Importance of Triple Aim outcome measures: do patients, partners, professionals, payers and policy makers differ in opinion?

Maureen Rutten-van Mölken, Willemijn Looman, Maaike Hoedemakers, Milad Karimi

Erasmus School of Health Policy & Management

Erasmus University Rotterdam

Erasmus School of Health Policy & Management

ICIC, Utrecht, May 23th-25th, 2018

Aim

- To investigate if different stakeholders think differently about the importance of outcomes used to measure the impact of integrated care.
  - **P**atients with multi-morbidity
  - **P**artners (informal caregivers)
  - **P**rofessionals
  - **P**ayers
  - **P**olicy makers

SELFIE 2020

Sustainable intEgrated chronic care modeLs for **multi-morbidity**: delivery, FInancing, and performancE

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 634288. The content of this presentation reflects only the SELFIE groups' views and the European Commission is not liable for any use that may be made of the information contained herein.

Why were we interested in the importance of outcome measures?

- **17 Multi-Criteria Decision Analyses (MCDA) in 8 countries**
- MCDA = method to aid decision-making that makes the impact that multiple criteria have on a decision, ánd their relative importance, explicit
- Suited for complex interventions where multiple, sometimes conflicting, criteria play a role
- Better evidence-informed decision making on reimbursement, continuation, extension and/or wider implementation of the IC programmes. MCDA can improve transparency, consistency and accountability of decisions.

SELFIE 2020

Value-based method of MCDA

Patients
Partners
Professionals
Payers
Policy makers

Integrated care

Measure performance

Elicit weights

Overall value score

Usual care

Measure performance

Overall value score

SELFIE 2020

Core set of outcomes covering the Triple Aim

- Physical functioning
- Psychological well-being
- Social relationships & participation
- Enjoyment of life
- Resilience
- Person-centeredness
- Continuity of care
- Total health- and social care costs

Programme-specific outcomes

	Programme-type specific outcomes
	Population health management
Health & well-being	Activation & engagement
Experience	
Costs	Ambulatory care sensitive hospital admission
	Hospital re-admissions

Programme-specific outcomes

	Programme-type specific outcomes	
	Population health management	**Frail elderly**
Health & well-being	Activation & engagement	Autonomy
Experience		Burden of medication
		Burden of informal caregiving
Costs	Ambulatory care sensitive hospital admission	Long-term institution admissions
	Hospital re-admissions	Falls leading to hospital admissions

Programme-specific outcomes

	Programme-type specific outcomes		
	Population health management	**Frail elderly**	**Palliative and oncology**
Health & well-being	Activation & engagement	Autonomy	Mortality
			Pain and other symptoms
Experience		Burden of medication	Compassionate care
		Burden of informal caregiving	Timely access to care
			Preferred place of death
			Burden of informal caregiving
Costs	Ambulatory care sensitive hospital admission	Long-term institution admissions	
	Hospital re-admissions	Falls leading to hospital admissions	

Programme-specific outcomes

	Programme-type specific outcomes			
	Population health management	**Frail elderly**	**Palliative and oncology**	**Problems in multiple life domains**
Health & well-being	Activation & engagement	Autonomy	Mortality	Financial independence
			Pain and other symptoms	
Experience		Burden of medication	Compassionate care	
		Burden of informal caregiving	Timely access to care	
			Preferred place of death	
			Burden of informal caregiving	
Costs	Ambulatory care sensitive hospital admission	Long-term institution admissions		Contacts with the justice system
	Hospital re-admissions	Falls leading to hospital admissions		

