



VALUE-BASED
PROCUREMENT

Partnering for patient-centric,
sustainable health care



3rd European Value-Based Procurement Conference

Collaborative approach to data collection
and measurement tools

Brussels, 15 March 2022

EVENT REPORT



Supporting partners



Introduction

Value Based Procurement (VBP) is an innovative procurement approach that supports patient-centric, high quality and affordable health care and is an enabler of value based health care. VBP awards a contract on the basis of what really matters to patients and care providers and aims to improve the outcomes of health care delivery.

To speed up the adoption of VBP, stakeholders need to share their experiences and practices. Bringing people together is essential. That's why the European Value-Based Procurement conference has become a flagship event in the VBP calendar. Organised by the [Value-Based Procurement Community of Practice](#) with the support of [EHPPA](#), [EUREGHA](#), and [MedTech Europe](#), the third edition of the conference was held on 15 March 2022.

The hybrid conference brought 200 people onsite in Brussels and online from across Europe and beyond.

Summary

Entitled “A collaborative approach to data collection and measurement tools”, the conference looked at what's next for VBP, the role of data, and the current data gaps and opportunities. In his opening remarks, Ingmar de Gooijer, host & moderator, said that much has happened in healthcare since the last conference and healthcare systems are under mounting pressure. He encouraged active participation from the audience because real change requires different mindsets.

A red thread throughout the conference was the need for the VBP process to be inclusive and collaborative. Consulting and heeding patients, physicians, nurses, and other users of medical technologies, procurers, providers, payers, policymakers and others is essential to develop a common understanding of desired outcomes.

With data gathering and analysis a challenge for providers and suppliers, it was insightful to hear about the development of innovative solutions and services. Moreover, it was encouraging to learn from projects where these are successfully used, and to hear of the medical technology industry's willingness to support and cooperate with providers as they embark on their data journeys.

Speakers shared useful learnings from implementing a VBP tendering process, a much different exercise than a tender based on price alone.

As VBP develops, it's going in new directions. No longer only for high-tech, complex solutions, it is also being used successfully for lower-cost technologies such as incontinence pads. This is proof that VBP can be applied across the whole healthcare ecosystem and all types of medical technologies.

The way forward together

Giovanni Gorgoni, President of European Regional and Local Health Authorities (EUREGHA), Danny Havenith¹, President of the European Health Public Procurement Alliance (EHPPA) and Serge Bernasconi, CEO of MedTech Europe kicked off the conference by discussing the way forward for VBP. Their recommendations included:

- Start implementing VBP for a single, specific product and expand later rather than trying to apply it broadly at the outset. Take it step-by-step.
- Bundled payments must be a core part of this pragmatic approach. A perfect bundled payment project is difficult but simpler versions can be successful. Organisations can learn from bundled payments in action. Examples include VBP for pulmonary disease in the Netherlands or for spine decompression in Sweden.
- Once an organisation cracks open a VBP process, improved outcomes for patients must be the main focus. However, engaging all stakeholders is critical to its success. Clinicians' input is essential.
- Education about VBP will help its acceleration. Stakeholders should be supported and encouraged to educate themselves. Problem-solving approaches such as Design Thinking can be particularly useful for new areas like VBP and should be taught wherever possible.
- Implementing a VBP approach also needs the support and drive from the healthcare provider's board room. Procurement today is often not in the C-suite but that's where they should be.

1) Sharing his personal view and not engaging in any way EHPPA or its members

- With hospital data often incomplete or not aligned with industry data, proper benchmarking and setting of KPIs remains a challenge. This is an opportunity for industry and hospitals to come together and find solutions. Although not yet common practice, project managers already need to think about implementing independent, third-party verification of data and processes.

The speakers concluded by stating that VBP uptake is moving forward but driving change will take time. The VBP community is trying to change the mentality of doing business based on price and volume. The community is fully committed to pushing forward, starting with minor changes, to ultimately achieve patient-centric, higher quality and more sustainable healthcare.

Start measuring and comparing what matters - ICHOM's role in the future healthcare ecosystem

In her keynote speech, Irina Volf Reinoso, Partnership Manager at ICHOM, explained the importance of using standardizing measurements and risks adjustments to allow for meaningful and reliable comparison of outcomes. She also showed how her organisation defines global outcome measures to support patients and drives the adoption of these measures worldwide. ICHOM supports VBP in three areas: 1) gathering data about outcomes of medical treatments. 2) creating standardised measurements for data that give meaningful, reliable comparisons 3) benchmarking the outcomes.

