

Value-based health care: Improving health-care efficiency and outcomes for patients in Mexico

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Health-care spending per capita has increased at unsustainable rates in low-, middle-, and high-income countries. However, this has not necessarily been translated into better patient care. For instance, the United States spends 16.4% of gross domestic product on health care - almost double the Organization for Economic Co-operation and Development (OECD) average of 8.9%. However the United States does not achieve better outcomes, for example, life expectancy, than the rest of the region¹. Such differences reflect a window of opportunity for improving both the quality of health care and efficiency across the world.

Mexico experiences the same discrepancy as stated above; the country faces daunting challenges such as the increased rates of overweight or obesity within adults and children, the prevalence of diabetes (more than double that the OECD average of 6.9%), and deaths from heart disease that have decreased by only 1% since 1990, in sharp contrast to the 48% reduction seen across other OECD countries. In addition, given that the same individual might need to engage with multiple systems throughout his or her life or even for a single episode of care, the Mexican health-care system does not deliver value for money².

Public trust in health-care systems is built on knowing that patients will obtain the results and the outcomes

that matter to them the most. They deserve to be safe when they experience health services. These expectations imply a patient-centered, personalized, and appropriate treatment or action that is conducted by the right person, in the right place and at the right time. Health services that fail for avoidable reasons to maximize outcomes, given available resources, can be considered wasteful clinical care. Strong evidence exists that this persists in health-care systems globally. Wasteful clinical care manifests itself in many forms: as avoidable adverse events and as care that is ineffective, inappropriate, or poorly cost-effective¹.

Unfortunately, most policies focus on measures that will produce one-time cost savings, when instead the right questions are how to achieve dramatic and sustained cost reductions over time and how to foster entirely new approaches to disease prevention and treatment, new ways to deliver services, and more cost-effective facilities^{3,4}.

The lack of outcome measurements that represent what truly matters to patients is a global barrier to driving health-care improvement (Table 1). In order to address these challenges, health-care systems need better information on the value that clinical care is providing, at system and service level. This approach requires a transformation of data collection and its analysis and

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Table 1. Problems associated with a lack of standardized patient-centered outcome measurements

Problem	Result
Paucity of outcomes beyond basic mortality measures	Lack of information for patients and providers on whether what we do works
Where available, outcomes are not standardized	Slow pace of change and inability to learn from others
Outcomes are often not patient focused	Success not defined from patient perspective
Large focus on process measures	Assumption that changing processes improves outcomes for patients

International Consortium for Health Outcomes Measurement

use which should be truly patient centered within a value-based health-care framework (Table 2), where “value” measures the health outcomes that matter to patients over the cost of delivering these outcomes⁵. This means that there is an urgent need to measure both true outcomes and the health-care resources spent within the full cycle of care of patients.

Access to transparent, high-quality outcomes measurement is the first step in a journey of continuous improvement towards value. Actionable information is useful for all stakeholders in healthcare. First of all, patients would be able to track their health outcomes, allowing them to be empowered and to have a significant participation during their healthcare. Secondly, clinicians and hospitals, the collection of data and the analysis of outcome variations drives the identification of best practices and improvement. Finally, for public health authorities, payers and life science companies, as real world data can help to identify the policies and interventions that provide true value to the population.

There is a growing awareness that the outcomes of a clinical intervention obtained by the patient, i.e., patient-reported outcomes (PROs), are significant - in addition to the more traditional clinical, physiological, or caregiver-reported outcomes. A PRO is any report of the status of a patient’s health condition coming directly from the patient (or in some cases, caregiver or surrogate) without interpretation of the patient’s response by a clinician or anyone else^{6,7}.

PROs are systematically collected through questions, surveys, scales, or instruments called patient-reported outcome measures (PROMs). PROMs can be categorized

Table 2. Value-based health-care building blocks

- Measure outcomes and cost for every patient
- Organize into integrated practice units
- Grow excellent services across geography
- Integrate care delivery across separate facilities
- Move to bundled prices for care cycles
- Build and enabling IT platform

Value-based health-care delivery, Michael Porter 2013

into three distinct types: generic, domain specific, or condition specific. Generic PROMs are comprised of global assessments, which can be utilized across patient populations regardless of medical conditions experienced (e.g., health-related quality of life) but do so at the cost of less detail and sensitivity to clinically significant changes. Domain-specific PROMs include comprehensive measures around a specific domain item (e.g., pain, dyspnea, and hand function); however, providing this level of detail and precision can come with a higher assessment burden (time for patients to complete). In addition, condition-specific PROMs provide highly relevant clinical information regarding a specific condition (e.g., sexual function among men with prostate cancer), but the narrow focus is unlikely to detect more systemic changes or unanticipated effects of the treatment and cannot be compared to populations with different conditions. Thus, it is essential to keep a pragmatic approach as PROMs should be embedded into routine clinical practice in order to be useful to evaluate performance (PRO-based performance measure)^{7,8}.

By using electronic medical records and technological innovations such as mobile phone messaging applications, Short Message Service (SMS), Multimedia Message Service (MMS), or online platforms that are suitable for frequent data collection, patients can complete PROMs in advance of their clinical appointment, optimizing patient and clinician time. This can be helpful in linking data across local healthcare providers and data holders, allowing for optimization of local resources and contributing to an overall patient-centered care engagement by the healthcare community. By sharing data and insights, providers and data holders can learn from each other, motivate participants, and facilitate changes for the implementation of PROMs⁶⁻⁹.

Global standardization - referring to the international alignment of which core outcomes to measure, as well as how to measure them (tools) and when (time points) in addition to case-mix factors (variables for data

stratification and risk adjustment) - allows the comparison across different populations and assesses the quality of health care. Both of which are essential strategies toward transitioning to value-based health care.

The International Consortium for Health Outcomes Measurement (ICHOM) is a nonprofit organization dedicated to transforming health-care systems worldwide by enabling the measurement and reporting of patient outcomes in a standardized way. To this end, ICHOM works with leading physicians, outcomes researchers, and patient advocates from around the world to define the minimum standard sets of outcomes per medical condition that matter most to patients. To date, there are more than 25 standard sets published by ICHOM including adult and pediatric conditions such as cancer, heart failure, chronic kidney diseases, inflammatory arthritis conditions, stroke, dementia, and cleft lip and palate, among others (www.ichom.org).

The engagement of patient groups, clinical leaders, and institutions from Mexico is crucial for transforming and improving the Mexican health-care system. Feedback from patients, health-care professionals, and data holders about their experience with the implementation of core outcome measures will contribute to potential refinements of the standard sets and registries in the Latin American region. This will foster a dialogue between

the key stakeholders involved in the full cycle of care of patients, which will lead to an improvement of health systems.

In conclusion, global health-care systems are shifting to a value-based model with the patient playing a central role in the process. The availability of the Mexican health-care system to adapt and improve data collection to be able to compare its results with a worldwide implementation community is a crucial first step to the establishment of a true value-based health-care system.

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