On Equality
in Beating
Cancer

The benefits of molecular cancer council and the importance of VBHC approach in cancer care

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“Achieving good patient health outcomes is the fundamental purpose of healthcare”

Michael E. Porter, Harvard University

- *Can we redesign healthcare systems to meet “patient health outcomes”?*
- *Where do we start?*

Index

- The role of outcomes measurement in VBHC
- Multidisciplinary and molecular tumor councils as key infrastructures to deliver value in healthcare
- Implementing VBHC in cancer care: key pillars and illustration
- Impacts of VBHC: from R&D to societal outcomes.

Implementing VBHC – sharing the experience

Integration and Growth

Measuring Costs and Outcomes

Value based decisions on contracts, management and financing

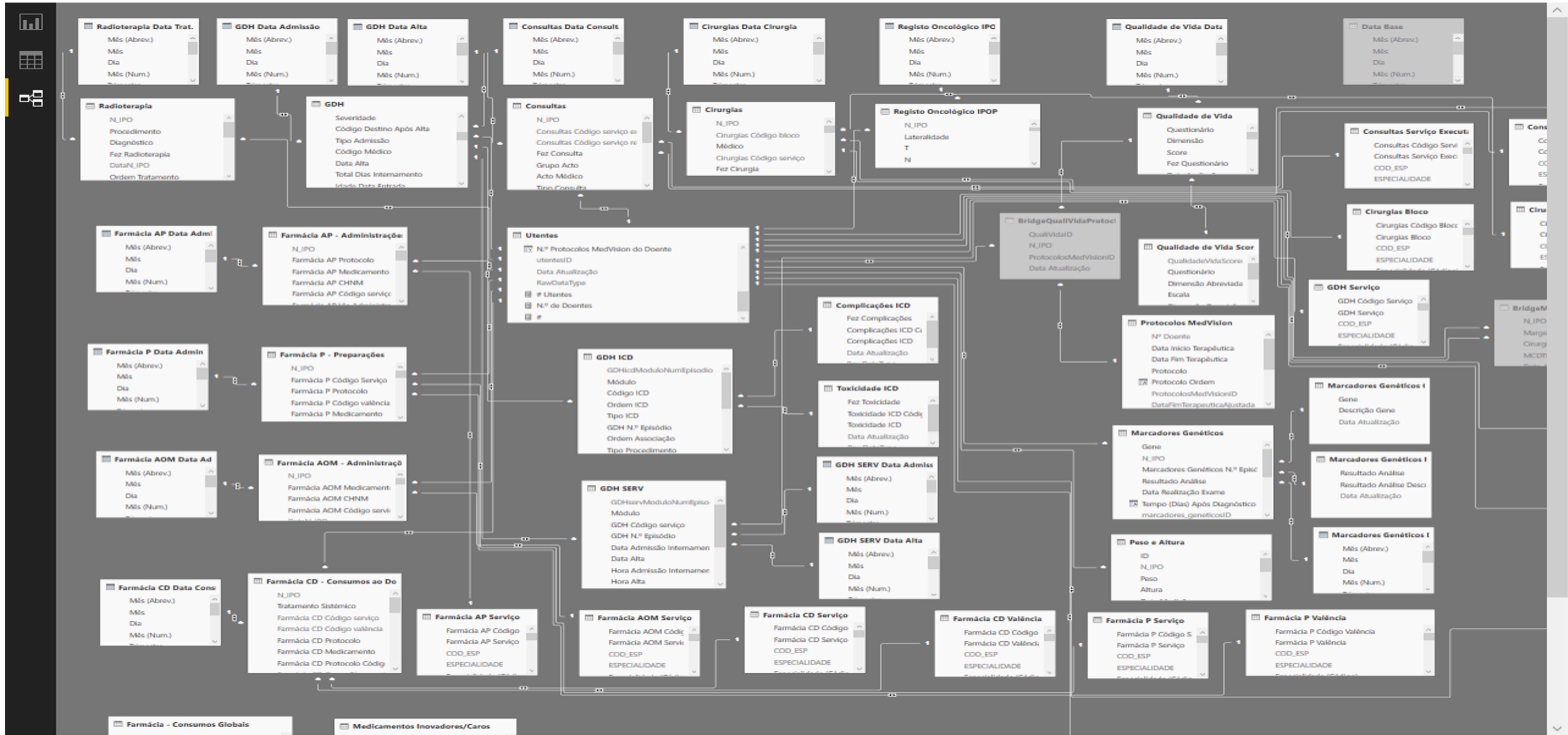
