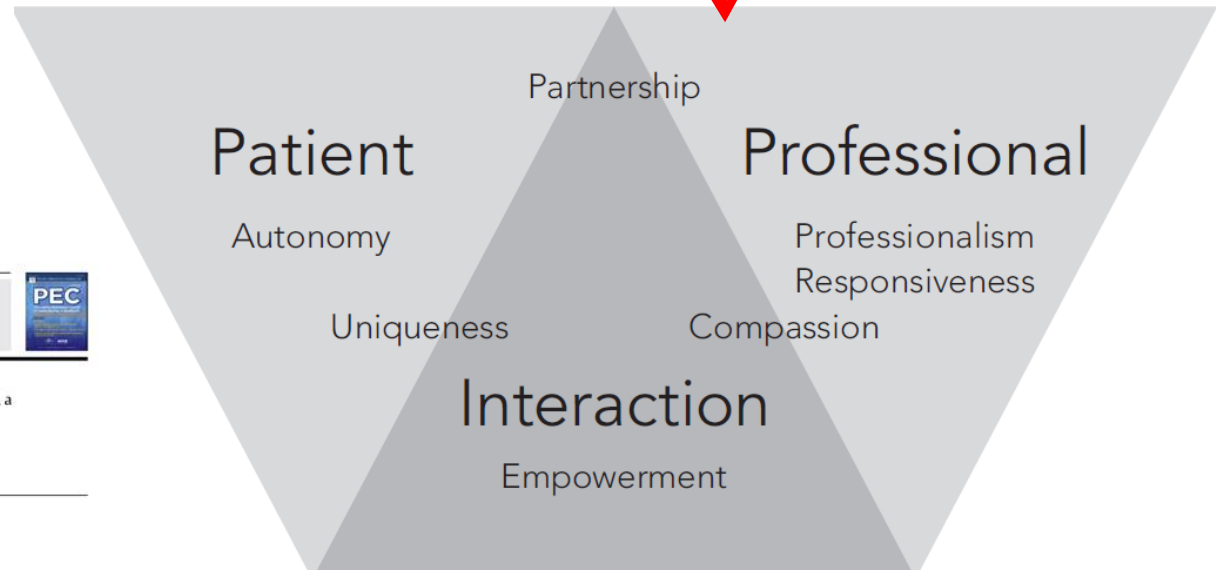
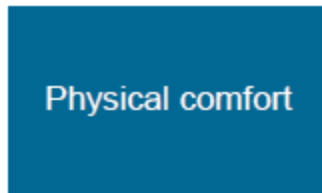
## Ideally, Patient as a Partner



# Patient Centered Care



## Principles of Person-Centred Care



Patient Education and Counseling xxx (2016) xxx-xxx



Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: [www.elsevier.com/locate/pateducow](http://www.elsevier.com/locate/pateducow)



### Review article

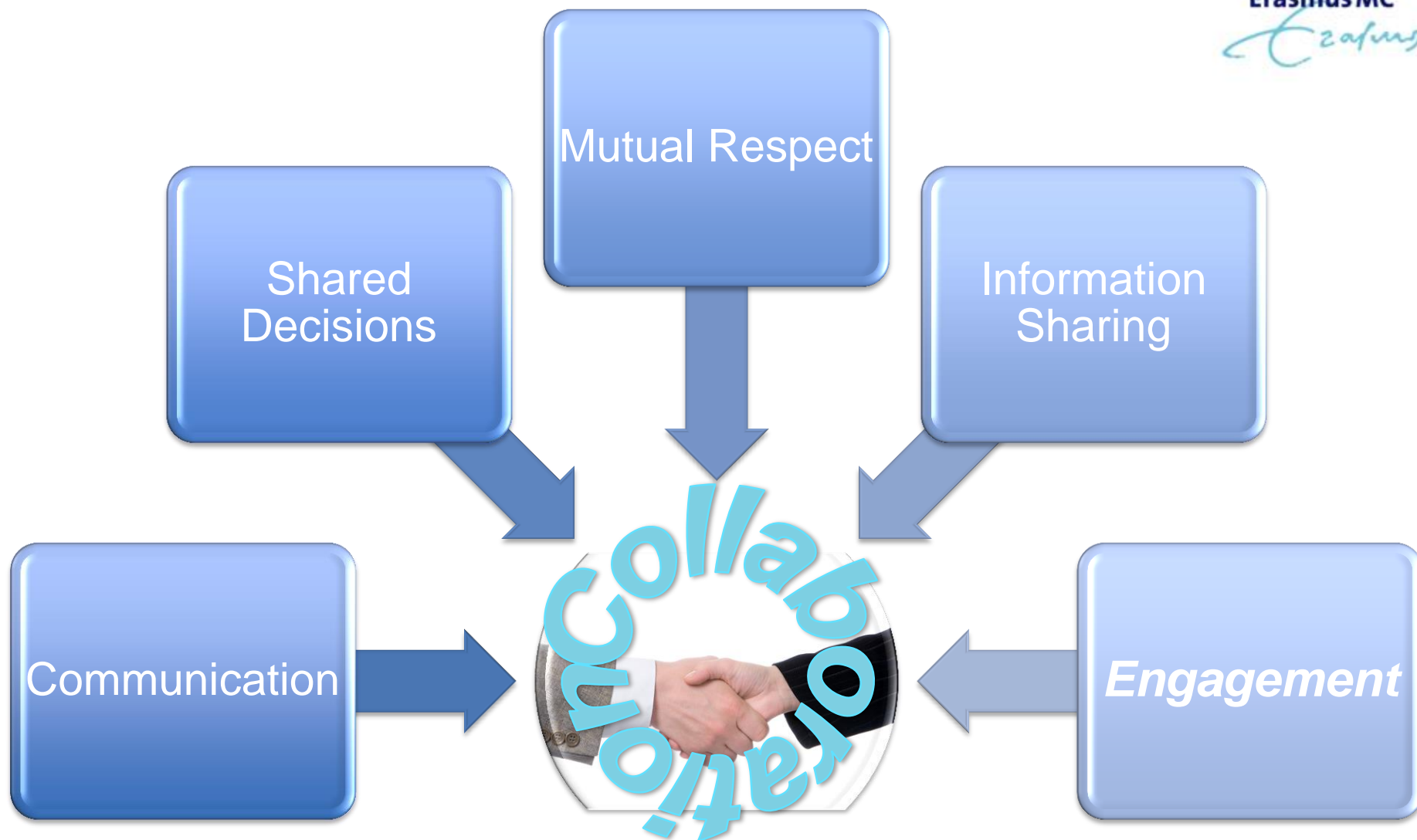
What do patient values and preferences mean? A taxonomy based on a systematic review of qualitative papers

