

## What is Value in Healthcare?

On December 11, 2017 an article was posted to the *Health Leaders Media* website titled “What Does ‘Value’ Mean in Healthcare?”. The focus was the findings of a survey done by University of Utah Health of 5031 patients, 687 physicians and 538 employers across the United States. All of these stakeholders agreed that there needs to be high value in healthcare, but they could not all agree what that was.

In the survey each participant was asked to rank the components of value: customer satisfaction, quality and cost. Quality was defined as efficiency, effectiveness, safety and outcomes. The article reported these findings:

- 88% of physicians ranked quality as the top priority, compared with 62% of patients and 20% of employers.
- 43% of employers ranked customer satisfaction as a top priority of value, compared with 12% of patients and 7% of physicians.
- 37% of employers said cost was a top component of value, followed by 26% of patients and only 5% of physicians.

As you can see, there is significant disagreement about the priorities of the major components of value in healthcare by these three major stakeholders. The majority of physicians and patients agree that quality is the most important. Employers, a major payer group, has no clear majority choice but satisfaction has the highest rank for this group. Quality ranks lowest for employers; cost for physicians; and patient satisfaction for patients. With such disagreement among these stakeholders it is likely significant improvement in any of the three will be slow. Further, talk of value will be confusing because it means different things to different stakeholders.

For me, value is an equal balance of all three. I promote them when I talk about the Triple Aim of healthcare: better quality care at a lower cost with high patient satisfaction. To me, working to achieve all three will produce the best results and such care will be sustainable. I have seen this promoted many times at conferences and in professional magazines for clinical providers.

I am beginning a project this winter with the Calvin College Rehabilitation Center in Grand Rapids, Michigan. Our team is focusing on preventing falls among seniors in the Grand Rapids area. It is a two-year project funded by a grant from the Michigan Health Endowment Fund. I along with Dr. Judith Vander Woude are co-directors of the project. Value is a major focus of the program.

We will be continually focused upon quality in the program. One way we are addressing quality is by first screening the participants in the program. We will screen a cohort of potential patients with a multidisciplinary team of vision specialists, speech therapists, social workers, nurses, occupational therapists, and physical therapists. We will spend about two hours assessing each patient at the beginning of the program using instruments such as the Activities-specific Balance Confidence Scale, the Berg Balance Scale and the Montreal Cognitive Assessment. We will also

measure blood pressure and glucose levels. From this screening we will assign patients to one of two programs. The 'Matter of Balance' program is for patients whose only issue is fear of falling. The Area Agency for the Aging of West Michigan is partnering with us to deliver this program as they have long been providing it in the community.

Those patients with a more complicated assessment or diagnosis will be referred to the 'Integrated Balance' program that is being delivered by Calvin College Rehabilitation Center. There will be eight sessions in this program. It will be delivered by a team of occupational therapists, physical therapists, speech therapists, nursing staff and social work staff. Students from the college will also be involved and supervised by staff instructors.

Each of the eight group sessions will be delivered by a team of experts in their field using evidence-based content and processes. I will be assessing the effectiveness of the instruction by statistically analyzing the data from the pre-assessment and the immediate post assessment. I will be seeing which of the components have the biggest impact for the patients and where improvements might be made. I will also observe the program to better understand each unit and to record the processes involved. Team members will regularly review the data analysis and recorded processes to see where improvements can be made.

We will be using a patient satisfaction survey at the end of the program when post assessment activities are conducted. Patients will be asked to answer questions on a survey created specifically for this program using a tablet onsite. I will analyze the data for each cohort of patients and report the results back to our team. Team members will be asked to suggest ways to improve patient satisfaction based upon the analyzed results.

We will also address the cost of the program through a cost benefit analysis. Using the process maps of the components of the program we will be able to determine the costs of delivering the program to the patients. Benefits will be assessed by interviewing patients six months after the program to see if any of them have fallen during the six months. This will be compared to the number of falls in the group in the year before the start of the program. Falls will also be benchmarked to the number of falls in similar patients on a national level. Benefits will be assessed using the increase in scores on scores in the post assessment instruments, including the Activities-specific Balance Confidence Scale. There is a great deal of literature for this scale that discusses research focused on falls in seniors. One of the goals of the detailed analysis is to provide information for sustainability and to inform other providers through presentations and articles of the benefits versus the costs.

There seems to be no clear agreement on the definition of quality among employers, providers and patients, as evidenced by the survey of the University of Utah Health. The multidisciplinary group that I will be working with to prevent falls in seniors have a clear agreement that we should work hard to achieve the Triple Aim. In doing so, each of the stakeholders should be satisfied with the outcomes of the program.

Donald Tex Bryant  
Bryant's Healthcare Solutions  
t.bryant@alumni.utexas.net