“Today ICHOM's data sets cover more than 50% of the global disease burden” said Irina. The data sets are widely available – including in peer-reviewed and medical journals - and are open source.

Since 2012, when ICHOM was founded, they developed 41 Sets of Patient-Centered Outcome Measures, for which they convened over 1000 clinicians, registry leads, administrative experts, patients and advocates who carefully reviewed the scientific literature, analysed clinical practice and engaged patients, to come to a consensus over the measurement that should be tracked for a particular condition or for the population segment. Digitalisation and harmonisation follow a data-gathering process. Harmonisation is essential to ensure that any measure is represented in the same way across different disease data sets.

Irina gave an example of how ICHOM Sets could be used as a common language for VBP stakeholders. The European Society of Cardiology (ESC) wanted answers to key questions around heart valve interventions such as: Are there unmet needs for healthcare professionals? How can data be captured about the cost and efficiency of current treatments? What are the challenges of current therapies? ICHOM could partner with stakeholders such as the ESC and the industry by encouraging both parties to use ICHOM developed Heart Valve Disease Set to gather patient, clinical and administrative outcomes and ultimately compare the outcomes, using ICHOM Global Benchmarking Platform for evidence generation. The data set will provide a common language for patients, providers, regulators and industry across Europe and beyond.

ICHOM's Global Benchmarking Platform will be applied across a range of conditions, starting with breast cancer. The Platform gives a validated and standardised comparison across an international network of providers, clearly identifying variances and similarities.

ICHOM works with the full spectrum of VBP stakeholders, offering tailored support and partnership opportunities with the goal of better outcomes for patients.

How to accelerate the transformation of health systems

Three cases were presented that advocated successful first steps to integrate VBP into health systems.

Together with the French Ministry of Health, PromTime has built a resource that compares the performance of different cataract lens implants on different patient profiles.

Gregory Katz from the School of Medicine at Université de Paris and President of PromTime, showed how an initial investment in a comprehensive governance structure, involving a range of government, industry and science partners, was crucial to getting buy-in and continued support for the project.

PromTime, as a neutral third party, designs and audits the ecosystem for gathering, standardising, digitising and comparing data about cataract lenses. In a novel approach to gathering clinical data, practitioners are incentivised to be transparent. They receive €30 per case information submitted. This has proved valuable to get a consistent feed of data about implants across a range of patient profiles.

When comparing data, it's essential "to compare apples with apples" he said. The project's Data Integrity Board and Scientific Board, supported by a case-mix algorithm, validate all data and classify it according to patients with severe, intermediate and non-severe needs.

The results are being used to implement a process where three different tenders seek to procure cataract implants based on patient profiles.

The early investment in governance and structure has paid off: while the cataract project took five years to get off the ground, similar projects for hand surgery and chronic kidney disease took just two years and 1.5 years respectively.

Richard Charter from AliraHealth also believes in building a solid foundation for VBP, saying "Preparation will determine success or failure of VBP." He presented a seven-step methodology for the preparation phase of VBP that should result in the development of a simple business model for both internal and external stakeholders. Richard strongly advised the industry always to understand the roles and perspectives of the six different stakeholders of VBP: patients, physicians, procurers, providers, payers and policymakers, and how each perceive value.

A fast-emerging theme in VBP is environmental sustainability. It will increasingly be considered when calculating VBP outcomes. This can lead to an ethical conundrum: what is the policy decision where health outcomes improve and costs reduce but the carbon footprint is increased? Should the population benefits or the patient benefits be assessed? Despite the conundrum the shift is clear, as shown by the NHS's new carbon-neutral plan which states that access to the UK market will only be organisations that map their carbon footprint and sustainability goals.

In the Czech Republic, CzechMed is preparing the ground for a move toward VBP. Despite EU and national law encouraging procurement for value, less than 10% of all healthcare tenders in Czech Republic do so, said Miroslav Palat, President of CzechMed. Keen to get a picture for procurement in the medical device sector, CzechMed set about gathering data. "The lowest price wins in almost 95% of cases" said Petra Ulrichová, MD Communications for CzechMed. By establishing the IKNZ Institute, CzechMed wants to open up opportunities for VBP.

A virtual sharing and knowledge platform support by the Ministry for Health, the goal of the Institute is to implement qualitative criteria into public procurement of medical devices and technologies. In addition to enabling networking and discussion, the platform focuses on raising awareness, education, and cooperation.

