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Value Based Healthcare - santeneXt webinar 2021

What matters for the Patient…

Development and Challenges of Outcome Measurement at Martini-Klinik

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We never wanted to introduce VBHC....

...but it happened!

Ask questions!

What happens with our patients?

What is the oncological result of the treatment?

Did the patient need additional therapies?

What are the functional results?

What complications have occurred?

What is the patient's quality of life after treatment?

Knowledge is the key to improvement!

→ **Structure**
Outcome
Value

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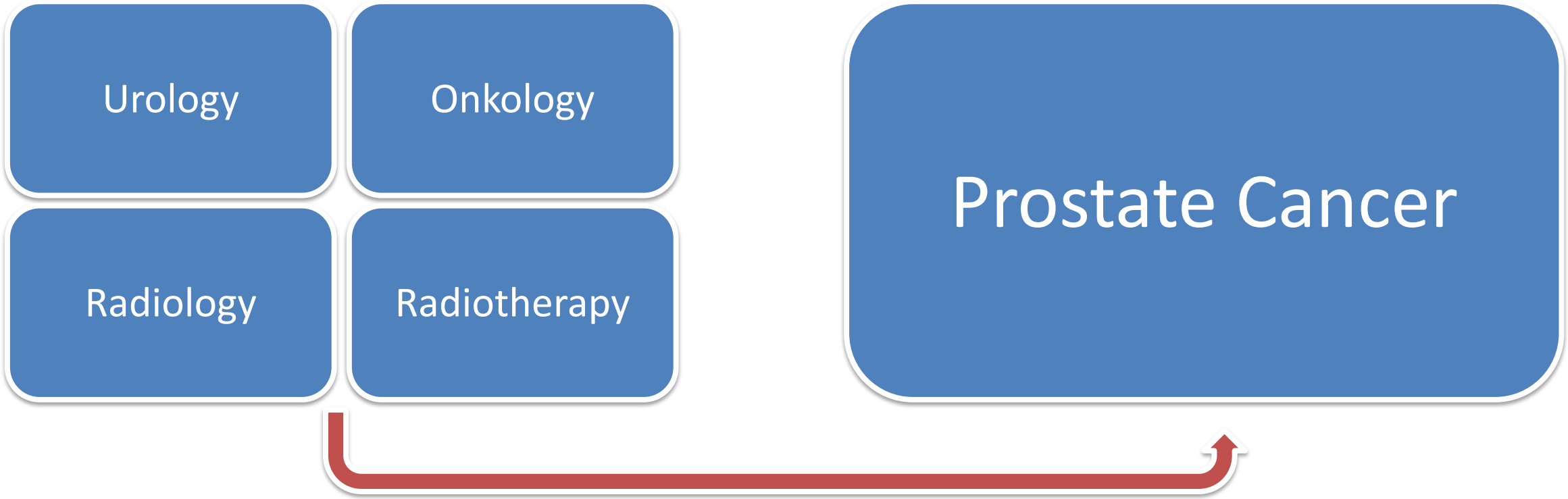
Martini-Klinik
Prostate Cancer Center
Hamburg

The only European institution exclusively dedicated to prostate cancer diagnosis and treatment



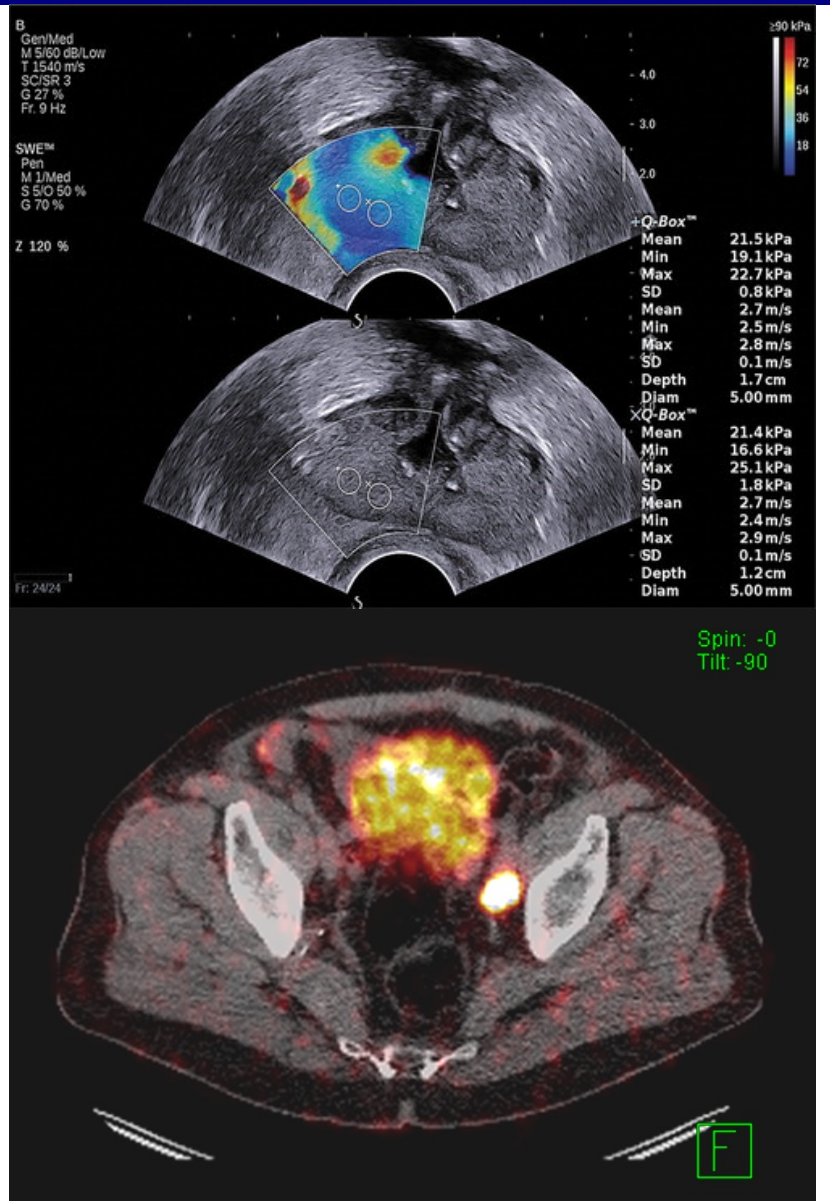
IPU

Integrated Practice Unit

- **Diagnostics (Prostate Cancer Detection)**

Different types of imaging:

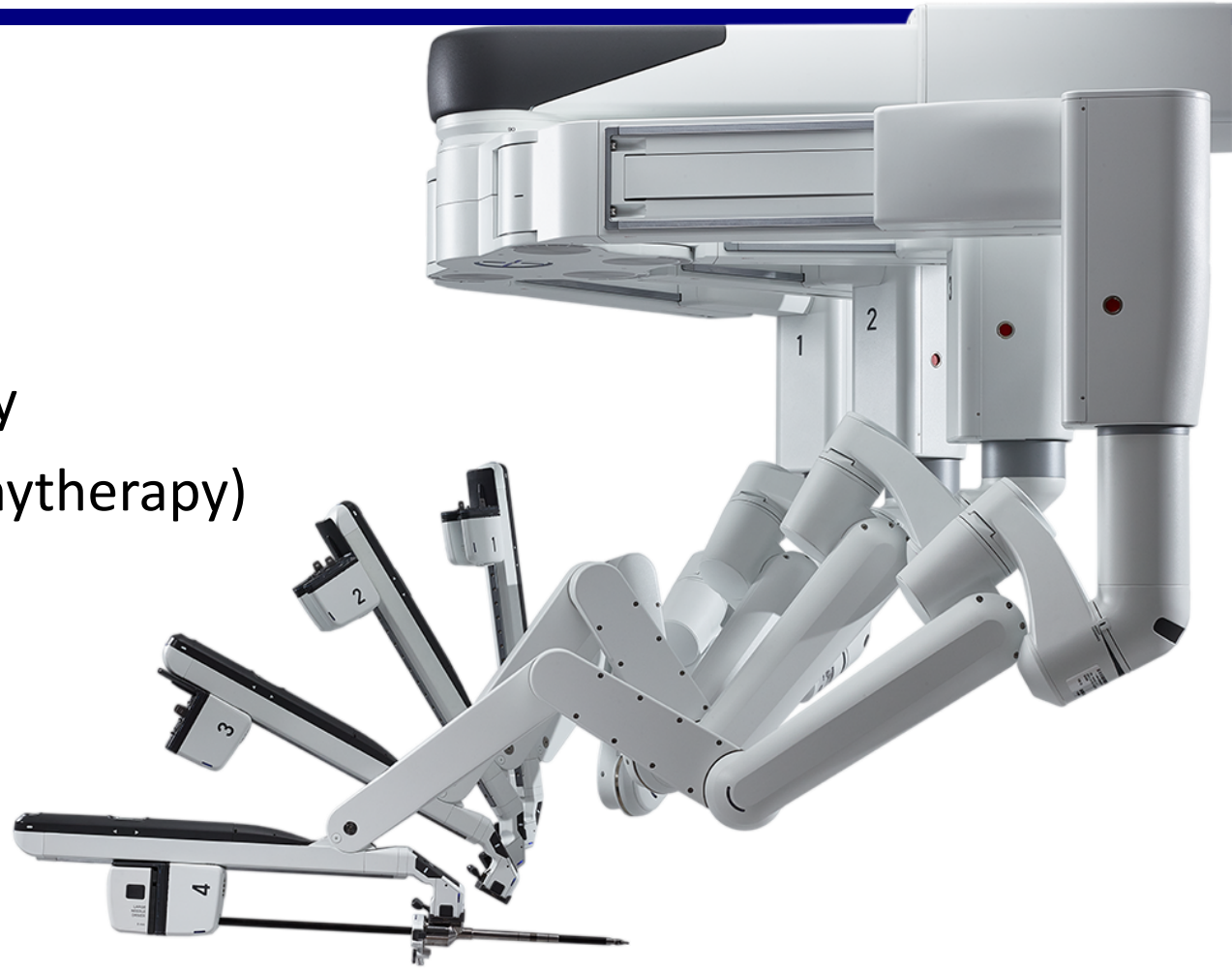
- Ultrasound
  - Contrast enhanced
  - Elastography
  - Shearwave
- multiparametric MRI
- PSMA-PET
  - choline
  - gallium
  - fluoride



Prostate Cancer Care

- **Local therapy**

  - Active Surveillance
  - Open + robot-assisted Prostatectomy
  - Radiotherapy (incl. HDR-, LDR- Brachytherapy)
  - Focal therapy
  - Radio-guided surgery

