Değer Temelli Sağlık (DTS)

Mehmet Nurullah KURUTKAN

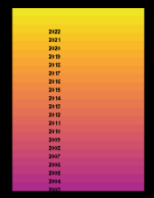
DTS

- Görsel haritalama ve DTS
- Kavramsal Çerçeve
- Tarihsel Arka Plan
- Yaklaşımlar
- Modeller
- Programlar
- İlişkili kavramlar
  - Entegre kavramlar
  - Girdi kavramları
  - Çıktı kavramları
  - Ön koşullu kavramlar
- Geri ödemeye entegrasyon
- Son dönemde ortaya çıkan temalar
- Temel Sorunlar
- Genel Değerlendirme
- Türkiye için bir ihtiyaç mı?
  - Geri ödemeye entegre edilmeli mi?
  - Öncelikli değer alanları neler?
  - DTS için alt yapı ve insan kaynağı var mı?

Arama Stratejisi (1/7/2022)

- "Value-Based Health Insurance" (Topic) or "Value Based Health Insurance" (Topic) or "VBHC" (Topic) or "Value-Based Health Care" (Topic) or "Value Based Health Care" (Topic) or "Value driven health care" (Topic) or "Value-driven health care" (Topic) or "Value-Based Health Insurance" (Topic) or "Value-Based Purchasing" (All Fields) or "VBHI" (Topic) or "Value health care" (Topic) or "value-based payments" (Topic) or "value-based drug" (Topic) or "value based contract*" (Topic) and Article or Review Article (Document Types) and English (Languages) and Book Chapters or Proceeding Paper (Exclude – Document Types)
- https://www.webofscience.com/wos/woscc/summary/830202c0-436f-4b0e-a792-1c073ec46fb9-4909c88e/relevance/1
- 1023 makale ve derleme

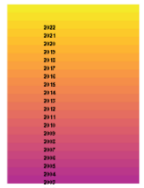
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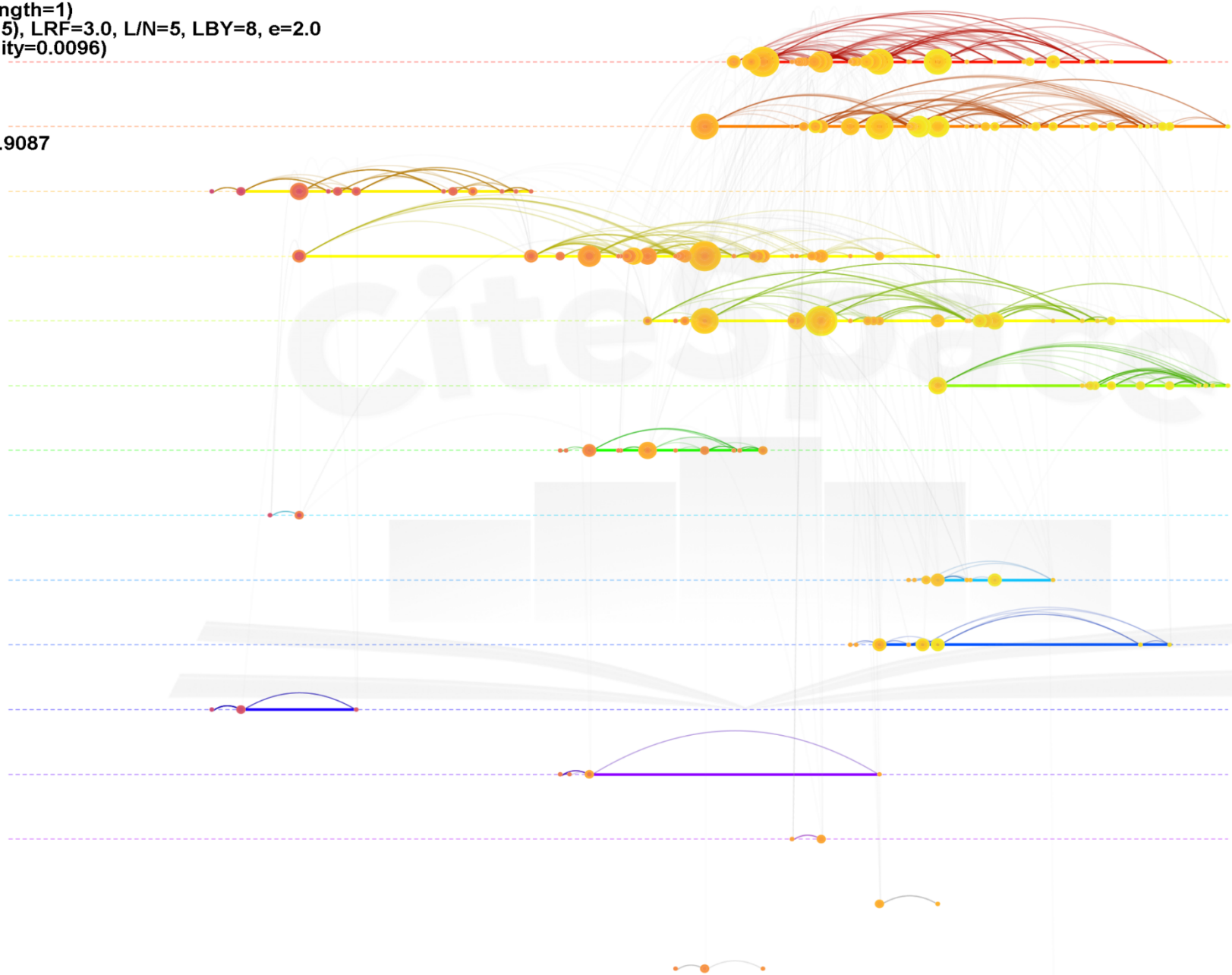


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#11 national cross-sectio
#12 individual health syst
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#21 electronic health reco

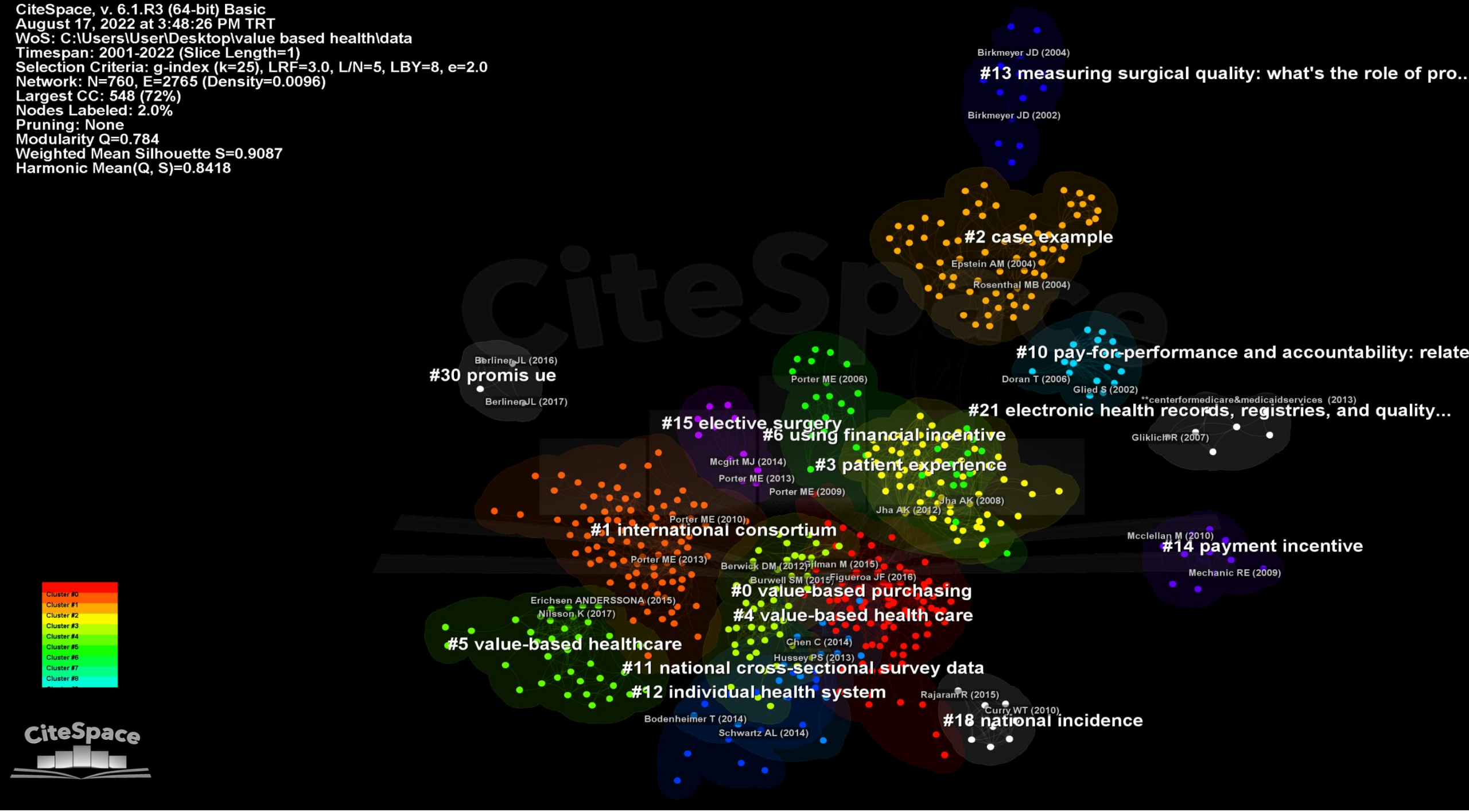
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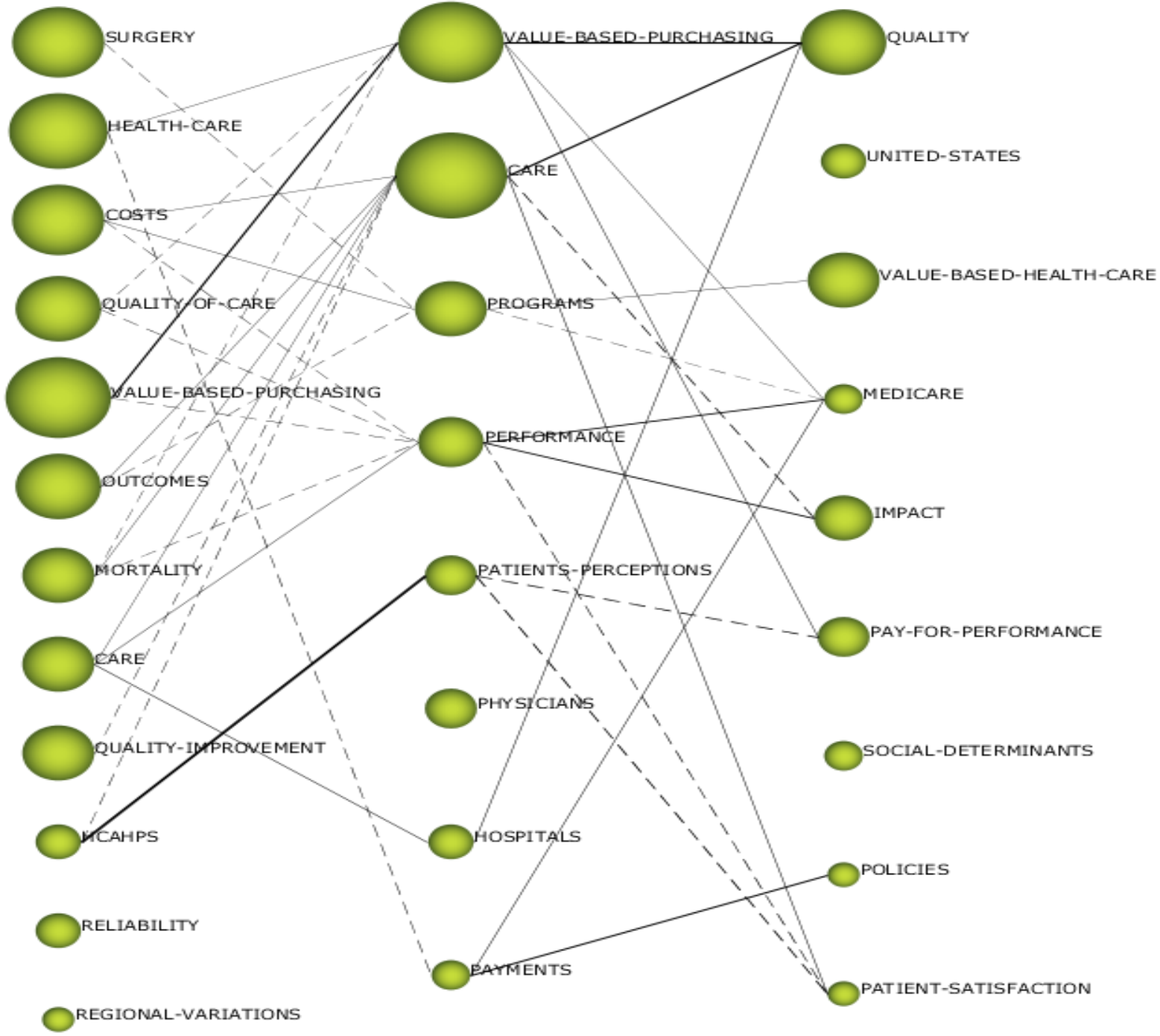


