

Moderator



WHERE IS THE VALUE IN VALUE-BASED HEALTH CARE?




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WHERE IS THE VALUE IN VALUE-BASED HEALTHCARE

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HTA and the Healthcare Delivery System

OPEN ACCESS Availability of evidence of benefits on overall survival and quality of life of cancer drugs approved by European Medicines Agency: retrospective cohort study of drug approvals 2009-13
Courtney Davis,¹ Huseyin Naci,² Evrim Garpinar,³ Elita Poplavska,⁴ Ashlyn Pinto,⁵

“After market entry, cancer drugs rarely show benefits on overall survival or quality of life in randomised trials”

5-4 years follow-up (minimum 3-3 years, maximum 8.1 years), only 35 (51%) had shown a significant improvement in survival or quality of life, while 33 (49%) remained uncertain. Of 23 indications associated with a survival benefit that could be scored with the ESMO-MCBS tool, the benefit was luted

Contents lists available at ScienceDirect
The Breast
journal homepage: www.elsevier.com/locate/breast

Original article
“Immediate Breast Reconstruction was performed in 41% of patients with DCIS (hospital range 0-80%) and in 17% of patients with invasive BC (range 0-62%)”

Variation in the Use of Active Surveillance for Low-Risk Prostate Cancer

Björn Löppenberg, MD^{1,2*}, David F. Friedlander, MD, MPH^{3*}, Anna Krasnova, MHS⁴, Andrew Tam, MD⁵, Jeffrey J. Leow, MD⁶, Paul L. Nguyen, MD⁶, Hava Barry⁷, Stuart B. Lippitz, ScD⁸, Mani Menon, MD⁹, Eiras Abdollah, MD¹⁰

“Significant variation was found in the use of active surveillance. Policies to achieve consistent and higher rates of active surveillance should receive priority”

Significant variation in the use of active surveillance for low-risk prostate cancer was found across 10 hospitals. Policies to achieve consistent and higher rates of active surveillance should receive priority.

PLOS ONE

RESEARCH ARTICLE
Evidence base and practice variation in acute
“Surgeon practices vary widely even in the presence of high-level recommendations. It is unclear whether further evidence alone would lessen unwarranted practice variation”

Essential requirements

ECCO essential requirements for quality cancer care (ERQCC) are checklists and explanations of organisation and actions that are necessary to give high-quality care to patients who have a specific tumour type



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Contents lists available at ScienceDirect
Critical Reviews in Oncology/Hematology
journal homepage: www.elsevier.com/locate/critrevonc

ECCO Essential Requirements for Quality Cancer Care: Soft Tissue Sarcoma in Adults and Bone Sarcoma. A critical review

Elisabeth Andritsch^a, Marc Beishon^b, Stefan Bielack^c, Sylvie Bonvalot^d, Paolo Casali^e, Mirjam Crul^f, Roberto Delgado-Bolton^g, Davide Maria Donati^h, Hassan Douisⁱ, Rick Haas^j, Pancras Hogendoorn^k, Olga Kozhaeva^l, Verna Lavender^m, Jozsef Loveyⁿ, Anastassia Negrouk^o, Philippe Pereira^p, Pierre Roca^q, Godelieve Rochette de Lempdes^r, Tiina Saarto^s, Bert van Berck^t, Gilles Vassal^u, Markus Wartenberg^v, Wendy Yared^w, Alberto Costa^x, Peter Naredi^{y,z}

Critical Reviews in Oncology/Hematology 110 (2017) 81–93
Contents lists available at ScienceDirect
Critical Reviews in Oncology/Hematology
journal homepage: www.elsevier.com/locate/critrevonc

ECCO Essential Requirements for Quality Cancer Care: Colorectal Cancer. A critical review

Geerard Beets^a, David Sebag-Montefiore^b, Elisabeth Andritsch^c, Dirk Arnold^d, Marc Beishon^e, Mirjam Crul^f, Jan Willem Dekker^g, Roberto Delgado-Bolton^h, Jean-François Fléjouⁱ, Wolfgang Grisold^j, Geoffrey Henning^k, Andrea Laghi^l, Jozsef Lovey^m, Anastassia Negroukⁿ, Philippe Pereira^o, Pierre Roca^p, Tiina Saarto^q, Thomas Seufferlein^r, Claire Taylor^s, Giampaolo Ugolini^t, Cornelis van de Velde^u, Bert van Herck^v, Wendy Yared^w, Alberto Costa^x, Peter Naredi^{y,z}