Carla M. Bastemeijer<sup>a,\*</sup>, Lennard Voogt<sup>b</sup>, Johannes P. van Ewijk<sup>c</sup>, Jan A. Hazelzet<sup>d</sup>

<sup>a</sup> Department of Narrative Professionalization, University of Humanistic Studies, Utrecht, The Netherlands

<sup>b</sup> Department of Physical Therapy Studies, Amsterdam University of Applied Sciences, Amsterdam, The Netherlands

<sup>c</sup> Department of Public Health, Erasmus University Medical Center, Amsterdam, The Netherlands



*Patient as a Partner*



[ABOUT THE NAM](#)

[PROGRAMS](#)

[INITIATIVES](#)

[PERSPECTIVES](#)

[NEWS](#)

[SUPPORT](#)

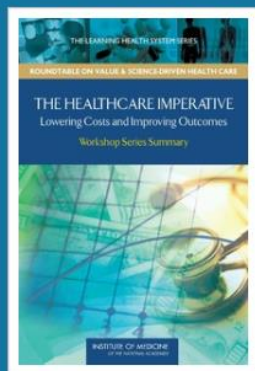
[MEMBER RESOURCES](#)

## Care Culture and Decision Making

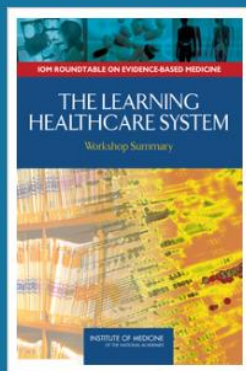
Science-driven health care and effective communication >>



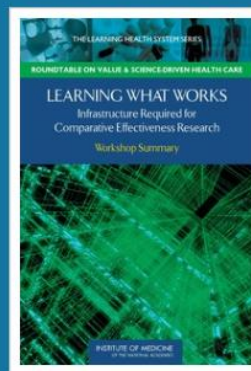
## Most Downloaded in Roundtable on Value & Science-Driven Health Care (last 30 days)



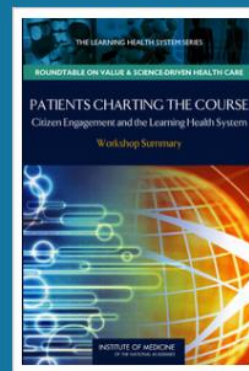
The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Series Summary



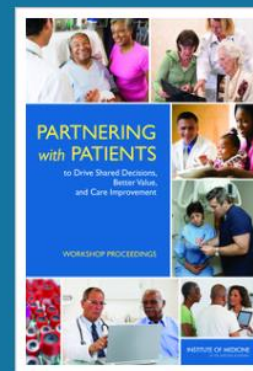
The Learning Healthcare System: Workshop Summary



Learning What Works: Infrastructure Required for Comparative Effectiveness Research: Workshop...



Patients Charting the Course: Citizen Engagement and the Learning Health System: Workshop Summary



Partnering with Patients to Drive Shared Decisions, Better Value, and Care Improvement: Workshop...

# Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care

**Susan B. Frampton, PhD**, Planetree; **Sara Guastello**, Planetree; **Libby Hoy**, PFCCpartners; **Mary Naylor, PhD, FAAN, RN**, University of Pennsylvania School of Nursing; **Sue Sheridan, MBA, MIM, DHL**, Patient-Centered Outcomes Research Institute; **Michelle Johnston-Fleece, MPH**, National Academy of Medicine

January 31, 2017

<https://nam.edu>

## Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care

### **BOX 1** **Patient and Family Engaged Care**

Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals.