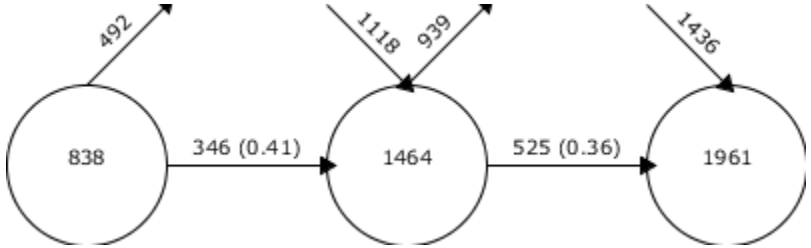


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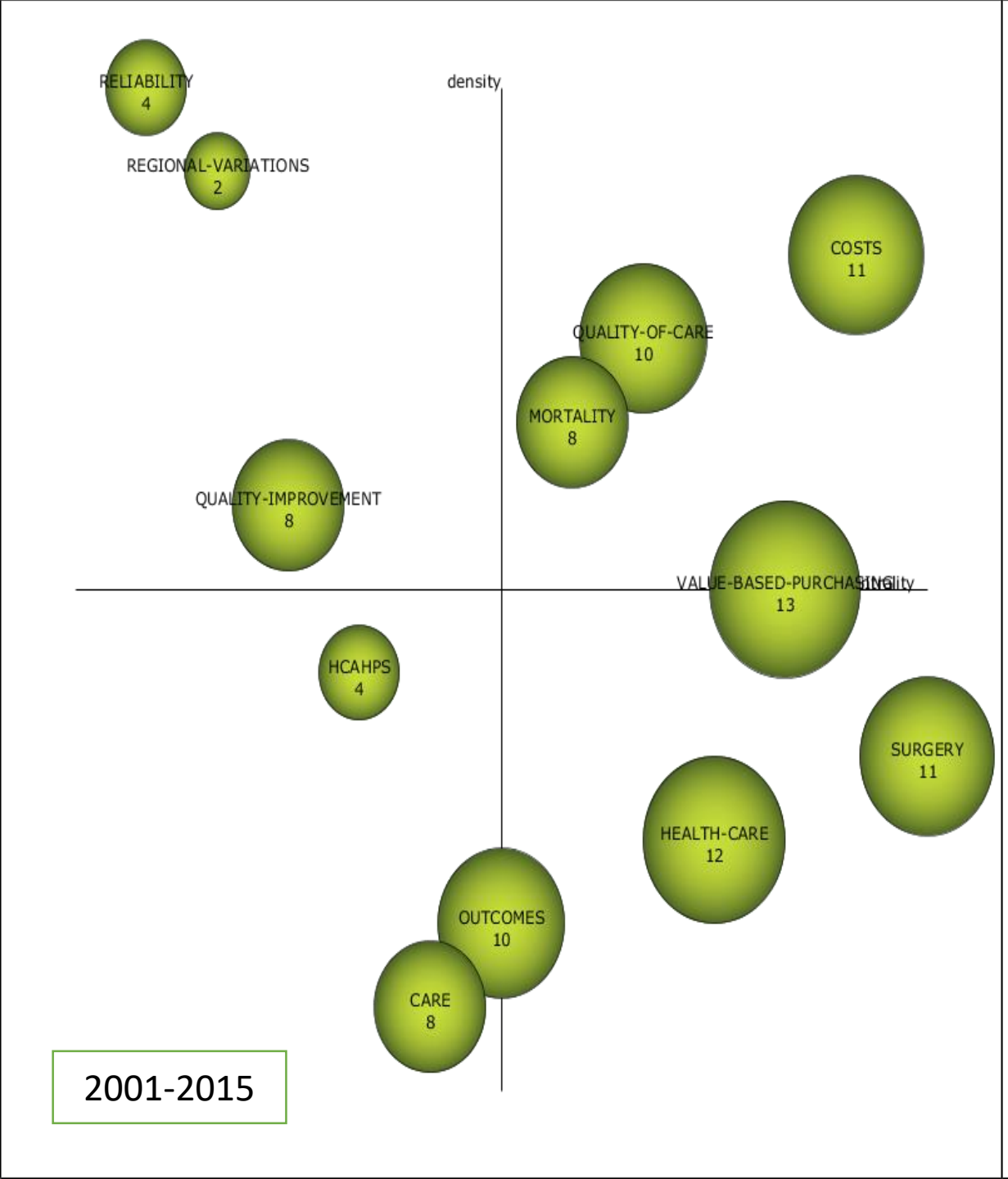


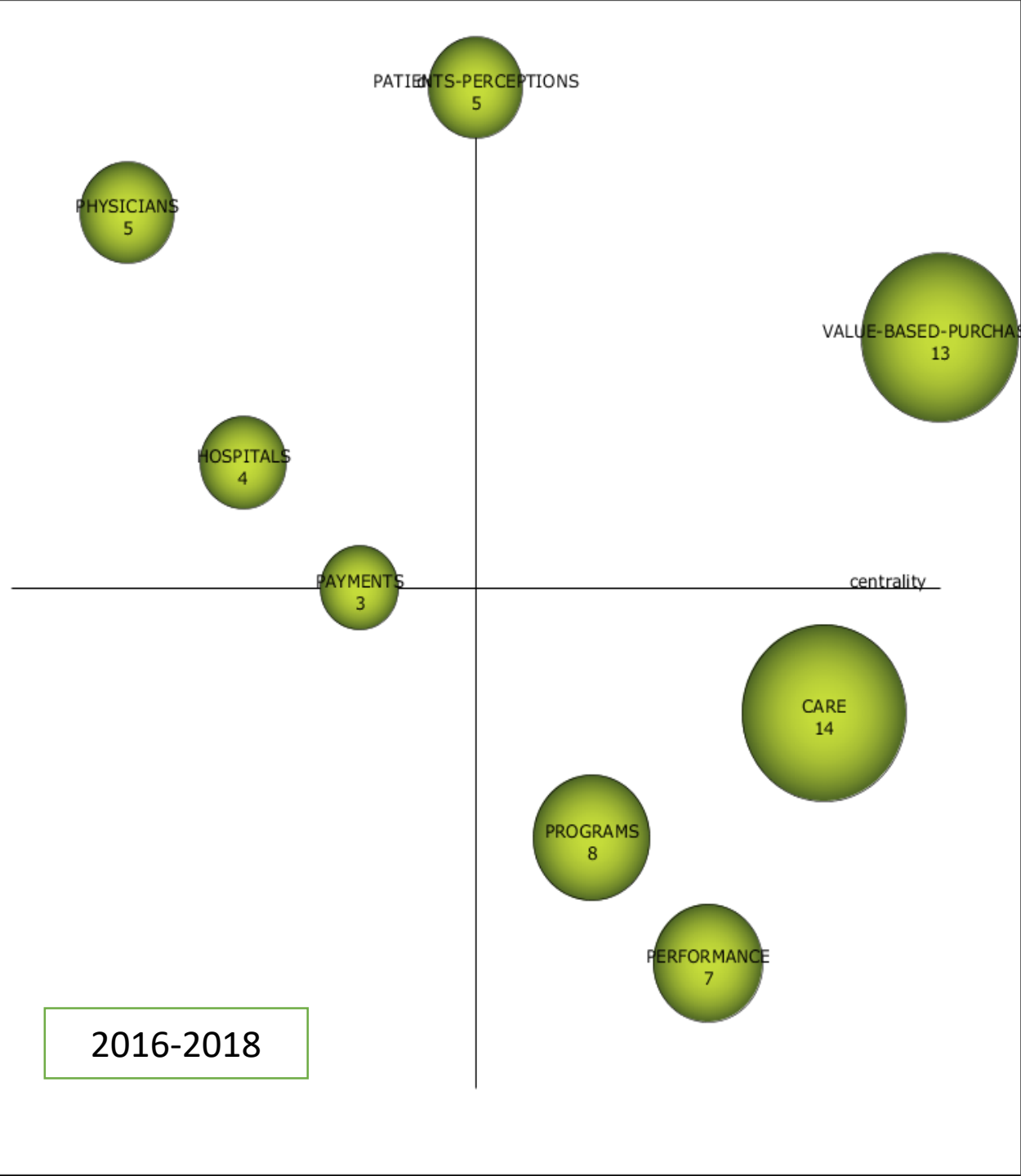


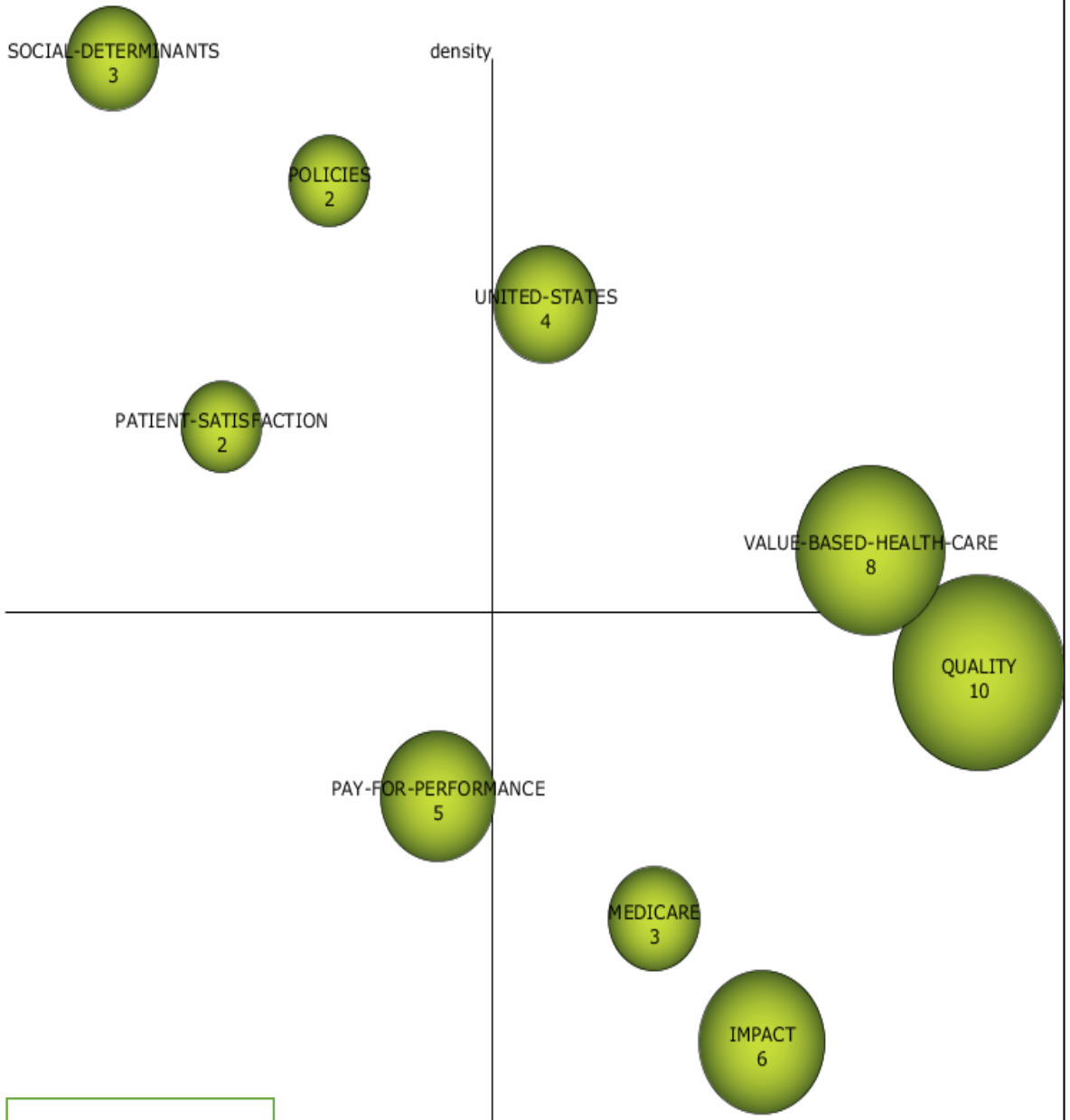
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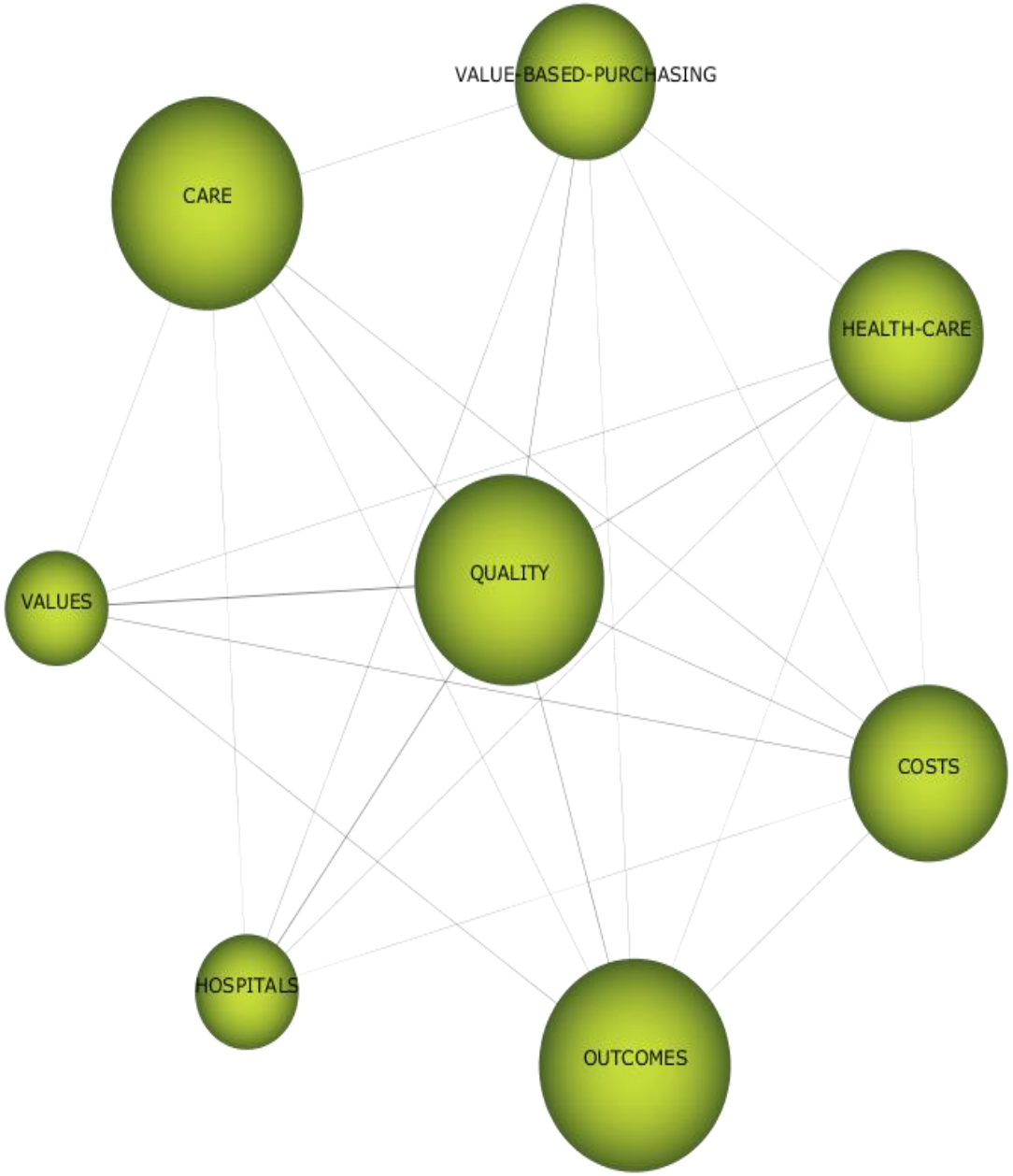
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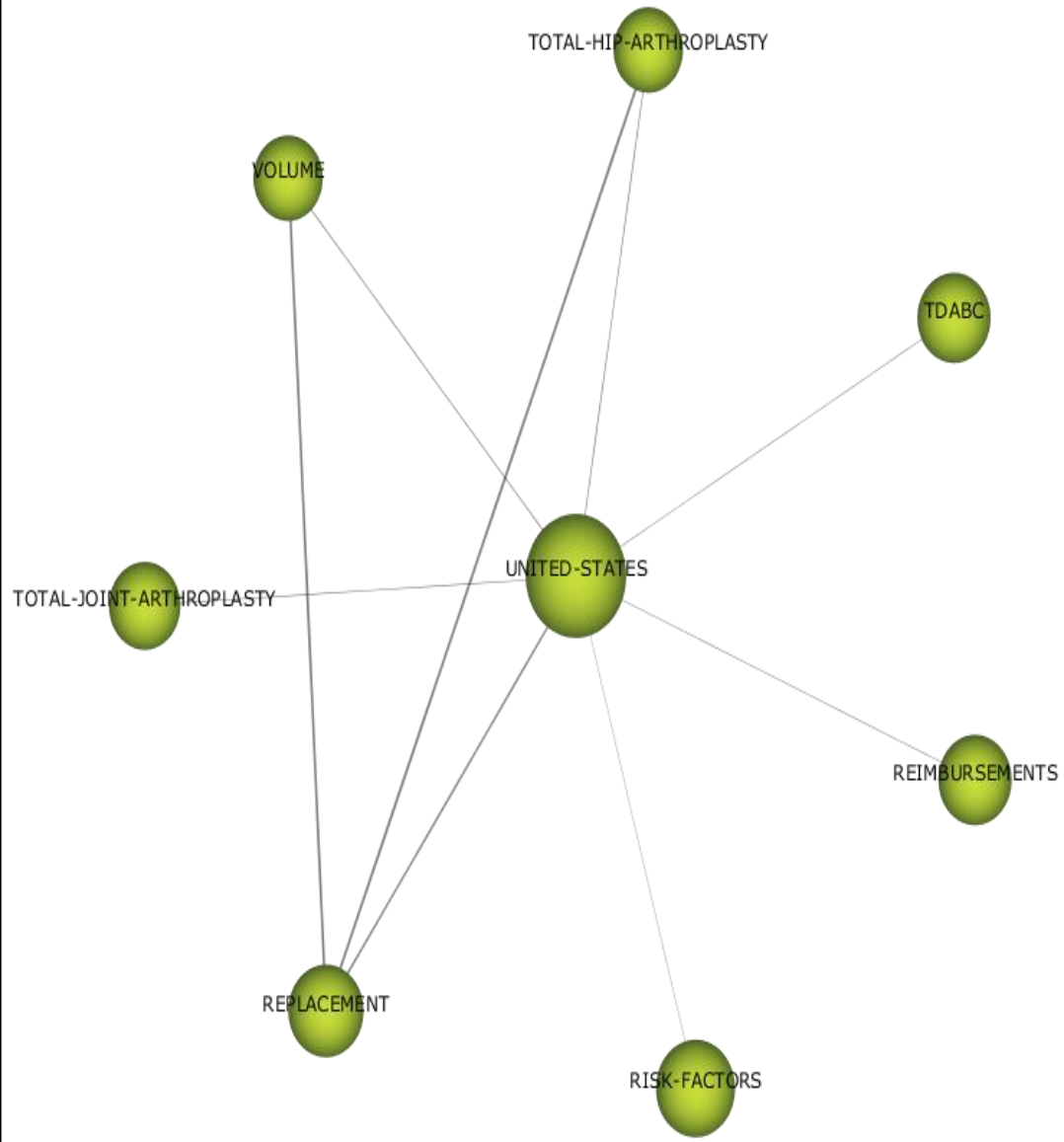
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Simsir, Ismail; Altindis, Selma	Could Value-Based Purchasing Approach Be Used in Assessment of Healthcare Delivery Outputs?	KONURALP TIP DERGISI	2019	
Ames, Christopher P.; Smith, Justin S.; Pellise, Ferran; Kelly, Michael; Gum, Jeffrey L.; Alanay, Ahmet; Acaroglu, Emre; Sanchez Perez-Grueso, Francisco Javier; Kleinstueck, Frank S.; Obeid, Ibrahim; Vila-Casademunt, Alba; Shaffrey, Christopher I., Jr.; Burton, Douglas C.; Lafage, Virginie; Schwab, Frank J.; Shaffrey, Christopher I., Sr.; Bess, Shay; Serra-Burriel, Miquel	Development of predictive models for all individual questions of SRS-22R after adult spinal deformity surgery: a step toward individualized medicine	EUROPEAN SPINE JOURNAL	2019	19
Kurt, Pinar; Saban, Metin; Cankaya, Fikret; Annac, Mehmet Cengiz	TIME-DRIVEN ACTIVITY-BASED COSTING IN THE OPHTHALMOLOGY DEPARTMENT OF STATE HOSPITAL: A CASE STUDY	FRESENIUS ENVIRONMENTAL BULLETIN	2019	2
	A conceptual framework for			