ISPOR Taskforce Initiatives

Available online at www.sciencedirect.com
ScienceDirect
journal homepage: www.elsevier.com/locate/jval

ELSEVIER

ISPOR TASK FORCE REPORTS

Selecting a Dynamic Simulation Modeling Method for Health Care Delivery Research—Part 2: Report of the ISPOR Dynamic Simulation Modeling Emerging Good Practices Task Force

Deborah A. Marshall, PhD^{1,*}, Lina Burgos-Liz, MSc, MPH, BSc Ind Eng², Maarten J. IJzerman, PhD³, William Crown, PhD⁴, William V. Padula, PhD, MS⁵, Peter K. Wong, PhD, MS, MBA, RPh⁶, Kalyan S. Pasupathy, PhD⁷, Mitchell K. Higashi, PhD⁸, Nathaniel D. Osgood, BS, MS, PhD^{9,10}, the ISPOR Emerging Good Practices Task Force

Constrained Optimization Methods in Health Services Research—An Introduction: Report 1 of the ISPOR Optimization Methods Emerging Good Practices Task Force

William Crown, PhD^{1,*}, Nasuh Buyukkaramikli, PhD², Praveen Thokala, PhD³, Alec Morton, PhD⁴, Mustafa Y. Sir, PhD⁵, Deborah A. Marshall, PhD^{6,7}, Jon Tosh, PhD⁸, William V. Padula, PhD, MS⁹, Maarten J. IJzerman, PhD¹⁰, Peter K. Wong, PhD, MS, MBA, RPh¹¹, Kalyan S. Pasupathy, PhD^{12,*}

ISPOR TASK FORCE REPORTS

Performance-Based Risk-Sharing Arrangements—Good Practices for Design, Implementation, and Evaluation: Report of the ISPOR Good Practices for Performance-Based Risk-Sharing Arrangements Task Force

Louis P. Garrison Jr., PhD (co-chair)^{1,*}, Adrian Toussie, MA, MPHil (co-chair)², Andrew Briggs, MSc, DPhil³, Gerard de Poouourville, PhD⁴, Jens Grueger, PhD⁵, Penny E. Mohr, MA⁶, J.L. (Hans) Severens, PhD⁷, Paolo Siviero, BA⁸, Miguel Steyer, ACMA⁹

ISPOR TASK FORCE REPORT

Constructing Experimental Designs for Discrete-Choice Experiments: Report of the ISPOR Conjoint Analysis Experimental Design Good Research Practices Task Force

F. Reed Johnson, PhD¹, Emily Lancesar, PhD², Deborah Marshall, PhD³, Vitoram Kilambi, BA/BS⁴, Axel Mühlbacher, PhD^{5,6}, Dean A. Regier, PhD⁷, Brian W. Bredeman, PhD⁸, Barbara Kaminien, PhD⁹, John E.P. Bridges, PhD¹⁰

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Original Report

Good Practices for Real-World Data Studies of Treatment and/or Comparative Effectiveness: Recommendations from the Joint ISPOR-ISPE Special Task Force on Real-World Evidence in Health Care Decision Making

Marc L. Berger, MD^{1,*}, Harold Sox, MD², Richard J. Willke, PhD³, Diana L. Briener, PhD⁴, Hans-Georg Eichler, MD⁵, Wim Goettsch, PhD⁶, David Madigan, PhD⁷, Amr Mokady, MSc⁸, Sebastian Schneeweiss, MD, ScD⁹, Rosanna Tarricone, MSc, PhD¹⁰, Shirley V. Wang, PhD, ScM¹¹, John Watkins, MPH, PharmD¹², C. Daniel Mullins, PhD¹³

ISPOR TASK FORCE REPORT

Budget Impact Analysis—Principles of Good Practice: Report of the ISPOR 2012 Budget Impact Analysis Good Practice II Task Force

Sean D. Sullivan, PhD¹, Josephine A. Matuskoff, PhD^{2,*}, Federico Augustovski, MD, MSc, PhD³, J. Jaime Caro, MDCM, FRCPC, FACP⁴, Karen M. Lee, MA⁵, Mark Minchin, MBA⁶, Ewa Orlewaska, MD, PhD^{7,8}, Pete Penna, PharmD⁹, Jose-Manuel Rodriguez Barrios, RPh, MPH, MSc¹⁰, Wen-Yi Shau, PhD, MD¹¹