*Adapted from Institute of Medicine, Transforming Health Care Scheduling and Access: Getting to Now, 2015.*

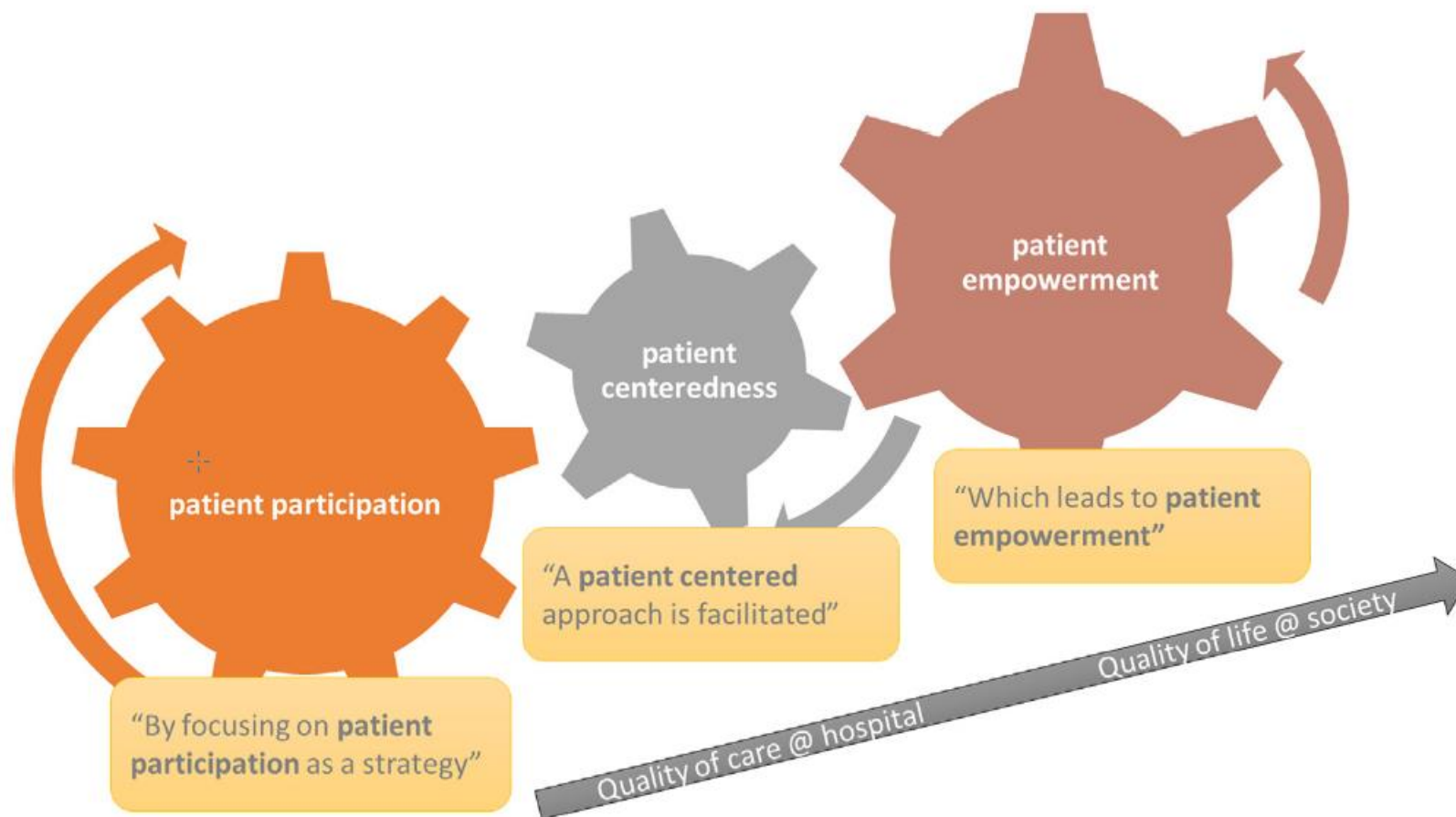
**Table 1 |** Summary of Common Elements and Patterns Identified for Creating and Maintaining a Culture of Patient and Family Engaged Care

Cultural Elements	Infrastructure	Practices and Tactics
<ul style="list-style-type: none"> <li>• Investment and intentionality in creating a supportive and trusting workplace culture</li> <li>• Emphasis on empathy and compassion</li> <li>• Leadership sets the tone</li> <li>• Eagerness to innovate</li> <li>• Creation of a learning culture</li> </ul>	<ul style="list-style-type: none"> <li>• PFEC fully integrated into organizational structure and strategy—not a stand-alone initiative</li> <li>• Structured communication channels developed to break through hierarchy and “level set” to promote partnership of all members (leaders, staff, patients, families)—coproduction, shared goals</li> <li>• A measurement approach that looks beyond patient experience metrics to gauge PFEC</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental supports to facilitate PFEC</li> <li>• Practices that promote patient and family engagement</li> <li>• Learning opportunities at every patient touchpoint</li> </ul>

