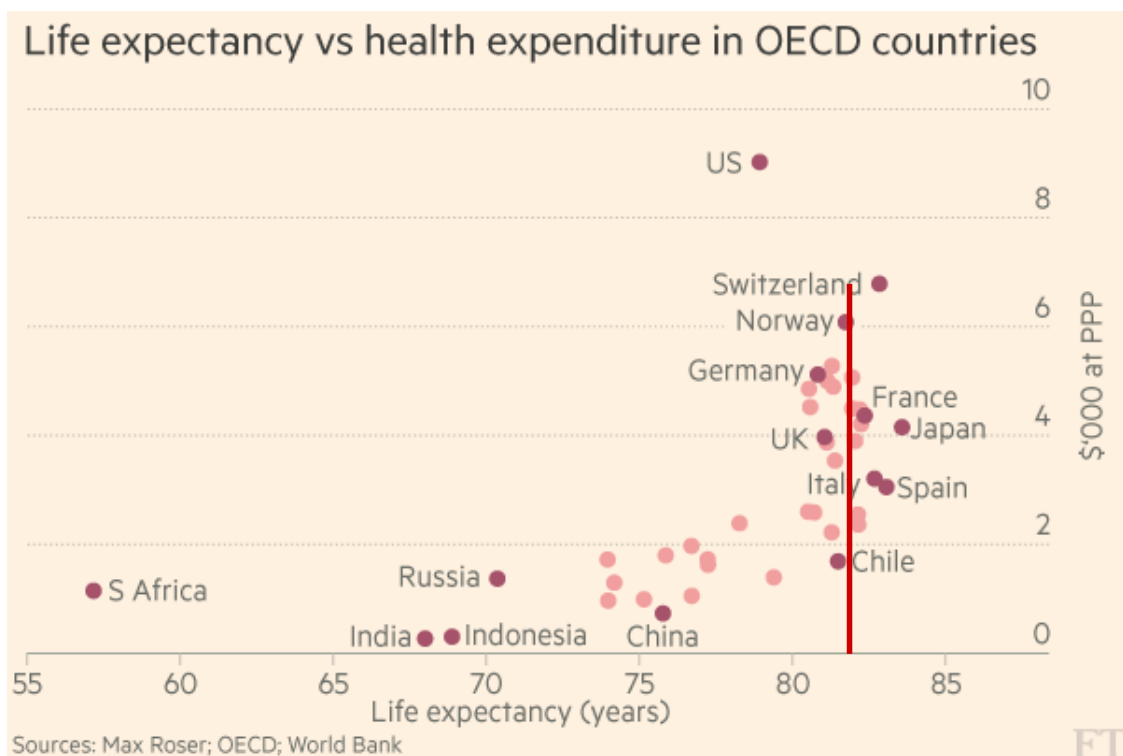


Was wollen wir bezahlen: *Volume* or *Value*?

Prof. Dr. med. Christoph A. Meier
 Ärztlicher Direktor, Universitätsspital Basel

Health care in Switzerland: *excellent, but expensive*



Health Care Costs – a problem of high prices?

$$\text{Costs} = \text{Volume} \times \text{Price}$$

Drugs research + Add to myFT

US regulator signs off on new \$475,000 cancer therapy

Novartis says price is 'appropriate' and below independent estimates



Analyst estimates put the cost of goods for Kymriah at roughly \$200,000 a patient, but the price per person is likely to be much higher when accounting for additional costs ¹ AP

- for children
- 70 LYs saved / child with remission
- >80% remission rate
- 56 LYs saved / treated child

- **\$10'000 / QALY**
(quality-adjusted life year)

- Volume: 2000 patients in 2026 in the US

Statins in Primary Prevention: CHF 200'000/QALY

Swiss Medical Board TRIBÜNE

Replik zum vorangegangenen Artikel «SMB, AGLA und das Statin-Conundrum»

Christoph A. Meier^a,
Urs Metzger^b

a Fachspezialist für den SMB-Bericht über «Statine zur Primärprävention kardiovaskulärer Erkrankungen» vom 30. 11. 2013
b für den Expertenrat SMB

TRIBÜNE Swiss Medical Board 798

Replik zum vorangegangenen Artikel «Ökonomie erhebt sich über Medizin»

Das Statin-Conundrum (zum Zweiten)

Nikola Biller-Andorno^a, Stefan Felder^a, Christoph A. Meier^b, Urs Metzger^a, Brigitte Tag^a

a Für den Expertenrat des Swiss Medical Board (SMB)
b Fachspezialist für den SMB-Bericht über «Statine zur Primärprävention kardiovaskulärer Erkrankungen» vom 30.11.2013

Wir bekommen genau das, was wir «incentivieren»!