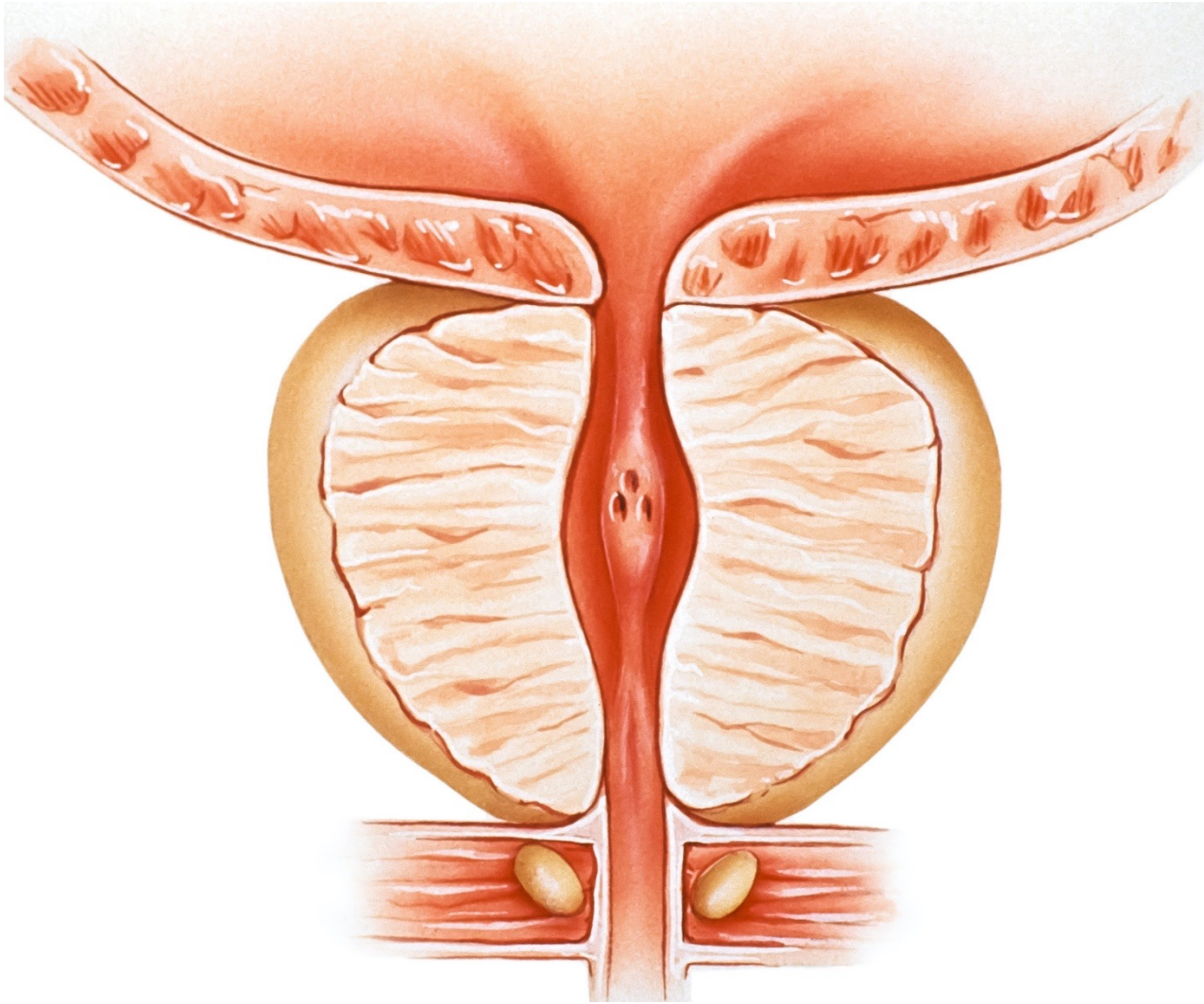


Prostate Cancer Care

- **Therapy of metastatic Prostate Cancer**

  - Androgen Deprivation Therapy
  - Immunotherapy
  - Chemotherapy

- **Psychooncology**
- **Nutritional Medicine**



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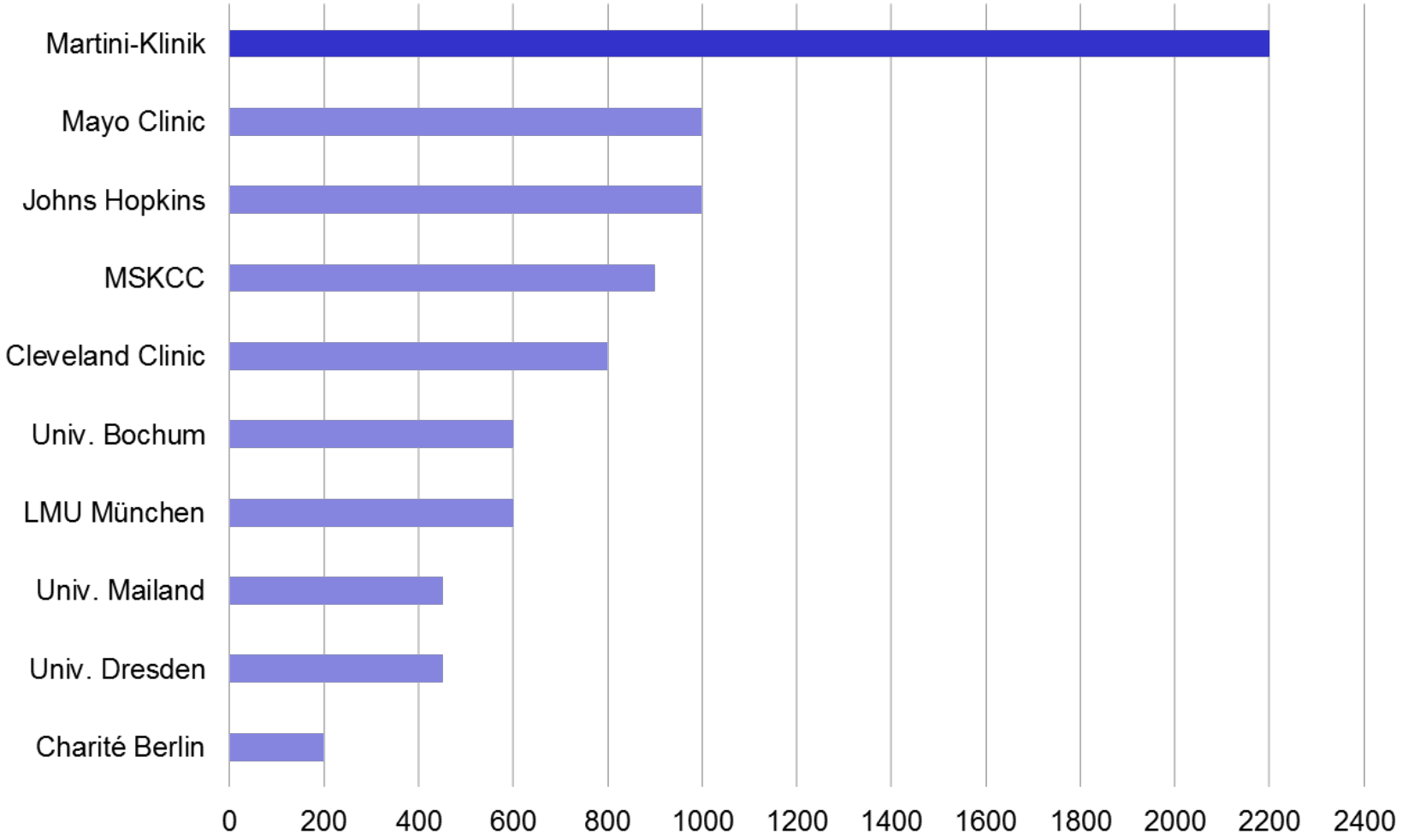
Academic prostate cancer centers



Volume and results

World J Urol
DOI 10.1007/s00345-016-1982-4

ORIGINAL ARTICLE

High volume is the key for improving in-hospital outcomes after radical prostatectomy: a total population analysis in Germany from 2006 to 2013

Christer Groeben[1] · Rainer Koch[2] · Martin Baunacke[1] · Manfred P. Wirth[1] · Johannes Huber[1]

Received: 27 September 2016 / Accepted: 30 November 2016
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Groeben et al. W J Urol. 2016

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Volume and results

Variables	Mortality Odds ratio (95% CI)	Transfusion Odds ratio (95% CI)	Surgical revision Odds ratio (95% CI)
Caseload			
0–19	2.26 (1.21–4.20)	2.81 (2.62–3.01)	1.42 (1.10–1.82)
20–49	2.11 (1.39–3.20)	2.01 (1.92–2.10)	1.21 (1.03–1.41)
50–99	1.64 (1.12–2.40)	1.61 (1.54–1.68)	1.21 (1.07–1.38)
100–199	1.22 (0.78–1.85)	1.29 (1.23–1.35)	1.10 (0.96–1.25)
200 + (reference)	1	1	1
Share of RRPE and LRPE of annual caseload			
<25%	0.84 (0.45–1.57)	1.58 (1.49–1.67)	1.56 (1.31–1.86)
50–25%	0.75 (0.42–1.34)	1.64 (1.55–1.74)	1.27 (1.06–1.51)
>50% (reference)	1	1	1
Hospital without certification	1.42 (0.97–2.09)	1.20 (1.16–1.25)	1.08 (0.96–1.22)
Prostate cancer center (Reference)	1	1	1
Individual surgery performed as RRPE or LRPE			
Yes	1.02 (0.58–1.79)	0.26 (0.24–0.28)	0.89 (0.75–1.06)
No (reference)	1	1	1

Groeben et al. W J Urol. 2016

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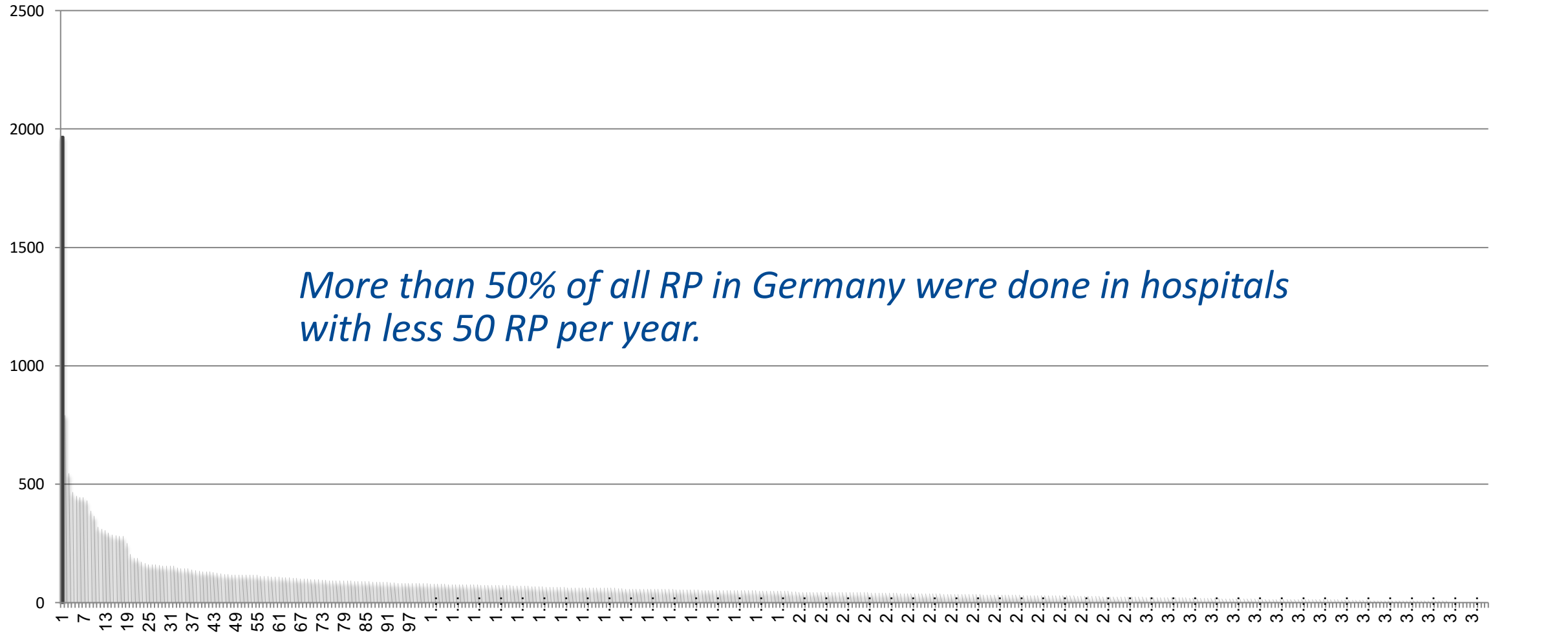
prostatectomies per year



hospitals

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Faculty system

Hierarchy

Faculty

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Faculty system

- Open discussion at eye level
- Respect for others
- Code of Conduct

Faculty is not a requirement for quality, but it helps to achieve it!

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Faculty system

- All are high-volume surgeons - all preforming 200-300 RP/year

- All have a special scientific field of interest

  e.g. genome analyses, new imaging techniques, metastatic PCa etc.

