Value Based Healthcare: *Learning from practice*

Aneurin Bevan University Health Board

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Introduction

In April 2018, King's Health Partners visited Aneurin Bevan University Health Board in Wales to understand their journey in implementing value based healthcare.

Our aim is to learn from the experience of others, sharing the lessons with teams across King's Health Partners and beyond to support efforts to continually improve value (which we define as outcomes that matter to patients and carers compared to the costs across complete pathways of care).

Aneurin Bevan are increasingly recognised as one of the internationally leading examples of the *practical* implementation of value based healthcare. (In 2018, the team were nominated for the European ValueBased HealthCare prize.)

This report provides an overview of Aneurin Bevan, their approach in implementing value based healthcare, what we can learn from their approach and the challenges faced, and the critical success factors that underpin effective improvement of value.

The focus of this report is on the practical implementation of value based healthcare approaches. For example, it is noteworthy that the Aneurin Bevan team always refer to *value based care* rather than *value based healthcare*. However, rather than explore the theory behind this choice, we will focus instead on the importance of developing a culture that prioritises value, and how the Aneurin Bevan team has developed a shared understanding across professional groups and teams to drive successful delivery of value.

Overview: developing the culture and capability of value based care

Aneurin Bevan University Health Board was established in 2009, and covers Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys. The Health Board covers primary, secondary, community care and mental health. It employs over 13,000 staff, two thirds of whom are involved in direct patient care (including over 1,000 hospital and general practice doctors, and 6,000 nurses, midwives, allied professionals and community workers).

Aneurin Bevan's journey into value based care started in 2015. From the start, the programme had strong support from both the Medical Director (Dr Paul Buss) and Director of Finance (then Alan Brace, now Glyn Jones), and visible clinical leadership from Dr Sally Lewis (Assistant <Medical Director and Primary Care Clinical Director). Dr Lewis was tasked by the Board with exploring the opportunities that value based healthcare offered in responding to the Welsh government's call to meet the challenges of rising costs and increasing demand, whilst continuing to improve quality. (For further background, see the case study on "putting value-based care into practice" from the Economist Intelligence Unit.)

One of the first things the team did was focus on what was meant by *value*. Value means different things to different people, and this has implications for value based healthcare both in theory and practice. For Aneurin Bevan, it was not possible to increase funding available to health services, or to reduce underlying need (at least in the short term). The *value challenge* was to make best use of available resources to improve outcomes for patients. However, outcomes information was patchy and limited. If the challenge was to take a more rigorous but personalised approach to planning and delivery of care based on patient outcomes, much of the

evidence base was missing. To improve outcomes and deliver value, you must measure outcomes that matter to patients.

In exploring this challenge, Aneurin Bevan developed a partnership with the International Consortium for Health Outcome Measurement (ICHOM). The team were impressed with the approach being taken by ICHOM, who bring together patients and clinicians from across the globe to develop standard outcome sets for conditions. The Aneurin Bevan team were initially involved in the working group for hip and knee osteoarthritis, and have since developed the approach to build routine data collection of outcomes sets into the pathway and clinical workflow (for a detailed example, see Parkinson's disease case study). There are different requirements and practical challenges of outcome measurement depending on depending on the patient groups and clinical settings (orthopaedics and Parkinson's disease are very different), but the overarching needs are the same – clinical teams need to know how they are doing for their patients. To do this, you need to measure and share outcomes that matter to patients.

Collecting and sharing outcomes data is only made possible through user-led informatics. From the beginning, the focus of the Aneurin Bevan team has been on providing data to support direct patient care. Service-, organisation- and system-level uses and the potential of big data have remained of secondary importance. Early work with clinical teams continually probed on *why, why, why* do you want this *specific* data and how will it be used to support patient care. The collection and sharing of data has not only informed the development of care processes, it has also been built into the pathway of care. For example, in inflammatory bowel disease, patient-reported outcome measures (PROMs) are used to support decisions about when is the most appropriate time for follow-up consultation. This is only possible because the patient has been central in the design and implementation of the systems which support the collection of PROMs. Working with patients alongside DrDoctor – a technology company – the Aneurin Bevan team tested the most effective messages when sending PROMs surveys at different points along the pathway, continually improving on the approach based on feedback. Messages focussed on how responses would be used to support the patient's care. This focus, combined with a commitment to making the process of responding as user-friendly as possible, Aneurin Bevan have been able to achieve response rates of 80% for PROMs surveys completed at home (compared to only 40% previously). This has also driven improved value by reducing the number of appointments which are not held by improving attendance, and by eliminating surplus scheduling and consequently, reducing overall waiting times.