▪ Tagespauschalen

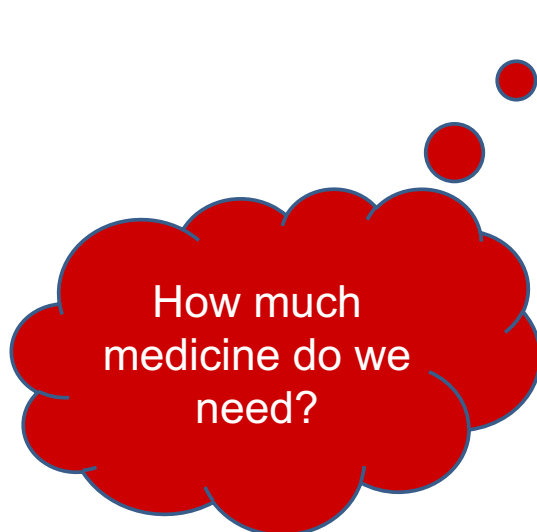
- Beahlt wird Aufenthaltsdauer, nicht Nutzen (value) für den Patienten
- Incentivierung für unnötige und zu lange Hospitalisationen, nicht für effiziente Leistungserbringung

▪ DRG

- Belohnt wird das effiziente 'Tun' (ob nötig oder unnötig)
- Reduktion der ALOS erreicht
 - ➔ freie Spalkapazität ➔ Volumenausweitung
- Incentivierung für Volumen, nicht zwingend Nutzen

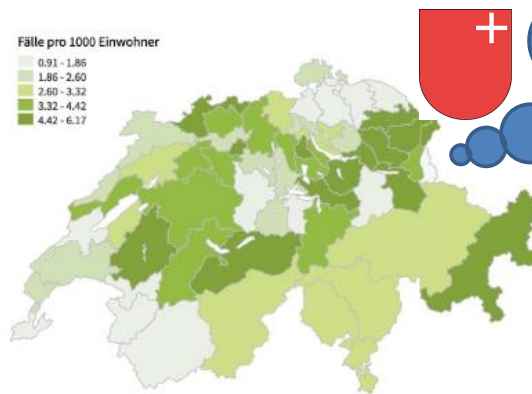
Health Care Costs – a problem of high volume!

$$\text{Costs} = \text{Volume} \times \text{Price}$$



Arthroskopische Menishektomie am Knie

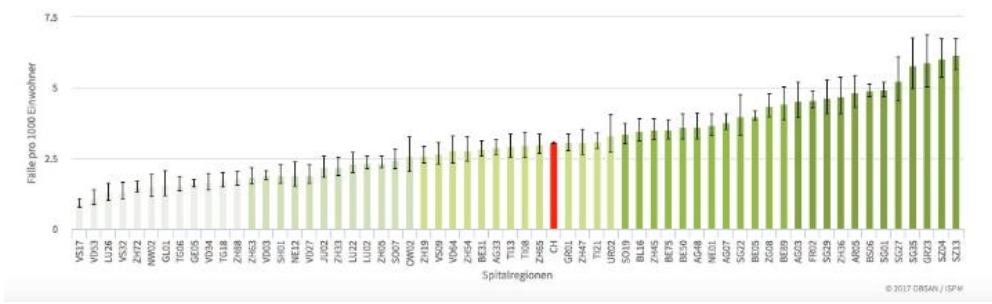
Rate



Both can not be right!
Elliott S. Fisher,
Dartmouth Atlas

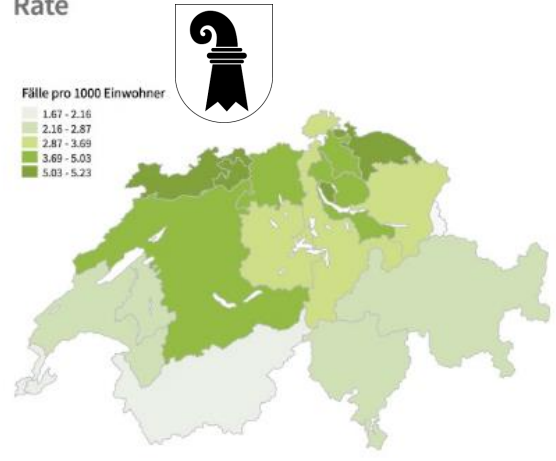
Anzahl Interventionen	20856
Standardisierte Rate CH	3.06
Gesamtvariation	20.93
System. Komponente der Variation (SCV)	20.47 ⬆
Anteil der SCV an der Gesamtvariation	98%