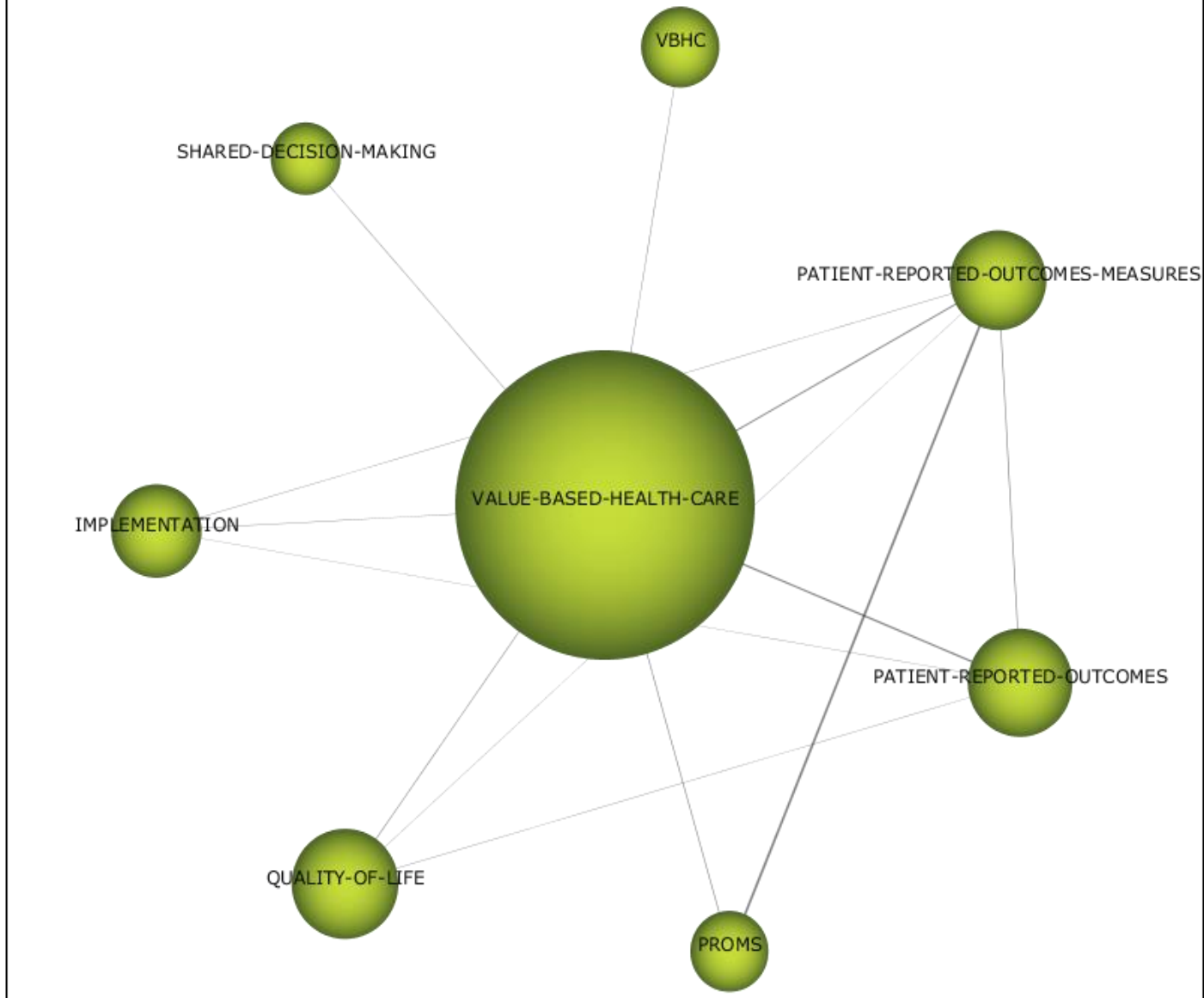

RELIABILITY
4
REGIONAL-VARIATIONS
2
density
COSTS
11
QUALITY-OF-CARE
10
MORTALITY
8
QUALITY-IMPROVEMENT
8
VALUE-BASED-PURCHASING
13
centrality
HCAHPS
4
SURGERY
11
HEALTH-CARE
12
OUTCOMES
10
CARE
8
2001-2015

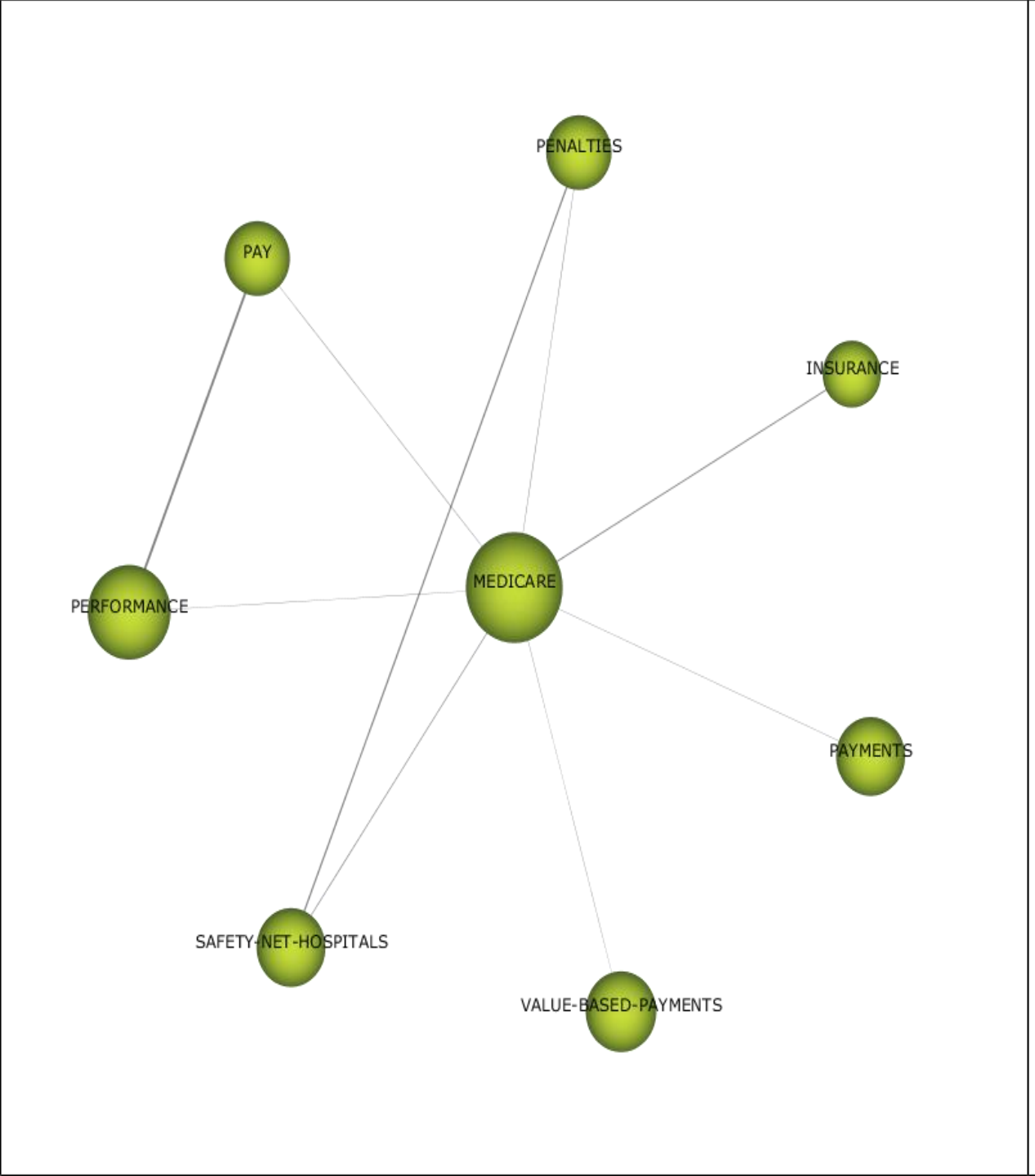

PATIENTS-PERCEPTIONS
5
PHYSICIANS
5
VALUE-BASED-PURCHAS
13
HOSPITALS
4
PAYMENTS
3
centrality
CARE
14
PROGRAMS
8
PERFORMANCE
7
2016-2018