IT infrastructure

Outcomes based financing in Portuguese hospitals

LISTAGEM DE MÍNIMOS

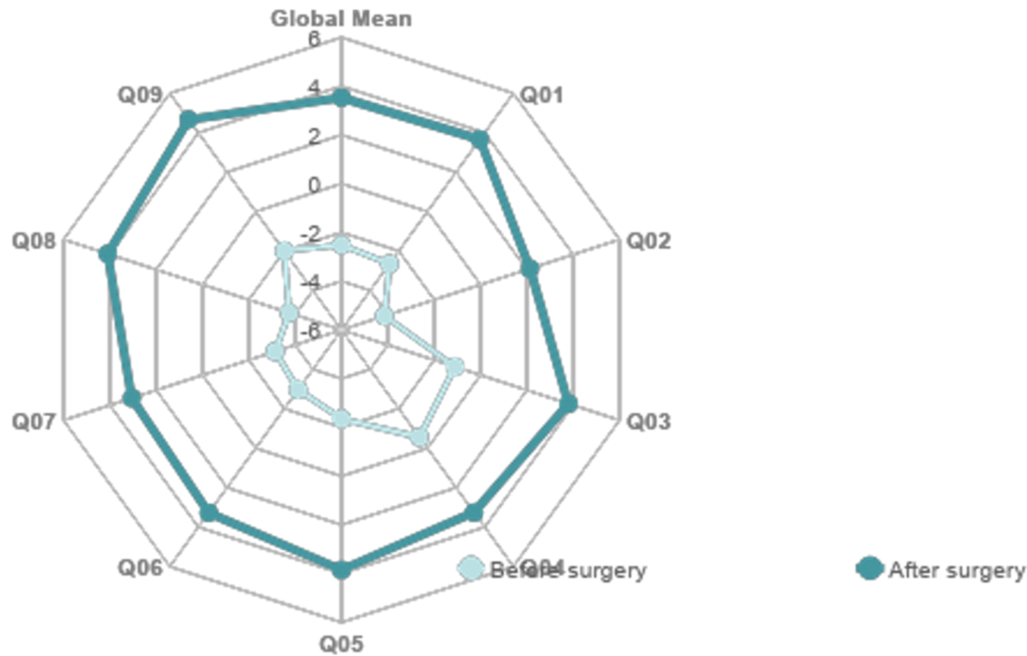
		Responsável
História __IS por defeito é não	ICD	
Diagnóstico ICD 9		
Anatomia Patológica		
TNM		
G		
Performance status	Índice	
Cirurgia	ICD	
Radioterapia	ICD	
QT	ICD	
Toxicidades da Cirurgia	Escalas	
Toxicidades da Radioterapia	Escalas	
Toxicidades da QT	Escalas	
Resultados da CR	Escala	
Resultados da Radioterapia	Escalas	
Resultados da QT	Escalas	
F Up – VSED		
Úlceras de pressão	Escalas	
Quedas	Escalas	
Tromboembolismos	Escalas	
Código de barras para a administração de medicação		
Teclado Virtual		
Marcar Consultas		
Ver Exames		
Requisitar Exames		

Relational Data Model



PROM's - Quality of life

Quality of life of cataracts patients - Catquest-9SF
N=280
(the high mean value represents the better performance)