<http://versorgungsatlas.ch>



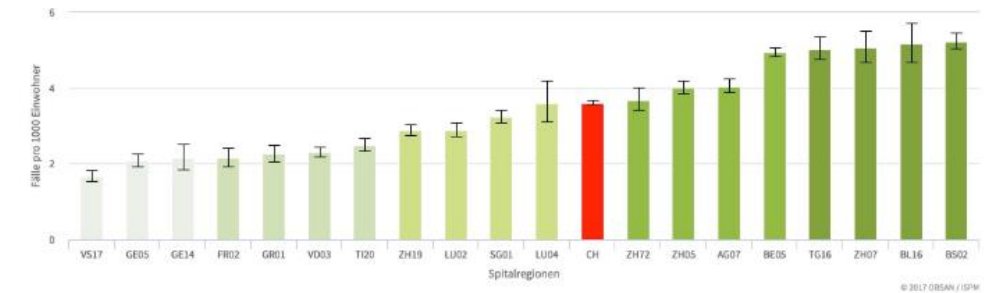
Herzkatheter ohne Stents

Rate



Spitalregionen		Kantone
2013		2014
2015		
Kennzahlen		
Population	Erwachsene Bevölkerung der Schweiz (>17 Jahre)	
Behandlungen (CHOP Codes)	3721 3722 3723 8852 8853 8854 8855 8856 8857	
Anzahl Regionen	19	
Anzahl Interventionen	23908	
Standardisierte Rate CH	3.61	
Gesamtvariation	20.13	
System. Komponente der Variation (SCV)	19.98 ⬆	
Anteil der SCV an der Gesamtvariation	99%	

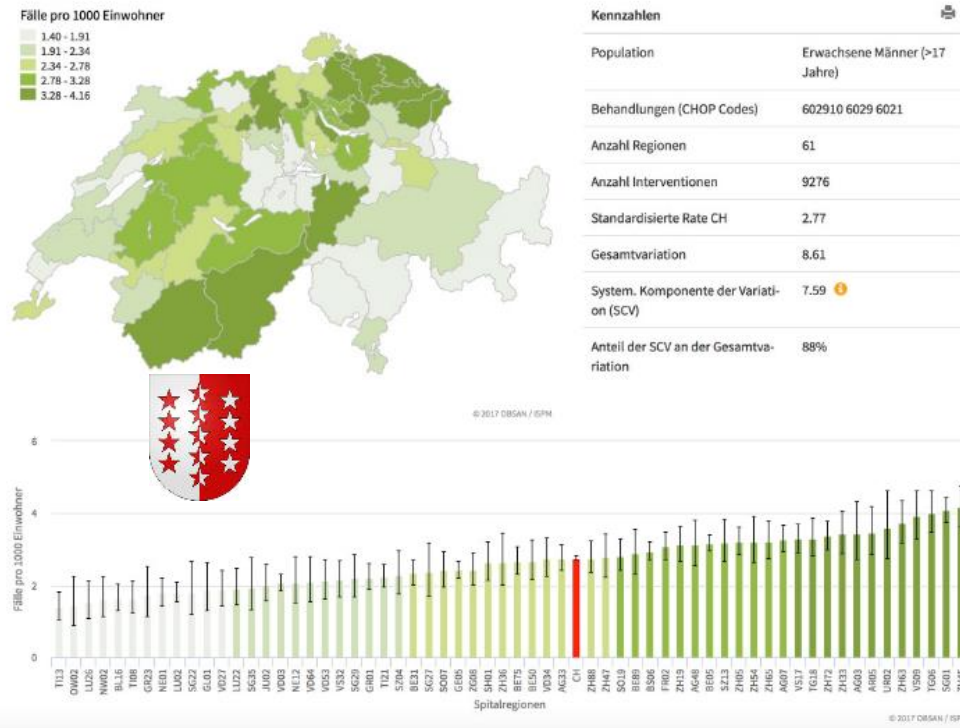
<http://versorgungsatlas.ch>



Transurethrale Prostatektomie

<http://versorgungsatlas.ch>

Rate



Die Ökonomie unseres Gesundheitswesens...