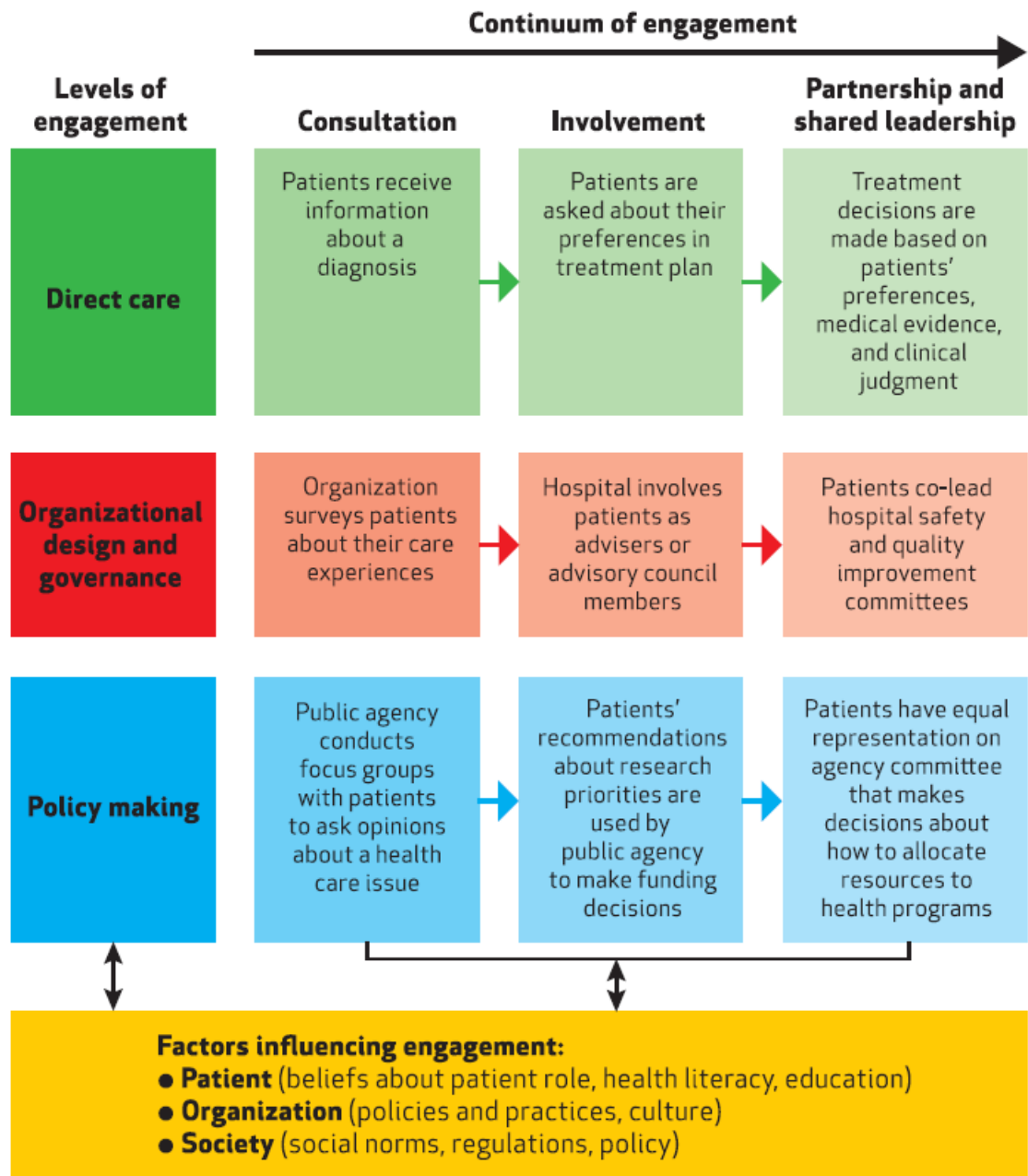


## Patient empowerment, patient participation and patient-centeredness in hospital care: A concept analysis based on a literature review.

Castro EM<sup>1</sup>, Van Regenmortel T<sup>2</sup>, Vanhaecht K<sup>3</sup>, Sermeus W<sup>4</sup>, Van Hecke A<sup>5</sup>.



**Fig. 6.** Process model for concepts of patient empowerment, patient participation and patient-centeredness in health care.