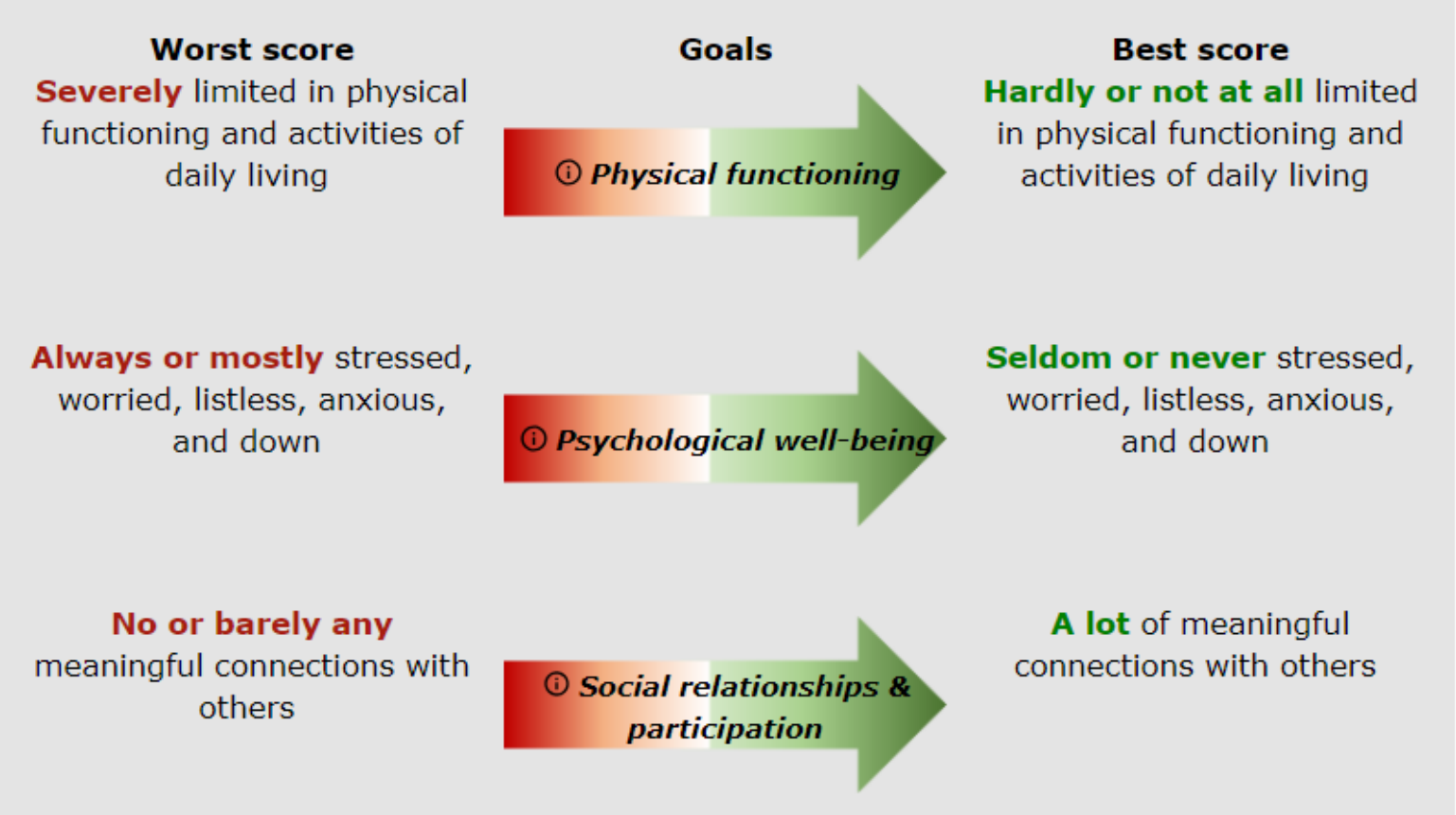
Discrete Choice Experiment to elicit weights for core set of outcomes

	Care programme A	Care programme B
Physical functioning	**Severely** limited in physical functioning and activities of daily living	**Severely** limited in physical functioning and activities of daily living
Psychological well-being	**Seldom or never** being stressed, worried, listless, anxious, and down	**Always or mostly** being stressed, worried, listless, anxious, and down
Social relationships & participation	Having **a lot** of meaningful connections with others	Having **some** meaningful connections with others
Enjoyment of life	Having **some** pleasure and happiness in life	Having **some** pleasure and happiness in life
Resilience	**Fair** ability to recover, adjust, and restore equilibrium	**Fair** ability to recover, adjust, and restore equilibrium
Person-centeredness	**Not or barely** person-centred	**Somewhat** person-centred
Continuity of care	**Fair** collaboration, transitions, and timeliness	**Fair** collaboration, transitions, and timeliness
Total health- and social care costs	**8500 euros** per participant per year	**5000 euros** per participant per year
Which care programme do you prefer?	○	○

SELFIE 2020

Swing weighting to elicit weights for core + programme-specific outcomes

- "If you could change one outcome from worst to best, which would that be?"