ISPOR TASK FORCE REPORT

Multiple Criteria Decision Analysis for Health Care Decision Making—Emerging Good Practices: Report 2 of the ISPOR MCDA Emerging Good Practices Task Force

Kevin Marsh, PhD^{1,*}, Maarten IJzerman, PhD², Praveen Thokala, MASC, PhD³, Rob Baltussen, PhD⁴, Meindert Boesen, MSc⁵, Zoltán Kaló, MSc, MD, PhD^{6,7}, Thomas Lönngren, MSc (Pharm)⁸, Filip Mussen, MSc, PhD⁹, Stuart Peacock, MSc, DPhil^{10,11}, John Watkins, PharmD, MPH, BCPS^{12,13}, Nancy Devlin, PhD¹⁴

INTRODUCTION

Advancing High-Quality Value Assessments of Health Care Interventions

Jaipal A. Doshi PhD and Richard J. Willke, PhD

Value-Based Healthcare Strategic Agenda

- Re-organize care around patient conditions, into Integrated Practice Units
- Measure Outcomes and Costs for Every Patient
- Move to Value-Based Reimbursement models, and eventually Bundled-Payments
- Integrate Multi-Site Care Delivery Systems
- Expand or Affiliate Across Geography
- Build an Enabling Information Technology Platform

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Value-Based Healthcare - Concepts

$$\text{VALUE} = \frac{\text{Set of outcomes that matter to patient's condition}}{\text{Total cost of delivering those outcomes over the full cycle of care}}$$

- Value is the only goal that can unite the interests of system participants – triple win
- Improving value is the only real solution
- The question is how to design a healthcare delivery system that substantially improves patient value

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VBHC: Outcomes Indicator Set

Journal of Parkinson's Disease 7 (2017) 533-545
DOI: 10.12551/jpd.100101

Research Report

A Consensus Set of Outcomes for Parkinson's Disease from the International Consortium for Health Outcomes Measurement