Liberating the NHS:

No decision about me,  
without me

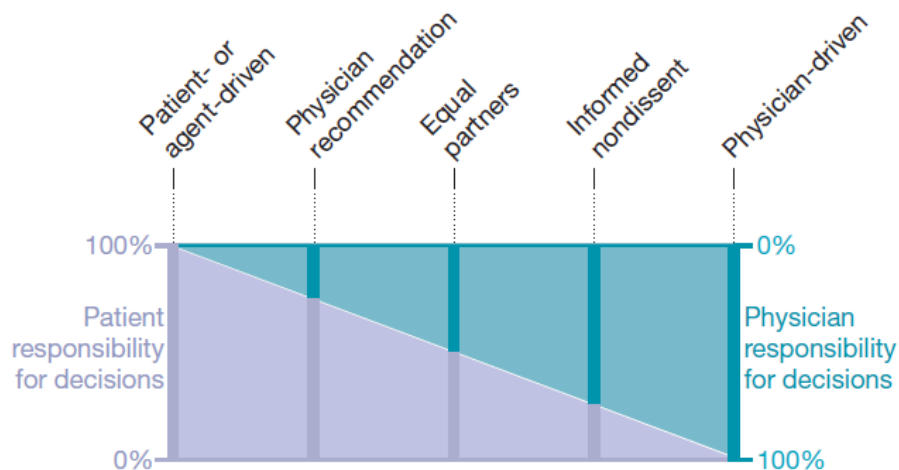
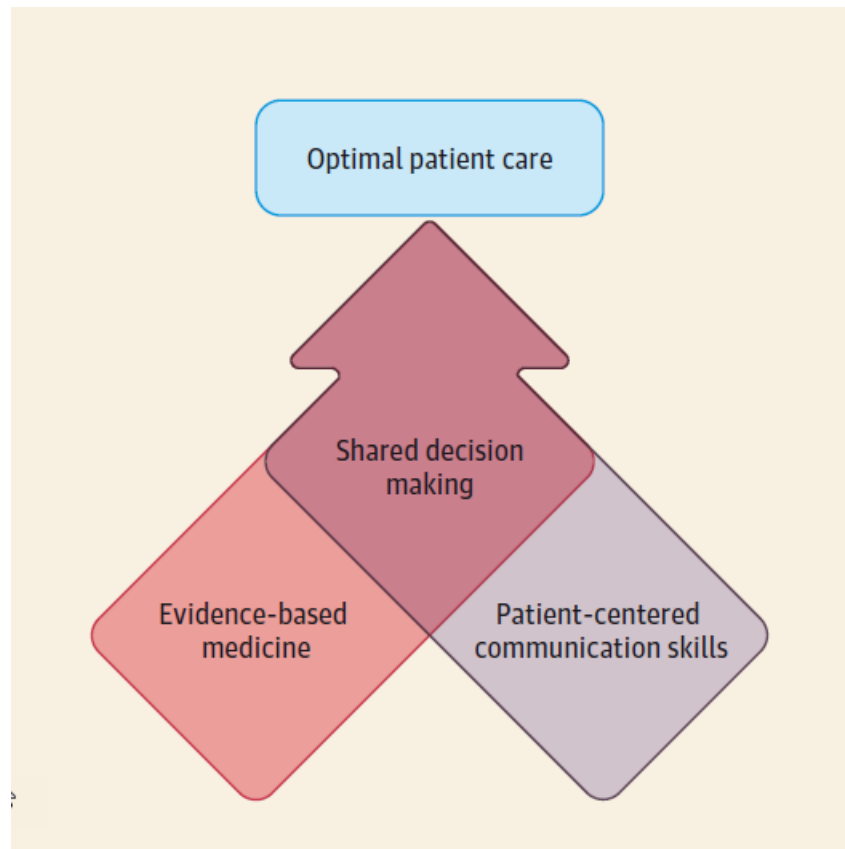
Viewpoint

# Healthcare in a land called PeoplePower: nothing about me<sup>I</sup> without me

Tom Delbanco MD<sup>1</sup>, Donald M. Berwick MD<sup>2</sup>, Jo Ivey Boufford MD<sup>3</sup>,  
S. Edgman-Levitan PA<sup>4</sup>, Günter Ollenschläger MD<sup>5</sup>, Diane Plamping PhD<sup>6</sup>  
and Richard G. Rockefeller MD<sup>7</sup>

2001 Health Expectations, 4, pp.144±150

# Evidence vs Value Based Health Care



*JAMA 2014; 312: 1295-6*

VIEWPOINT

## Prime Time for Shared Decision Making

- Clearly define SDM: clinicians are the experts in the evidence, patients are the experts in what matters most to them
- Certify decision aids and provide incentives for their evaluation and maintenance
- Promote competency in SDM
- Develop measures of SDM
- Foster a culture of SDM





# Shared Decision Making in ICUs: An American College of Critical Care Medicine and American Thoracic Society Policy Statement

Alexander A. Kon, MD, FCCM<sup>1,2</sup>; Judy E. Davidson, DNP, RN, FCCM<sup>3</sup>;  
Wynne Morrison, MD, MBE, FCCM<sup>4</sup>; Marion Danis, MD, FCCM<sup>5</sup>; Douglas B. White, MD, MAS<sup>6</sup>

Critical Care Medicine 2016; 44: 188-201

# Association for PATIENT EXPERIENCE

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► From the Bedside: Nine Strategies for Alleviating Nurse Burnout



### JOIN OUR COMMUNITY

## Create a consistent, quality experience for patients

By embracing a patient and family-centered care philosophy, we can improve the patient experience together.