- Continue doing so for all outcomes, until none are left
- In essence a ranking that takes range into account

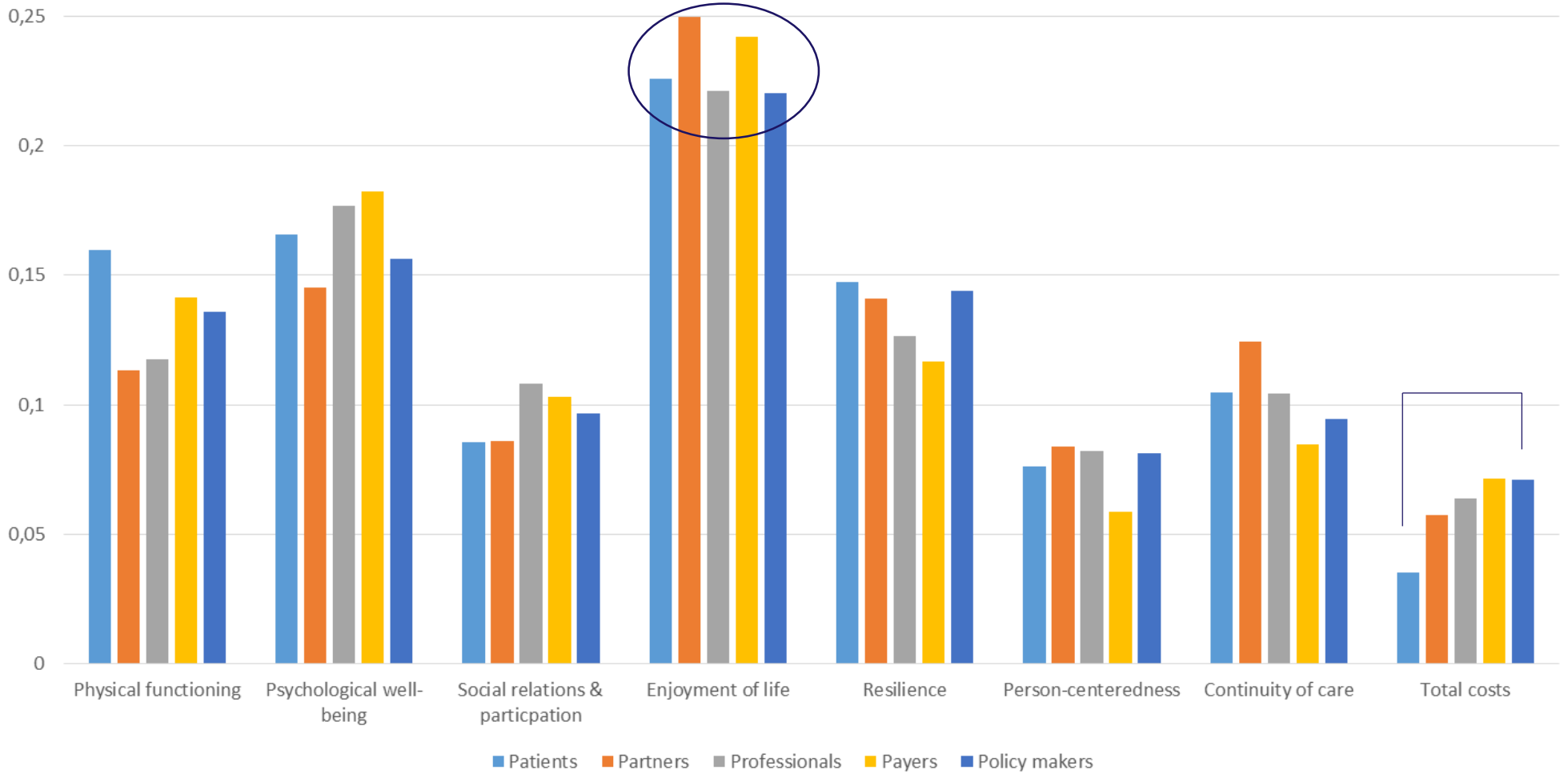
SELFIE 2020

Response online DCE questionnaire currently analysed

	Patients	Partners	Professionals	Payers	Policy makers
Austria	168	188	142	…	…
Croatia	173	172	…	…	…
Germany	166	215	179	…	…
Hungary	192	166	168	…	…
The Netherlands	159	161	156	100	151
Norway	158	161	91	122	185
Spain	150	151	…	…	…
United Kingdom	164	235	161	181	…

