



The total cost of care focus as a major VBP building block

15 décembre 2022

- Amount of purchase : **5,8 Bn€**
- **2500** contracts
- **1100** suppliers
- **1200** Hospital members



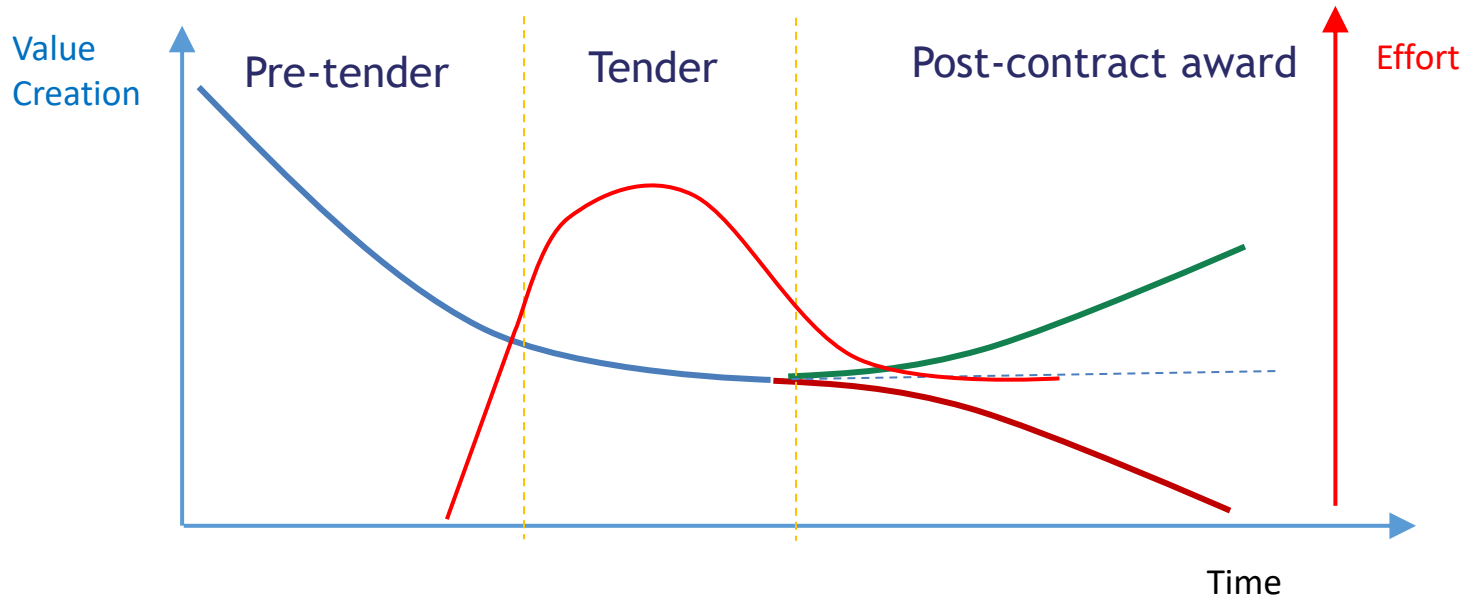
■ Prevention of Perioperative Hypothermia :

- For the Record : Tender launched in 2019 with a target :
80 % of patients being normothermic through perioperative process
- 3M wins the contract and invest time and money to provide
methodological and technological support
- A global solutions for better outcomes and same expenditure
- 4 years later : we hope having exploitable feedback in January 2023

⇒ IT'S TOO LONG

⇒ WE NEED SIMPLICITY AND AGILITY

■ The basics :



We usually produce the biggest effort during tender stage, which is not the time when most value is created

■ Feedback to Prevention of Perioperative Hypothermia :

- First : We spent too much time on the tender
- Second : Expected performance relies too much on the execution of the contract (stage 3 : post-contract award)
- Third : This case study was not focused on Total Cost of Care (including change management for medical teams)

⇒ On this case study : **Balance between the cost of change management and improvement of patient outcomes is not favourable**

⇒ VBP has to be more simple and easier, if we really want to create value

⇒ Assign a monetary value to each criterion in order to give more weight to patient outcomes in a tender, **is not simple enough** - And is not a guarantee to **take into account the total cost of care**

■ The target :

- Improve Patient outcomes AND total cost of care
- On the same level

■ Everything happens before tender

- Everything is built before tender
- At UniHA, we do practice Value Based Procurement, even if it is not « labelled » VBP

=> Some examples

■ « new generation of Intraoperative cell salvage technology, capable of recovering not only red blood cells, but also the patient plateletes »

■ I-Sep is a French start-up, created in 2015

■ I-Sep has developed an innovative technology for the recovery and separation of blood components, which :

- Improve outcomes for patient by optimising and conserving patient's own blood
- Reduces total cost of care by reducing other plateletes injections
- Responds to a public health care issue

Pre-tender stage

Simplicity and Agility :

- First results communicated in October 2021
- CE mark obtained in July 2022
- Contract signed in October 2022, by UniHA

French Recommendation on Blood Management :

https://www.has-sante.fr/jcms/p_3193968/fr/gestion-du-capital-sanguin-en-pre-per-et-post-operatoire-et-en-obstetrique

- « Accept to pay more but less often »
- Work conducted by UniHA, with 4 French hospitals :
 - Measurement in Real Life of economic impacts of Prescription Timing.
 - Result : length of stay is shorter for patients treated with this antibiotic (up to a reduction of 13 days)
- Digital solutions, integrated clinical data analysis, which optimise the monitoring of patient's progress, and facilitate the coordination of health professionals
 - To avoid hospitalisations
 - Or to avoid stay in intensive care

Infect Dis Ther
<https://doi.org/10.1007/s40121-021-00577-6>

ORIGINAL RESEARCH

Dalbavancin in Real Life: Economic Impact of Prescription Timing in French Hospitals

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ABSTRACT

Introduction: The extended half-life of dalbavancin justifies a once-a-week dosing schedule and is supposed to favour early discharge. These

introduction of dalbavancin, the type of catheter and patient subgroups were assessed. An early switch was defined when dalbavancin was administered as the first or second treatment and within less than 11 days of hospitalization.

Post-contract award

Tender in progress

■ « Rapid Diagnosis Tests »

- Quick rendering of results
- Simplifies and secures diagnosis
- Accelerate patient care management
- Avoid costs of treatment

Tender in progress

Balance between the cost of the test and the cost avoidance is analysed by our purchasers.

Easy and quick implementation of a contract, if the test helps to save time and money, with improvement of patients outcomes.

=> Positive impacts : organizational and medico-économique

- Working together with suppliers very early, even before the CE marking
- Identification, evaluation and documentation on all benefits and impacts, including :
 - Negative impact (for instance : change management)
 - Economic impacts
 - All direct impacts :
 - Patients pathway
 - Skills and practice
 - Conditions of care for patients
 - Also, indirect impacts :
 - For instance : reduction of consumption
 - Reduced wastes

METHODOLOGICAL GUIDE of HAS : « Organisational impact map for health technology assessment »

https://www.has-sante.fr/upload/docs/application/pdf/2021-04/organisational_impact_map_for_health_technology_assessment.pdf

- Total cost of care focus is a good way to facilitate Value Based Procurement
- Cost of change management has to be included in the total cost of care
- Identify, evaluate and document the true value, long before the tender, and probably before launching on the market
- Simplify tenders
- Collect data in Real Life



Merci de votre
attention !