The IKNZ Institute hosts interactive webinars where hospital representatives can try out value-based principles and tools on a no-risk basis. The Institute has developed practical tools to help hospitals who don't know where to start. CzechMed's advice for anyone with a similar initiative is:

- Make sure to involve all stakeholders and tailor content for each.
- Identify and include implementers of VBP innovation.
- Focus on practical activities.
- Use local, identifiable examples.

Implementing and executing value-based procurement

Three practical case examples of value-based procurement with a focus on data collection and value measurement.

Innovation in joint replacement: Convinced that patients who receive joint replacement surgery could be better served, Dr Ferran Fillat Gomà and Ion Arrizabalaga want to transform arthroplasty using VBP. Parc Tauli Hospital Universitari and AQuAS, the Agency of Health Quality and Assessment of Catalonia, have launched a process to challenge the industry to deliver an innovative service that could help public system to move from a best fit scenario to a tailor made joint replacement usage. The new longer-lasting joints will be tailored to suit each patient's anatomy, improving functionality and diminishing the need for revision surgery.

A decision-making unit that included the hospital's clinical director, economic director, communications director, and other internal stakeholders defined the hospital's need for the new service to be delivered. This covered a pre-operative precision measurement solution, the design and on-demand manufacture of tailor-made joint replacements, and monitoring and full traceability of the manufacturing and surgical process. The solution must also deliver demonstrable clinical cost and resource benefits and have potential for other areas of surgery.

Working together with six hospitals from Spain, Lithuania and Italy, the team published a joint statement of demand. This was followed by a period of discussions with suppliers, first in writing and then through conversation. Investing in communicating with suppliers is time consuming but also vital to help the procurement team to better understand market developments as well as to give suppliers a clear understanding of the need.

Following a pre-tender process of one year, the call for tender is expected to be soon published.

Mesh fixations for hernia: At the NHS Supply Chain, Ian Dodd and Robert Wilcockson established a process for VBP in the area of Sterile Intervention and Associated Consumables.

They implemented a three-step approach that centres around the needs of the patient:

1. They establish the deliverables needed from VBP. To avoid complexity causing early failure, they keep measurement criteria to a minimum.
2. They put contracts to ensure, for example, that suppliers can consistently deliver the products as needed.
3. They verify that the right products are available and that staff are trained to use them.

Information gathered for a small sample of hernia mesh fixation procedures showed that the patient journey is shorter and simpler when VBP is used. Patients' recovery rates were faster. Surgeons found applying the VBP-procured fixation device easier and faster. The cost of the patient journey from pre-op through community care was significantly less and the revision rate for procedures decreased from 2-10% to 0.46% .

The positive outcome of the project has led to the UK's National Institute of Health and Care Excellence gathering more evidence on the exercise for use in a Medtech Innovation Briefing to support people considering new products for hernia treatment.

VBP for commodities: Inspired by the 2020 VBP conference, Richard Maddison of Essity works with Lincolnshire Community Health Services NHS Trust to improve outcomes for incontinence care in nursing homes. Together with Tracy Evans, a Continence Nurse Specialist from the Trust, they are piloting a VBP project for incontinence pads.

The first results are positive. The reduced leakage of the new pads gives patients more dignity. Worrying less about leakages mean that patients feel confident enough to drink more water, resulting in fewer cases of dehydration and urinary tract infections. Care home staff spend less time changing pads and clothes, using the time gained for other care. The decrease in laundry is environmentally friendly. And because skin irritation caused by wet pads is no longer an issue, patients are more comfortable, and less time and money are spent on buying and applying skin care products.

This project shows that VBP goes beyond sophisticated solutions: it also applies to commodities. Richard Maddison advised anyone starting with VBP to "do as much engagement as possible with different stakeholders" as value needs to be seen from all perspectives. He also advised to "concentrate on costs around a product as opposed to the costs of a product."

Conclusion

"Any healthcare professional serves one purpose: to contribute to society by taking care of and improving people's lives" said Hans Bax, Senior Advisor VBP at MedTech Europe. Closing the conference he added "It's the role and the obligation of any procurement professional and supplier of the medical technology to contribute to this purpose".

Rather than waiting for the system to change, the VBP Community of Practice wants to take the lead in driving change. The Community will continue to increase knowledge of the use and implementation of value-based procurement for better patient outcomes. It will further develop materials and tools and support more pilot projects. In addition, it will keep educating through training programmes, workshops, deep-dive case studies and public guidance. It will also support collaboration through peer-to-peer exchanges.

The fourth European Value-Based procurement is already scheduled for 15th December 2022 and all present today were encouraged to attend.