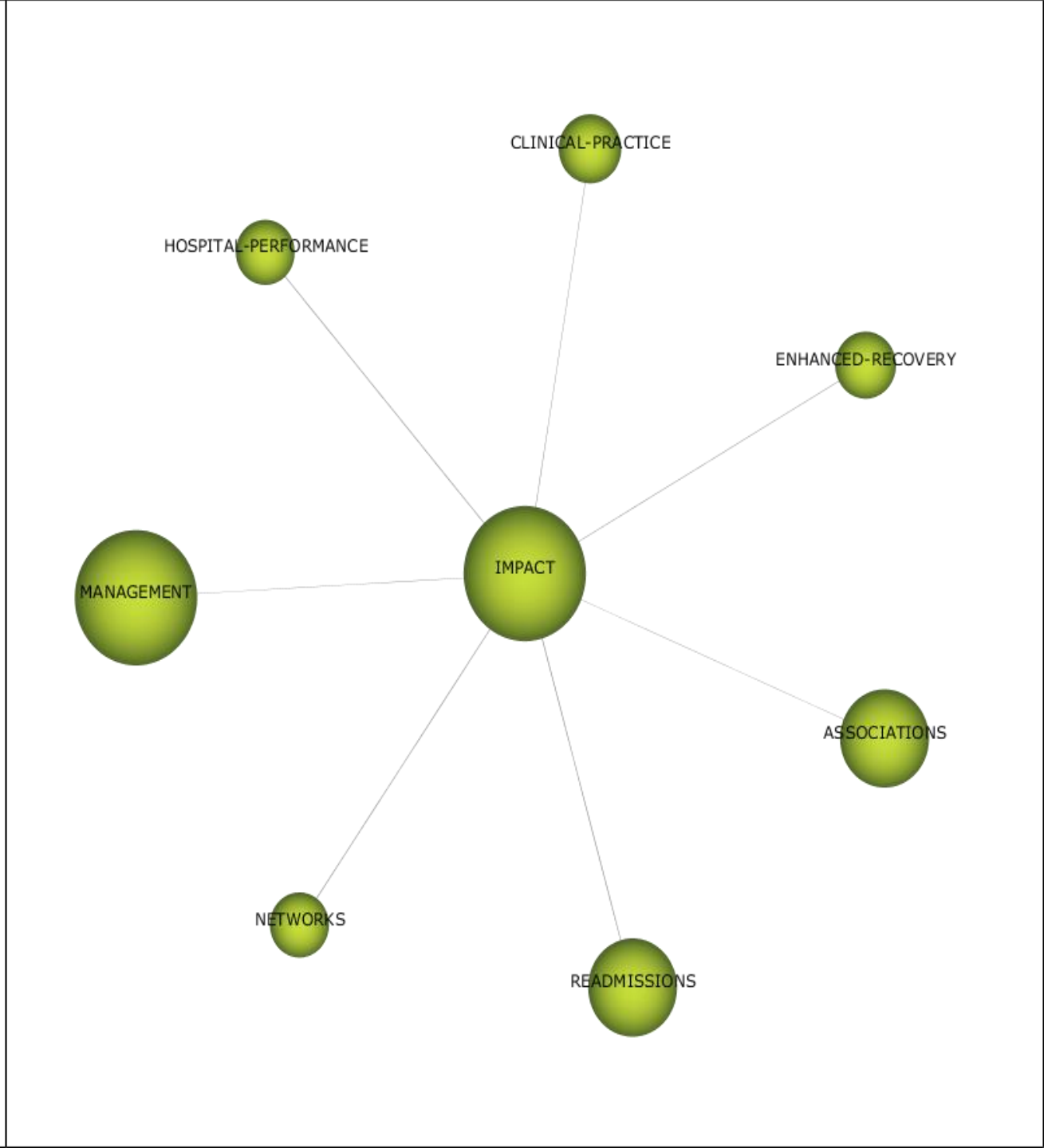

SOCIAL-DETERMINANTS
3
density
POLICIES
2
UNITED-STATES
4
PATIENT-SATISFACTION
2
VALUE-BASED-HEALTH-CARE
8
QUALITY
10
PAY-FOR-PERFORMANCE
5
MEDICARE
3
IMPACT
6
2019-2022

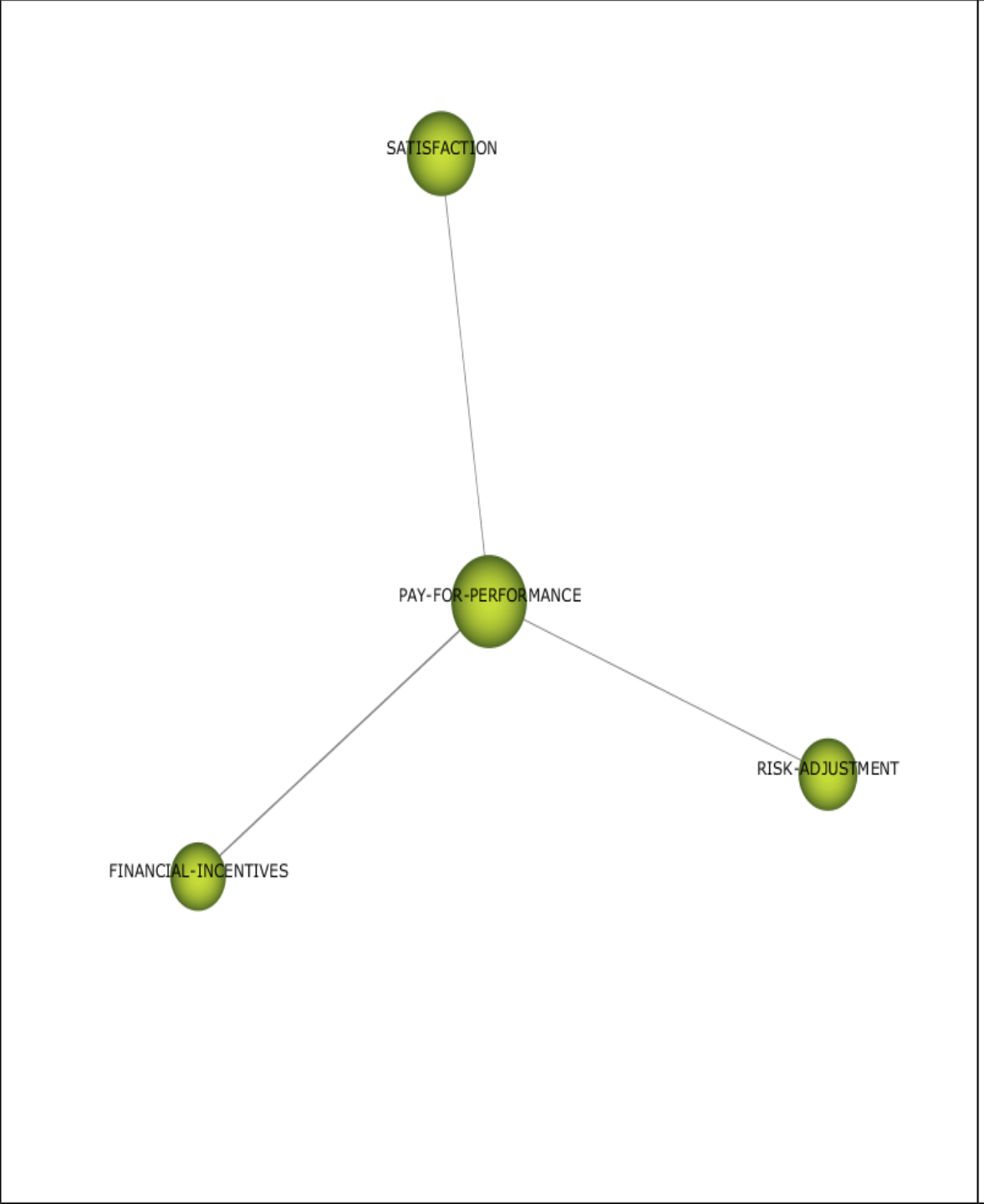

VALUE-BASED-PURCHASING
CARE
HEALTH-CARE
QUALITY
VALUES
COSTS
HOSPITALS
OUTCOMES

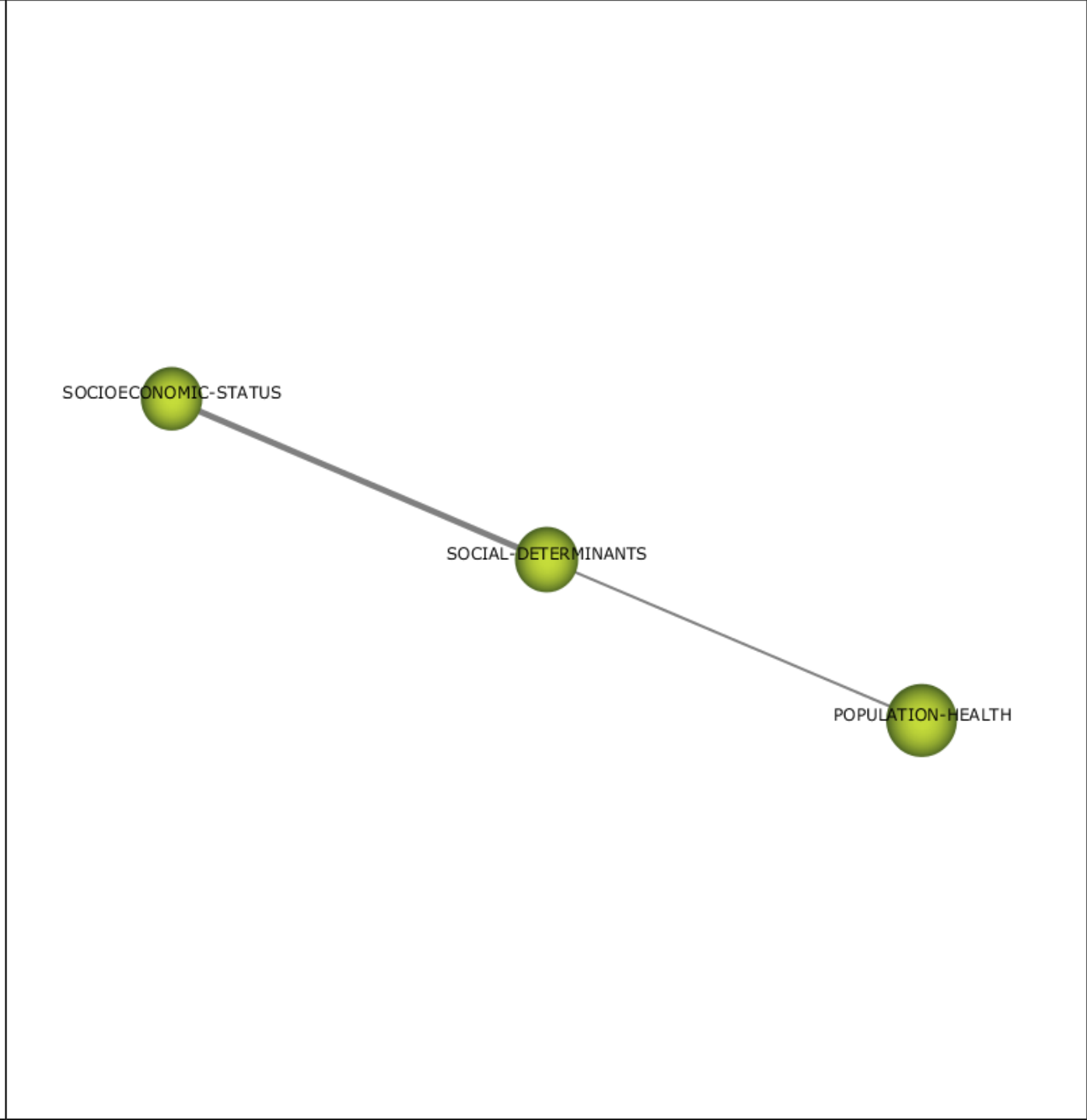

TOTAL-HIP-ARTHROPLASTY
VOLUME
TDABC
UNITED-STATES
TOTAL-JOINT-ARTHROPLASTY
REIMBURSEMENTS
REPLACEMENT
RISK-FACTORS

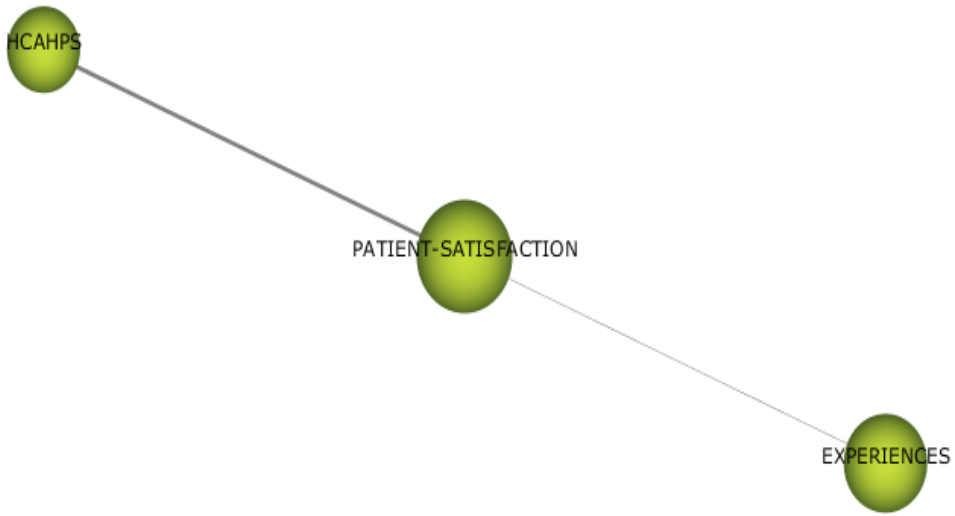

VBHC
SHARED-DECISION-MAKING
PATIENT-REPORTED-OUTCOMES-MEASURES
VALUE-BASED-HEALTH-CARE
IMPLEMENTATION
PATIENT-REPORTED-OUTCOMES
QUALITY-OF-LIFE
PROMS

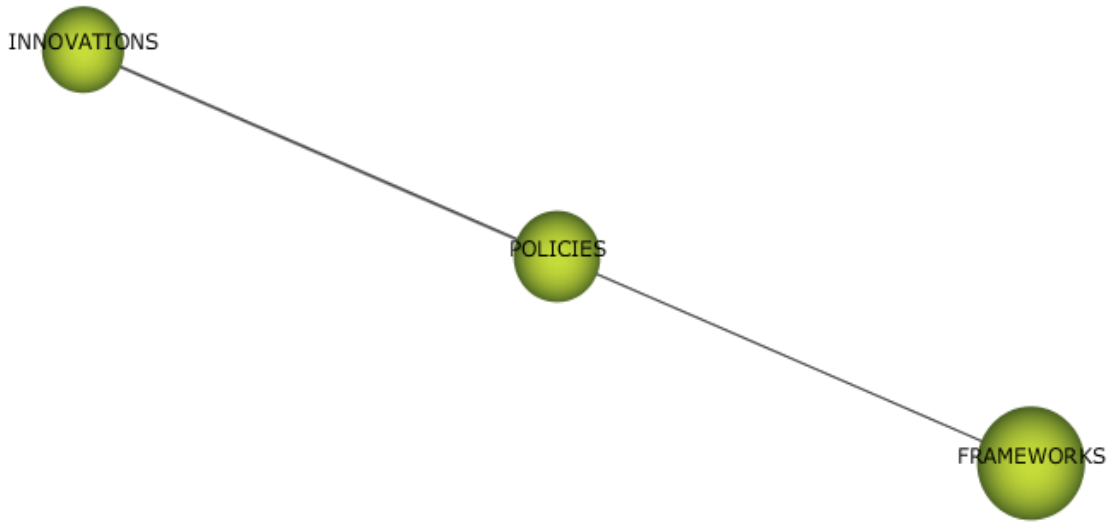

PENALTIES
PAY
INSURANCE
MEDICARE
PERFORMANCE
PAYMENTS
SAFETY-NET-HOSPITALS
VALUE-BASED-PAYMENTS


CLINICAL-PRACTICE
HOSPITAL-PERFORMANCE
ENHANCED-RECOVERY
MANAGEMENT
IMPACT
ASSOCIATIONS
NETWORKS
READMISSIONS


SATISFACTION
PAY-FOR-PERFORMANCE
RISK-ADJUSTMENT
FINANCIAL-INCENTIVES


SOCIOECONOMIC-STATUS
SOCIAL-DETERMINANTS
POPULATION-HEALTH


HCAHPS
PATIENT-SATISFACTION
EXPERIENCES


INNOVATIONS
POLICIES
FRAMEWORKS

Tarihsel Arka Plan I

- Henry Ford'un Değer Tanımı
- Ernest Amory Codman
  - End Result Kartları
  - Hesap verebilirlik
  - İlk hata sınıflandırma (İlk Medikal Hata S.)
  - Output/Outcome Ayırımı
- 1950-1960 öncü üç çalışma
  - Sheps MC. Approaches to the Quality of Hospital Care. *Public Health Reports.* 1955;70:877–886
  - Peterson L. Evaluation of the Quality of Medical Care. *New England Journal of Medicine.* 1963;269:1238–1245. December 5
  - Lerner M, Riedel DC. The Teamster Study and the Quality of Medical Care. Inquiry. 1964;1:69–80.
- Avedis Donabedian
  - Yedi kalite sütunu
  - YSS teorisi
- Porter
  - Değer zinciri Analizi
- Yalın Üretim/Yönetim
  - Değer Akışı haritalama
    - Değer katan faaliyetler
    - Değer katmayan faaliyetler
    - Değer katmadığı halde gerekli olan faaliyetler

Tarihsel Arka Plan II

- Michael E. Porter
  - Redefining Health Care 2006 (with Teisberg EO)
  - Measuring Health Outcomes: The Outcome Hierarchy (2010)
    - Tree trier
      1. Degree of health or recovery
      2. Process of recovery
      3. Sustainability of health
    - Core Concept
  - The Strategy That Will Fix Health Care 2013
  - …….
  - …….
  - …….