Paul de Rosier^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100,101,102,103,104,105,106,107,108,109,110,111,112,113,114,115,116,117,118,119,120,121,122,123,124,125,126,127,128,129,130,131,132,133,134,135,136,137,138,139,140,141,142,143,144,145,146,147,148,149,150,151,152,153,154,155,156,157,158,159,160,161,162,163,164,165,166,167,168,169,170,171,172,173,174,175,176,177,178,179,180,181,182,183,184,185,186,187,188,189,190,191,192,193,194,195,196,197,198,199,200,201,202,203,204,205,206,207,208,209,210,211,212,213,214,215,216,217,218,219,220,221,222,223,224,225,226,227,228,229,230,231,232,233,234,235,236,237,238,239,240,241,242,243,244,245,246,247,248,249,250,251,252,253,254,255,256,257,258,259,260,261,262,263,264,265,266,267,268,269,270,271,272,273,274,275,276,277,278,279,280,281,282,283,284,285,286,287,288,289,290,291,292,293,294,295,296,297,298,299,300,301,302,303,304,305,306,307,308,309,310,311,312,313,314,315,316,317,318,319,320,321,322,323,324,325,326,327,328,329,330,331,332,333,334,335,336,337,338,339,340,341,342,343,344,345,346,347,348,349,350,351,352,353,354,355,356,357,358,359,360,361,362,363,364,365,366,367,368,369,370,371,372,373,374,375,376,377,378,379,380,381,382,383,384,385,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412,413,414,415,416,417,418,419,420,421,422,423,424,425,426,427,428,429,430,431,432,433,434,435,436,437,438,439,440,441,442,443,444,445,446,447,448,449,450,451,452,453,454,455,456,457,458,459,460,461,462,463,464,465,466,467,468,469,470,471,472,473,474,475,476,477,478,479,480,481,482,483,484,485,486,487,488,489,490,491,492,493,494,495,496,497,498,499,500,501,502,503,504,505,506,507,508,509,510,511,512,513,514,515,516,517,518,519,520,521,522,523,524,525,526,527,528,529,530,531,532,533,534,535,536,537,538,539,540,541,542,543,544,545,546,547,548,549,550,551,552,553,554,555,556,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,577,578,579,580,581,582,583,584,585,586,587,588,589,590,591,592,593,594,595,596,597,598,599,600,601,602,603,604,605,606,607,608,609,610,611,612,613,614,615,616,617,618,619,620,621,622,623,624,625,626,627,628,629,630,631,632,633,634,635,636,637,638,639,640,641,642,643,644,645,646,647,648,649,650,651,652,653,654,655,656,657,658,659,660,661,662,663,664,665,666,667,668,669,670,671,672,673,674,675,676,677,678,679,680,681,682,683,684,685,686,687,688,689,690,691,692,693,694,695,696,697,698,699,700,701,702,703,704,705,706,707,708,709,710,711,712,713,714,715,716,717,718,719,720,721,722,723,724,725,726,727,728,729,730,731,732,733,734,735,736,737,738,739,740,741,742,743,744,745,746,747,748,749,750,751,752,753,754,755,756,757,758,759,760,761,762,763,764,765,766,767,768,769,770,771,772,773,774,775,776,777,778,779,780,781,782,783,784,785,786,787,788,789,790,791,792,793,794,795,796,797,798,799,800,801,802,803,804,805,806,807,808,809,810,811,812,813,814,815,816,817,818,819,820,821,822,823,824,825,826,827,828,829,830,831,832,833,834,835,836,837,838,839,840,841,842,843,844,845,846,847,848,849,850,851,852,853,854,855,856,857,858,859,860,861,862,863,864,865,866,867,868,869,870,871,872,873,874,875,876,877,878,879,880,881,882,883,884,885,886,887,888,889,890,891,892,893,894,895,896,897,898,899,900,901,902,903,904,905,906,907,908,909,910,911,912,913,914,915,916,917,918,919,920,921,922,923,924,925,926,927,928,929,930,931,932,933,934,935,936,937,938,939,940,941,942,943,944,945,946,947,948,949,950,951,952,953,954,955,956,957,958,959,960,961,962,963,964,965,966,967,968,969,970,971,972,973,974,975,976,977,978,979,980,981,982,983,984,985,986,987,988,989,990,991,992,993,994,995,996,997,998,999,1000}

ORIGINAL RESEARCH

Standardized Outcome Measurement for Patients With Coronary Artery Disease: Consensus From the International Consortium for Health Outcomes Measurement (ICHOM)

Robert L. McManus, MD, MSc¹; Erica S. Spatz, MD, MSc²; Thomas A. Kelly, MD, MBA; Cole J. Stowell, MD; John Bellomo, MD, PhD; Paul Hedrick, MD, MS; Ricard Trevisan, MD, PhD; MPH; Tomas Jonasson, MD, PhD; Torrance Chou, MD; Louise Morgan, MSc; Bahar Paraghi, MD; Alex Reavey, PhD, PhD; Anthony John S. Burnett, MD, PhD; Lawrence Saksena, MD; Mark Schaubert, MPH; David Shahan, MD; Clive Weston, MD; Robert Yeh, MD, MBA; Jack Lewis, MD

Background—Coronary artery disease (CAD) outcomes consistently improve when they are routinely measured and provided back to physicians and hospitals. However, few centers around the world systematically track outcomes, and no global standards exist. Furthermore, patient-centered outcomes and longitudinal outcomes are under-represented in current assessments.

Methods and Results—The nonprofit International Consortium for Health Outcomes Measurement (ICHOM) convened an international Working Group to define a consensus standard set of outcome measures and risk factors for tracking, comparing, and improving the outcomes of CAD care. Members were drawn from 4 continents and 6 countries. Using a modified Delphi method, the ICHOM Working Group defined what should be tracked, what should be measured, and when such measurements should be performed. The ICHOM CAD consensus measures were designed to be relevant for all patients diagnosed with CAD, including those with acute myocardial infarction, angina, and asymptomatic CAD. Thirteen specific outcomes were chosen, including acute complications occurring within 30 days of acute myocardial infarction, coronary artery bypass grafting surgery, or percutaneous coronary intervention; and longitudinal outcomes for up to 5 years for patient-reported health status (Seattle Angina Questionnaire [SAQ-7]), elements of Role-Function Score, and Patient Health Questionnaire (PHQ-2), cardiovascular hospital admissions, cardiovascular procedures, renal failure, and mortality. Baseline demographic, cardiovascular disease, and comorbidity information is included to improve the interpretability of comparisons.