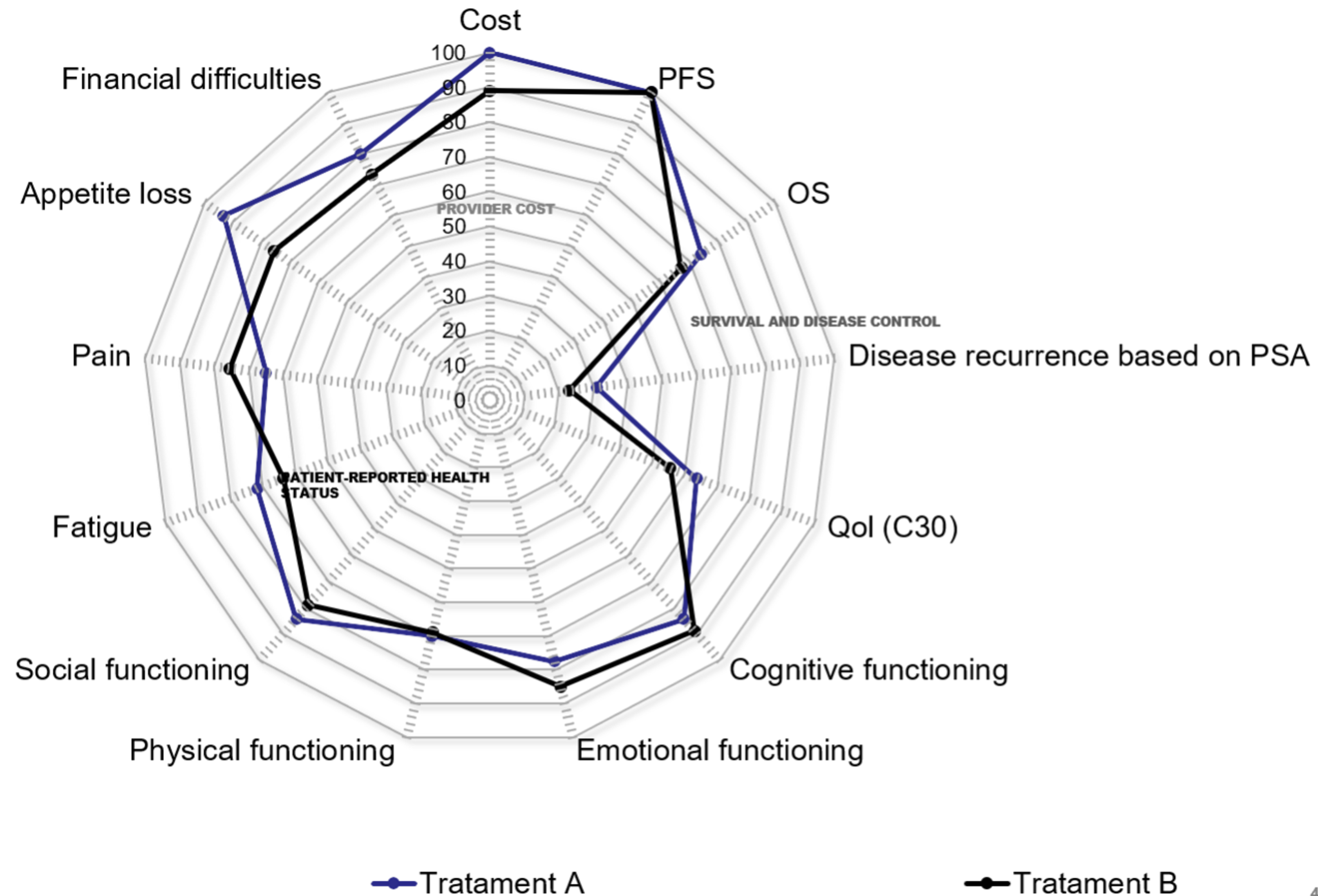
Description of dimensions:
Q01 = Sight at present causes difficulty in everyday life
Q02 = Satisfaction related to sight at present
Q03 = Difficult level Reading text in newspapers
Q04 = Difficult level Recognizing the faces of people you meet
Q05 = Difficult level Seeing the prices of goods when shopping
Q06 = Difficult level Seeing to walk on uneven surfaces, e.g. cobblestones
Q07 = Difficult level Seeing to do handicrafts, woodwork etc.
Q08 = Difficult level Reading subtitles on TV
Q09 = Difficult level Seeing to engage in an activity/hobby that you are interested in

	Before surgery		After surgery	
	Mean	IC 95%	Mean	IC 95%
Q1	-2,650	(-2,7782; -2,5212)	3,659	(3,5068; 3,8118)
Q2	-4,146	(-4,2614; -4,0304)	2,141	(1,9872; 2,2948)
Q3	-1,102	(-1,3175; -0,8857)	3,795	(3,6406; 3,9485)
Q4	-0,559	(-0,8503; -0,2682)	3,254	(3,1005; 3,4069)
Q5	-2,356	(-2,4773; -2,2341)	3,845	(3,6721; 4,0188)
Q6	-2,964	(-3,0986; -2,8301)	3,277	(3,1161; 3,4373)
Q7	-3,136	(-3,2851; -2,986)	3,056	(2,9037; 3,209)
Q8	-3,738	(-3,8917; -3,5852)	4,096	(3,9078; 4,2846)
Q9	-1,997	(-2,1904; -1,8038)	4,671	(4,5167; 4,8246)
Global Mean	**-2,514**	**(-2,6281; -2,4008)**	**3,527**	**(3,3821; 3,6715)**

After performed a paired-sample T-test, and if we consider a 5% level of significance we concluded that surgery have effect on patient quality of life.

In all the dimensions surgery was effective (see the plot above).

What is the goal of healthcare management?



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Holistic view of patients with melanoma of the skin: how can health systems create value and achieve better clinical outcomes?

