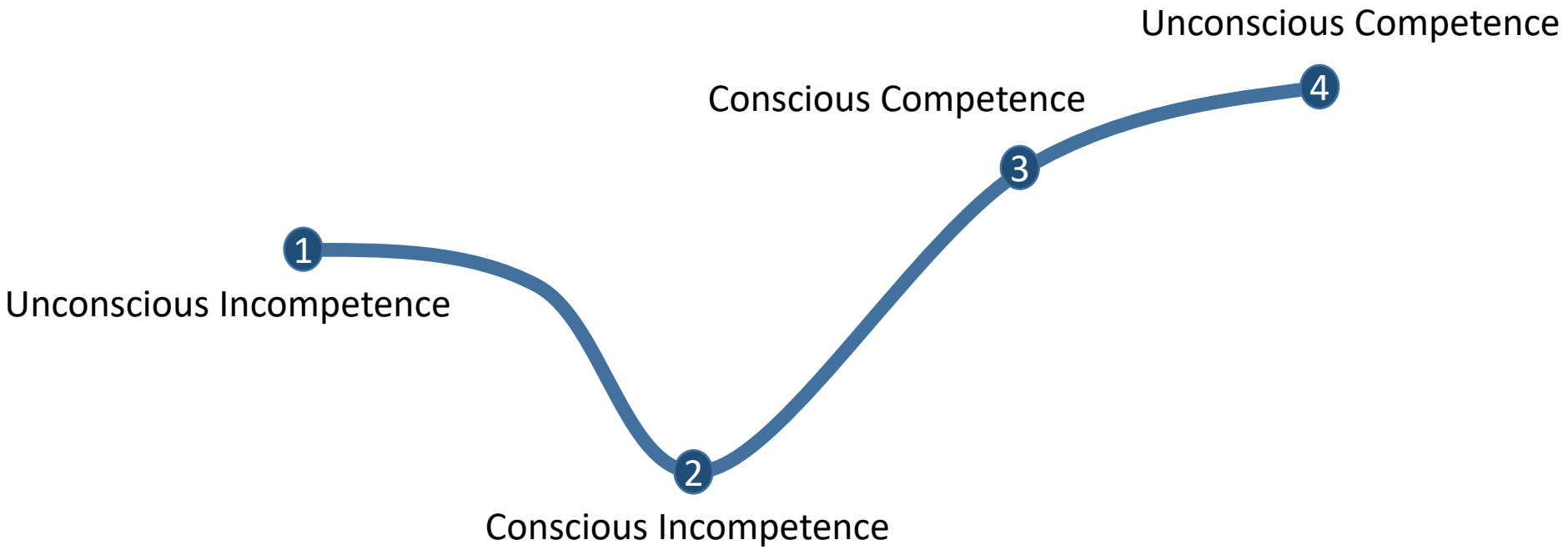
What constitutes EFFECTIVE COLLABORATION in Value-Based Health Care?

Dr. Meinir Jones – Clinical Lead for VBHC
Simon Mansfield – Head of VBHC

Hywel Dda University Health Board

A study in incompetence…



Stage 1 – How hard can this be?

Quite hard, as it transpires!

- Digital PROM collection challenges
- System driven by traditional volumetric targets
- Individuals motivated by the system
- Culture ingrained over 7 decades
- Support services such as Informatics fully committed to other priorities and had no capacity to assist
- And the global pandemic…

Not much in the way of collaboration

Positioning the formative VBHC Programme

- Initially, we had lots of difficult conversations
- It was apparent that ‘Value’ was perceived by services as the next shiny thing to be rolled out, and that it probably had cost recovery at its heart
- We followed the enthusiastic and the frustrated
- We shamelessly leveraged professional relationships
- We kept the VBHC Team small to avoid the perception of ‘doing Value to’ services
- The system was already in motion through the work on the Clinical Strategy
- Through all of this we have had excellent support and direction from our Medical Director and Deputy CEO as well as from our Finance Director

Stage 2 – Transactional Value

- Governance structures set up for VBHC Programme
- Initial areas of focus set from national priority areas and local priorities
- Business case developed for substantiation of VBHC function and digital PROM collection platform
- Standard approach to understand current service delivery through activity, process mapping and conversations with service leads

However it became increasingly clear that there was a low level of understanding about Value and it's place throughout the organisation and some form of educational offering would be required

Somewhere between Stage 2 & Stage 3

We are now capturing PROM data at scale and making changes to services through the lens of Value

We are challenging the traditional systems within Secondary Care

Value has an identity and meaning within the organisation through:

- The published Strategy and Approach to Value
- Our Health Board Planning Objectives
- Education offerings
- Case studies
- Word of mouth
- Presentations and conversations rather than ‘sales pitches’

We are starting to join the dots beyond service improvement and into population health

Reflections on collaboration

- Theoretically we all understand that **change is necessary**
- People don't like change, particularly when it is being **done to them**
- People need the **space** and **time** to consider new concepts (both of which are in perilously short supply)
- The **system must recognise high value outcomes** alongside traditional measures in order for people to fully embrace change
- The **language** we use and the **conversations** we have, are absolutely vital in setting us on the path of positive collaboration
- We have to be willing to **consider new concepts**, but we should also challenge 'doing more of the same'
- Our thinking should be **outward** and not **inward**
- Our approach must be **selfless** and in pursuit of the shared objective – improved, sustainable outcomes that are important to our population

MSK Physiotherapy PROMs Report

Data.ScienceHDD@Wales.nhs.uk

10/02/2023

1 INTRODUCTION

This document provides visualisations and examples of statistical analysis on a dataset of 4,293 records (4,293 distinct patients) from the MSK Physiotherapy Patient Reported Outcome Measures (PROMs) data for the period 23 June 2022 to 15 November 2022, with dates being taken from PROMs forms' completion dates. The data analysed was derived from one dataset.

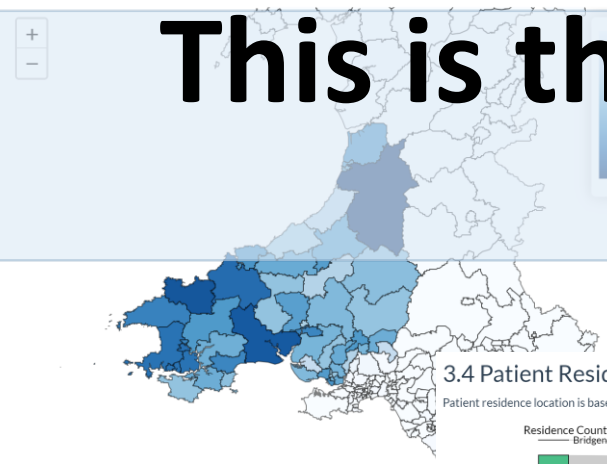
The purpose of this report is to contextualise the demographic of patients in a concise and aesthetic manner, while also providing insight regarding the cohort of patients and their reported outcomes.

All assumptions and transformative manipulations made to data will be presented transparently throughout this report, adjacent to the respective visualisations that are affected by these assumptions/transformations.

Please also note that all plots in this report are interactive.

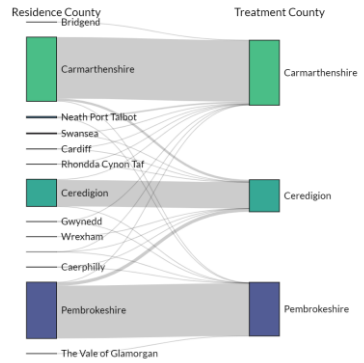
3.3 Patient Residence by Middle Layer Super Output Area

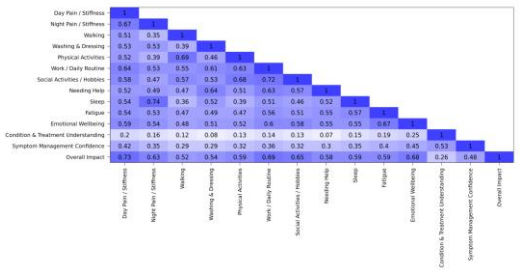
Patient residence location is based on linkage to recent Healthcare Professional (HCP) referral records.



3.4 Patient Residence County and Treatment County Flow

Patient residence location is based on linkage to recent Healthcare Professional (HCP) referral records.



