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Title: Value based healthcare estimation values for benchmarking among Spanish Hospitals for five Integrated-Practice Units Authors: Gimenez E1, 2Hidalgo T, 3Cots F, 1, 1Borras P3, Fornaguera M1, Cossio-Gil Y, 4BS4 Value-Based Healhtcare Hospitals Club Affiliation: 1-Vall d'Hebron Hospital, Benchmarking Sanitario 3.0, 2-RECH Red Española de Costes Hospitalarios, 3-Consorci de Salut i Social de Catalunya, 4-BS3 Value-Based Evaluation Club*

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Introduction and aim:

Describe a methodological proposal and five value-based ratio estimations based in real-world Spanish hospital care episodes, to serve as a reference platform to discuss and achieve value-based healthcare benchmarking

Methodoloy:

- Patient Reported Experience and Outcome Measures (PREM+PROM) data was collected (January-June 2022) 6 months after knee and hip prostheses surgery, as well as heart failure in-hospital admissions in 31 Spanish hospitals. Similar data was collected (February-April 2024) 4 months after programmed laparoscopic cholecystectomies and oncological prostatectomies in 24 Spanish hospitals (including retrospective questions on basal pre-surgery quality of life enabling achieving 0-1 utility/index values with R).
- PRE-data was based on CAHPS (2022) and Picker (2024) questionnaires, and PROs main source were ICHOM recommendations but also literature recommendations
- All questionnaires scorings were re-scaled into 0-to-100 and averaged to get "value-based-units (each questionnaire counted equal).
- Costs data was calculated considering each patients' episode profile with Machine-Learning and the Spanish Net of Hospital Costs database, based on 5 millions of hospital-perepisode costs and 10 partial-cost vectors.
- Centers crude PROMs scores were compared using their highest value in the axes.. Costs were divided by PRM values for reference bench ratios dividing by size and public/private

Results:

PATIENT REPORTED OUTCOMES raw scores



PATIENT REPORTED OUTCOMES + EXPERIENCE / COSTS HOSPITAL EPISODES

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| | € | | | | Punctuations 0-100 (value units) | | | | | | Ratios | | | | |
|--------------------|----------------|-----------------|---------|-----------------|----------------------------------|------|------|------|------|------|--------|-----|------------|-----|-----|
| Type / Condition | Hip prostheses | Knee prostheses | Heart | Lap. | Prostate Cancer | HPS | KPS | HF | LCh | PcP | HPS | KPS | HF | LCh | PcP |
| of | surgery | surgery | Failure | Cholecystectomy | Prostatectomy | | | | | | | | (higher | | |
| centre | (HPS) | (KPS) | (HF) | (LCh) | (PcP) | | | | | | | | variation) | | |
| Total | 7.175 € | 6.468 € | 4.800€ | 1.028 € | 4.428€ | 72 | 71 | 68,8 | 73,3 | 68,4 | | | | | |
| Medium public | 7.094 € | 6.079 € | 3.230€ | 1.218 € | 3.781€ | 72,8 | 72 | 69,7 | 74,4 | 68,0 | 97 | 84 | 46 | 16 | 56 |
| Big complex public | 7.599 € | 6.892€ | 6.735 € | 863€ | 4.630€ | 68,9 | 68,2 | 66,1 | 70,6 | 67,9 | 110 | 101 | 102 | 12 | 68 |
| Private | 6.578 € | 6.562 € | 4.226 € | 1.000 € | 4.589€ | 76,2 | 73,6 | 71,6 | 77,5 | 74,2 | 86 | 89 | 59 | 13 | 62 |

EQ5D5L6M

EQ5D5Lpre

Amelioration 2025 aims

- Expanding into non-Spanish hospitals specially in the PROMs field
- Considering EQ5D5L based utilities to infer more contrastable ratios and studying which outcomes have more weight in the pre-post PROMs evolution. Expand and include 30day readmission or emergencies costs
- Apart from considering differences by complexity, age or gender, divide conceptually results by PROMs archetypes (Garcia-Lorenzo B, 2024). For example, HF could be affected by NYHA levels or prostatectomies success could be related with robotic surgery availability. Some of the items of the LCh group were not practical for daily clinical practice.
- Analyze critically why are the results happening the way they are and improve the way to show benchmark results

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Conclusions:

Value-based care invites to work for excellence care analyzing the variability in costs and relevant-to-patient self-reported measures. Methods and consensus evolved and many are still to overcome such like working with final-process outcomes without always considering basal. Nevertheless, the presented results prove the feasibility to approach practical reference benchmarking values.