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JOURNAL OF PATIENT EXPERIENCE

PATIENT ENGAGEMENT

E-NEWSLETTER

---

## HCAHPS

Hospital Consumer Assessment of  
Healthcare Providers and Systems

<http://www.hcahpsonline.org>

 **Picker** |

<http://www.picker.org/>

# Analyse Patiënt Ervaring Meet Instrumenten (Lit)

Beattie *et al. Systematic Reviews* (2015) 4:97  
DOI 10.1186/s13643-015-0089-0



RESEARCH

Open Access

## Instruments to measure patient experience of healthcare quality in hospitals: a systematic review



Michelle Beattie<sup>1\*</sup>, Douglas J. Murphy<sup>2</sup>, Iain Atherton<sup>3</sup> and William Lauder<sup>4</sup>


Accepted: 13 January 2017

DOI: 10.1111/hex.12545

ORIGINAL RESEARCH PAPER

WILEY

## Closing the patient experience chasm: A two-level validation of the Consumer Quality Index Inpatient Hospital Care

Alina Smirnova MD<sup>1,2</sup>  | Kiki M. J. M. H. Lombarts PhD<sup>2</sup> |  
Onyebuchi A. Arah MD, PhD<sup>3,4</sup> | Cees P. M. van der Vleuten PhD<sup>1</sup>



# Patient centered

American  
College of  
Medical  
A  
C  
M

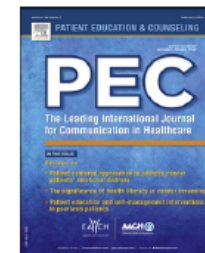
Patient Education and Counseling xxx (2016) xxx–xxx



Contents lists available at ScienceDirect

## Patient Education and Counseling

journal homepage: [www.elsevier.com/locate/pateducou](http://www.elsevier.com/locate/pateducou)



### Review article

## What do patient values and preferences mean? A taxonomy based on a systematic review of qualitative papers

Carla M. Bastemeijer<sup>a,\*</sup>, Lennard Voogt<sup>b</sup>, Johannes P. van Ewijk<sup>a</sup>, Jan A. Hazelzet<sup>c</sup>

<sup>a</sup> Department of Normative Professionalization, University of Humanistic Studies, Utrecht, The Netherlands

<sup>b</sup> Department of Physical Therapy Studies, Rotterdam University of Applied Sciences, Rotterdam, The Netherlands

<sup>c</sup> Department of Public Health, Erasmus University Medical Center, Rotterdam, The Netherlands



**Uitbreiden met specifieke Kind gericht instrument**

# The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS<sup>®</sup>

Sara L. Toomey, MD, MPhil, MPH, MSc<sup>a,b</sup>, Alan M. Zaslavsky, PhD<sup>b,c</sup>, Marc N. Elliott, PhD<sup>d</sup>, Patricia M. Gallagher, PhD<sup>e</sup>, Floyd J. Fowler Jr, PhD<sup>e</sup>, David J. Klein, MPH<sup>a</sup>, Shanna Shulman, PhD<sup>a</sup>, Jessica Ratner, BA<sup>a</sup>, Caitriona McGovern, AB<sup>a,b</sup>, Jessica L. LeBlanc, MA<sup>e</sup>, Mark A. Schuster, MD, PhD<sup>a,b</sup>

**PEDIATRICS 2015; 136: 360-9**

## Variation in Family Experience of Pediatric Inpatient Care As Measured by Child HCAHPS

Sara L. Toomey, MD, MPhil, MPH, MSc,<sup>a,b</sup> Marc N. Elliott, PhD,<sup>c</sup> Alan M. Zaslavsky, PhD,<sup>d</sup> David J. Klein, MS,<sup>a</sup> Sifon Ndon, AB,<sup>a</sup> Shannon Hardy, BA,<sup>a</sup> Melody Wu, AB,<sup>a</sup> Mark A. Schuster, MD, PhD<sup>a,b</sup>

**Toomey et al. PEDIATRICS 2017; 139: e20163372**

# Use the results for improvement Quality of care



Article

American  
College of  
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Quality | A  
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## Organizational Characteristics and Patient Experiences With Hospital Care: A Survey Study of Hospital Chief Patient Experience Officers

American Journal of Medical Quality  
2015, Vol. 30(5) 432–440  
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DOI: 10.1177/1062860614539994  
[ajmq.sagepub.com](http://ajmq.sagepub.com)



Matthew Manary, PhD<sup>1</sup>, Richard Staelin, PhD<sup>1</sup>, Keith Kosel, PhD<sup>2</sup>,  
Kevin A. Schulman, MD<sup>3</sup>, and Seth W. Glickman, MD, MBA<sup>1,4</sup>