Core Concept (six)

1. Entegre Uygulama Birimleri
2. Sonuçları ve Maliyeti Ölçmek
   - **Time-driven activity-based costing**
   - **ICHOM**
   - **PROMIS**
   - **PROM**
   - **PREM**
   - **PaRis**
3. Bundle Ödemelere Geçmek,
4. Tesisler Arasında Koşullara Göre Özel Bakım Sunumu,
5. Geniş bir coğrafyada Mükemmellik Merkezlerini kurmak (Centers of Excellence)
6. Bilgi Teknolojisinin Kullanılması

Core Concept (Porter Modeli)

1. Integrated practice units (IPUs)
2. Measure outcomes and cost
3. Bundled payments
4. Expand centers of excellence (COE) across geography
5. Specialized care delivery across facilities
6. Information technology for learning healthcare systems

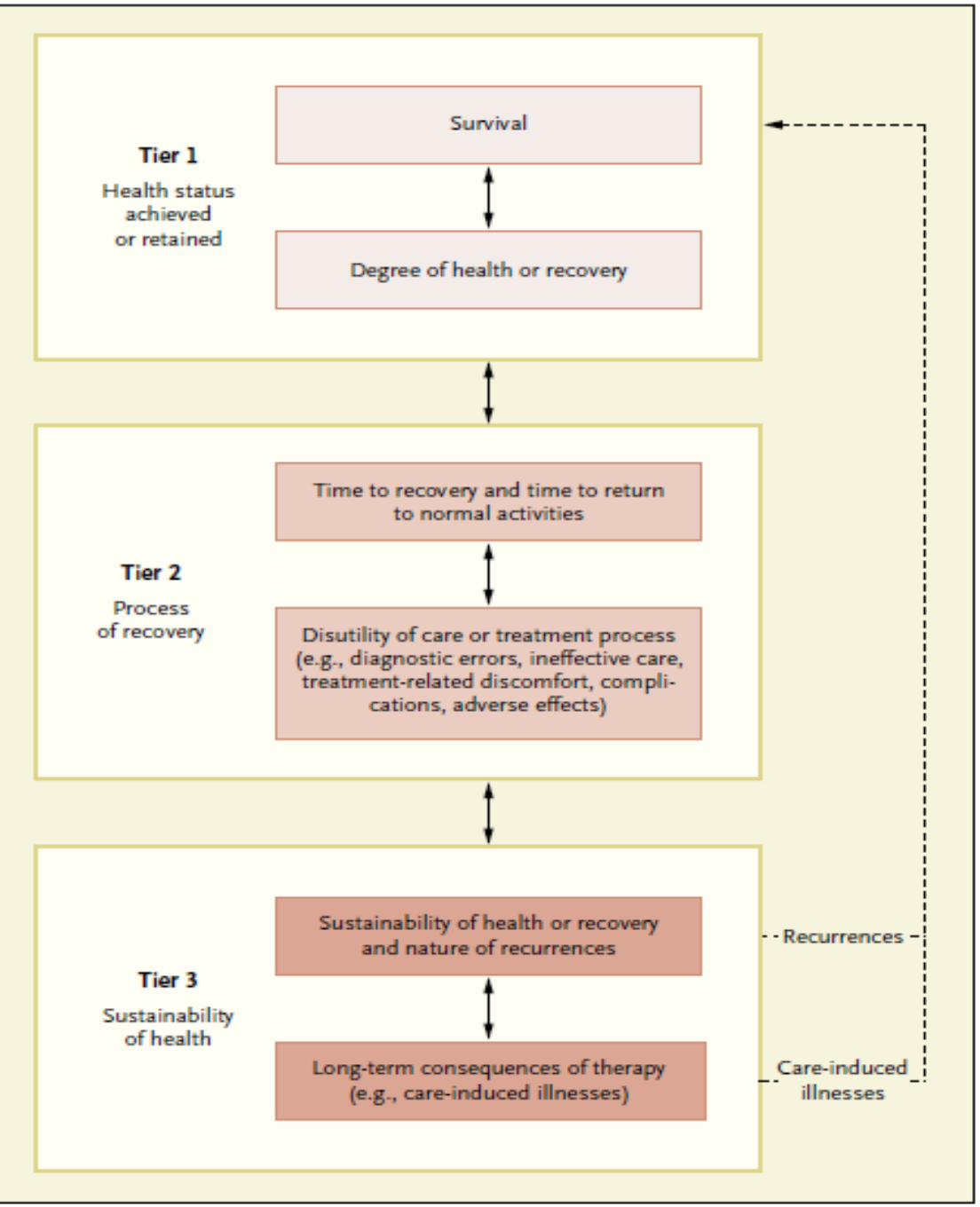


Figure 1. The Outcome Measures Hierarchy.

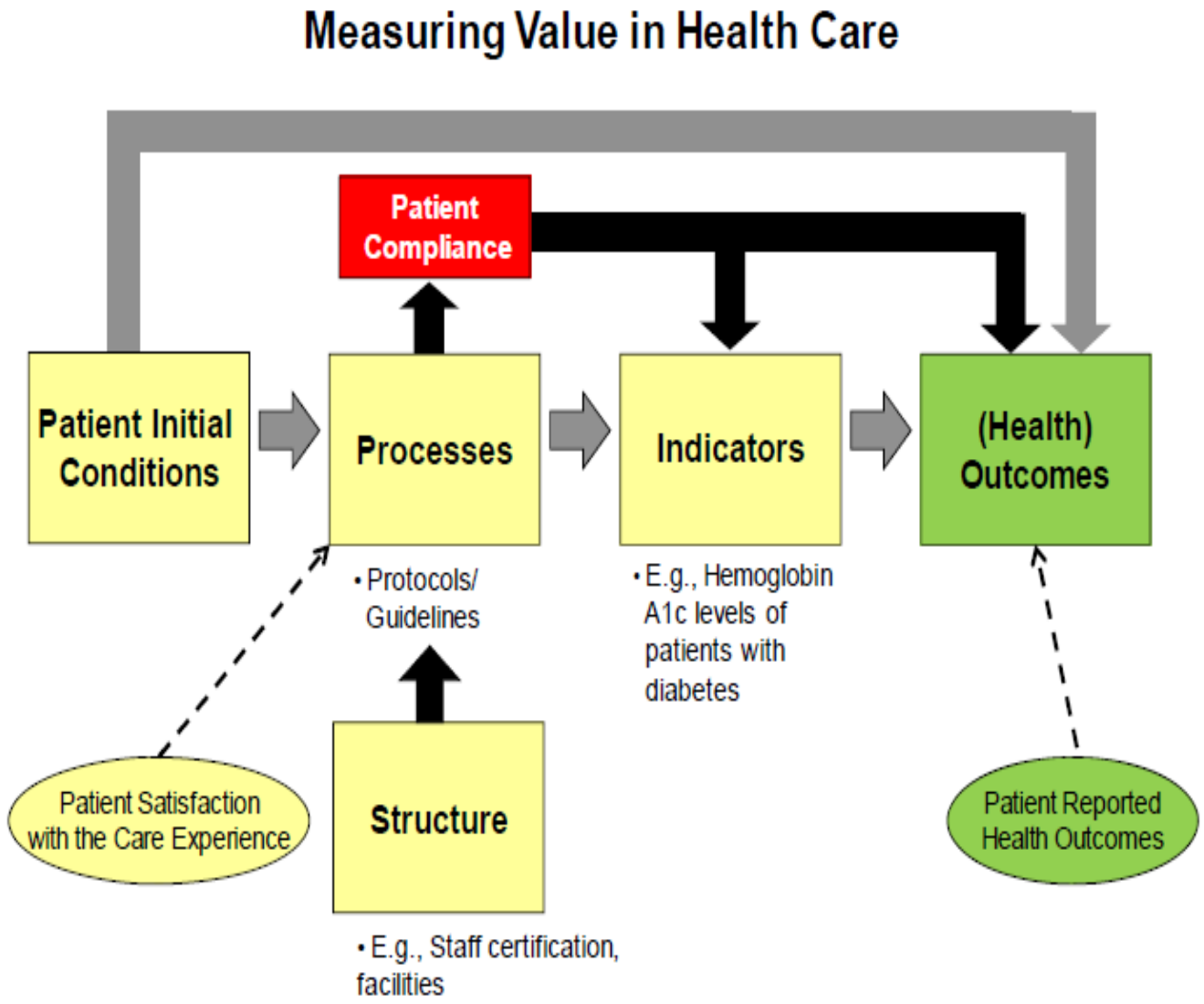
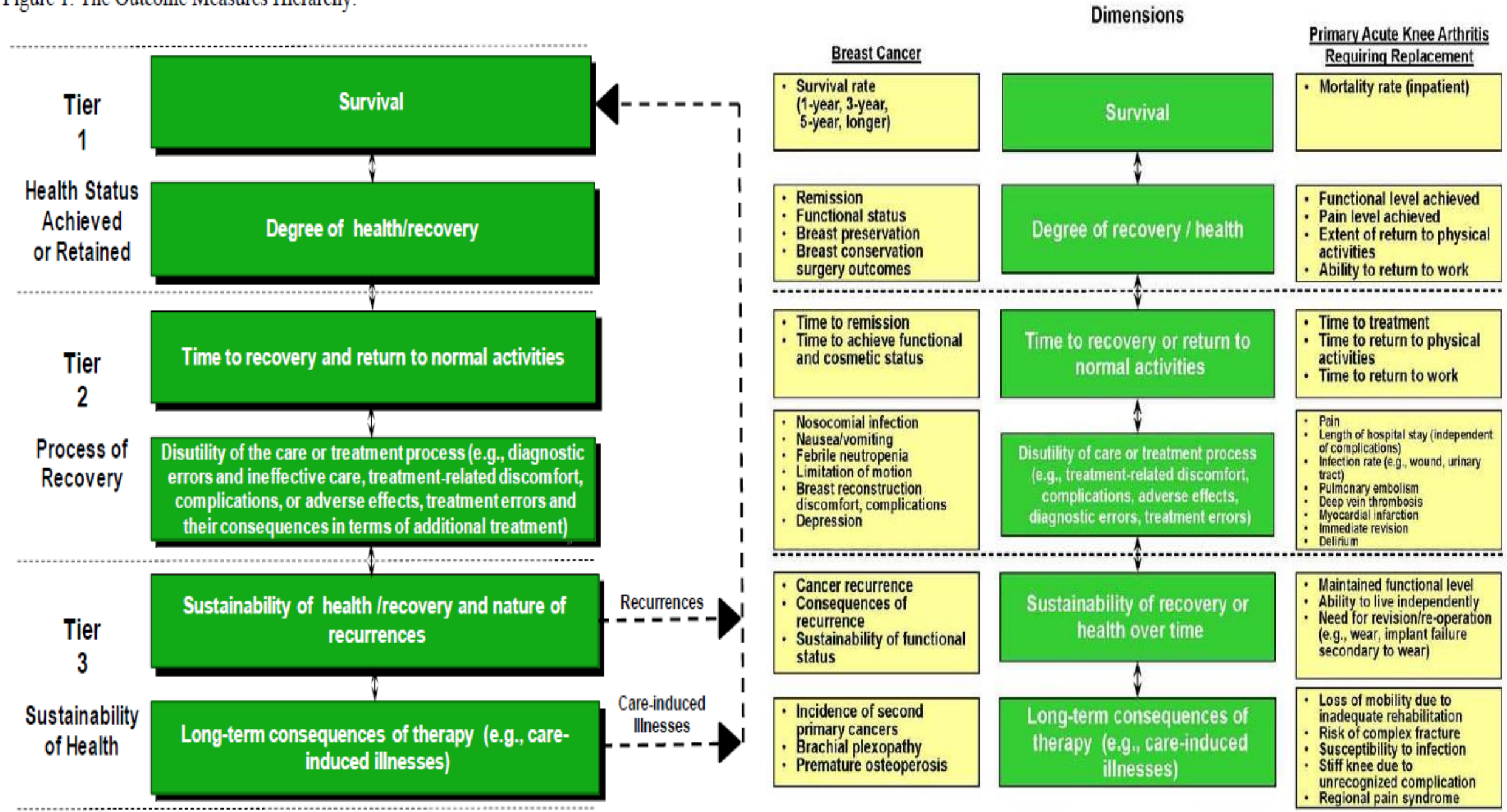
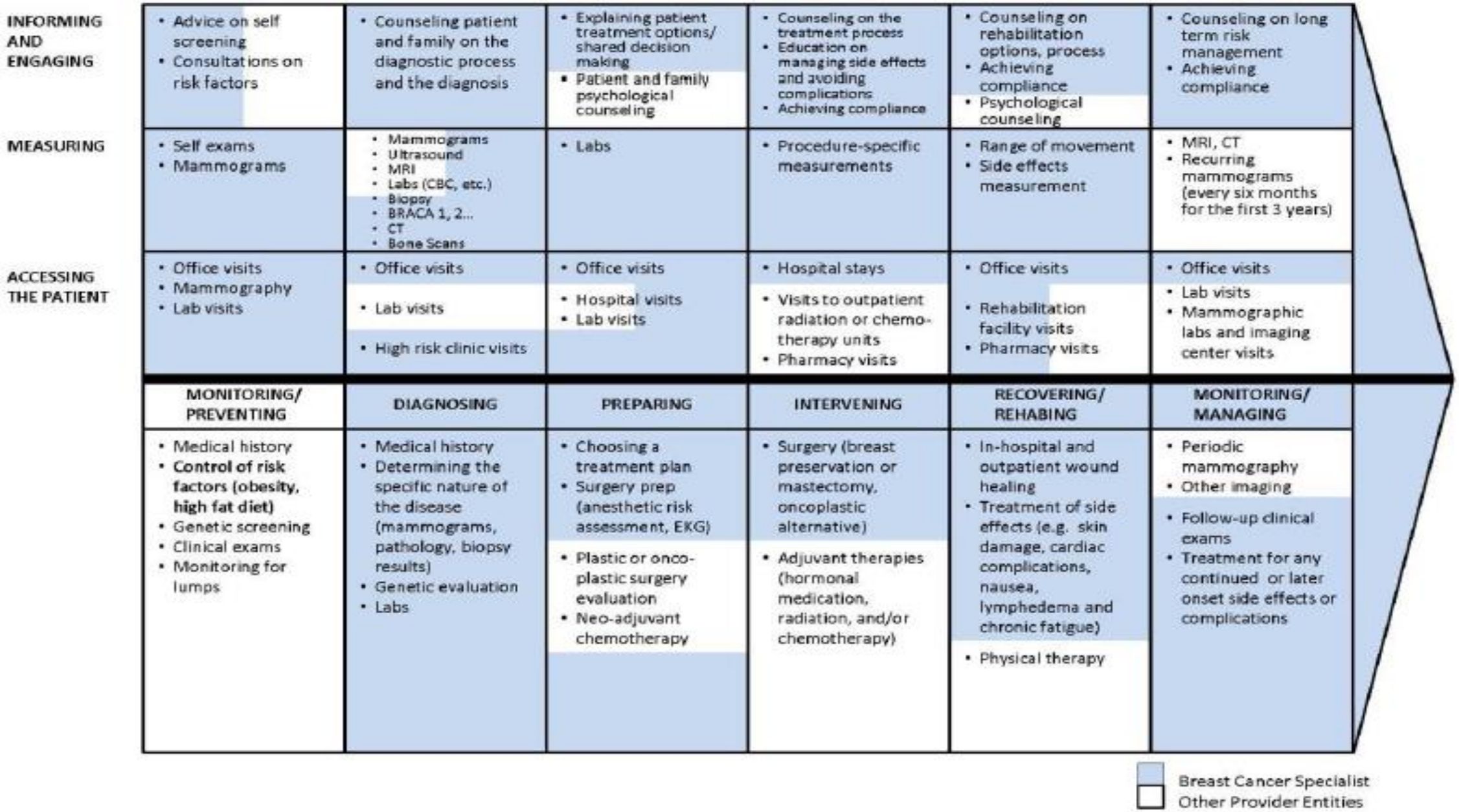