Rechnung
=
Summe des eingebauten Metalles
...aber war alles notwendig?

Zurück zu einer patientenzentrierten Medizin

"Providing care that is respectful and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions"

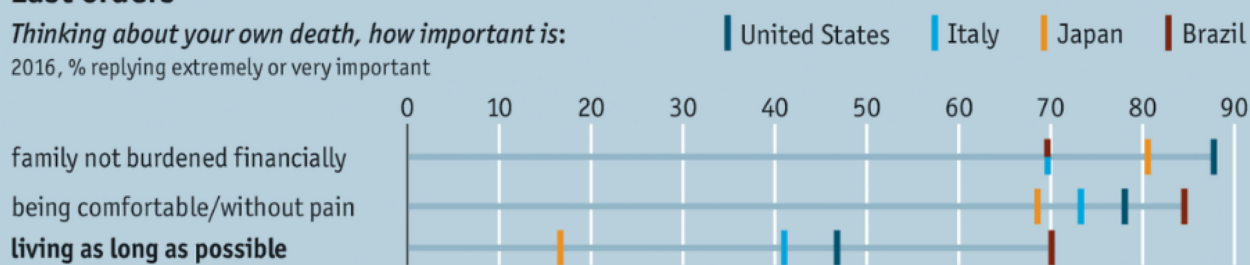


Jan Steen (1658-1662), Die Arztvisite

Patient-centered Medicine

Last orders

Thinking about your own death, how important is:
2016, % replying extremely or very important



Source: Kaiser Family Foundation/The Economist

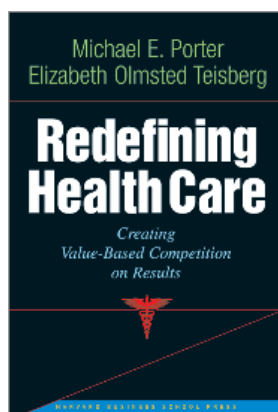
Where is thy sting?

Ratings of states of functional debility relative to death by patients in hospital with serious illnesses*, %



Patient-centered Medicine

"Providing care that is respectful and responsive to individual patient **preferences, needs and values** and ensuring that patient values guide **all** clinical decisions"



...should be incentivised!

From **Volume**-based to **Value**-based Healthcare (VBHC)

Value = f (outcomes / cost)
instead of Σ (Volume)

... aber wie können wir 'Value' messen?



*The International Consortium for Health Outcomes Measurement (ICHOM) is a non-profit organization founded [.....] with the **purpose to transform health care systems worldwide by measuring and reporting patient outcomes** in a standardized way (www.ichom.org)*

In einem Konsensus-Prozess internationaler Expertengruppen und Patienten werden Standardsets für eine Patienten-bezogene Outcome-Messung entwickelt (**P**atient-**R**eported **O**utcome **M**easures, «**PROMS**»).

Aktuelle PROM-Standardsets für 23 Krankheitsbilder mit dem Fokus auf das kurz- und langfristige Outcome decken >50% der weltweiten Krankheitskosten ab.



What Is Value in Health Care?

Michael E. Porter, Ph.D.