# Use the results for improvement Quality of care

## PATIENT-CENTERED CARE

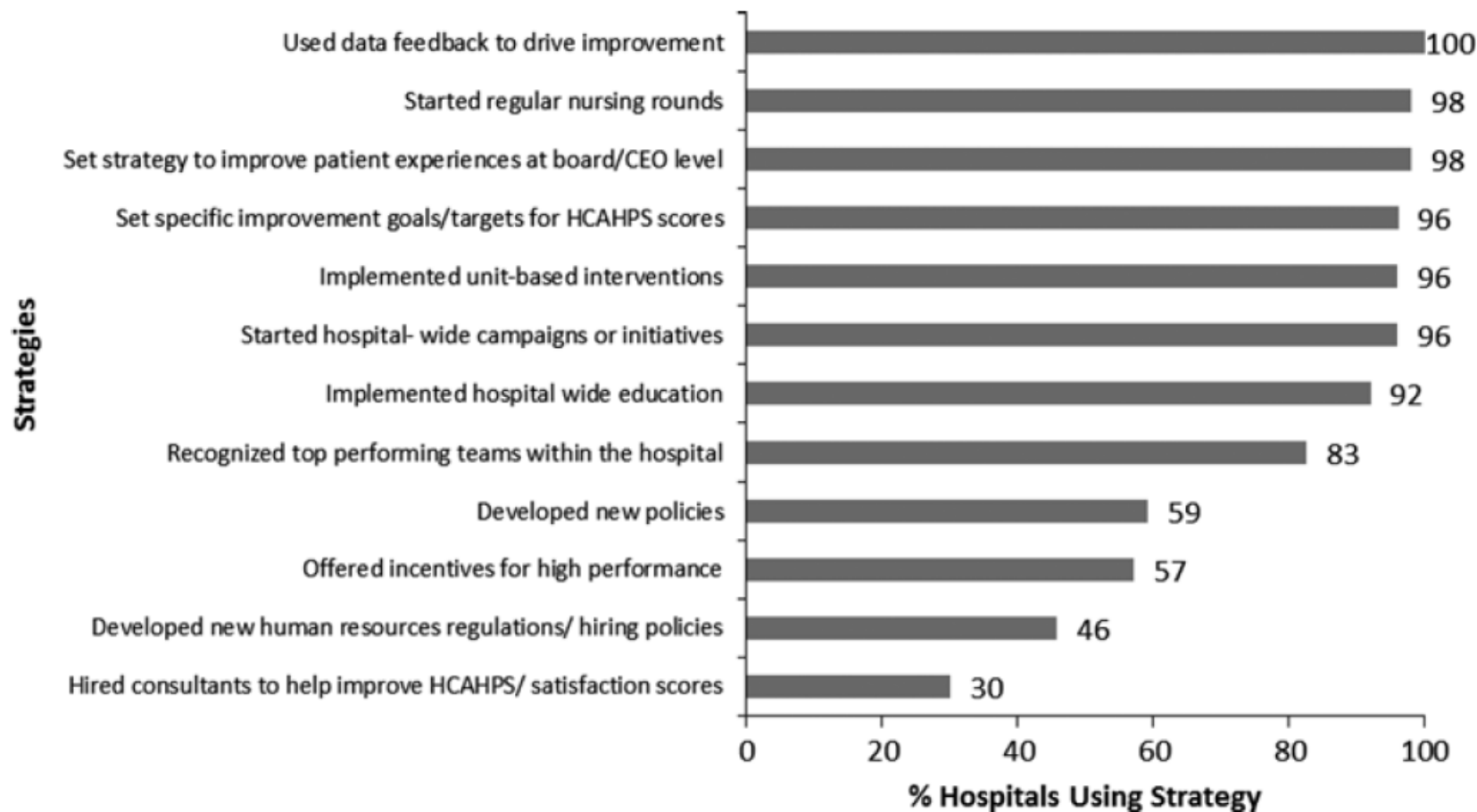
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# Promising Practices for Achieving Patient-centered Hospital Care

## *A National Study of High-performing US Hospitals*

*Hanan J. Aboumatar, MD, MPH,\*†‡ Bickey H. Chang, MHA,\* Jad Al Dana, MD, MPH,\*  
Mohammad Shaeer, MD,\*§ Ruth Namuyinga, MD, MPH,\* || Sathyanarayanan Elumalai, BTech, MS,\*¶  
Jill A. Marsteller, PhD, MPP,\*# and Peter J. Pronovost, MD, PhD\*##*

*Med Care 2015;53: 758–767*



Select strategies utilized to improve patients' hospital experiences.

*Med Care* 2015;53: 758–767

PATIENT-CENTERED CARE

Promising Practices for Achieving Patient-centered  
Hospital Care

*A National Study of High-performing US Hospitals*

Hanan J. Aboumatar, MD, MPH,\*†‡ Bickey H. Chang, MHA,\* Jad Al Dana, MD, MPH,\*  
Mohammad Shaeer, MD,\*§ Ruth Namuyinga, MD, MPH,\* || Sathyanarayanan Elumalai, BTEch, MS\*¶  
Jill A. Marsteller, PhD, MPP,\*# and Peter J. Pronovost, MD, PhD\*###

- Clinical Leadership
- Team collaboration
- Personal commitment/wellbeing





# Core Principles & Values of Effective Team-Based Health Care



Pamela Mitchell, Matthew Wynia, Robyn Golden, Bob McNellis, Sally Okun,  
C. Edwin Webb, Valerie Rohrbach, and Isabelle Von Kohorn\*

October 2012

*\*Participants drawn from the Best Practices Innovation Collaborative  
of the IOM Roundtable on Value & Science-Driven Health Care*

## Principles of Team-Based Health Care

**Shared goals:** The team—including the patient and, where appropriate, family members or other support persons—works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.

