Value transformation in practice: Implementing the value-based health care model at an oncology centre of excellence in Quebec

Eva Villalba, MBA, MScHCT, VBHC Green Belt * and Monika Slovinec D'Angelo, MEd, PhD, VBHC Green Belt

Quebec Cancer Coalition

Background:

Value-based healthcare (VBHC) is recognized as a promising approach for improving population health outcomes and controlling healthcare costs. With backlogs in cancer care, delayed diagnoses that lead to poor outcomes, and increasing financial/resource constraints, value-based transformation in healthcare is desirable, but challenging to implement. We partnered with a centre of excellence in Quebec (Jewish General Hospital, Montreal), to demonstrate the feasibility and impact of implementing a comprehensive VBHC model for optimizing colorectal cancer care. Results from the first phase of the Project describe enablers of effective implementation at this Canadian cancer centre.

Methods:

A VBHC demonstration project in oncology, the first of its kind in Canada, was implemented for colorectal cancer (CRC) care. Following our preliminary environmental scan and analysis of VBHC readiness at baseline, as well as qualitative interviews with patients and healthcare providers in colorectal cancer, we developed the methodology for this project. The methods included **simultaneous implementation of core VBHC elements** to improve impact and sustainability of a value-based transformation. The original Porter/Teisberg Value Agenda was adapted to oncology in a Canadian context. Learnings from the implementation process were documented to develop a framework for scaling to other cancer types and hospitals.

We incorporated 5 out of 6 core elements of the strategic agenda for value transformation:

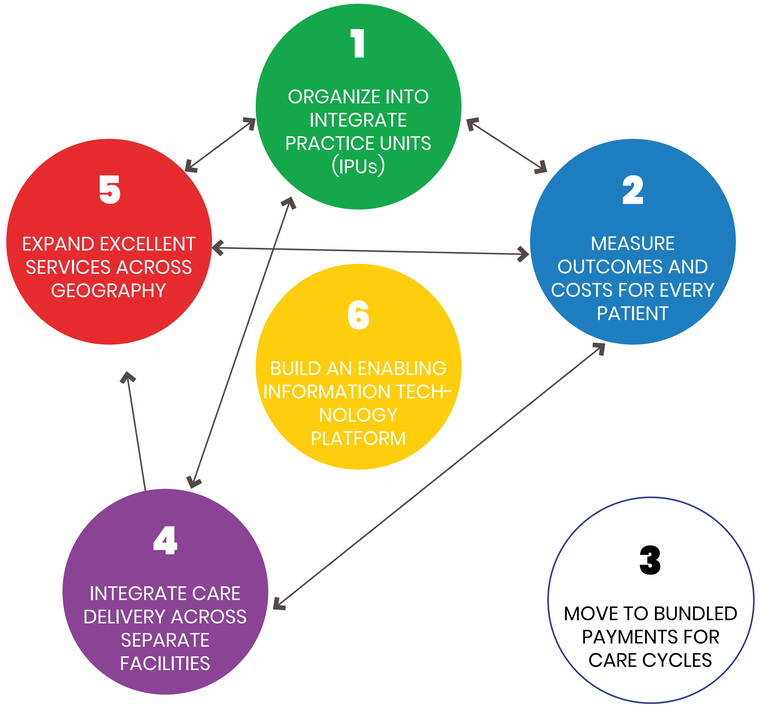


Figure 1. Porter & Teisberg's value agenda, adapted to Canadian context

Notably, the "move to bundled payments for care cycles" is not prioritized. Although possible in simple care trajectories (i.e., hip & knee replacement), it is more of an obstacle to implementation for complex trajectories such as oncology in a Canadian context. Measuring costs accurately and through the whole trajectory of care, as well as optimizing limited resources - financial, human, material - while improving outcomes should be the goal in the short to medium term. Once the foundations for an accurate costing of trajectories are in place, a significant reform of the financing of our public health care system can be envisioned.

Results:

Our initiative simultaneously implements the following elements:

Mapping of colorectal cancer patient care trajectory to identify main interventions, healthcare providers, process metrics, bottlenecks, potential waste, opportunities.

