Vulnerability Leading to Improvement: Hospitals Start Comparing Outcomes Internationally

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It might sound absurd, but most hospitals have no idea how good they are. Physicians have a strong internal drive to provide the best possible care for their patients and to continuously improve quality of care. But how do they know if they succeed?

Right now, we have a situation in healthcare where treatment results are not or are very minimally monitored. For the majority of diseases, hospitals are not able to tell what the success rate is of certain operations, how often patients have to come back for a reoperation, and what the quality of life is after an operation. Yes, in many cases hospitals are not even able to provide disease specific survival rates for life threatening diseases.

Six hospitals from Europe and the U.S. havestarted a unique collaboration to change this. For the first time ever, doctors within this collaboration are comparing their outcomes of routine clinical care with colleagues elsewhere in the world. Participating hospitals collect, exchange and discuss their outcomes for patients with sarcoidosis, a rare chronic disease with high impact on quality of life and leading to death for approximately 1 in 20 patients. As sarcoidosis is a rare disease, treatment is provided by a limited number of centres of expertise within each country. To compare outcomes, therefore immediately requires physicians to look across borders.

The first results are promising as they show relevant differences between the hospitals - for instance in the treatment of osteoporosis, an important and frequently occurring drug-related complication in patients with sarcoidosis that leads to bone fractures. The Dutch St. Antonius Hospital, initiator of the collaboration, is aiming to improve monitoring of osteoporosis in line with the protocol used at the University of Cincinnati Medical Center (USA).

This project is an example of international implementation of value-based healthcare. Several challenges were faced to get to this point. First of all, to compare outcomes between centres, a set of outcome measures needed to be selected and defined. To realise this, the centres constructed a set of both clinical outcome measures such as lung function combined with PROMs to evaluate the quality of life and disease specific complaints, such as fatigue. In-depth discussions on the exact definition of the patient population, the outcome measures as well as the data collection were needed to avoid differences between centres being directly interpreted as problems with the data.

Probably more important than the details of the definitions and data collection, this collaboration is succeeding because of the trust between the participating pulmonologists. Comparing the treatment outcomes of your hospital and of you as a doctor makes you very vulnerable. The transparency that is required to discuss the outcomes will sometimes lead to conflicting results. Within this collaboration openness exists.

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Differences in outcomes are seen as opportunities to learn and improve and not as a risk for being punished. The collaboration to compare outcomes was built on an existing network of pulmonologists that already collaborated on many research projects.

The fact that the first international implementation of value-based healthcare is a U.S.-Europe partnership does not seem to be a coincidence. The U.S. of course has a head start being the country where value-based healthcare originated with the work of Porter and Teisberg at Harvard and where a longer history exists in some hospitals such as the Mayo Clinic and Cleveland Clinic to monitor outcomes. Currently, however, Europe is definitely catching up, with a large number of hospitals working on the implementation of value-based healthcare in Sweden, Germany, England, and The Netherlands. The unique strength Europe brings to the table is the networks of hospitals that work very closely together and have a relatively small barrier to transparent outcome comparison. Examples in The Netherlands are the seven Santeon hospitals comparing and improving outcomes in oncology and the nineteen Meetbaar Beter hospitals comparing and improving outcomes in heart care.

Using health outcomes in a positive way to learn and improve is new and is rapidly gaining momentum internationally. If this movement continues to develop it can truly be called a silent revolution in healthcare.

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