**Clear roles:** There are clear expectations for each team member's functions, responsibilities, and accountabilities, which optimize the team's efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.

**Mutual trust:** Team members earn each others' trust, creating strong norms of reciprocity and greater opportunities for shared achievement.

**Effective communication:** The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.

**Measurable processes and outcomes:** The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.

# CONTINUOUS TEAM-BASED IMPROVEMENT

## SYSTEM REDESIGN

## PERFORMANCE INDICATORS

*Clinical leadership, Team collaboration, personal commitment....*

**Burnout**

### DISEASE TEAM

INTEGRATED (full cycle of care)  
RESPONSIBLE  
ACCOUNTABLE

#### CONSIDERATION IN SDM OF:

- DISEASE BURDEN
- OUTCOME EXPECTATIONS
- POSSIBLE HARM & RISKS
- ALTERNATIVES

**MULTIPLE CARE PROPOSITION(S)**

ORGANIZATIONAL SUPPORT:  
DATA, IT-SYSTEMS, ACCOUNTING  
& CULTURAL CHANGE

PATIENT(S), PEER &  
COMMUNITY SUPPORT



### PATIENT RESULTS

PROMs



PREMs



CLINICAL  
OUTCOMES



### PROVIDER RESULTS

KEY PROCESS  
MEASURES



TEAM CULTURE



FINANCIAL  
STATUS



RESEARCH  
DATA

## VIEWPOINT

# Addressing Physician Burnout The Way Forward

Tait D. Shanafelt, MD  
Mayo Clinic, Rochester,  
Minnesota.

**The US health care delivery system** and the field of medicine have experienced tremendous change over the last decade. At the system level, narrowing of insurance networks, employed physicians, and financial pressures

reported errors, turnover, and higher mortality ratios in hospitalized patients.<sup>3</sup> Indeed, studies suggest a link between burnout and a reduction in the amount of time physicians devote to providing clinical care to patients.<sup>6</sup> Given

JAMA 2017; 317: 901-2

With health care in a state of constant change and physician burnout rates reaching crisis levels, organizations need responsive and skilled leaders at the helm.

## EDITORIAL

## The Quadruple Aim: care, health, cost and meaning in work

Rishi Sikka,<sup>1</sup> Julianne M Morath,<sup>2</sup> Lucian Leape<sup>3</sup>

BMJ Qual Saf 2015;24:608–610

**400**

die by suicide each year,  
a rate more than

**2X**

that of the general  
population

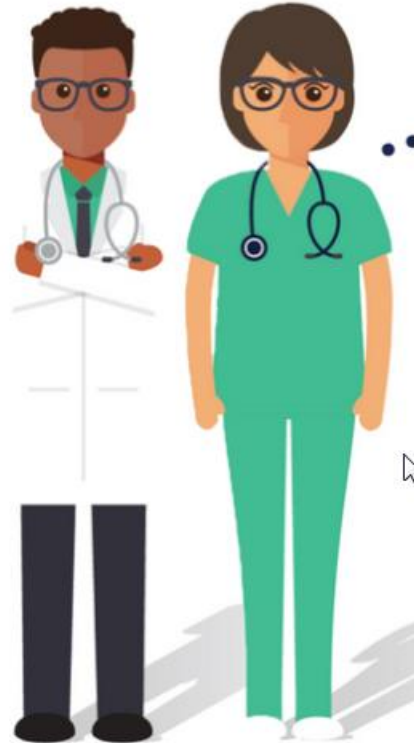
Andrew & Brenner, 2015



**24%**

of ICU nurses tested positive  
for symptoms of post-traumatic  
stress disorder

Mealer et al., 2007



Physician rates of  
depression  
remain alarmingly  
high at

**39%**

Shanafelt, 2015

**23-31%**

Prevalence of emotional  
exhaustion among  
primary care nurses

Gomez-Urquiza et al, 2016

## How can we protect the health of the people who protect our own?



**National Academy of Medicine**

Action Collaborative on  
Clinician Well-Being and Resilience

Learn more at [nam.edu/ClinicianWellBeing](https://nam.edu/ClinicianWellBeing)

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# What's Missing From the Triple Aim of Health Care?

It's time to prioritize worker satisfaction, along with the aims of patient experience, population health, and cost reduction.

**BY LARRY SOBAL, MBA, MHA, CMPE, AND SUZETTE JASKIE**



# Quadruple Aim





**ICHOM**

@ICHOM\_ORG

The International Consortium for Health Outcomes Measurement is a non-profit organization dedicated to improving health outcomes worldwide

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1,365

FOLLOWING  
587

FOLLOWERS  
2,571

LIKES  
16

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Tweets & replies

Media



**ICHOM** @ICHOM\_ORG · May 19

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2



2