

Towards value-based healthcare – modelling an answer for cancer care delivery

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The *Australian Health Review* is delighted to announce a new feature designed to stimulate healthcare policy debate that promotes an effective, efficient and equitable health system that has the patient at its heart. Our inaugural contribution is from Professor Christobel Saunders AO, renowned breast cancer surgeon and commentator. In this feature, Christobel tackles the topic of value-based care – care that focuses on delivering and measuring health outcomes and using the insights gained to inform expenditure, clinical models and the experience of receiving and giving care. The *Australian Health Review* welcomes thought provoking manuscripts on this healthcare imperative.

We all know the statistics, and the disconnect, between increasing numbers of cancer patients, increasing costs of better treatments and constraining the health budget – yet we continue to struggle to find a systematic way to tackle this.¹

Health systems are trying to do this by increasingly measuring and proscribing the multitude of steps it takes to deliver health care – yet we still struggle to measure the value we get out of the care we deliver.

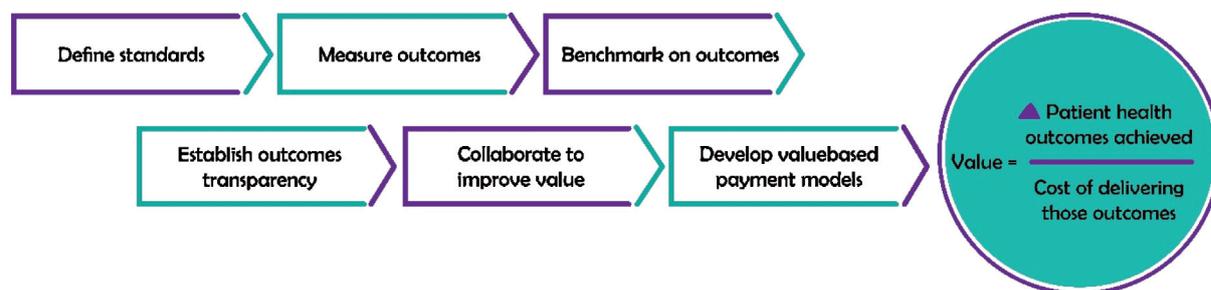
Contrast this to manufacturing industries whose mantras are ‘if you can’t measure it, you can’t improve it’ and ‘customer is always king.’ ‘Aha...’ you say, ‘...but we measure lots of things in health, and we always we put the patient first.’

But do we actually measure the **right** things? And if we really want to put the patient first should we not be measuring the things that matter most to patients, including the long-term outcomes of their disease and treatment, and then improving our services based on this information? To be able to measure this kind of data and use it to improve how we deliver care could provide us with a formula for value-based healthcare (VBHC).²

In order to do this, and thus to measure this value equation, we need to understand the best way to systematically and routinely collect consistent clinical information and patient reported outcomes (PROs), identify variations and gaps in services, benchmarked against other practices, implement improved clinical practice where needed, and test new interventions and practices. And measure the cost of doing this. Across the public and private sectors. Whilst maintaining data privacy.

The keys to making this work are tantalisingly close – effective health informatics platforms which integrate datasets in real time (sounds like the Electronic Health Record?), standardised datasets which measure clinical and patient-oriented outcomes (such as <http://www.ichom.org/>) and using patients’ own smart devices to collect and report on PROs. But the master key has to be winning the hearts and minds of those involved in care – the clinicians, the health service administrators, those who pay for the services, and the patients themselves.

A growing international body of evidence supports this approach of VBHC across a wide range of conditions and



complex clinical scenarios.^{3–5} In Western Australia we are trialling this across five cancers in public and private hospitals, as part of a research project aimed at embedding VBHC into normal practice (www.ciccancer.com). Whilst more research is always needed to determine how much the health outcomes of cancer patients being managed in this way can be improved, and at what cost, the time to act is now to start implementing VBHC, and we are providing models of how to do this across health settings.

Competing interests

The author declares no competing interests.

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