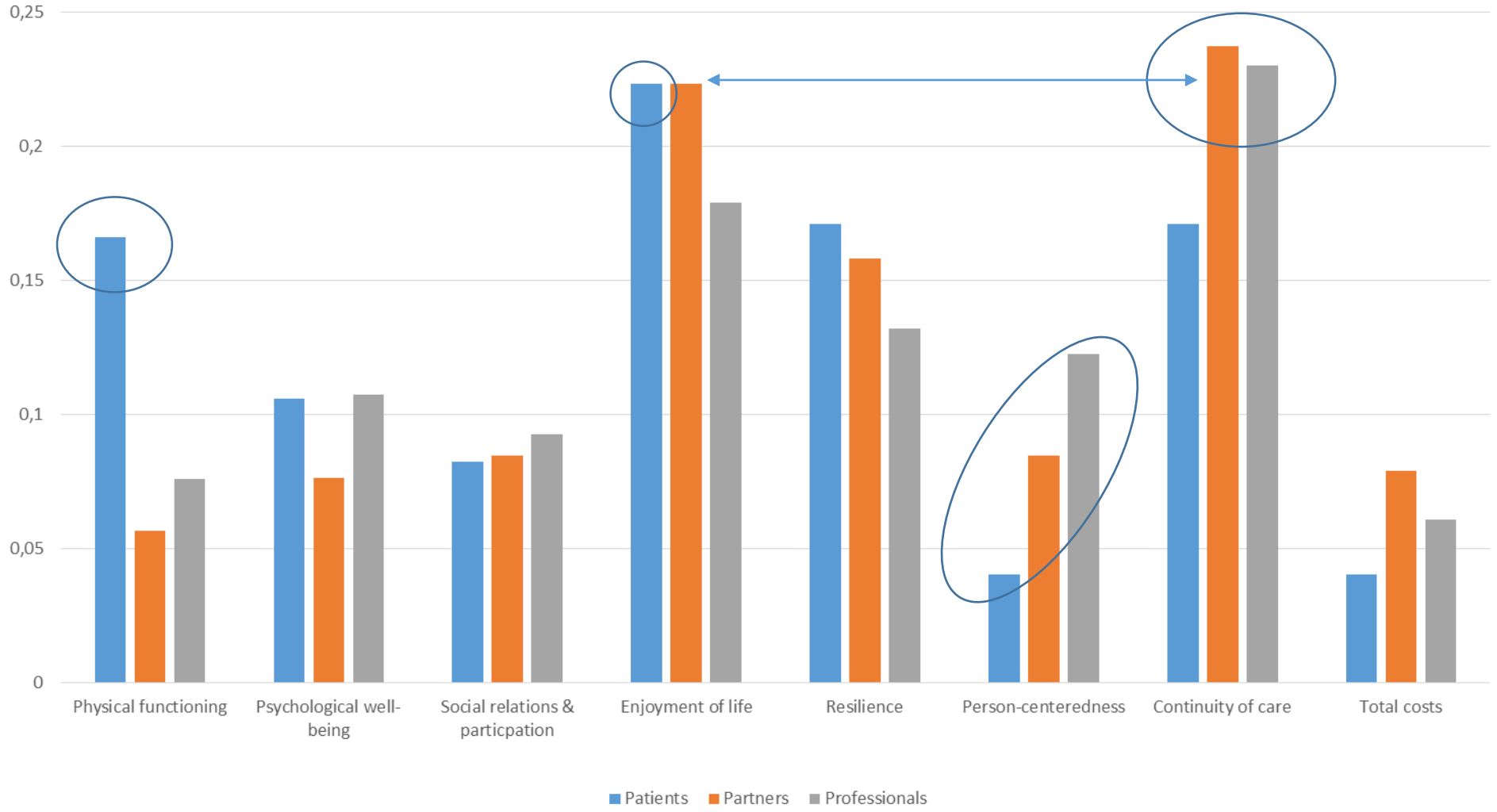
SELFIE 2020

Comparing relative DCE weights between Dutch stakeholders