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Abstract

Patients with skin can
multidisciplinary appr
cer care, must evolve t

The current review p
patients with melanor
discussion on how this
providers.

Data from a multidisci
discussed, namely, for
based healthcare, pati

Epidemiology data, in
role in defining measu
optimise effective car
comprise, in a patient
continuous training an

Measurement of outc
mining affordability an
ment of melanoma has
which brings a challen
Value-based healthca
quality services while

Therefore, current he
organisation and cultu

Keywords: *melanoma,*

How do you contain costs there?

- More productivity => Less unit costs
- Low value care: repeated procedures + overtreatment + undertreatment + delayed treatment
- More quality => Less waste

Objective	Outcome
Access to innovation	An increase of 21% of the patients receiving novel treatments
	Increased survival and QoL
Patient centricity	Timely scheduling and efficency between multiple interventions
	100% gets multidiciplinary discussion
Integrated care cycle	Real time data analysis & collection
Patient's needs & participation	Scores of 100% in PREMs for patients under paliative care
Continuous training of satff	Better use of time, more satisfaction and productivity
Access to differentiated procedures	These procedures increased 69%
Increase ambulatory surgeries	These procedures increased 17%
Time to first appointement	Reduced 20%
Increased survival	Stage 1-4: 100%; 75%; 56%; 8%

Tumor Boards and… data

- Personalized medicine addresses over-treatment and under-treatment
- Financial impact
- Quality of the decisions
- Improved quality, less variation in outcomes and less variation in cost
- predictive tests, prognostic and risk of recurrence tests, and targeted treatments

Tumor Boards and… data

Challenges

- Reimbursement for exams
- Data systems Interoperability
- Internal/External integration of healthcare stakeholders
- Need for training/investment upfront
- Strengthening medical genetics

Opportunity

- Cost-benefit analysis
- Increased competition from traditional and start-up companies
- Measuring outcomes as well - a single controlling tool

Creating Value

A vision for Europe

- Universal access to healthcare
- Financial affordability for the payers
- Innovation friendly environment
- A self sustained value chain in healthcare?

Our Choices and the Way Forward

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Risk-sharing agreements, present and future

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Abstract

Risk-sharing agreements between pharmaceutical companies and payers stand out as a recent practice, the use of which has been increasing in the case of innovative medicines, particularly in the field of oncology, which aims to ensure better budgetary control and a lower risk of spending on medicinal products without full evidence of clinical benefit.

In this article, the authors discuss the types of existing agreements, as well as those used in Portugal, their advantages, disadvantages and future challenges of implementation, as well as their potential role in access to therapeutic innovation, namely medicines for cancer treatment. For this purpose, a nonsystematic review of indexed and nonconventional literature was carried out.

There is a tendency for the risk-sharing agreements established between payers and pharmaceutical companies to include a component of monitoring the use of medicines and outcomes measurement, involving real life data collection. Portugal is no exception and, although most agreements are still financial in nature, there is already a strong desire for other agreements, in particular clinical outcomes based.

It is concluded that there is not yet a gold standard methodology in relation to the type of agreements to be practiced. Moreover, its opportunity cost, including the cost of implementation, remains to be scrutinised. However, regardless of the type of agreement, the advantages of adopting these agreements are well known, inevitably related with challenges of implementation. The need for an infrastructure to support information sharing is undisputed and urgent.

The future of therapeutic innovation and increased pressure on health budgets will require alternative, more flexible models, personalized reimbursement models that allow alignment of medicines prices with the value they deliver in treating the several diseases.

Keywords: *risk sharing, agreement, price per combination, price per indication, access*

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Key ideas for Future Sustainability:

- MEAs and financial RSA agreements
- VBP and RWE
- Focus on Outcomes
- More transparency (industry, politics, etc)
- Regulatory changes
- Economic discrimination of buyers
- Generics and biossimilars

Lessons we learned so far…

- Departments and services traditionally organized on the basis of medical training
- Team medicine not fully accepted - eminent physician / star tradition
- Fragmentation of services leads to reduced volumes by pathology
- People work in different places
- Leadership Commitment - Management and Doctors and Nurses
- Virtual IPU´s - building teams around pathologies - Tumor site
- Build around systems / organs and evolve into pathologies
- Begin with practices that already use a multidisciplinary philosophy (eg Oncology); choose a pathology and demonstrate the value of the exercise
- Work initially with those who are aligned - those who believe in the concept
- Multidisciplinary clinical and non-clinical approach
- Climb as others come together
- Reward innovation with resources / facilities or funding for research / training

Thank You

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