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Super Specialization

Prof. M. Graefen	Outcome Study Group, Robotic Surgery
Prof. H. Heinzer	Resident Education, Events
Prof. H. Huland	International Outcome Standardization
Prof. A. Haese	Robotic Surgery, Serum/Urine Marker
Prof. T. Steuber	Advanced PCa
Prof. G. Salomon	Focal Therapy, Imaging
Dr. U. Michl	QoL, Functional Data
Dr. I. Thederan	Organization, Complementary Medicine, Nutrition
Prof. L. Budäus	Imaging, Fusion biopsies
Prof. Dr. D. Tilki	Basic Science
PD Dr. H. Isbarn	Sexual medicine
Prof. T. Maurer	Radioguided Surgery

Focus

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Associated Faculty

• Dr. F. von Breunig	Anesthesiology
• Prof. Dr. G. Sauter	Pathology
• Dr. R. Schwarz	Radiation Therapy
• Prof. Dr. G. von Amsberg	Oncology
• PD Dr. D. Beyersdorff	Radiology
• Dr. A. Krüger	Psychooncology

Structure

→ Outcome

Value

Perfect conditions

- Frequent disease
- Long survival
- Multiple treatment options
- Time to decide

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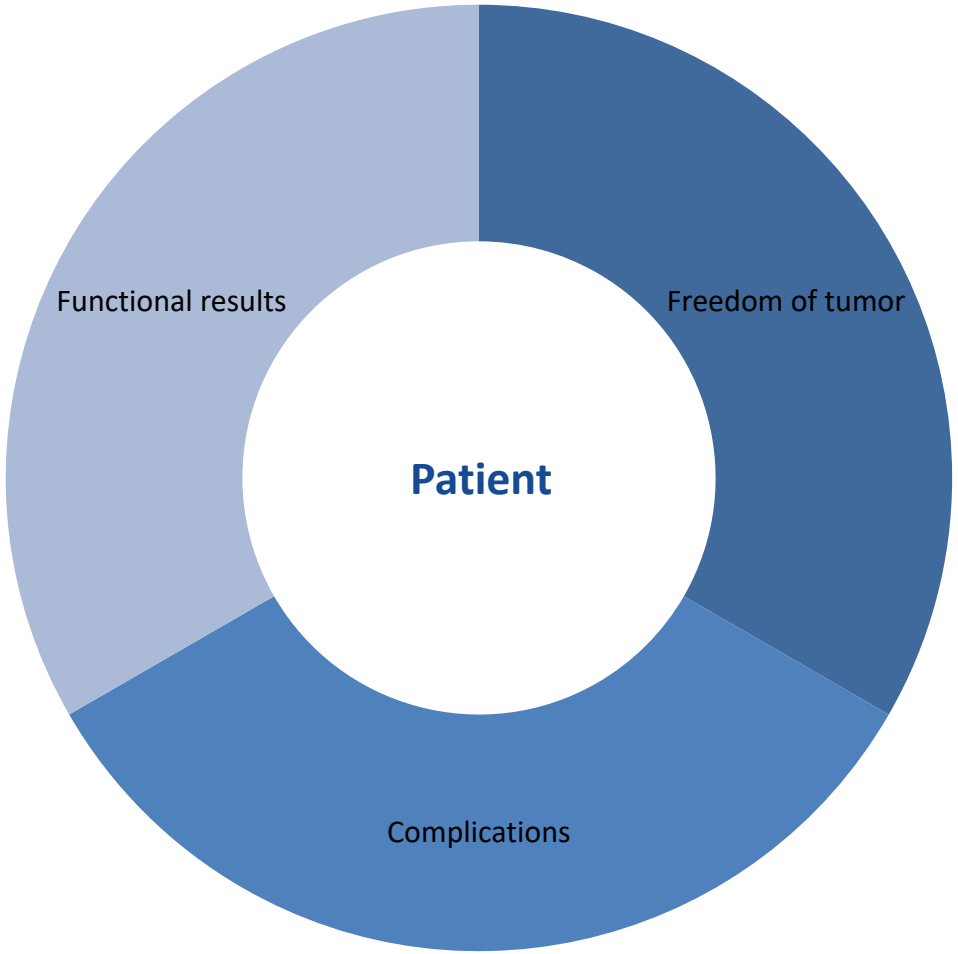
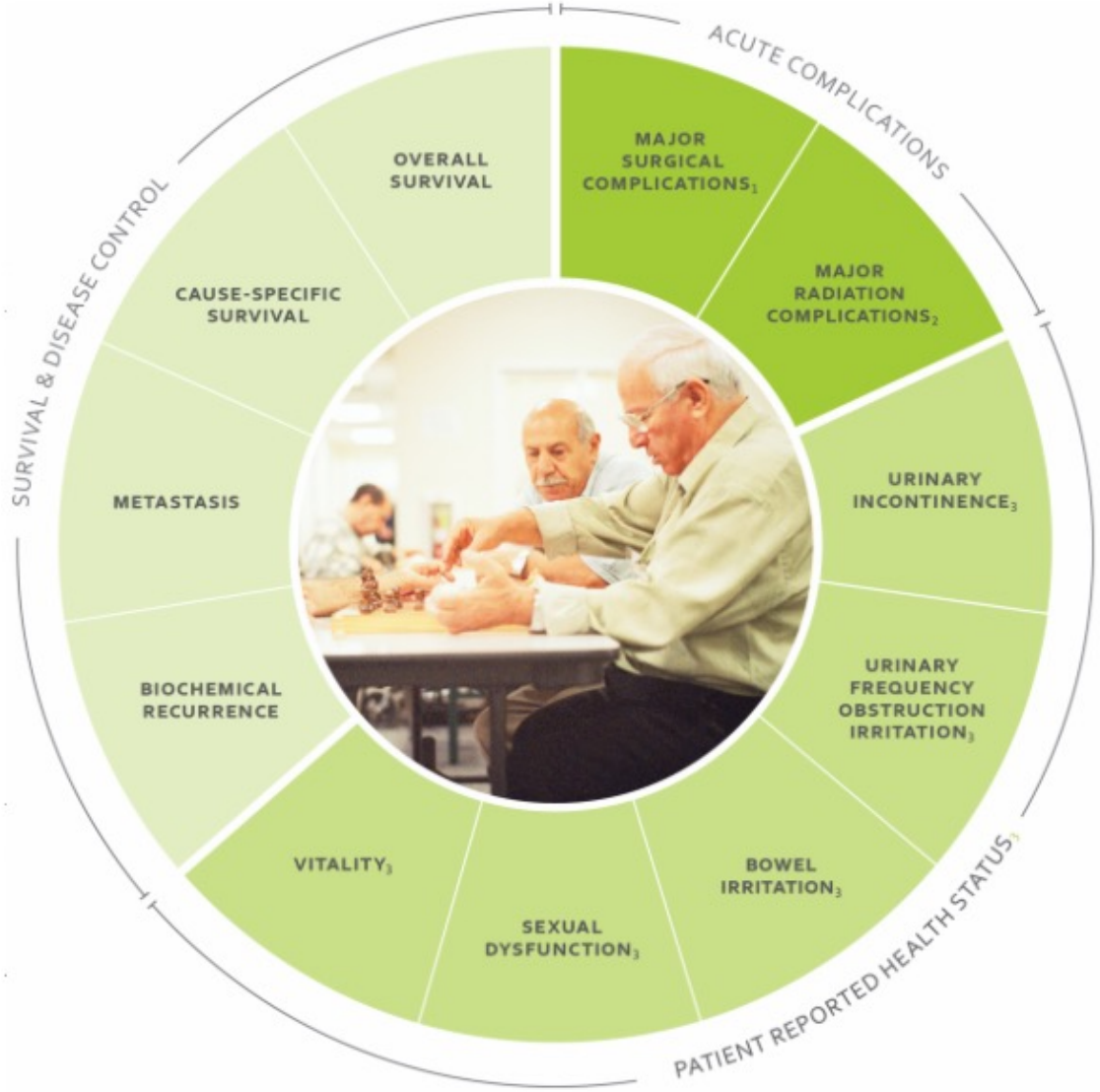
Quality of life





Treatment modalities

- Watchful waiting
- Active surveillance
- Prostatectomy
- External beam radiation
- Brachytherapy
- Androgen deprivation
- others

Only outcome data which matters for the patients

www.ichom.org

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Creating a Standard Set

March 2013
Invitation to experts to join the working group
by H. Huland / M. Graefen