Conclusions—ICHOM recommends that this set of outcomes and other patient information be measured for all patients with CAD. (J Am Heart Assoc. 2015;4:e001767 doi: 10.1161/JAHA.115.001767)

ORIGINAL ARTICLE
LUNG CANCER

Defining a standard set of patient-centred outcomes for lung cancer









Kimberley S. Mak^{1,2,3,7,8}, Annelotte C.M. van Bommel^{1,4,7,8}, Caleb Stowell¹, Janet L. Abraham⁵, Matthew Baker⁶, Clarissa S. Baldotto¹, David R. Baldwin¹, Diana Borthwick¹, David P. Carbone¹⁰, Aileen B. Chen¹¹, Jesse Fox¹², Tom Haswell¹³, Marianna Koczweska¹⁴, Benjamin D. Kozower¹⁵, Reza J. Mehran¹⁶, Franz M. Schramel¹⁷, Sunish Senani¹⁸, Robert G. Stirling¹⁹, Jan P. van Meerbeek²⁰, Michel W.J.M. Wouters^{21,22} and Michael O. Peake^{23,24} on behalf of the Lung Cancer Working Group of ICHOM

Affiliations—¹International Consortium for Health Outcomes Measurement, Cambridge, MA, USA; ²Harvard Radiation Oncology Program, Boston, MA, USA; ³Boston Medical Center, Dept of Radiation Oncology, Boston, MA, USA; ⁴Osaka Institute for Clinical Auditing, Leiden, The Netherlands; ⁵Dept of Physiological Oncology and Palliative Care, Dana-Farber Cancer Institute, Boston, MA, USA; ⁶Patient representative, Manchester, UK; ⁷Dept of Medical Oncology, Curie Institute, Paris, France; ⁸Dept of Respiratory Medicine, Nottingham University Hospital, Nottingham, UK; ⁹Dept of Thoracic Oncology, Edinburgh Cancer Research Centre, Edinburgh, UK; ¹⁰Dept of Medical Oncology, Ohio State University Comprehensive Cancer Center, Columbus, OH, USA; ¹¹Dept of Radiation Oncology, Dana-Farber/Brigham and Women's Cancer Center, Boston, MA, USA; ¹²The Cancer Lung Cancer Foundation, Liverpool, UK; ¹³Patient representative, Glasgow, UK; ¹⁴Dept of Medical Oncology and Therapeutics Research, City of Hope National Medical Center, Duarte, CA, USA; ¹⁵Dept of Thoracic Surgery, MD Anderson Cancer Center, Houston, TX, USA; ¹⁶Dept of Pulmonary, St Antonius Hospital, Nieuwegein, The Netherlands; ¹⁷Dept of Radiation Oncology, KU University Medical Centre, Antwerp, The Netherlands; ¹⁸Dept of Biostatistics and Respiratory Medicine, Arden Hospital, Mersham, Merseyside, Merseyside, Australia; ¹⁹Dept of Thoracic Oncology, Antwerp University Hospital, Edegem, Belgium; ²⁰Dept of Surgical Oncology, Netherlands Cancer Institute, Amsterdam, The Netherlands; ²¹Oslo Clinic, Maastricht, Dutch Institute for Clinical Auditing, Leiden, The Netherlands; ²²Dept of Respiratory Medicine, University Hospitals of Leicester, Leicester, UK; ²³National Cancer Registration and Analysis Service (NCRAS), Public Health England, London, UK; ²⁴Both authors contributed equally.



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Global alignment with VBHC

	Overall alignment with VBHC	Enabling context (policy/institutions)	Measuring outcomes and costs	Integrated patient-focused care	Outcome based payment approach	
	Germany	moderate	high	moderate	low	very high
	France	moderate	moderate	moderate	moderate	very high
	United Kingdom	high	high	high	Very high	high
	Netherlands	moderate	high	high	moderate	high
	Sweden	very high	High	very high	very high	very high
	Canada	moderate	High	moderate	moderate	high
	United States	moderate	moderate	high	moderate	moderate
	South Korea	moderate	high	very high	moderate	low

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Source: Economic Intelligence Unit: Value-based Healthcare: A Global Assessment