Building on the strategic partnerships with ICHOM and DrDoctor, Aneurin Bevan needed comparable expertise in costing complete pathways of care. The team combined the capability and expertise built up through PLICS (patient level information and costing systems) with time-driven activity based costing (TDABC). Throughout, the Aneurin Bevan has been pragmatic, combining different costing methodologies based on the specifics of the pathway. The team focussed on activities that could be seen and influenced, costing only the part of the pathway that the work of the clinical and patient pathway review had identified as having potential value. Although the costing team remains small, Aneurin Bevan has very deliberately invested in expertise and dedicated resources to support the delivery of value based healthcare work, and finance professionals are seen as a core part of the multi-disciplinary team.

The aim is to continue to embed the approach as the core way of working, aligning clinicians, managers and finance professionals around a common purpose. The Aneurin Bevan approach to developing a value based system is now being adopted as a national strategy across Wales, and Dr Sally Lewis has recently been appointed as the National Clinical Director for Value Based Healthcare.

Lessons and considerations

The Aneurin Bevan approach has much to offer others implementing value based healthcare.

Firstly, evidence that it is possible to implement value based healthcare approaches and deliver improvements in patient outcomes and the sustainability of healthcare. Aneurin Bevan has achieved a remarkable amount in a short space of time.

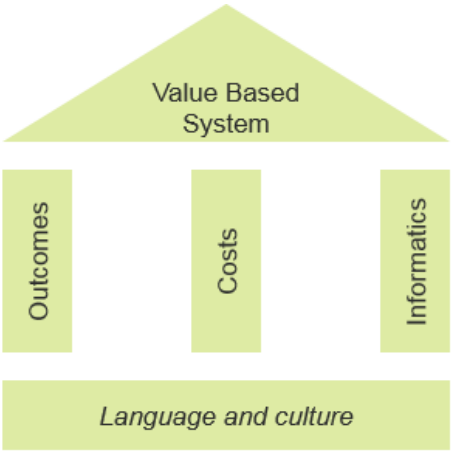

Figure 1: Components of a Value Based System (*Aneurin Bevan UHB; image recreated by KHP*)

There are some common themes across the Aneurin Bevan approach that others should seek to learn from and adopt:

- Focusing on outcomes that matter to patients, and how outcomes data will be used to inform the care that patients receive.
- Design and delivery being driven by clinical teams working across the complete pathway of care.
- Investing in the expertise, capability, and infrastructure necessary to enable clinicians and patients working together to deliver improvements in value. Costing and informatics are both part of the core multi-professional team.
- High quality, consistent, and continual communication with patients and with clinical teams.
- Pragmatic approach to the development of value based healthcare capability, recognising that change takes time and effort, but that long-term success is dependent on having successful examples from which people can learn.
- Continually refining approach by drawing on the expertise of people delivering and receiving health care.

Ultimately, taking a systems approach to improving value is a long-term endeavour. It takes times to collect clinically meaningful outcomes information that is critical to the success of value based healthcare approaches. However, the Aneurin Bevan experience shows that it is possible to make substantial progress in a short amount of time.

Critical success factors

It was striking that throughout the visit, the same messages and themes were returned to over and again by professionals from a range of backgrounds – clinical and non-clinical. The expertise and commitment developed within the multi-professional team at Aneurin Bevan is one of the distinctive features of the approach, and likely one of the factors that has been – and will be – critical to successfully improving value. The other notable features are:

- Strong support from **senior leadership** from the beginning, including both the Medical Director and Director of Finance.
- Visible and dedicated **clinical leadership** accountable for delivering on value based healthcare.
- Define *value* with patients, carers, and clinical teams to start building **value culture**.
- Start by **focussing on outcomes**, but invest time and effort in costing and informatics expertise necessary to enable teams to act on outcomes information.
- Continually think about the **patient perspective** by asking and working with patients and responding to feedback.

"Get the relevant people around the table, share information, and let them get on with it"
Heart Failure clinician, Aneurin Bevan University Health Board