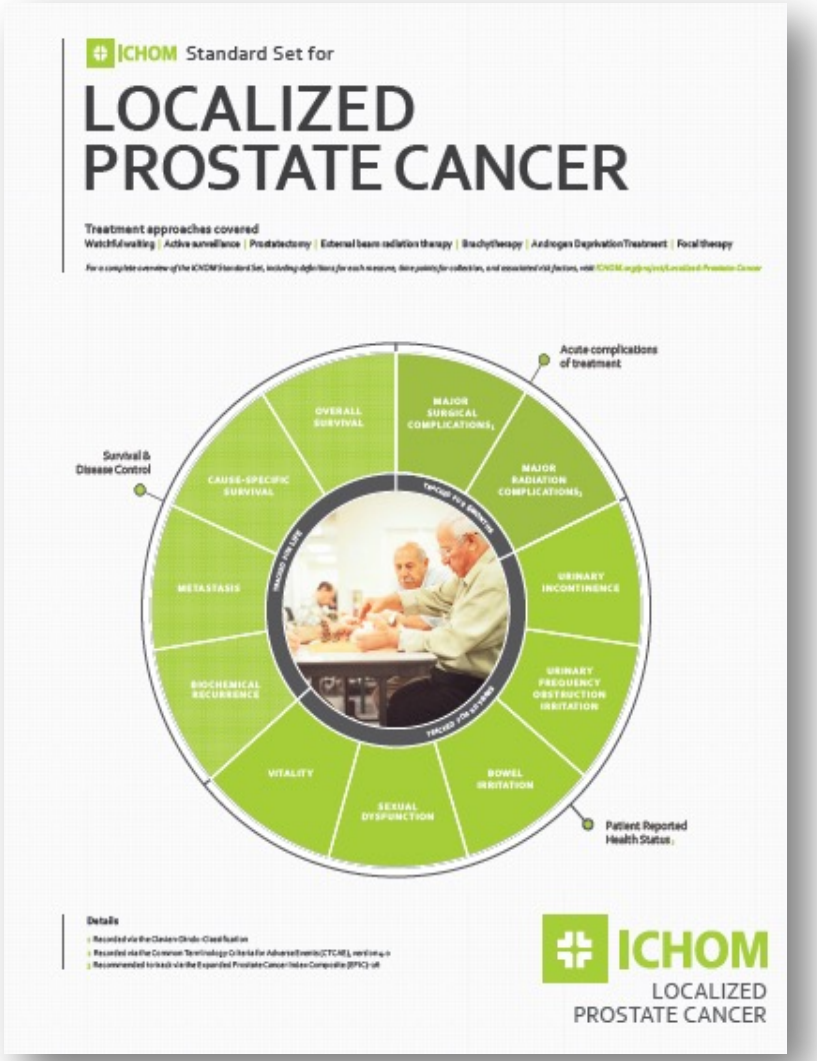
<u>28 persons from 9 countries:</u>

Experts in Urology, radiotherapy, national registries, statisticians and patient representatives

May 2013
Meeting of the working group at the AUA, San Diego

May-December 2013
6 Telephone conferences, multiple surveys of the working group

November 2013
Manual Localized Prostate Cancer
2nd ICHOM conference, Boston



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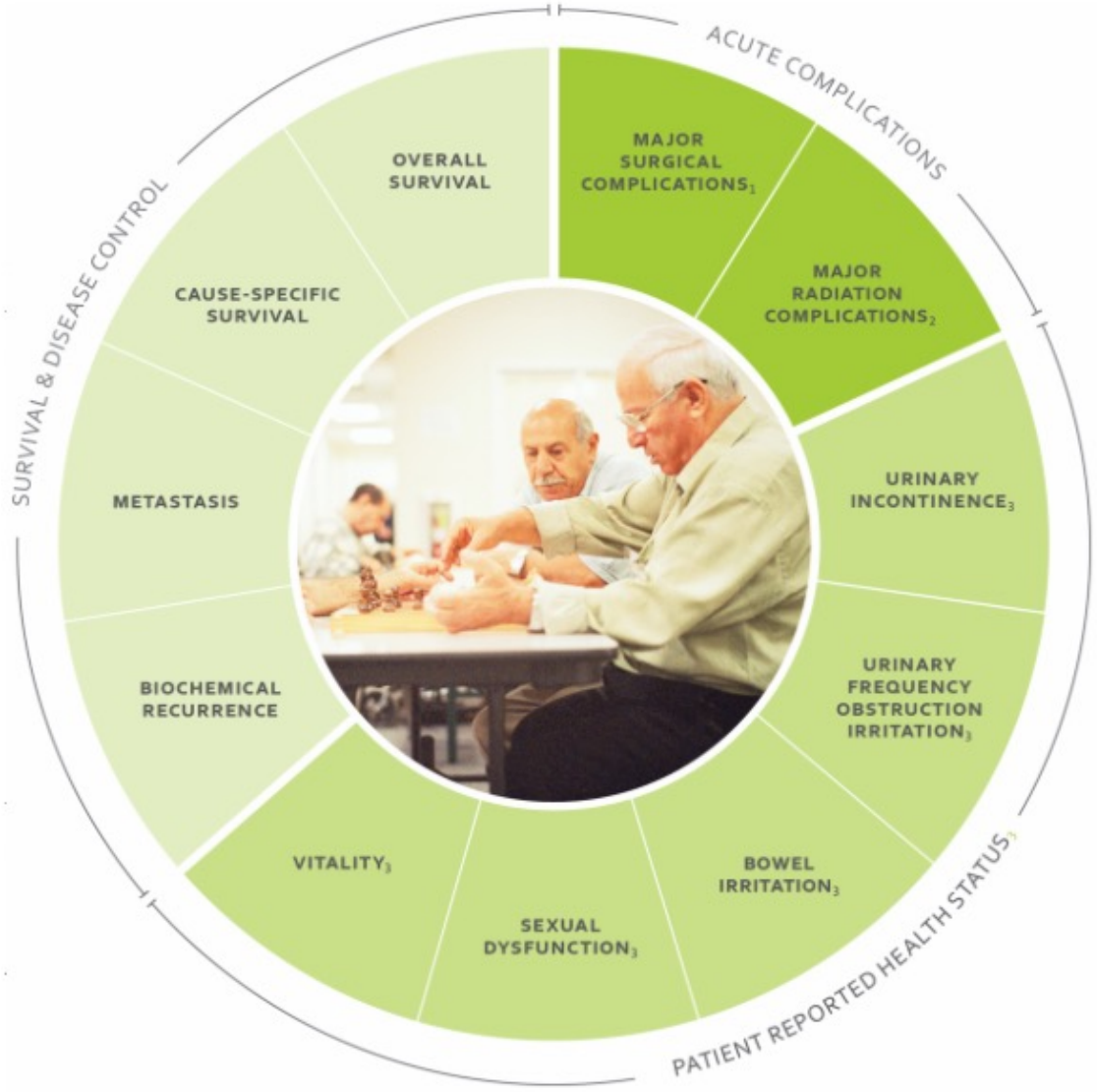

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- others

Only outcome data which matters for the patients

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Ask the Patient - PROM

PROM – Patient reported outcome measurement

Preoperative

EPIC-26
Hereditary PCa
Nutrition
Physical activity
Comorbidities

Postoperative
(1-week)

Urinary function
QoL

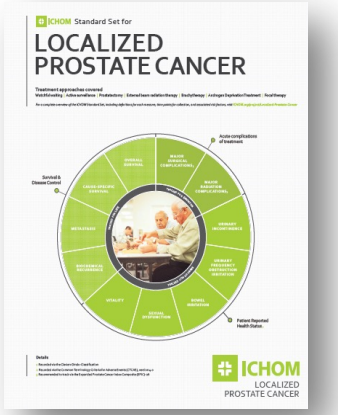
Postoperative
(6-month)
EPIC-26
Complications
PSA level
Additional
Treatments