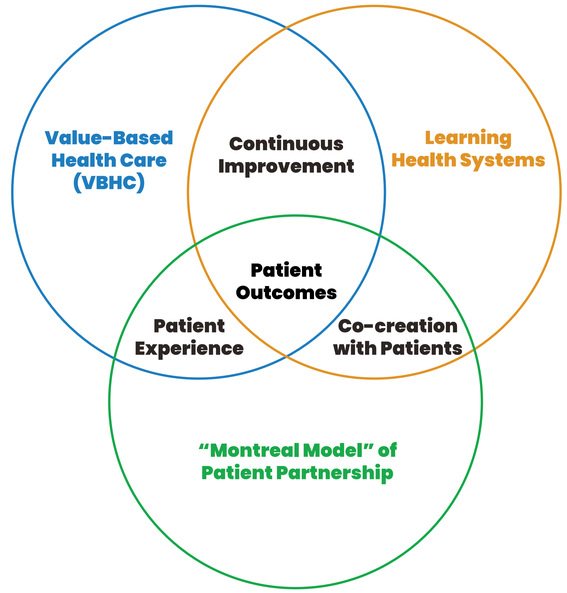
Developing a set of PROMs and PREMs based on the ICHOM standard set for Colorectal cancer along the complete cancer care trajectory (Qualtrics) and an algorithm to provide real-time information to patients, timely clinical follow-up and metrics sharing with the IPU.

Developing a framework for an Integrated Practice Unit (IPU) for CRC care for restructuring the organization and work processes of multidisciplinary teams to optimize value for patients (experience & outcomes) and healthcare system (efficiencies).

Create VBHC Oncology Dashboard for systematically collecting and tracking process indicators, clinical outcomes, PROMs, PREMs, and healthcare costs (CPPS program).

Mapping of the patient care trajectory is essential where no standard trajectory exists and was necessary for CRC in Quebec. Incorporating additional elements as **key enablers of change** such as **Learning Health Systems, patient partnership** and **change management** transversally. Importantly, change management was applied by mobilizing and engaging **internal (clinicians, administrators, patients)** and **external (public health policy stakeholders)** as **VBHC Champions** to ensure successful, long-term transformation.

Addressing contextual factors, such as organizational culture, care delivery processes, and structural and data silos, relies on **dedicated resources and champions.** The complementary approaches used in Quebec of **Learning Health Systems** and the **Montreal Model of Patient Partnership** also are mutually reinforcing to VBHC implementation. These key enablers must therefore be integrated in any health policy efforts to scale VBHC transformation at the jurisdictional system level.



ENABLERS OF EFFECTIVE VBHC IMPLEMENTATION

1. Change management approach:
Top-down AND bottom-up, incl. Internal & External VBHC **Champions** & dedicated **resources**
2. Learning Health Systems & IT infrastructure
3. Patient partnership and engagement

Figure 2. Synergistic approaches to creating and improving value in a Canadian context

Discussion:

The iterative nature of the methodology served to inform the development of a Canadian Model for VBHC implementation in oncology (and thus complex trajectories). Multidisciplinary teams organized around a medical condition exist in Canada, however, patients are not yet benefitting from truly integrated care or systematic ou comes measurement due to organizational and data silos. Successful VBHC implementation requires both a **top-down and bottom-up change management strategy,** as well as **early engagement with public policy stakeholders.**

Sharing common indicators (process, clinical, patient-reported, costs) among members of a dedicated **IPUs**, is required to address challenges in a timely fashion and **enable sustainable change**. Given the current Bill 3 on health data in Quebec, and the Pan-Canadian Health Data Strategy being developed, this project has relevant public policy implications. Namely, which indicators should be collected and aggregated to improve value. VBHC implementation is an opportunity for clinicians, care teams and healthcare managers to reflect on their common vision and make decisions based on value from a patient and family perspective that ultimately benefit all stakeholders.

Internal leadership and endorsement from the executive leadership, the Quality Improvement department, as well as involving key actors such as clinicians and patients as partners is crucial. The **leadership of a patient advocacy group** in this project is unique, but also allowed for better mobilization of key stakeholders.

Given upcoming health reforms in Quebec, this project and its VBHC Implementation Framework is poised to significantly influence healthcare policy and transformation by documenting processes, barriers and enablers to scale value-based approaches.