Figure 1. The Outcome Measures Hierarchy.




INFORMING AND ENGAGING
• Advice on self screening
• Consultations on risk factors
• Counseling patient and family on the diagnostic process and the diagnosis
• Explaining patient treatment options/ shared decision making
• Patient and family psychological counseling
• Counseling on the treatment process
• Education on managing side effects and avoiding complications
• Achieving compliance
• Counseling on rehabilitation options, process
• Achieving compliance
• Psychological counseling
• Counseling on long term risk management
• Achieving compliance
MEASURING
• Self exams
• Mammograms
• Mammograms
• Ultrasound
• MRI
• Labs (CBC, etc.)
• Biopsy
• BRACA 1, 2...
• CT
• Bone Scans
• Labs
• Procedure-specific measurements
• Range of movement
• Side effects measurement
• MRI, CT
• Recurring mammograms (every six months for the first 3 years)
ACCESSING THE PATIENT
• Office visits
• Mammography
• Lab visits
• Office visits
• Lab visits
• High risk clinic visits
• Office visits
• Hospital visits
• Lab visits
• Hospital stays
• Visits to outpatient radiation or chemo-therapy units
• Pharmacy visits
• Office visits
• Rehabilitation facility visits
• Pharmacy visits
• Office visits
• Lab visits
• Mammographic labs and imaging center visits
MONITORING/ PREVENTING
• Medical history
• Control of risk factors (obesity, high fat diet)
• Genetic screening
• Clinical exams
• Monitoring for lumps
DIAGNOSING
• Medical history
• Determining the specific nature of the disease (mammograms, pathology, biopsy results)
• Genetic evaluation
• Labs
PREPARING
• Choosing a treatment plan
• Surgery prep (anesthetic risk assessment, EKG)
• Plastic or onco-plastic surgery evaluation
• Neo-adjuvant chemotherapy
INTERVENING
• Surgery (breast preservation or mastectomy, oncoplastic alternative)
• Adjuvant therapies (hormonal medication, radiation, and/or chemotherapy)
RECOVERING/ REHABING
• In-hospital and outpatient wound healing
• Treatment of side effects (e.g. skin damage, cardiac complications, nausea, lymphedema and chronic fatigue)
• Physical therapy
MONITORING/ MANAGING
• Periodic mammography
• Other imaging
• Follow-up clinical exams
• Treatment for any continued or later onset side effects or complications
Breast Cancer Specialist
Other Provider Entities

Tarihsel Arka Plan III

- Kurumlar
- Programlar
- Raporlar
- Yasal Düzenlemeler
- Öncü Kişiler
- Kamusal olmayan inisiyatifler
- Ülke Uygulamaları

Yerleşik ve entegre programlar

- Kamusal Destekli Programlar
  - Medicare ve Medicaid
- Özel Denetim şemalarına dayalı İnisiyatifler
  - JC
  - Leapfrog Survey

Amaç yaklaşımları (3,4 ve 5)

- Üç Amaç Alanı (IHI White paper; Triple Aim)
  - Better care for individuals
  - Better health for populations
  - Lower cost
- Dört Amaç Alanı (Quadruple Aim)
  - Klinisyen tecrübesi veya Klinisyen refahı
- Beş Amaç alanı (Quintuple Aim)
  - + Sağlıkta Hakkaniyet

EVOLUTION TO THE QUINTUPLE AIM



AMERICAN COLLEGE of CARDIOLOGY

CMS value based program

1. End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
2. Hospital Value-Based Purchasing (VBP) Program
3. Hospital Readmission Reduction Program (HRRP)
4. Value Modifier (VM) Program (also called the Physician Value-Based Modifier or PVBM)
5. Hospital Acquired Conditions (HAC) Reduction Program

Geliştirilen programlar

- Skilled Nursing Facility Value-Based Purchasing (SNFVBP)
- Home Health Value Based Purchasing (HHVBP)

ESRD QIP

- Care Coordination Measure
  - Standardized Readmission Ratio (SRR)
  - Standardized Hospitalization Ratio (SHR)
  - Percentage of Prevalent Patients Waitlisted (PPPW)
  - Clinical Depression Screening and Follow-Up
- Safety Measure
  - NHSN Bloodstream Infection
  - NHSN Dialysis Event Reporting
  - Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)
- Clinical Care Measure(s)
  - Kt/V Dialysis Adequacy (Comprehensive)
  - Standardized Transfusion Ratio (STrR)
  - Vascular Access Type (Two)
    - Fistula
    - Catheter
  - Hypercalcemia
  - Ultrafiltration Rate
- Patient and Family Engagement
  - ICH CAHPS Survey

Hospital VBP

- Mortality and complications
- Healthcare-associated infections
- Patient safety
- Patient experience
- Efficiency and cost reduction

- AHRQ Quality Indicator
  - AHRQ Inpatient Quality Indicators
  - AHRQ Patient Safety Indicators
- 30-Day Risk-Standardized Mortality Measures
- HAC Measures

Hospital Readmissions Reduction Program

- Acute Myocardial Infarction (AMI)
- Chronic Obstructive Pulmonary Disease (COPD)
- Heart Failure (HF)
- Pneumonia
- Coronary Artery Bypass Graft (CABG) Surgery
- Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)

Hospital-Acquired Condition Reduction Program

Patient Safety and Adverse Events

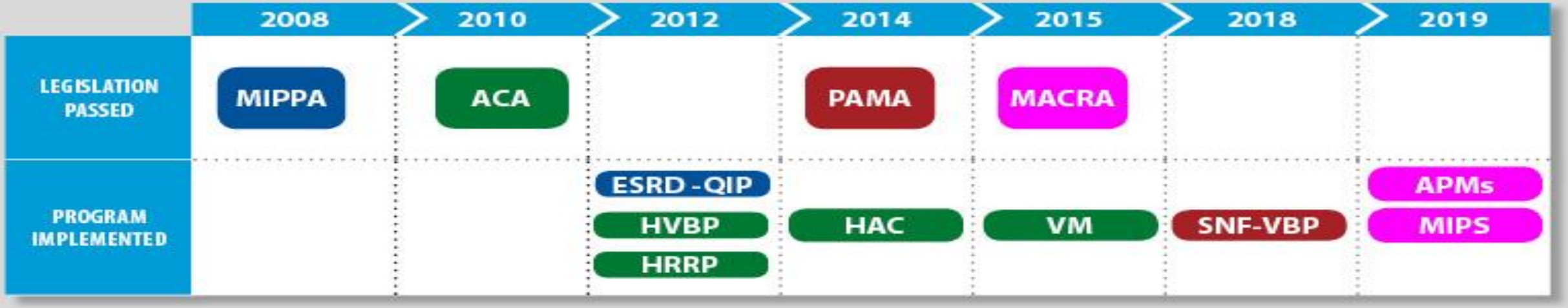
Composite (CMS PSI 90)

- PSI 03 — Pressure Ulcer Rate
- PSI 06 — Iatrogenic Pneumothorax Rate
- PSI 08 — In Hospital Fall with Hip Fracture Rate
- PSI 09 — Perioperative Hemorrhage or Hematoma Rate
- PSI 10 — Postoperative Acute Kidney Injury Requiring Dialysis Rate
- PSI 11 — Postoperative Respiratory Failure Rate
- PSI 12 — Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- PSI 13 — Postoperative Sepsis Rate
- PSI 14 — Postoperative Wound Dehiscence Rate
- PSI 15 — Abdominopelvic Accidental Puncture/Laceration Rate

Centers for Disease Control and Prevention's National Healthcare Safety Network healthcare-associated infection (HAI) measures

- Central Line-Associated Bloodstream Infection (CLABSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Surgical Site Infection (SSI) (for colon and abdominal hysterectomy procedures)
- Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia
- *Clostridium difficile* Infection (CDI)

VALUE-BASED PROGRAMS



LEGISLATION

ACA: Affordable Care Act
MACRA: the Medicare Access & CHIP Reauthorization Act of 2015
MIPPA: Medicare Improvements for Patients & Providers Act
PAMA: Protecting Access to Medicare Act

PROGRAM

APMs: Alternative Payment Models
ESRD-QIP: End-Stage Renal Disease Quality Incentive Program
HACRP: Hospital-Acquired Condition Reduction Program
HRRP: Hospital Readmissions Reduction Program
HVBP: Hospital Value-Based Purchasing Program
MIPS: Merit-Based Incentive Payment System
VM: Value Modifier or Physician Value-Based Modifier (PVBM)
SNFVBP: Skilled Nursing Facility Value-Based Purchasing Program

CMS Authorized Programs & Activities

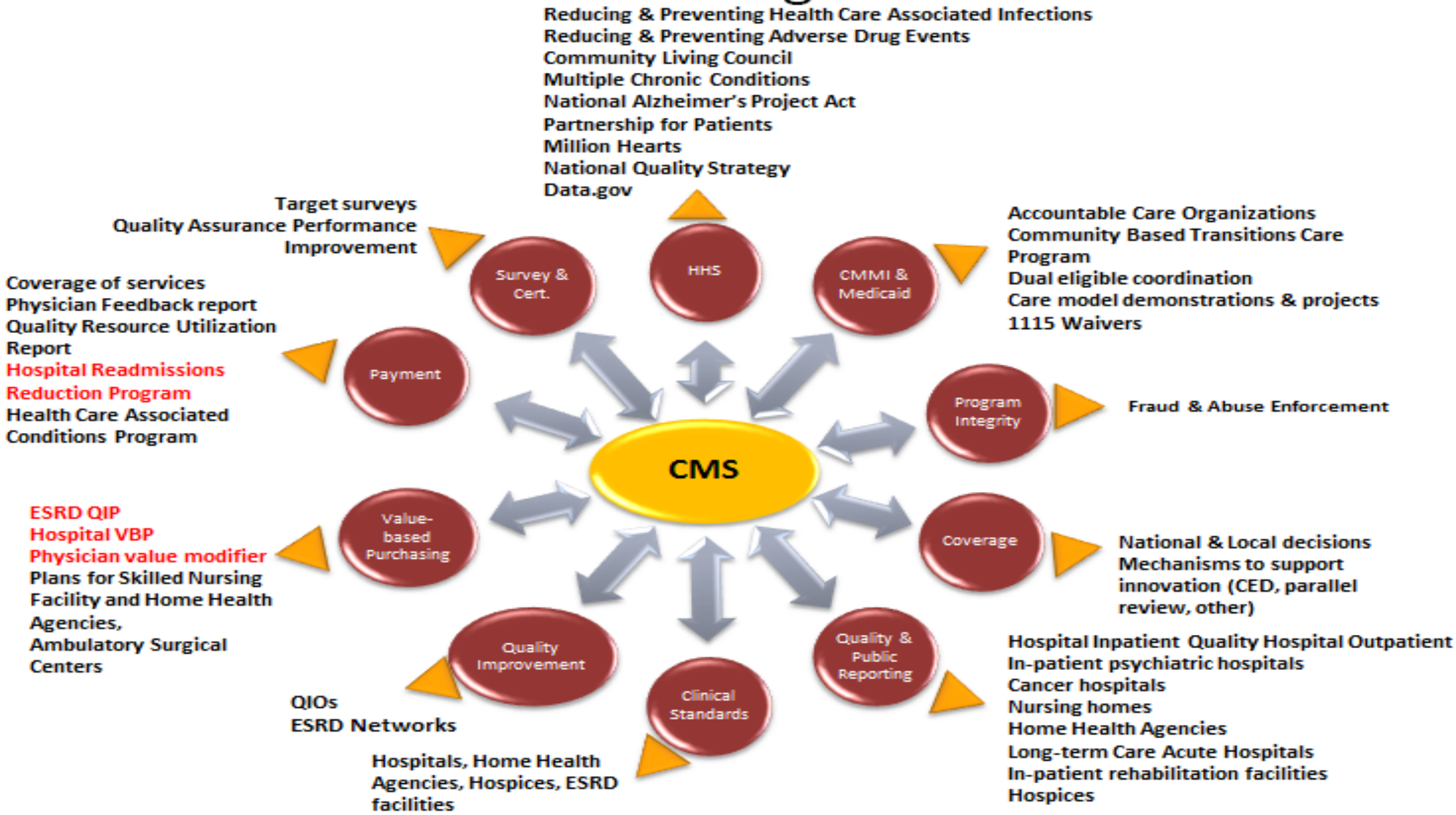


Table 1. Summary of Value-based Programs.