Postoperative
(annually)
EPIC-26
PSA level
Additional
Treatments

PCO Study

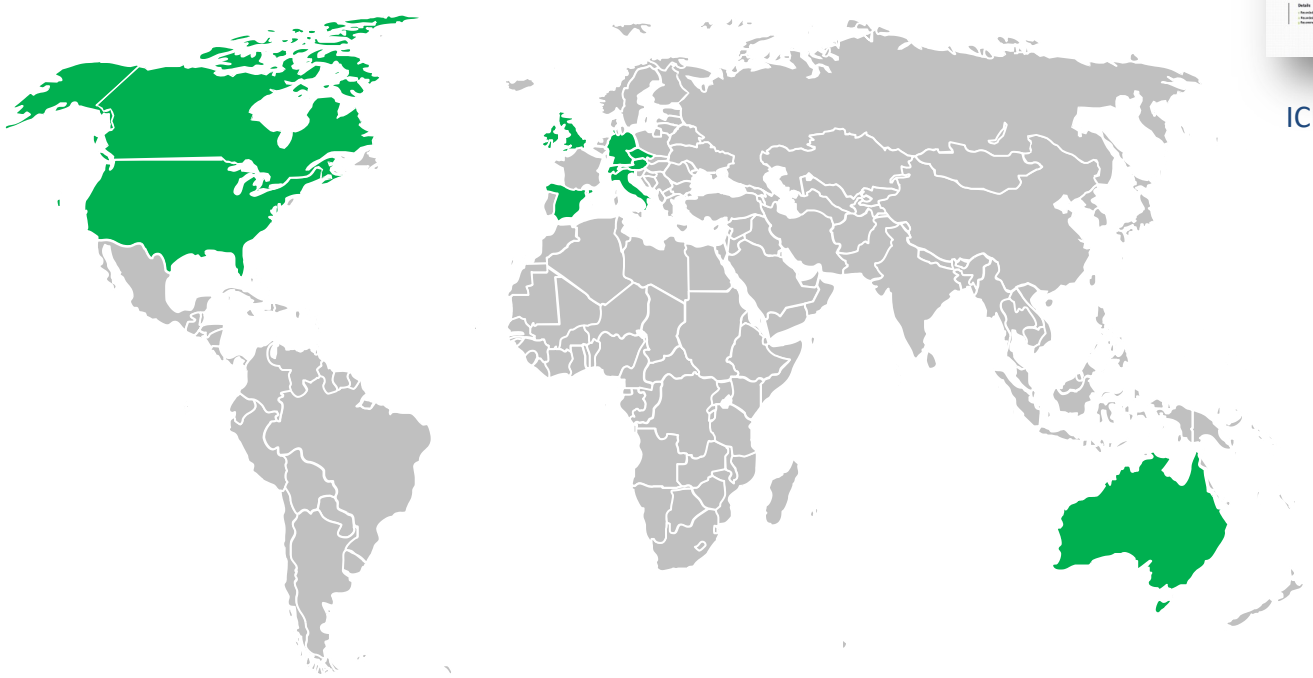
>150 clinics in 14 countries

Prostate Cancer Outcomes-Compare And Reduce Variation



ICHOM Standardset

- Internationally comparable picture of care and quality in patients with locally treated prostate cancer.



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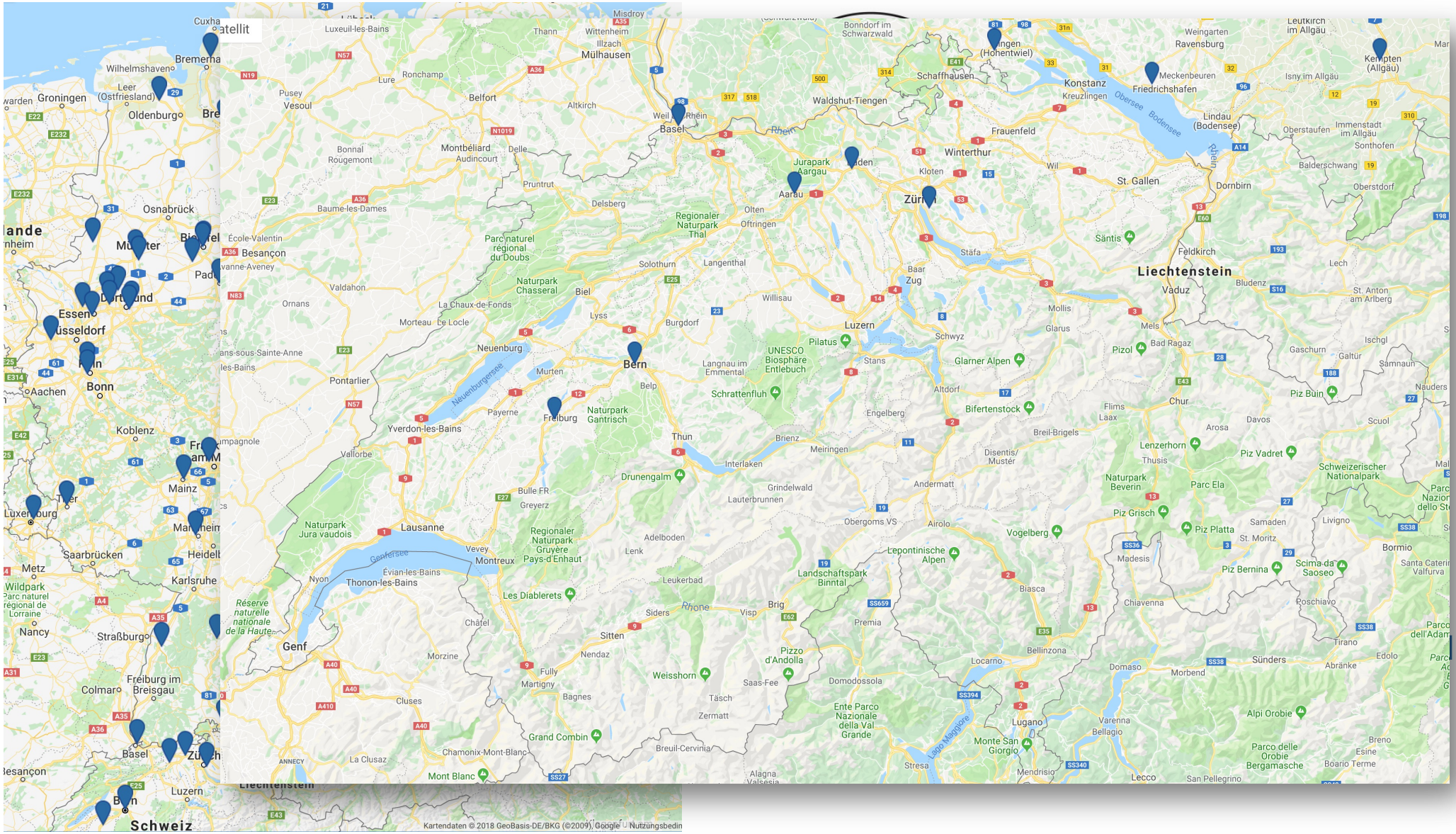
PCO Study