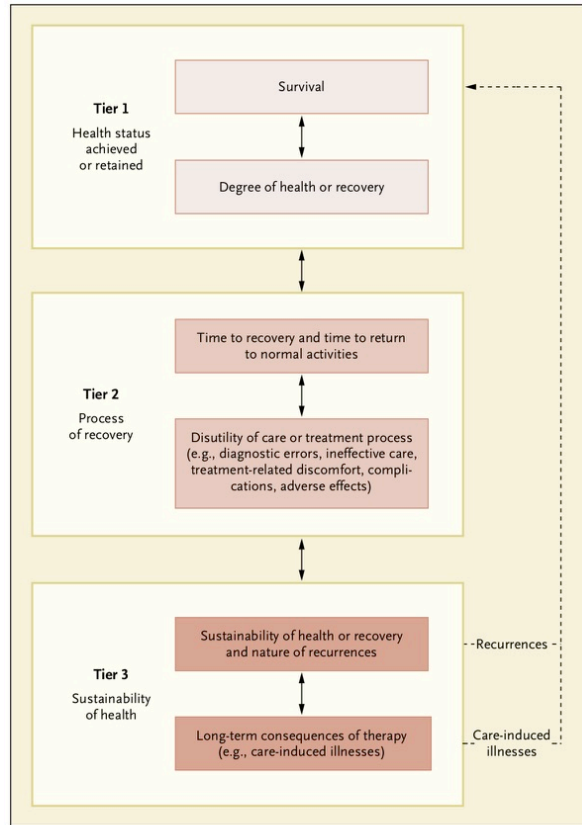


Figure 1. The Outcome Measures Hierarchy.



Breast cancer

- Nosocomial infection
- Nausea or vomiting
- Febrile neutropenia
- Limitation of motion
- Breast reconstruction discomfort or complications
- Depression

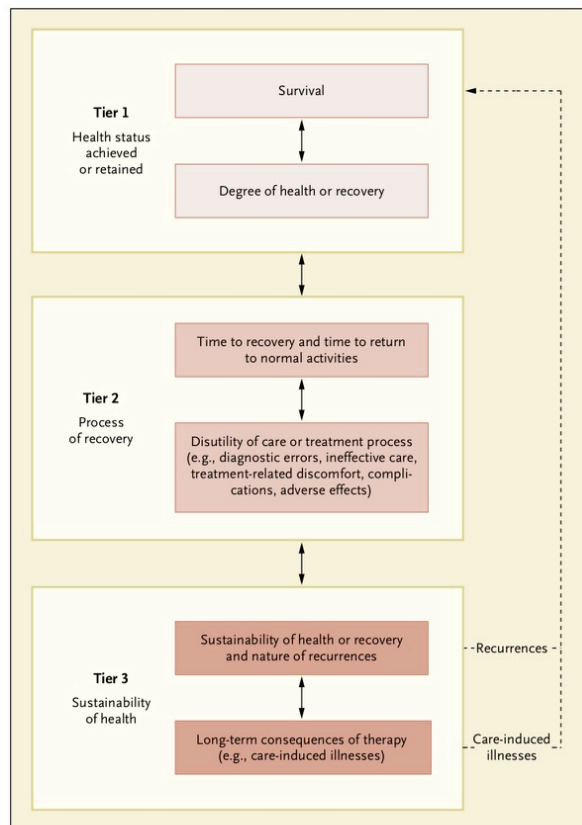


Figure 1. The Outcome Measures Hierarchy.



Knee osteoarthritis

- Pain
- Length of hospital stay
- Infection
- Pulmonary embolism
- Deep-vein thrombosis
- Myocardial infarction
- Immediate revision
- Delirium

