

Implementing High Value Care in Europe

Health system

NHS Wales



Context

The National Health Service (NHS) Wales delivers universal health care for 3.1 million Welsh residents with a 2019 budget of £7 billion (€8.2 billion). In 2014, the Welsh Minister for Health and Social Services launched a policy called Prudent Health care, focusing on co-production with patients, equity, reducing over-medicalisation and unwarranted variation in care. Subsequently, high value care has become a vehicle for delivering Prudent Health care under the overarching policy of 'A Healthier Wales'¹. To implement this plan, NHS Wales created a national HVC team led by Dr. Sally Lewis, with the ambition "to improve the health outcomes that matter most to the people in Wales".

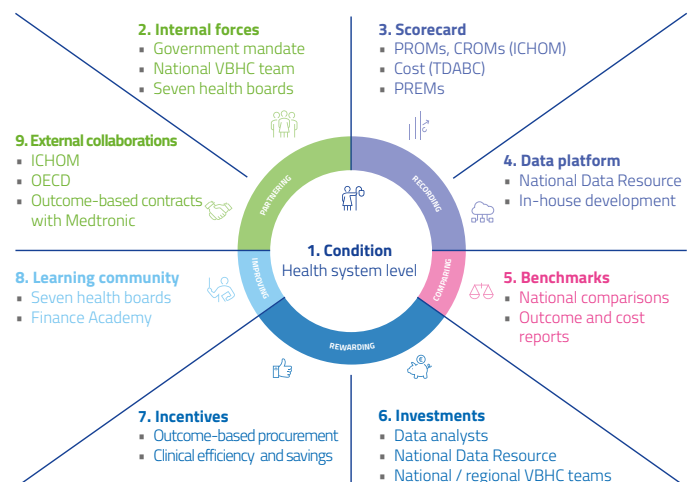
Achievements

In 2017, NHS Wales developed a portal for standardised PROM collection for 31 care pathways, with questionnaires available in English and validated Welsh translations. Aneurin Bevan University Health Board (ABUHB) has been a pioneer in collecting PROMS for over 20 conditions with a 77% response rate through the use of smartphones. NHS Wales is also building the National

Data Resource – an interoperability hub with an open application programming interface (API) – as well as national disease reporting dashboards to increase transparency with Welsh citizens by letting them compare providers and outcomes. Lastly, NHS Wales has signed outcome-based contracts where life science vendors receive payments when target outcomes are met.

Implementation

Through dialogue with practitioners and medical associations, NHS Wales reaches clinical consensus on outcome sets and PROM tools, often using ICHOM standard sets for specific conditions. Costs are measured either with TDABC or, at hospitals, with patient level costing. To accelerate HVC implementation across seven Welsh health boards, the national HVC team works to support local teams in embedding HVC activity. "The plan-then-do approach is obsolete – even dangerous"², says Professor Alan Brace, NHS Wales' Director of Finance. "Today's successful organisations close the strategy-to-implementation gap with a new approach best described as Decide-Do/Refine-Do"³. This agile test-and-learn approach fuels NHS Wales' entrepreneurial implementation at health system level.





Data platform

In terms of digital transformation, NHS Wales is developing the National Data Resource (NDR) – a multi-provider benchmarking hub that enables open reporting, research, as well as clinical and operational support across Wales³. Cost-effective solutions are developed in-house to improve data visualisation for patients and caregivers. With national terminology standards, *“The NDR is a set of national and local servers holding and linking data produced by Welsh health care organisations, with strict information governance standards and a federated approach”*, said Helen Thomas, Director of Information.



Learning community

NHS Wales is developing a HVC learning community at national and regional levels through various initiatives. For example, it has developed a year-long programme across the seven health boards – the Finance Academy – where finance and clinical participants work in pairs to devise and implement value-based projects locally. Another example is the national costing exercise, which analyses the variation in cataract patient pathways across Wales. In 2018, health boards collected PROM data (ICHOM cataract standard set) from patients before and after cataract surgery. Using a TDABC approach, the cataract patient pathway was mapped and the cost of each step calculated (£615 per surgery on average).



Learning community (cont')

Approximately 70% of patients referred for surgery have the operation. *“If we can identify early in the process most of the 30% that do not have surgery and the 20% that do not improve after surgery, these patients would be placed in an alternative pathway that can meet their needs with improved outcomes at a lower cost”*, asserts Dr. Chris Blyth, Clinical Lead, Ophthalmology. The key learning is that pre-operative PROMs could enable earlier triage to the most appropriate and high value pathway⁴.



External collaborations

NHS Wales negotiated with Medtronic a first value-based contract in colorectal cancer, using a new care cycle based on enhanced recovery after surgery (ERAS). Reduced length of stay and cost per bed days are the two process indicators measured, with the payment to Medtronic being a percentage of the savings generated. The second outcome-based contract was for Medtronic’s sacral nerve stimulation technology to treat faecal incontinence. This agreement involves an outcome-based payment model where the company is paid 12 months following implantation if it meets pre-agreed parameters upon benchmarks. *“Given the societal costs for this chronic disease, the expected savings between current and new care cycles are £38,000 (€45,000) per patient”*, estimates Adele Cahill, National Lead Value-Based Procurement⁵.

Highlights

NHS Wales is developing a nationwide HVC plan to measure patient outcomes and analyse them through a centralised data platform. PROMs are expected to be applied for triage in order to orient patients towards appropriate and high value care pathways. NHS Wales rolls out its implementation roadmap through HVC training at the crossroads of financial and medical expertise to disseminate a cultural shift at health system level.

1. Chief Medical Officer for Wales Annual Report 2019. Valuing our health.
2. Markins, M., Five Ways the Best Companies Close the Strategy-Execution Gap. Harvard Business Review, November 2017.
3. Interview with Helen Thomas, Director of Health Informatics at NHS Wales, on August 11, 2019.
4. Blyth C., et al., Using outcome data and costs to demonstrate ‘Value’ in our Cataract Service: reducing variation & using outcomes to support direct care and triage. Poster presented during the ICHOM conference 2019 Rotterdam
5. Interview with Adele Cahill, National Lead Value-Based Procurement, NHS Wales on August 12, 2019.