BPS

Switzerland

Structure

Outcome

→ Value

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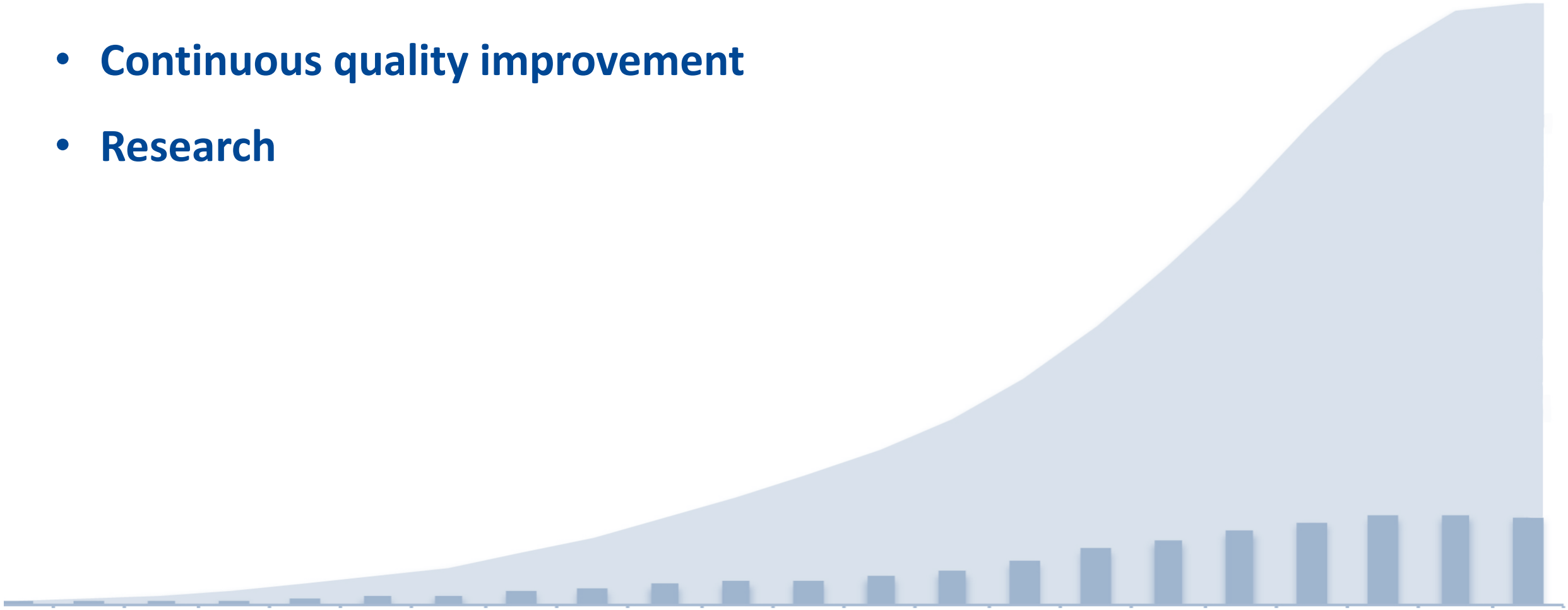
What happens with data?

- **Patient counselling**
- **Continuous quality improvement**
- **Research**



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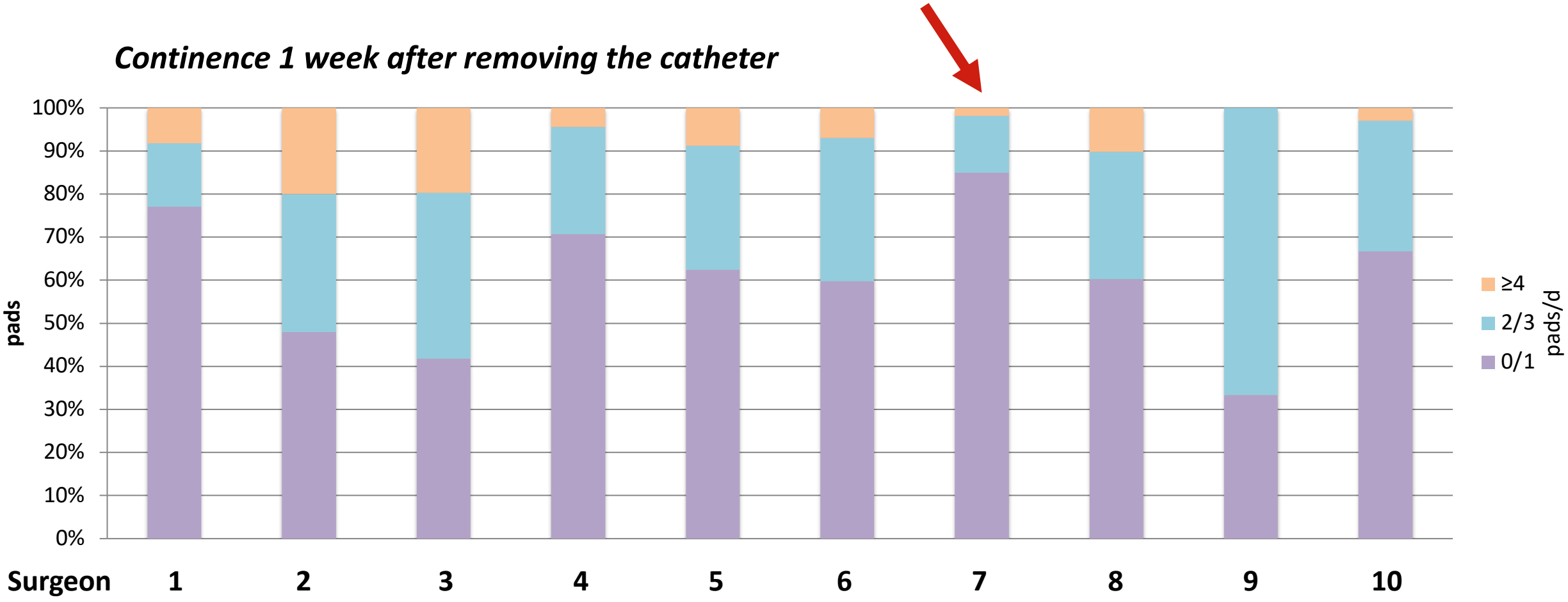
Benchmarking - Every 6 months



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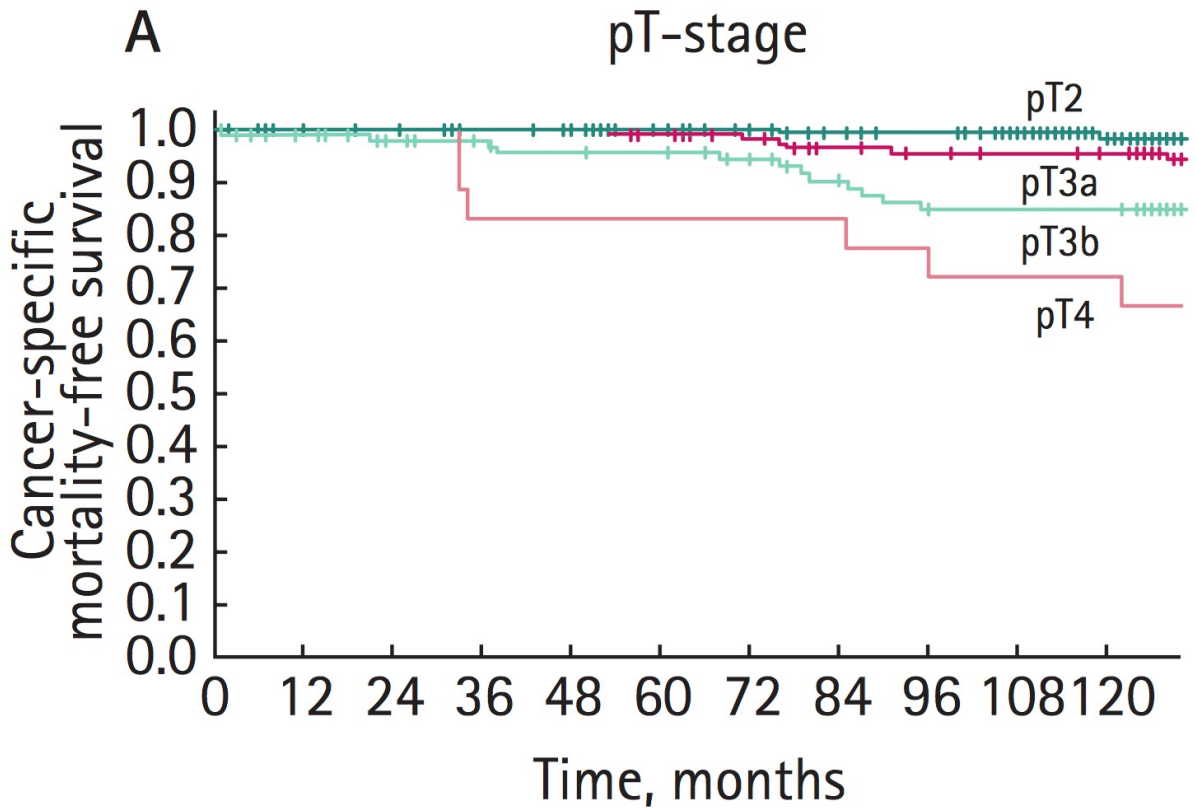
Patient counselling



- Own real data
- Guidance for patients
- Reduction of anxiety

pT-stage	10-year cancer-specific survival
pT2	98,0%
pT3a	96,0%
pT3b	85,0%
pT4	72,0%

Long-term data on the survival of patients with prostate cancer treated with radical prostatectomy in the prostate-specific antigen era. Isbarn H, Wanner M, Salomon G, Steuber T, Schlomm T, Köllermann J, Sauter G, Haese A, Heinzer H, Huland H, Graefen M. BJU Int. 2010 Jul;106(1):37-43.