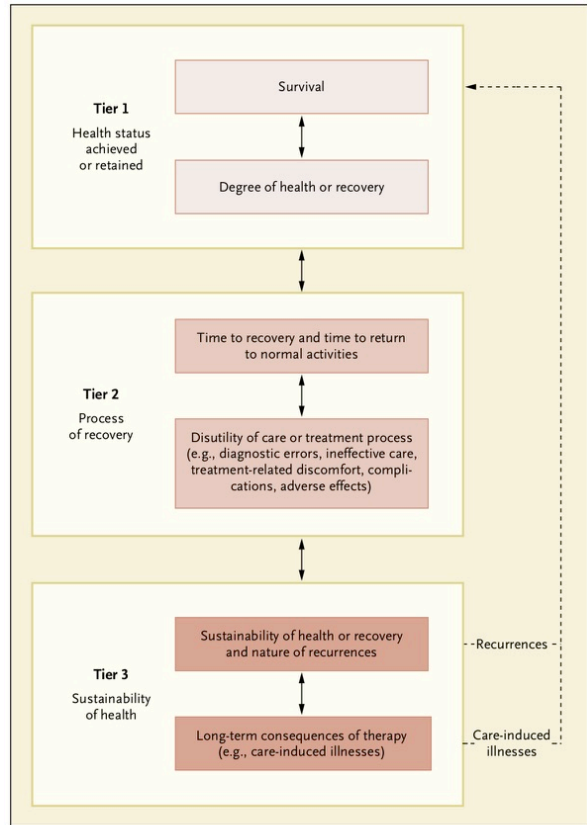
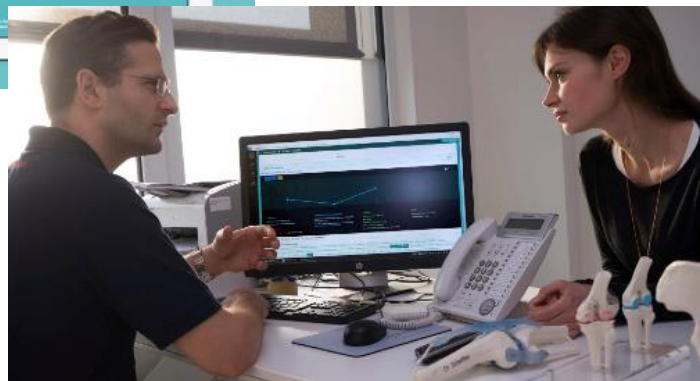
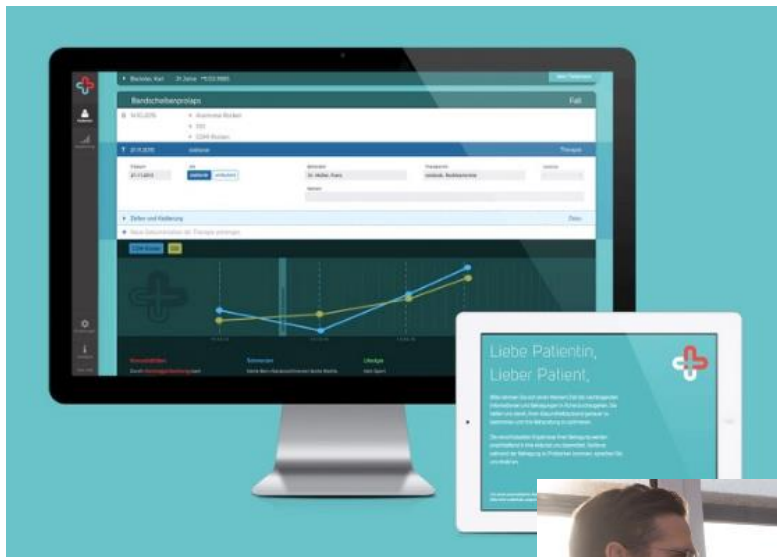


Figure 1. The Outcome Measures Hierarchy.

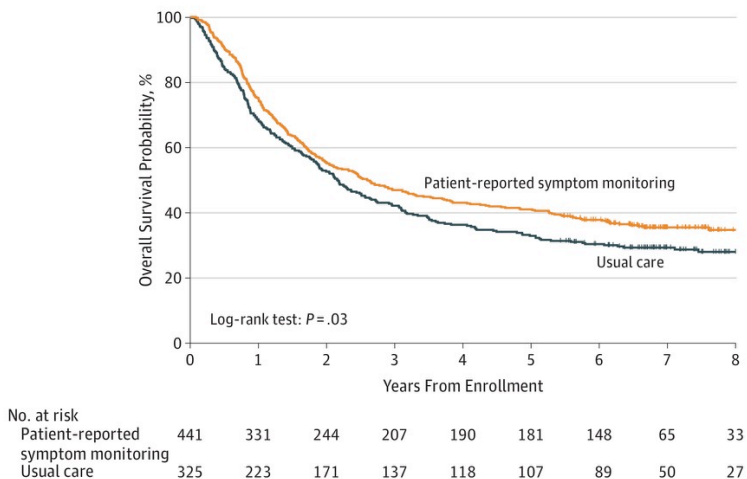


Making Patients and Doctors Happier — The Potential of Patient-Reported Outcomes

Lisa S. Rotenstein, M.D., M.B.A., Robert S. Huckman, Ph.D., and Neil W. Wagle, M.D., M.B.A.