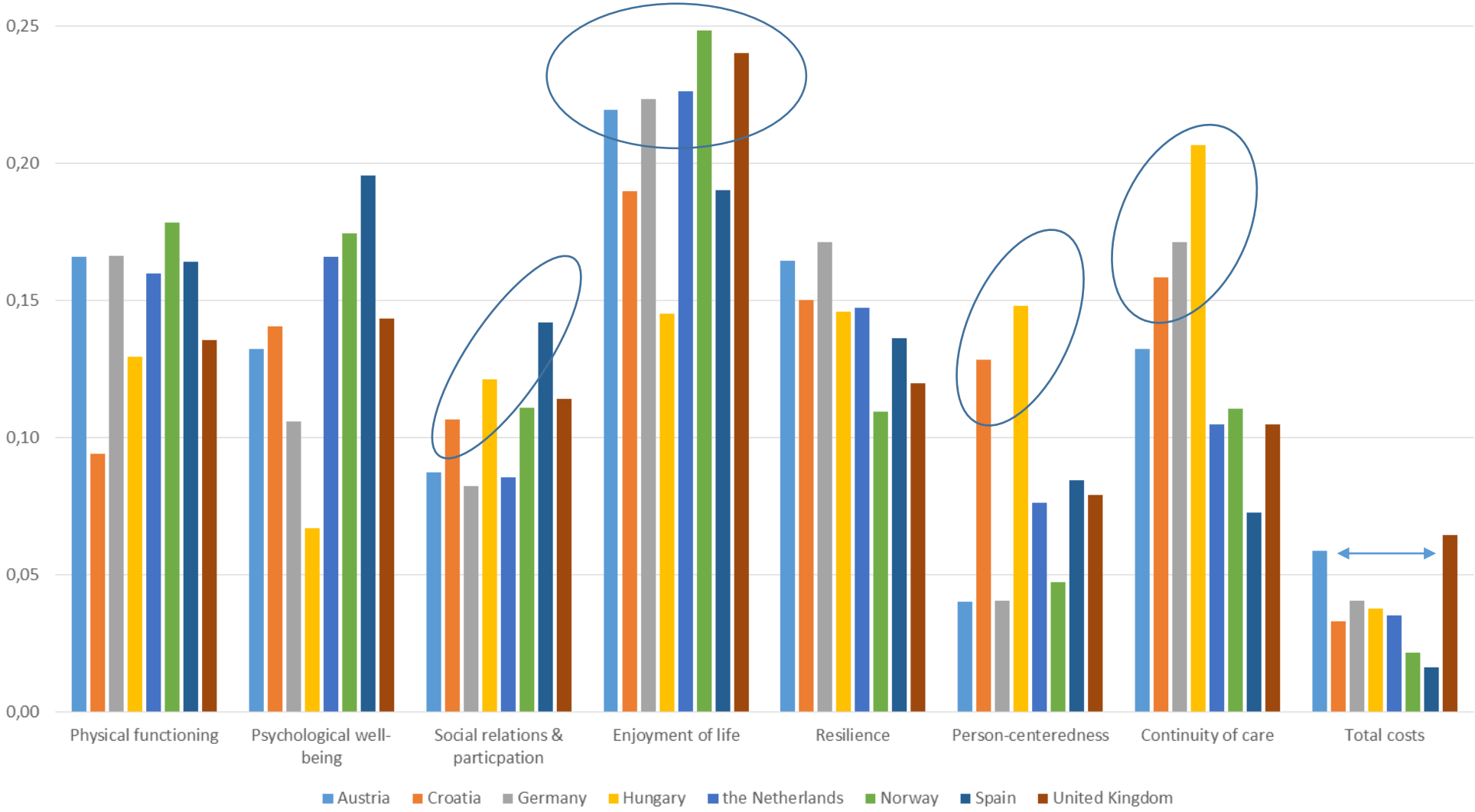


SELFIE 2020

Comparing relative DCE weights between German stakeholders

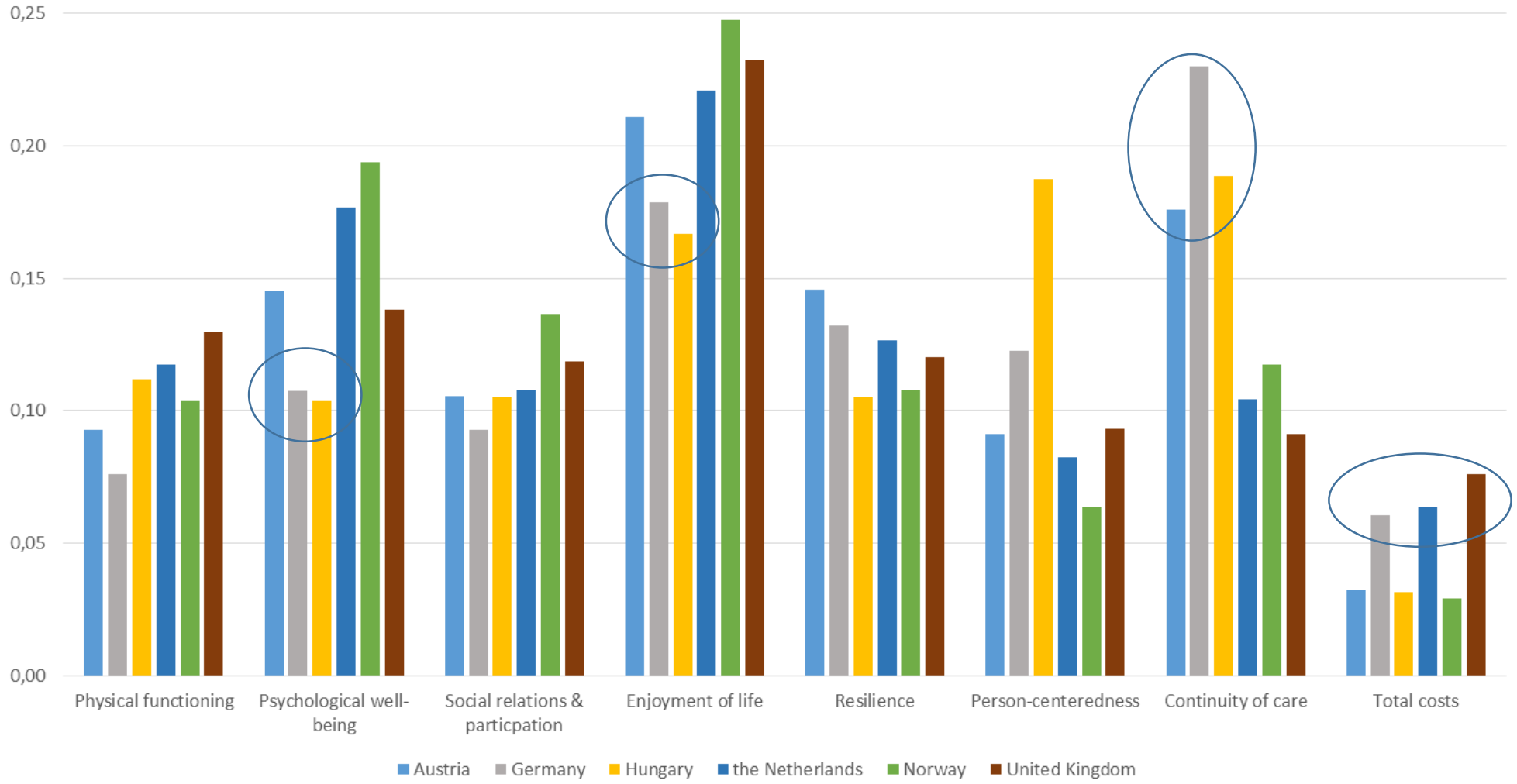


Comparing weights of Patients between countries



SELFIE 2020

Comparing weights of Professionals between countries?



