

The importance of evaluation of outcomes in healthcare and hospital experiences

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KEY FINDINGS

The meeting on the role and importance of outcome in healthcare had the aim to propose the topic of the evaluation of effectiveness of medical and surgical treatments as a real indicator of healthcare quality.

In general, costs are currently evaluated, elaborated and used for managing healthcare; efficiency is also taken into account by providers and payers, especially in a payment system based on Diagnosis Related Groups, whereas effectiveness is not frequently measured, through the evaluation of patients outcomes. Moreover, a standardisation of outcomes measurements is also lacking.

The meeting produced some important concepts which could be properly applied to promote an EU initiative, possibly in association with some other international organizations such as OECD:

- The use of outcomes is mandatory to evaluate healthcare effectiveness;
- The outcomes should be measured, by clinical methods and by Patient Related Outcome Measurements;
- The measurements should be standardised;
- The education of healthcare professionals and of policy makers is fundamental for promoting the outcomes measurements;
- The study of social and environmental factors which could influence the clinical pathway should be acknowledged.



Overview

A new, widely accepted and applied approach for evaluating and improving healthcare systems is the Value Based Healthcare (VBHC). The concept is simply defined by the ratio between outcomes and costs. Thus, if a healthcare system could reduce costs, by cutting them, but even redistributing them among different wards and services, and increases (improves) outcomes, i.e. the results on patients, create value. Value was born as a typical economical concept, but, over time, it assumed also professional, ethical, and social beliefs. The evaluation of costs is currently performed in different healthcare systems, through different methods, including the most appreciated activity-based costing, cost-effectiveness, cost opportunity ones. Actually, the evaluation and calculation of outcomes is not so commonly defined and performed. There are various experiences of evaluation of outcomes, determined by macrosystems, i.e. national and regional agencies which control and verify hospitals' and physicians' performances through some specific outcomes, and by microsystems, held by a single hospital or ward to make public and transparent their performances and also to increase the patients' confidence and, consequently, the patients' access. In general, the evaluation of single and specific outcomes is a good approach, but VBHC properly requires a series of outcomes to really describe the performances (efficiency and effectiveness) of the healthcare system.

The interest on outcomes definition and calculation is a common feature also for scientific associations. In fact, numerous guidelines and consensus documents of international scientific association are including the evaluation of outcomes to measure the real effect of assessed procedures proposed to the physicians members of the associations. A standardisation or almost a homogenisation of different outcomes proposed for a specific disease, syndrome, medical, surgical or rehabilitation treatment is needed, especially for comparing hospitals.

A general instrument for collecting standardised outcomes is the disease or treatment registry. There are many examples in Europe of national or international registries collecting voluntarily, and sometimes mandatorily, cases of a specific diseases or treatment. Registries are characterised by the collection of data over time, and especially after the medical or surgical treatment; the follow-up of the patient is generally defined by standardised and validated indexes, scales or scores, which, in turn, can define outcomes. However, some registries are only databases, not collecting specific or sufficient results to define real patients outcomes, and, in some other cases, the entry of data and their maintenance over time is not comparable among different registries.

In general, outcomes are defined by doctors and by their organisations. A modern approach for evaluating outcomes is the definition of the Patient-Reported Outcomes Measurements (PROMS). The modification of the quality of life of the patient after the medical, surgical or rehabilitation treatment is measured directly by the patient through specific questionnaires, internationally validated and scientifically accepted. Thus, independent and parallel measurements of outcomes on the same patient are collected, both from physicians/hospitals and from the patient themselves. The method was endorsed by OECD, which in January 2017 released to their member Countries the recommendation to use patient-reported measures to complement evaluation of healthcare performance. The European Union is particularly interested the patients participation in healthcare evaluation and improvement, especially through the role of their associations and of certification of expertise for their active involvement in decisions about diseases prevention and treatment. Thus, the use of PROMS should be encouraged and possibly expanded into all systems used for evaluating outcomes. In fact, the current literature demonstrates that there are often differences and sometimes discrepancies between the outcomes definition and measure by physician and outcomes measure by patients, especially for specific symptoms which are largely influencing quality of life

or debilitating or threatening some specific functions. The parallel collection of physician and patient outcomes can really improve the pathway of disease and its treatment.

The need of homogenisation of outcomes is also linked to a step preceding the entry of data, namely the definition of characteristics of patients symptoms which allows the recruitment of patient into the disease pathway and, in other side, the patient experience on that, collected by the PREMS, i.e. patient related experiences measurements. By using standardised methods for collecting patients data, for recruiting patients, and for evaluating the results of medical or surgical treatments, we can assure a correct and proper scientific method to measure the impact of healthcare systems on population.

A growing success for some standardized data sets for specific diseases and syndromes is now achieved by the proposals of ICHOM, International Consortium for Healthcare Outcomes Measurements. The "PREMS and PROMS" defined by this scientific association allow the comparison among different healthcare systems, facilitating the implementation of outcomes measurement procedures and, later, the maintenance of the process.

Outcomes measurement is important for:

- the healthcare system to improve the costs allocation privileging the efficient and effective providers;
- the healthcare systems to compare, by a solid method which has already incorporated the definition and characteristics of the syndromes, providers;
- the provider to assure quality of care;
- the provider to costs allocation privileging the efficient and effective teams and eventually modifying organization;
- the patient to obtain transparent information about the disease treatments in different hospitals;
- the patient to encourage his/her participation in disease management;
- the patient to aid his/her choice of hospital for care;
- the citizen to observe the healthcare performances;
- the decision makers to observe the healthcare performances and define the citizens needs.

Thus, outcomes measurements should be heavily encouraged and spread in EU, to improve the healthcare quality and effectiveness and to face the demanding patients needs.

Discussion

After the presentation, the discussion was conducted by the Dr Adolfo Barberá Del Rosal, Head of Unit, Directorate-General for Internal Policies of the Union, Policy Department for Economic, Scientific and Quality of Life Policies, and by Miklos Györffi, Parliamentary research administrator of the same Department.

They outlined the importance of the topic for the legislative work of EU, which is deeply involved in the development of policies to improve the quality of healthcare services, in cooperation with Member States and also with associations of patients, associations of producers, and some other international organizations, like OECD. The use of outcomes, collected from clinicians and their services, but also from patients, through the so-called Patient Related Outcome Measurements, could be a crucial tool to improve information about the quality of provided and perceived healthcare, and also to homogenise, as also

demonstrated by the PaRIS project of OECD, the procedures already implemented in different EU countries and to compare those with extra-EU ones. The combination of outcomes collection, elaboration, and interpretation, and some techniques for evaluating technologies, as Health Technology Assessment, which is currently a theme to be defined by European Parliament, could really represent a complete methodological model to assure quality of healthcare and a transparent and standardized procedure.

During the discussion, Aleksandra Heflich, Policy analyst, European Parliamentary Research Service, European Added Value Unit, remarked the role of outcomes in Value Based Healthcare, which is a modern approach to face the balance between quality of care and related costs. The comparison among different systems is an important topic for EU. Monica Heng, from Johnson and Johnson, remarked the importance of the patients' voices, collected through the Patient Related Outcome Measurements, and also the possible influence on their collection and elaboration of some confounding factors, as scholarity, urbanization, climatology, and informatics. Roberta Savli from EFPIA confirmed the interest in the argument of organization of producers of drugs and diagnostic devices.

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