NEJM 5.10.2017

Figure. Overall Survival Among Patients With Metastatic Cancer Assigned to Electronic Patient-Reported Symptom Monitoring During Routine Chemotherapy vs Usual Care



JAMA 2017

ICHO Standard Set for

LOCALIZED PROSTATE CANCER

Treatment approaches covered

Watchful waiting | Active surveillance | Prostatectomy | External beam radiation therapy | Brachytherapy | Androgen Deprivation Treatment |

For a complete overview of the ICHOM Standard Set, including definitions for each measure, score points for collection, and associated risk factors, visit ahim.org/medias/communications/Localized-Prostate-Cancer



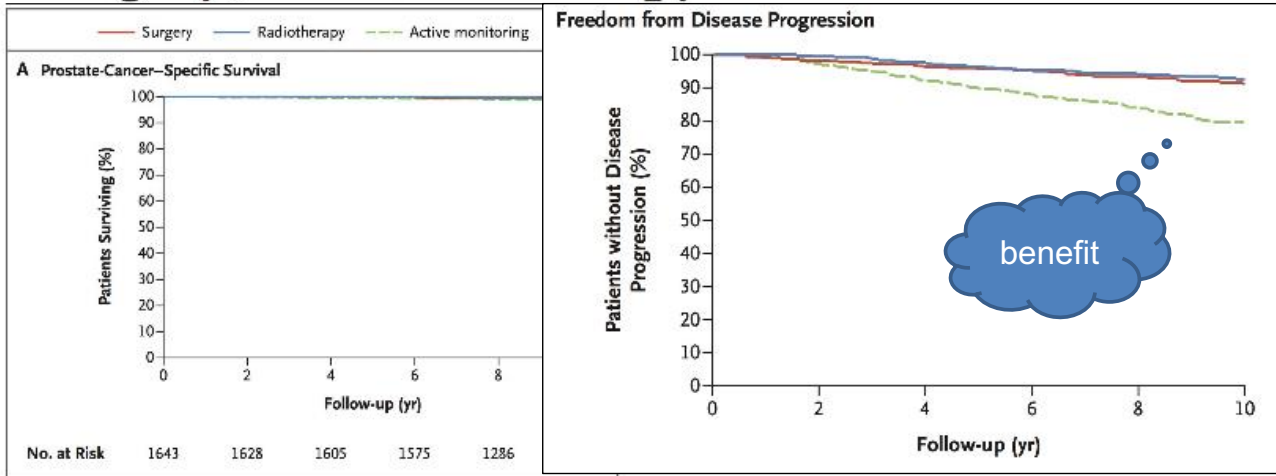
Patient-Reported Health Status

All patients	Urinary incontinence	Tracked via EPIC-26	Before treatment; 6 months after treatment; Annually up to 10 years	Patient-reported
	Urinary frequency / urgency / irritation			
	Bowel irritation			
Patients who received ADT	Hormonal symptoms	Tracked via EPIC-26 + additional questions from the Utilization of Sexual Medications/Devices questionnaire and the EORTC QLQ-PR25		
All patients	Sexual dysfunction			

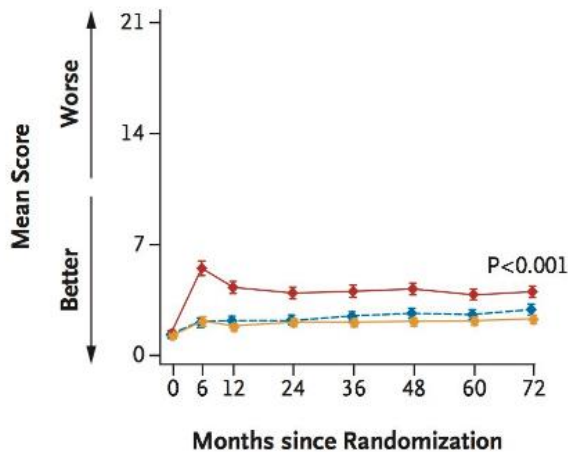
September 14th, 2016

ORIGINAL ARTICLE

Patient-Reported Outcomes after Monitoring, Surgery, or Radiotherapy for Prostate Cancer

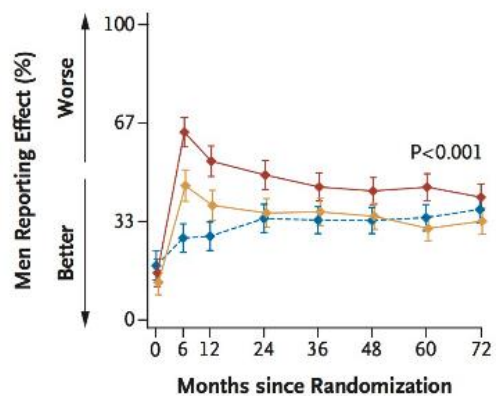


A ICIQ Incontinence Score



—●— Radical prostatectomy
—●— Radical radiotherapy
—●— Active monitoring

E EPIC Sexual Quality of Life





Demand cancer drugs that truly help patients

Drug regulators and trial designs should assess benefits that actually matter to people with cancer, says Ajay Aggarwal.