SELFIE 2020

DCE vs SW Patients Croatia

DCE		SW
Enjoyment of life	1	Physical functioning
Continuity of care	2	Autonomy
Resilience	3	Psychological well-being
Psychological well-being	4	Pain and other symptoms
Person-centeredness	5	Enjoyment of life
Social relations & participation	6	Resilience
Physical functioning	7	Timely access to care
Total costs	8	Person-centeredness
	9	Social relations & participation
	10	Continuity of care
	11	Burden of medication
	12	Compassionate care
	13	Informal caregiver burden
	14	Total costs
	15	Long-term institution admissions
	16	Preferred place of death
	17	Falls

Core set criterion outside top 8

Programme-type specific criterion in top 8

SELFIE 2020

DCE vs SW Patients Germany

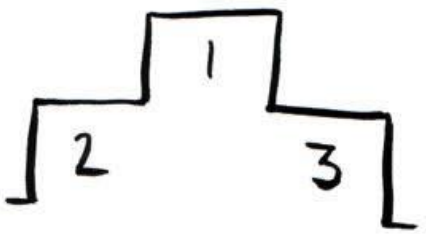
DCE		SW
Enjoyment of life	1	Physical functioning
Resilience	2	Autonomy
Continuity of care	3	Psychological well-being
Physical functioning	4	Enjoyment of life
Psychological well-being	5	Activation & engagement
Social relations & participation	6	Resilience
Person-centeredness	7	Social relations & participation
Total costs	8	Burden of medication
	9	Continuity of care
	10	Informal caregiver burden
	11	Person-centeredness
	12	Avoidable hospital admissions
	13	Hospital re-admissions
	14	Long-term institution admissions
	15	Falls
	16	Total costs

Core set criterion outside top 8

Programme-type specific criterion in top 8

SELFIE 2020

Top 3 Patient preferences across countries: DCE vs SW



	AU		DE		HR		HU		NL		NO		ES		UK	
	DCE	*SW*	*DCE*	*SW*	*DCE*	*SW*	*DCE*	*SW*	*DCE*	*SW*	*DCE*	*SW*	*DCE*	*SW*	*DCE*	*SW*
Physical functioning	2	1		1		1		2	3	1	2	1	3	3	3	1
Psychological well-being		2		3		3			2	3	3		1	2	2	2
Social relationships & participation																
Enjoyment of life	1	3	1		1				1	2	1	3	2		1	3
Resilience	3		2		3		3									
Person-centeredness							2									
Continuity of care			3		2		1									
Total costs																
Autonomy				2		2						2		1		
Pain and other symptoms								1								
Life expectancy								3								

SELFIE 2020

Conclusions and implications

- Most stakeholders valued enjoyment of life as very important and costs as much less important
- More than 2-fold difference in weights between stakeholders in some outcomes (e.g. costs in NL, patient-centeredness in Germany)

Underlines relevance MCDA from different perspectives to explicate the impact of these differences on the overall value scores of Integrated Care and Usual Care

- In most countries the patients' top-3 in the DCE usually includes enjoyment of life, physical functioning and either resilience or psychological wellbeing
- In Croatia, Germany, and Hungary continuity of care enters the patients' top-3
- Of the programme-specific outcomes, autonomy, was in the patients' top 3 of most important outcomes in 2 of the 3 countries that included it in the weight-elicitation study

Programmes that improve these outcomes get a higher value score

SELFIE 2020

Thanks for your attention!

Questions?

E: m.rutten@eshpm.eur.nl

W: www.selfie2020.eu


SELFIE
2020

Core set of outcomes

Health/wellbeing
Physical functioning: *Acceptable physical health and being able to do daily activities without needing assistance*
Psychological wellbeing: *Absence of stress, worrying, listlessness, anxiety, and feeling down*
Social relationships & participation: *Having meaningful connections with others as desired*
Enjoyment of life: *Having pleasure and happiness in life*
Resilience: *The ability to recover from or adjust to difficulties and to restore ones equilibrium*
Experience with care
Person centeredness: *Care that matches an individual's needs, capabilities, and preferences and jointly making informed decisions*
Continuity of care: *Good collaboration, smooth transitions between caregivers, and no waste of time*
Costs
Total health and social care costs: *per participant*

SELFIE 2020