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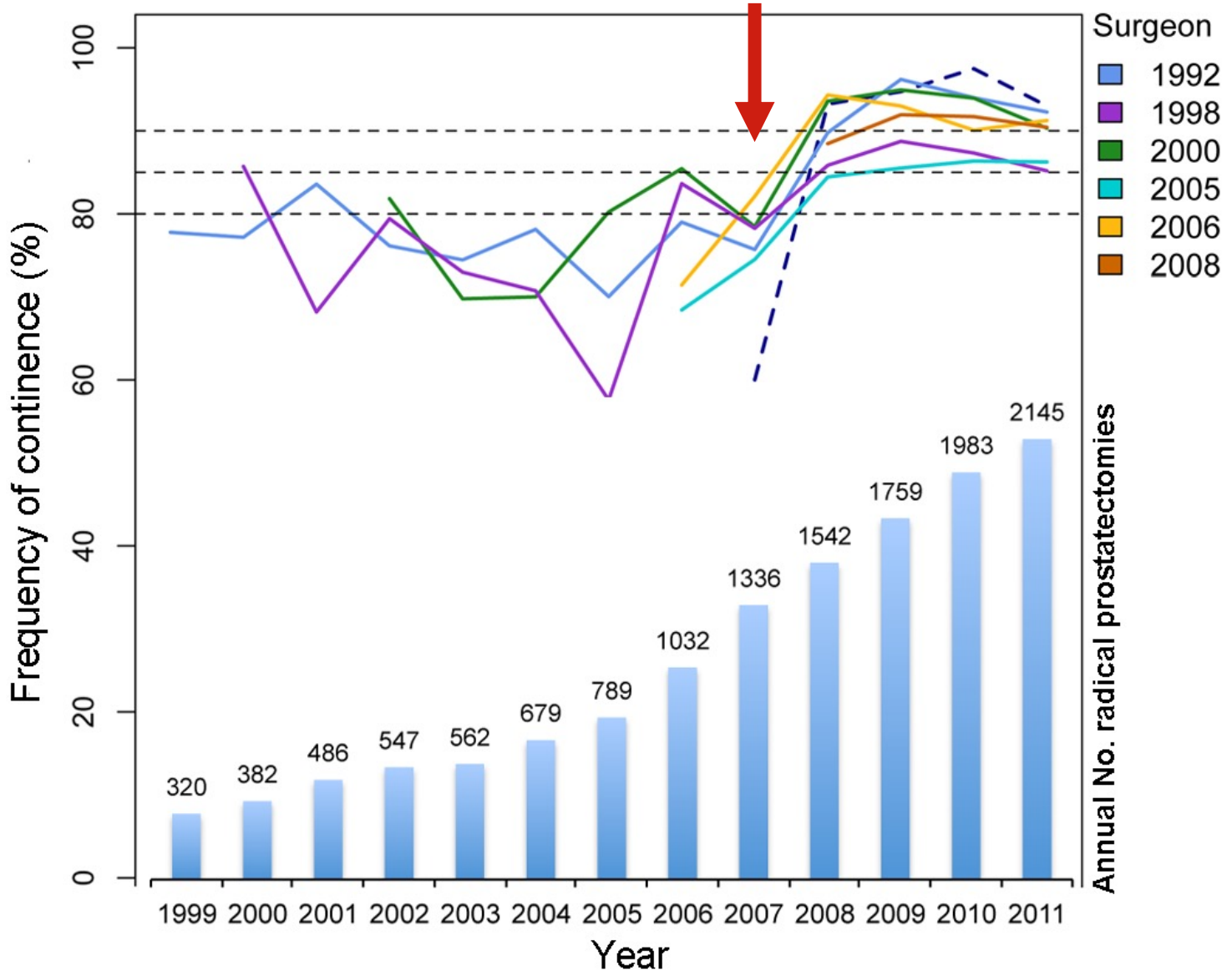
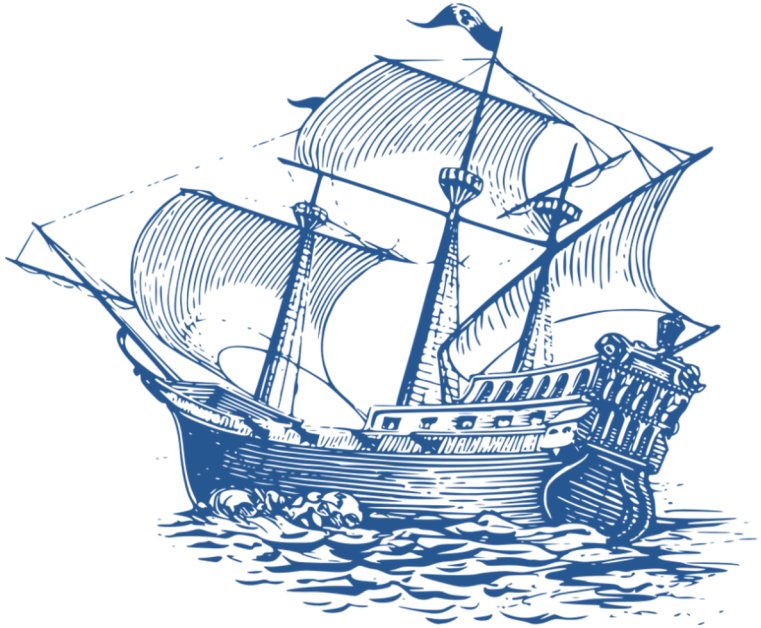
Benchmarking - Every 6 months



- Outcome measurement should be
  - Systematic
  - Standardised
  - Risk adapted
  - Transparent
  - International comparable
- Don't try to be perfect from the beginning…
- **… just start!**



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General conditions

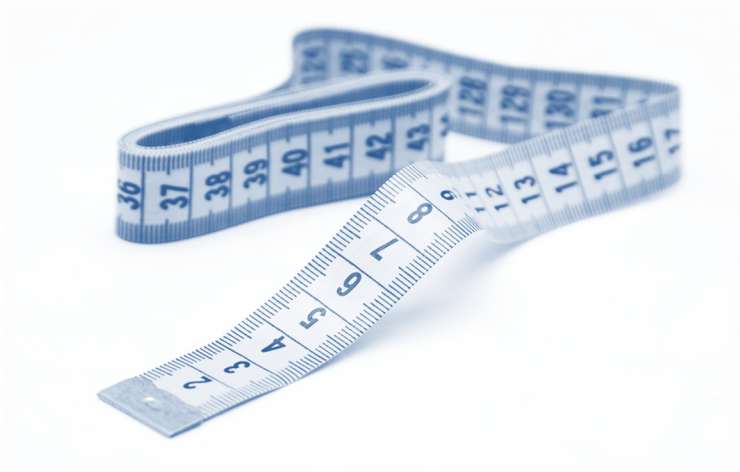
Search for answers

- Scientific interest
- Was the treatment successful?
- Were there complications or side effects?
- Patient benefit and evaluation
- Continuous patient questioning lifelong

Create an environment that enables VBHC

- Willingness for continuous improvement
- Communication at eye level
- Helping and training each other (learning culture)
- Benchmarking through standardisation
- Comparison of different treatment modalities
- Close bond with the patient

Conclusion



Treatment quality is always assessed from the viewpoint of the patient and his or her needs

Nationally and internationally standardised assessment of the outcome quality

Open discussion of results (both positive and negative)

Improved value of data due to possibility of long-term observation

High patient bonding through direct feedback on surgical results and further therapies

Data as a basis for scientific and therapeutic success

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The Economist

The Martini-Klinik provides a good case study of how value-based healthcare could be introduced on a wider basis in Germany within a specialised care context. The hospital's commitment to expanding its database of patient outcomes, and its willingness to share best practice among staff surgeons and revise its surgical methods accordingly, are likely to contribute to improved value—and these methods could be applied successfully to other parts of the country's healthcare system.

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