Ajay Aggarwal is an oncologist at Guy's and St Thomas' NHS Trust, London, UK, and a senior lecturer at King's College London.
e-mail: ajay.aggarwal@kcl.ac.uk

12 APRIL 2018 | VOL 556 | NATURE | 151

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 Gurpinar,² Elita Poplavska,³ Ashlyn Pinto,² Ajay Aggarwal^{4,5}

WHAT THIS STUDY ADDS

Most new oncology drugs authorised by the EMA in 2009-13 came onto the market without clear evidence that they improved the quality or quantity of patients' lives

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

When survival gains over available treatment alternatives are shown, they are not always clinically meaningful

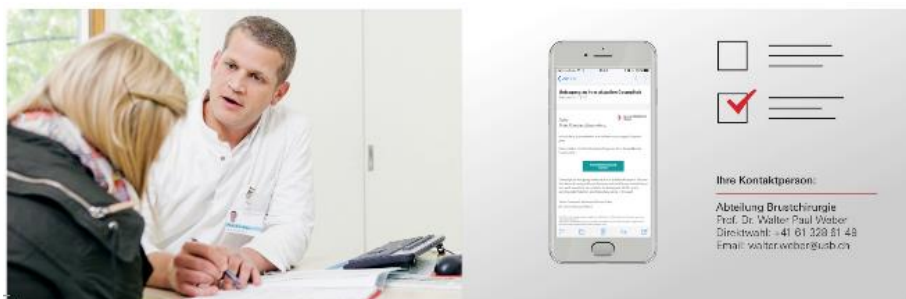
thebmj | [BMJ 2017;359:j4530](https://doi.org/10.1136/bmj.j4530) | doi: 10.1136/bmj.j4530

Expectations on Value-based Outcome Measurements

- focuses the efforts of health care providers on the *patient's benefit*
- should improve treatment quality, notably quality of *indication* for procedures (incl. shared decision-making)
- should encourage interdisciplinary and interprofessional team work as well as improvements in the *transitions of care*
- detects and **de-incentivises** economically driven “*overmedicalisation*”

«PROM's» am USB seit 2017

- >9/2017 Brustkrebs (n>100), Hüft-/Knieprothesen (n>70)
- 2018 Schlaganfall, Koronare Herzkrankheit, chron. Rückenschmerzen, Angst & Depression, Prostatakarzinom, entzündl. Darmerkrankungen
- 2019 Alle onkologischen Erkrankungen



Expectations on Value-based Outcome Measurements

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professional
nsitions of care
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Symposium Value Based Health Care (VBHC)

Thursday, September 20th, 2018, 1.00 – 5.30 pm
University Hospital Basel
Kleiner Hörsaal, ZLF, Hebelstrasse 21,
CH-4031 Basel

Program | Thursday, September 20th

1:00 pm	Registration
1:30 pm	Welcome Prof Christoph A. Meier
1:35 pm	Keynote Dr Jens Deerberg-Wittram
2:05 pm	The Economy of VBHC for the Payers Prof Thomas Szucs
2:25 pm	Implementation of ICHOM at the USB Prof Marcel Jakob, Prof Walter Weber
2:55 pm	VBHC for Depression & Anxiety Prof Matthias Rose
3:25 pm	Break Coffee, Refreshments
4:00 pm	Factors for Success and Sustainability of PROMs Prof Jan A. Hazelzet
4:30 pm	IT Solutions for PROMs Yannik Schreckenberger
4:50 pm	Round Table with Questions & Discussion Prof Christoph A. Meier
5:25 pm	Closing Prof Christoph A. Meier
5:30 pm	End of Meeting

University Hospital Basel
Kleiner Hörsaal, ZLF, Hebelstrasse 21, CH-4031 Basel