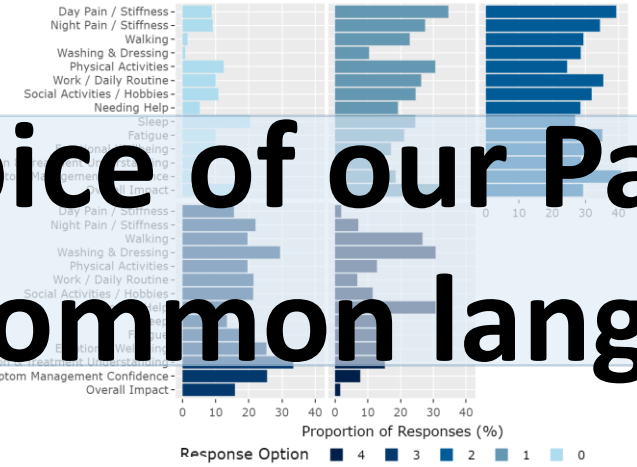


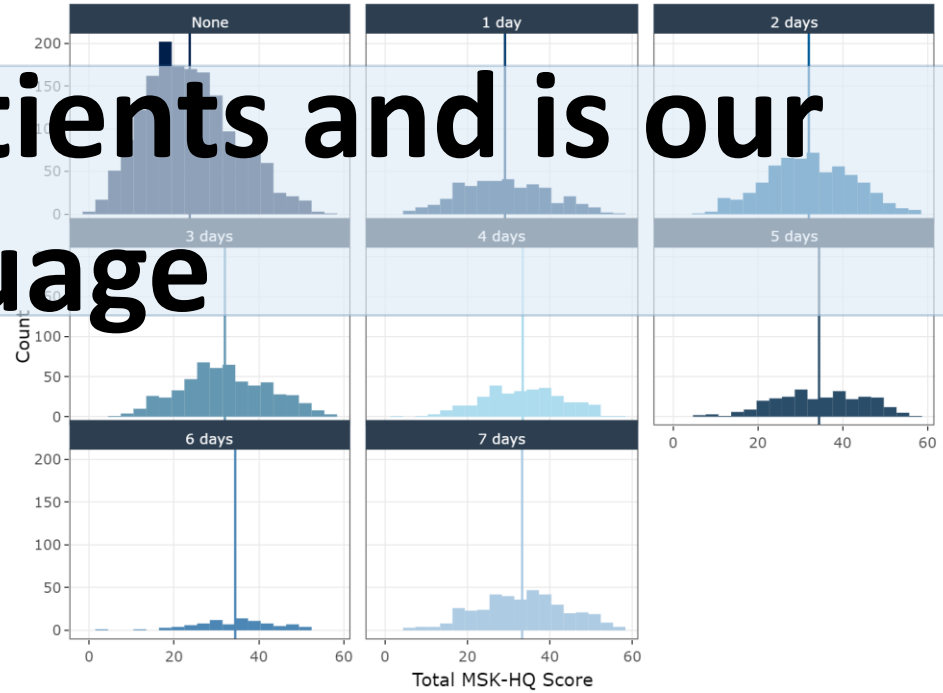
4.3.5 Responses by Activity Level

Respondents were asked to state their activity levels in the previous week with the following results:

- None = 1663 records (38.74%)
- 1 day = 384 records (8.94%)
- 2 days = 600 records (13.98%)
- 3 days = 548 records (12.76%)
- 4 days = 315 records (7.34%)
- 5 days = 290 records (6.76%)
- 6 days = 91 records (2.12%)
- 7 days = 402 records (9.36%)

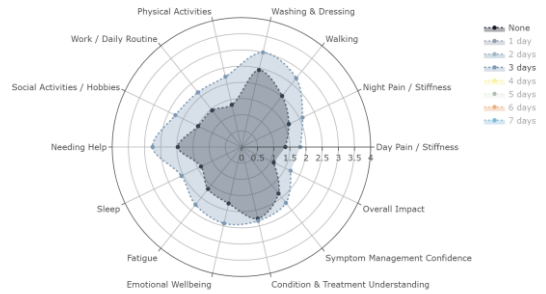
The distribution of total MSK-HQ scores for all respondents by Activity Level is outlined in the histogram below, with mean score indicated by the vertical line:





4.6.5 Average Individual Response Scores By Activity Level

The visualisation below demonstrate the average score (between 0 to 4) for each of the 14 MSK-HQ items examined against the reported activity level.



This is the voice of our Patients and is our common language

Inward vs Outward thinking

It is all too easy to focus on the things we already know, and the things we can do…

This thinking leads us to focus on personal goals rather than group/system goals

True collaboration occurs when we open our minds, embrace our vulnerabilities and limitations and actively listen to:

- The person we are talking to
- Other parts of our own organisations
- Other sectors
- Innovation agencies
- Pharmaceutical companies
- Universities
- Other Health Systems

The most impressive people we meet are the ones who don't talk about themselves or their achievements.

They ask questions, listen and are open to ideas

“Before you criticize someone, you should walk a mile in their shoes. That way when you criticize them, you are a mile away from them and you have their shoes.”

Jack Handley

Final reflections

For us to collectively succeed, we have to act and communicate with:

- Humility
- Integrity
- Authenticity
- Credibility

Most importantly, our actions speak louder than any of the items above, so we must do the things we say we are going to do!

Thank You