CMS Value-Based Purchasing Program	Program Description	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018-2020
Hospital Value-Based Purchasing (HVBP) (StratisHealth, 2020)	Measures hospital performance across care domains to calculate a TPS Domain scores are multiplied by weighted % dependent on FFY and added together for TPS (determines payment incentive or penalty rate) Domain names and components have changed from the time of program's initiation in FFY 2013	Weighted domains: • CPC: **70%** • Patient Experience of Care: **30%** Incentive payment or penalty rate based on TPS: **1%**	Weighted domains: • CPC: **45%** • Patient Experience of Care: **30%** • Outcome: **25%** Incentive payment/ penalty rate: **1.25%**	Weighted domains: • CPC: **20%** • Patient Experience of Care: **30%** • Outcome: **30%** • Efficiency: **20%** Incentive payment/ penalty rate: **1.5%**	Weighted domains: • CPC: **10%** • Patient Experience of Care: **25%** • Outcome: **40%** • Efficiency: **25%** Incentive payment/ Penalty rate: **1.75%**	Weighted domains: • Clinical Care: **30%** • Patient Experience of Care: **25%** • Safety: **20%** • Efficiency: **25%** Incentive payment/ penalty rate: **2%**	Weighted domains: • Clinical Care: **25%** • Person and Community Engagement: **25%** • Safety: **25%** • Efficiency/ Cost Reduction: **25%** Incentive payment/ penalty rate: **2%**
Hospital Readmission Reduction Program (HRRP) (CMS, 2020c)	Program reduces CMS payments to hospitals with excessive 30-day readmission rates Measures 30-day hospital readmissions for specific at-risk conditions, which have varied from FFY 2013-present	**Measured readmissions for:** AMI, HF, and pneumonia Maximum payment penalty: **1%**	AMI, HF, and pneumonia Maximum payment penalty: **2%**	AMI, HF, pneumonia, COPD, and elective THA/TKA Maximum payment penalty: **3%**	AMI, HF, pneumonia, COPD, and elective THA/TKA Maximum payment penalty: **3%**	AMI, HF, pneumonia (expanded), COPD, elective THA/TKA, and CABG Maximum payment penalty: **3%**	AMI, HF, pneumonia (expanded), COPD, elective THA/TKA, and CABG Maximum payment penalty: **3%**
Hospital Acquired Condition Reduction Program (HACRP) (CMS, 2020a)	Program utilizes the total HACRP score to determine the bottom 25% worst-performing hospitals Total HACRP score is based on data from quality measures including a list of 10 Patient Safety Indicators (PSI-90) and 5 hospital-associated infections (CLABSI, CAUTI, SSI, MRSA, and CDI)	Program not yet implemented	Program not yet implemented	Maximum penalty for low performing hospitals: **1%**	Maximum penalty for low performing hospitals: **1%**	Maximum penalty for low performing hospitals: **1%**	Maximum penalty for low performing hospitals: **1%**

Note. HVBP = Hospital Value-Based Purchasing; TPS = total performance score; FFY = Federal Fiscal Year CPC = clinical processes of care; HRRP = Hospital Re-admission Reduction Program; CMS = Centers for Medicare and Medicaid; AMI = acute myocardial infarction; HF = heart failure; COPD = chronic obstructive pulmonary disease; THA = total hip arthroplasty; TKA = total knee arthroplasty; CABG = coronary artery bypass graft; HACRP = Hospital Acquired Condition Reduction Program; CLABSI = central line associated bloodstream infection; CAUTI = catheter associated urinary tract infection; SSI = surgical site infection; MRSA = methicillin-resistant staphylococcus aureus; CDI = clostridium difficile infection.

İlişkili konular ve linkler

- Patient Reported Outcomes Information System (PROMIS) Global Health-10
  - https://www.codetechnology.com/promis-global-10/
- Patient Reported Outcomes Information System PROMIS-29
  - http://www.healthmeasures.net/administrator/components/com_instruments/uploads/15-09-02_02-16-11_PROMIS-29Profilev2.0InvestigatorVersion.pdf
- International Consortium for Health Outcomes Measurement (ICHOM)
  - https://www.ichom.org/
- Clinical-related outcomes (CROs)
- Leapfrog Survey
- National Quality Forum Measure Incubator
  - Safe Practise
  - Never Event
  - Non Payment Preventable Event

leapfroggroup.org/VBP-Program#:~:text=The%20Leapfrog%20Value-Based%20Purchasing.of%20the%20Leapfrog%20Hospital%20Survey.

Haftalık ve Günlük İ... BBC Learning Englis... illness Teaching materials f... Econ 481 Health Ec... obs.duzce.edu.tr EA urtde,mcişvhöbi Gelen Kutusu (1) -... Diğer yer işaretleri

THE LEAPFROG GROUP
Giant Leaps for Patient Safety

Health Care Choices and why they matter | About Our Ratings and reports | Hospital Survey and materials | ASC Survey and materials | News, Events and impact | Who We Are and our mission

- Why Leapfrog
- Licensure Programs
  - Leapfrog Hospital Survey
  - Leapfrog Hospital Safety Grade
  - Leapfrog Value-Based Purchasing Program
- Data Users
  - New! Self-Insured Entities
  - Health Plans
  - Transparency Vendors
  - Employers
  - Researchers
- Contact Us
- Data User Login

Leapfrog Value-Based Purchasing Program

The Leapfrog Value-Based Purchasing (VBP) Program helps health plans, employers, and other purchasers identify the highest value hospitals in individual markets and across the country, based on results of the Leapfrog Hospital Survey. And now, for the first time, employers of any size can use the Leapfrog VBP Program for Self-Insured Entities in their quest for value.

LEAPFROG VBP PROGRAM

LEAPFROG VBP PROGRAM
For Self-Insured Entities

The Leapfrog VBP Program has earned a Validation Seal from the Validation Institute, demonstrating its impact and effectiveness for purchasers.The program can be implemented quickly by self-insured employers both large and small, health plans, third-party administrators, and more. The program makes it simple to identify hospitals that have attained top performance or made significant improvement from one year to the next, and provides a transparent and effective payment methodology

DEĞER VE KALİTE ÖLÇÜMÜ SORUNLARINA YÖNELİK BİR ÇÖZÜM ÖNERİSİ (Leapfrog Group)

(Tüketim İdeolojisi Odağında Leapfrog Group Uygulama Seti)

Muhammet CİNOĞLU
Doç. Dr. Mehmet Nurullah KURUTKAN

İKSAD Publishing House

CARDIOMETABOLIC



ATRIAL FIBRILLATION



CORONARY ARTERY DISEASE



DIABETES



HEART FAILURE



HEART VALVE DISEASE



HYPERTENSION IN LOW- AND MIDDLE-INCOME COUNTRIES



STROKE



VENOUS THROMBOEMBOLISM

TOP

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DIABETES

COMPLETED & HARMONIZED

The ICHOM Set of Patient-Centered Outcome Measures for Adults who live with type 1 and 2 Diabetes is the result of hard work by a group of leading physicians, measurement experts and patients. It is our recommendation of the outcomes that matter most to persons with Diabetes. We urge all providers around the world to start measuring these outcomes to better understand how to improve the lives of their patients.

1. Evaluated via WHO-5
2. Evaluated via PAID
3. Evaluated via PHQ-9

REQUEST IMPLEMENTATION SUPPORT

RECEIVE UPDATES



IMPLEMENTATION RESOURCES

You will need a Connect account in order to view our Implementation resources.

You can join here. If you are already a member, please login here.

ICHOM ACCREDITATION
VALUE-BASED HEALTH CARE

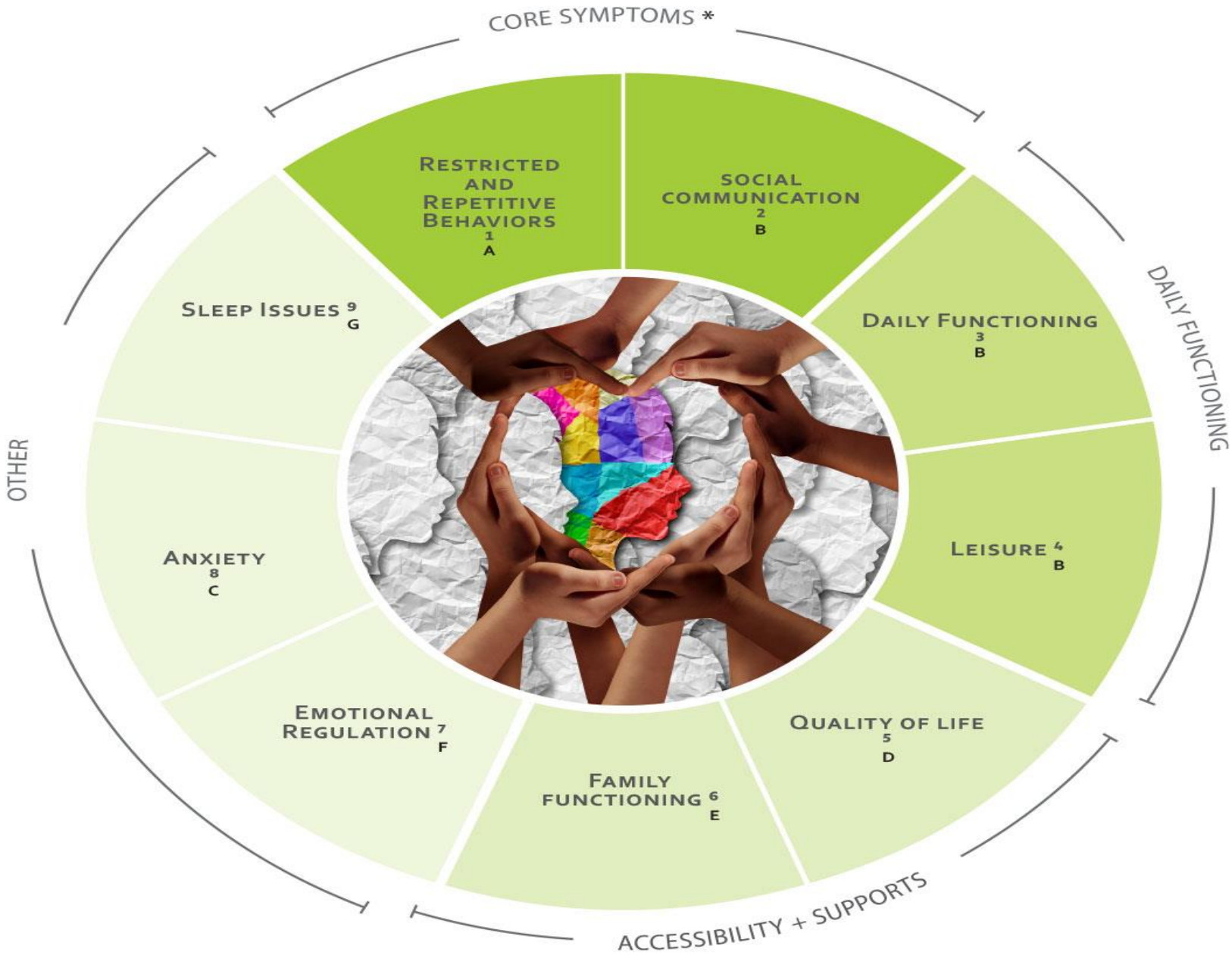
All of the basic information you need to implement ICHOM Sets is available in the links above.

However, for a faster, more easily integrated process, we offer digitised versions of the Set measures. These are designed for immediate upload to existing EMR systems.

This is available as part of our Accreditation package, which recognises your work in putting patient outcomes at the heart of treatment.

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CORE SYMPTOMS *
DAILY FUNCTIONING
ACCESSIBILITY + SUPPORTS
OTHER
RESTRICTED AND REPETITIVE BEHAVIORS 1 A
SOCIAL COMMUNICATION 2 B
DAILY FUNCTIONING 3 B
LEISURE 4 B
QUALITY OF LIFE 5 D
FAMILY FUNCTIONING 6 E
EMOTIONAL REGULATION 7 F
ANXIETY 8 C
SLEEP ISSUES 9 G

- Track A (recommends tools with cost associated with them to match existing tools in the current reimbursement models in North America)

- 1 Tracked via the Repetitive Behavior Scale-Revised (RBS-R)
- 2 Tracked via the Social Responsiveness Scale (SRS)
- 3 Tracked via the Vineland Behavior Scales (VABS)
- 4 Tracked via the Preferences for Activities of Children (PAC)
- 5 Tracked via the Child and Family Quality of Life (CFQL-2)
- 6 Tracked via the McMaster Family Assessment Device
- 7 Tracked via the Positive and Negative Affect Scale (PANAS / PANAS – C)
- 8 Tracked via the Child Behavior Checklist (CBCL)
- 9 Tracked via the Brief Infant Sleep Questionnaire (BISQ)

- Track B (recommends tools that are free or have a low cost, and can be used in any healthcare system)

- A Tracked via the Repetitive Behavior Scale-Revised (RBS-R)
- B Tracked via the Vineland Behavior Scales (VABS)
- C Tracked via the Patient Health Questionnaire-2 (PHQ-2)
- D Tracked via the Child and Family Quality of Life (CFQL-2)
- E Tracked via the McFamily Adaptability and Cohesion Evaluation Scale (FACES)
- F Tracked via the Empathy Quotient (EQ)
- G Tracked via the Pediatric Sleep Questionnaire (PSQ)

For information on Accreditation across multiple sites, please contact accreditation@ichom.org for your custom package.

SINGLE SET	GROUP OF SETS (4+ SETS)	FULL ICHOM SUITE
$10,000 / YEAR	$37,500 / YEAR	$50,000 / YEAR
Billed annually for 3 years	Billed annually for 3 years	Billed annually for 3 years
PURCHASE	PURCHASE	PURCHASE

SINGLE SET ADVANCED 3 YEAR DISCOUNT (15%)	GROUP OF SETS (4+ SETS) ADVANCED 3 YEAR DISCOUNT (15%)	FULL ICHOM SUITE ADVANCED 3 YEAR DISCOUNT (15%)
$25,500	$95,625	$127,500
CLAIM DISCOUNT	CLAIM DISCOUNT	CLAIM DISCOUNT

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Sorunlar

- Tanımlanma Sorunu
- Kapsam Sorunu
- Hesaplama Sorunu
- Entegrasyon Sorunu
- Yönetim Sorunu
- Performans Sorunu
- Perspektif Sorunu
- Şeffaflık Sorunu

SUPPLEMENTARY TABLE S1. DELPHI SURVEY COMPONENTS AND RATINGS FOR *VALUE-BASED CARE*

How essential are components to include in the definition of this term? (1-not at all to 9-extremely)	*1-3 n (%)*	*4-6 n (%)*	*7-9 n (%)*	*Total n*	*Consensus*
ROUND 1: COMPONENTS FOR *VALUE-BASED CARE*					
1. A definition of value should be included	0 (0.0)	2 (11,8)	15 (88.2)	17	Yes
2. Value is defined as health outcomes achieved per dollar spent	3 (16.7)	8 (44.4)	7 (38.9)	18	No
3. Reference to the Triple Aim of achieving quality outcomes, lowering costs, and improving the patient experience	7 (38.9)	4 (22.2)	7 (38.9)	18	No
4. Managing the health of populations	3 (316.7)	9 (50.0)	6 (33.3)	18	No
5. Improving health for populations	3 (17,.6)	4 (23.58)	10 (58.8)	17	Half support
6. Improving quality of care	2 (11.8)	3 (17.6)	11 (70.6)	17	Yes
7. Controlling costs	3 (16.7)	7 (38.9)	8 (44.4)	18	No
8. Improving health outcomes	0 (0.0)	0 (0.0)	18 (100)	18	Yes
9. Improving health for individuals	0 (0.0)	6 (33.3)	12 (66.7)	18	Approaching
10. Improving health for families	2 (11.1)	9 (50.0)	7 (38.9)	18	No
11. Improving the health of communities	3 (16.7	5 (27.8)	10 (55.6)	18	Half Support
12. Improving the patient experience	2 (11.2)	4 (22.2)	12 (66.7)	18	Approaching
13. Linking payment to cost objectives	10 (58.8)	4 (23.5)	3 (17.6)	17	No
14. Linking payment to quality objectives	10 (55.6)	4 (22.2)	4 (22.2)	18	No
15. Linking payment to health objectives	9 (50.0)	3 (16.7)	6 (33.3)	18	No
16. Providers or health systems assuming level of risk	10 (55.6)	6 (33.3)	2 (11,1)	18	No
17. Keeping people healthy	0 (0.0)	9 (50.0)	9 (50.0)	18	Half Support

Schapira, M. M., Williams, M., Balch, A., Baron, R. J., Barrett, P., Beveridge, R., ... & Hubbard, R. A. (2020). Seeking consensus on the terminology of value-based transformation through use of a delphi process. Population health management, 23(3), 243-255.

Performans Sorunu

Hong, Y. R., Nguyen, O., Yadav, S., Etzold, E., Song, J., Duncan, R. P., & Turner, K. (2020). Early performance of hospital value-based purchasing program in medicare: a systematic review. Medical Care, 58(8), 734-743.

TABLE 1. HVBP Measures*

Quality Domain	Weight (%)	Performance Measures
Clinical care	25	Acute myocardial infarction 30-d mortality rate
		Heart failure 30-d mortality rate
		Pneumonia 30-d mortality rate
		Total hip and knee arthroplasty complication rate
Person and community engagement	25	Communication with nurses
		Communication with doctors
		Responsiveness of hospital staff
		Communication about medicines
		Cleanliness and quietness of hospital environment
		Discharge information
		Overall rating of hospital
		3-item care transition
Safety	25	Catheter-associated urinary tract infection
		Central-line associated blood stream infection
		Clostridium difficile infection
		Methicillin-resistant *Staphylococcus aureus*
		Surgical site infection (colon surgery and abdominal hysterectomy)
		Elective delivery before 39 completed wk gestation
Efficiency and cost reduction	25	Medicare spending per beneficiary

*On the basis of FY 2019 performance measures.[32]
HVBP indicates Hospital Value-based Purchasing Performance.

TABLE 2. Effects of HVBP on Quality, Costs, and Outcomes

Domain	Performance Measure	Impact†
Quality (n = 6 studies)	Total patient experience score	No impact[6,34]
		Positive*[35]
	Total clinical process score	No impact[6,34,35]
	Overall positive experience	No impact[36]
	Hospital recommendation	No impact[36]
	Doctor communication	No impact[36]
	Nurse communication	No impact[36]
	Medication communication	No impact[36]
	30-d readmissions rate for MI	Positive*[37]
	30-d readmissions rate for CHF	Positive**[37]
	30-d readmissions rate for pneumonia	Positive**[37]
	Blood catheter infections	No impact[38]
	Falls and trauma	No impact[38]
	Pressure ulcers	Positive**[38]
	UTI	No impact[38]
Outcomes (n = 2 studies)	30-d mortality rate for targeted conditions	No impact[39]
	30-d mortality rate for MI	No impact[39,40]
	30-d mortality rate for CHF	No impact[39,40]
	30-d mortality rate for pneumonia	No impact[39]
		Positive*[40]
	30-d mortality rate for nontargeted conditions	No impact[39]

TABLE 3. Hospital Characteristics Associated With HVBP Performance

Characteristic	Performance Measure	Impact[†]
ACO	[Quality] TPS	No impact[41,42]
Early adoption of value-based payment	[Quality] Total clinical process score	No impact[43]
	[Outcomes] 30-d mortality rate for targeted conditions	No impact[43]
	[Outcomes] 30-d mortality rate for nontargeted conditions	No impact[43]
Financial health	[Costs] Bonus	No impact[44]
	[Costs] Penalty	No impact[45]
Hospital size	[Quality] TPS	*Mixed*
		Positive*[46]
		Negative**[47]
		No impact[48–50]
	[Quality] Total clinical process score	No impact[48–50]
	[Quality] Total patient experience score	Negative**[47,50]
		No impact
	[Quality] Overall positive patient experience score	No impact[36]
	[Costs] Medicare spending per beneficiary	Negative***[51]
	[Costs] Bonus	Negative***[44]
	[Costs] Penalty	No impact[6,51]
		Unclear impact[52]
		Negative impact*[53]
	[Outcomes] Total outcome score	Negative***[48,49]
	[Outcomes] 30-d mortality rate for MI	No impact[54]
	[Outcomes] 30-d mortality rate for CHF	Positive***[54]
	[Outcomes] 30-d mortality rate for pneumonia	Positive***[54]
Magnet status	[Quality] TPS	Positive*[55]
	[Quality] Total clinical process score	Positive**[55]
	[Quality] Total patient experience score	Positive***[55]
	[Costs] Total efficiency score	No impact[55]
	[Outcome] Total outcome score	No impact[55]
Market competition	[Quality] TPS	Negative*[46]
		No impact[49]

		No impact[49]
	[Quality] Total clinical process score	Negative**[49]
	[Quality] Total patient experience score	Positive**[49]
	[Outcomes] 30-d mortality rate for MI	Negative***[54]
	[Outcomes] 30-d mortality rate for CHF	Negative***[54]
	[Outcomes] 30-d mortality rate for pneumonia	Negative***[54]
Medicaid percentage	[Quality] TPS	*Mixed*
		Negative**[49]
		Positive**[50]
	[Quality] Total clinical process score	Negative***[49]
		No impact[50]
	[Quality] Total patient experience score	Negative**[49,50]
	[Costs] Bonus	Negative***[44]
	[Outcome] Total outcome score	No impact[49]
Medicare percentage	[Quality] TPS	No impact[46]
		Positive*[49]
		Positive**[50]
	[Quality] Total clinical process score	Positive*[49]
		No impact[50]
	[Quality] Total patient experience score	No impact[49]
		Negative**[50]
	[Costs] Penalty	Unclear impact[52]
	[Outcome] Total outcome score	No impact[49]
Minority patient concentration	[Quality] HCAHPS total score	Negative***[56]
	[Quality] HCAHPS achievement score	Negative***[56]
	[Quality] HCAHPS improvement score	Positive***[56]
	[Quality] HCAHPS consistency score	Negative***[56]
Nursing staff ratio	[Quality] TPS	Positive**[48]
	[Quality] Total clinical process score	Positive**[48]
	[Quality] Total patient experience score	Positive**[48]
	[Outcome] Total outcome score	No impact[48]
Ownership (nonprofit)	[Quality] TPS	Positive**[46,50]
		No impact[48,49]
	[Quality] Total clinical process score	*Mixed*
		No impact[49]
		Negative**[48]
		Positive**[50]

Teaching hospital	[Quality] TPS	Negative**[46]
		No impact[48–50]
	[Quality] Total clinical process score	No impact[48–50]
	[Quality] Total patient experience score	Negative**[49]
		Negative*[50]
		No impact[48]
	[Quality] Overall patient experience	No impact[36]
		Negative**[49]
	[Costs] Bonus	No impact[57]
	[Costs] Medicare spending per beneficiary	No impact[51]
	[Costs] Penalty	No impact[51]
		Negative*[53]
	[Outcomes] Total outcome score	Positive**[48,49]
	[Outcomes] 30-d mortality rate for MI	Positive***[54]
	[Outcomes] 30-d mortality rate for CHF	Positive***[54]
	[Outcomes] 30-d mortality rate for pneumonia	Positive***[54]
Trauma certification	[Quality] TPS	No impact[62]
	[Quality] Total clinical process score	No impact[62]
	[Quality] Total patient experience score	No impact[62]
	[Costs] Total efficiency score	Positive*[62]
	[Outcome] Total outcome score	No impact[62]
Service volume	[Costs] Bonus	Positive***[63]
		Negative***[44]

Çeşitli İsimlendirmeler

- VALUE-BASED-BUNDLED-PAYMENTS
- VALUE-BASED-CANCER-CARE
- VALUE-BASED-CARE
- VALUE-BASED-CONTRACT
- VALUE-BASED-CONTRACTING
- VALUE-BASED-DIGITAL-HEALTH
- VALUE-BASED-HEALTHCARE
- VALUE-BASED-HEALTH-CARE
- VALUE-BASED-HEALTHCARE-DELIVERY
- VALUE-BASED-HEALTH-CARE-DELIVERY
- VALUE-BASED-HEALTH-INSURANCE
- VALUE-BASED-HEALTH-INSURANCE-DESIGN
- VALUE-BASED-IMAGING
- VALUE--BASED-IMPLANTS
- VALUE-BASED-IMPROVEMENTS
- VALUE-BASED-INSURANCE-DESIGN
- VALUE-BASED-LEADERSHIP
- VALUE-BASED-MEDICINE
- VALUE-BASED-MODELS
- VALUE-BASED-PAY-FOR-PERFORMANCE
- VALUE-BASED-PAYMENT
- VALUE-BASED-PAYMENT-MODELS
- VALUE-BASED-PAYMENT-PROGRAMS
- VALUE-BASED-PAYMENT-REFORMS
- VALUE-BASED-PAYMENTS
- VALUE-BASED-PERFORMANCE
- VALUE-BASED-PRICING
- VALUE-BASED-PURCHASING
- VALUE-BASED-PURCHASING-IN-PROVIDER-RELATIONSHIPS
- VALUE-BASED-PURCHASING-PROGRAM
- VALUE-BASED-PURCHASING-PROGRAMS
- VALUE-BASED-RENAL-CARE

Sıklık Düzeyleri

VALUE-BASED-HEALTH-CARE	126
VALUE-BASED-PURCHASING	123
VALUE-BASED-HEALTHCARE	38
VALUE	36
VALUE-BASED-CARE	14
VALUE-BASED-PAYMENTS	12
VALUE-BASED-PAYMENT	10
VALUE-HEALTH-CARE	9
HOSPITAL-VALUE-BASED-PURCHASING	6
VALUE-BASED-CONTRACTING	5
VALUE-BASED	5
PATIENT-VALUE	5
HIGH-VALUE-HEALTH-CARE	5
LOW-VALUE-CARE	5
HIGH-VALUE-CARE	4
VALUE-BASED-HEALTH-CARE-DELIVERY	4
VALUE-BASED-HEALTH-INSURANCE	4
VALUE-BASED-PURCHASING-PROGRAM	3
HOSPITAL-VALUE-BASED-PURCHASING-PROGRAM	3

COST	57
COSTS	39
COST-EFFECTIVENESS	23
HEALTH-CARE-COSTS	17
TIME-DRIVEN-ACTIVITY-BASED-COSTING	9
COSTS-AND-COST-ANALYSIS	7
COST-EFFECTIVENESS-ANALYSIS	7
COST-ANALYSIS	7
COST-CONSCIOUS-CARE	7
DRUG-COSTS	6
COST-SAVINGS	6
HEALTHCARE-COSTS	5
HOSPITAL-COSTS	5
HEALTH-CARE-COST	4
COST-BENEFIT-ANALYSIS	3
COST-BURDEN	2
COST-SHARING	2
ACTIVITY-BASED-COSTING	2
COST-CONTROL	2

Ağırlıklandırma

- %53,27'si hastaneler
- %28,34'ü Medicare
- % 14.27'si Reimbursement
- % 37,43'ü Cost
- % 19,64'ü Finans
- % 28,34'ü Cerrahi
- % 9,09'u Hasta tecrübesi
- % 8,79'ü Readmission
- % 6,1'i İlaç
- % 4,3'ü Managed care
- % 1.6'sı medikal cihazlar
- % 1,46'sı Sağlık Teknolojilerini Değerlendirme (HTA)
- % 1'i QALY
- % 3,7'si Patient Reported Outcome Measures
- % 5,4'ü CMS
- % 1.6'sı The International Consortium for Health Outcomes Measurement
- % 7,5 hasta memnuniyeti

Çalıştay Soruları

- Hastanecilik sektörü açısından geri ödemeye entegre edilmeden DTS kurgulanabilir mi?
  - Kurgulanabilir görüşü (evet)
    - Ne Yapılmalı?
    - Öncelikli medikal durumlar (Medical Condition) nelerdir?
    - Temel, Orta ve İleri düzeyde neler yapılmalı?
  - Kurgulanmaz görüşü (hayır)
    - Neden geri ödemeli model?
    - Değeri ölçmeyi hastane temsilcilerine mi bırakalım? Yoksa şeffaflık adına bir konsorsiyum ile mi hareket edelim?
- DTS için kurulu bir alt yapı var mı?
  - Bakanlık tarafı ve konsepti
  - Geri ödeme Kurumu perspektifi
  - Hastane temsilcilerinin perspektifi
- Eğer geri ödemeye dayalı model düşünülüyorsa sadece mükafata dayalı model inşa edilebilir mi?