WAEH WORLD ASSOCIATION OF EYE HOSPITALS

Project proposal

Project Name: Towards a Short-List of Most Important Outcome Measures per Subspecialty

Estimated Project Cost	EURO (insert direct and actual costs): €7500
Project Leader(s)	CEO leader: Drs. R. Treffers Project manager: Dr. K.J. Nijmeijer
Members who will actively participate	All WAEH hospitals will be invited to participate in the project through providing input in the questionnaire and the subsequent steps, in order to create representative overview and short-list of the most important outcome measures per subspecialty. Given the objective of the study, it does neither seem efficient nor necessary to involve other members in the development of a questionnaire and analysis of the data. In a subsequent project, participation of other members in project groups may be necessary.

Overview

1.1 Background

Sampling and analysing outcomes of care as a starting point for the improvement of care is becoming more and more important. The concept of Value Based Healthcare, defined as care that delivers the best possible outcomes for the lowest possible costs, is incorporated in an increasing number of healthcare institutions, ICHOM sets and healthcare systems to improve quality while controlling costs.Through focusing on the outcomes that matter most to patients, patients can receive more made-to-measure care and improvement efforts are directed to those aspects that really create value. Moreover, healthcare institutions can ultimately use their outcome data to show their delivered value to patients, insurers and government. Outcome reporting of any kind even is obligatory in many healthcare systems.

However, a recent review of eight WAEH hospitals shows that the outcome measures that are being used highly varies across those eight hospitals (Michellotti et al., 2017). Although international standard outcome sets exist for cataract and macular degeneration (ICHOM), the outcome measures used by the hospitals showed only limited overlap. For other subspecialties like cornea, oculoplastics, glaucoma and strabismus surgery, there is substantial variation in outcome measures used, or outcome measures are not yet used at all. In addition, patient-

reported outcome measures (PROMs) are not yet being reported, while they are a valuable supplement to medical outcomes (Michelloti et al., 2017). Thus, work is needed to define and use outcome measures that really matter to patients. As a leading association of eye care in the world, the WAEH should take up this endeavor. Therefore, this project proposes to create a short-list of the most relevant outcomes per subspecialty.

1.2 The Project in Brief

To support the development and use of outcome measures that matter most for patients, an extensive overview is needed of which indicators are perceived as most relevant for each subspecialty across the entire WAEH. This overview should not only include the indicators that are already being used – which was the focus of the review of Michellotti et al. in 8 WAEH hospitals – but should also include ideas about potentially relevant indicators. Through categorizing these ideas and subsequently jointly rating the sampled indicators on importance, we will 1) provide individual WAEH hospitals with tools to further their local development and implementation, and 2) provide a valuable basis for ultimately reaching international consensus and harmonization of outcome measures per subspecialty for those hospitals that desire benchmarking. This actual harmonization does not fall within the scope of this project, because a) this project aims for an extensive overview in which all subspecialties (except cataract and macular degeneration) are included, b) final harmonization per subspecialty ultimately should take place with project members working within these subspecialties and thus requires partly other project members, and c) creating an extensive overview, short-list ánd reaching consensus per subspecialty is not attainable in only 2 years.

Project Objectives

1.3 Objectives

The primary objective is to present a short-list of the medical outcome indicators and patient-reported outcome measures per subspecialty that WAEH members consider to be the most relevant indicators for patients. Cataract and macular degeneration are excluded from this project, because international ICHOM sets already exist.

1.4 Risks

In order to achieve the objective, active input of a majority of WAEH members is desired. Experiences with among others the structure, process, outcome benchmark (BSC) show that obtaining input of members can be time consuming and difficult to attain. Although we strive for the participation of as much members as possible, the overview will still be valuable to the participating WAEH members.

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1.5 Benefits

This project will provide individual members of the WAEH with a list of medical outcome and patient-reported outcome measures per subspecialty that are rated as most important across the WAEH. They can use this list as a valuable tool to further their local development and implementation. In addition, this project will provide the WAEH and its members a substantial basis for ultimately reaching international consensus and harmonization of the most important indicators per subspecialty for benchmarking purposes (outside the scope of this project), because a short list of most relevant indicators will be the final product.

1.6 Outcomes & Deliverables

In subsequent steps, the following outcomes will be delivered. The third outcome/deliverable is the end product of this project.

1) A long list per subspecialty of medical outcome and patient-reported outcome measures, split into a) measures already in use by one or more hospitals, and b) measures that are considered relevant but not yet in use. In making this long list, responses of various hospitals will be categorized/integrated where possible.
2) An overview of the rating of WAEH members of each of the measures per subspecialty on the long list. I.e., how important is each of the measures rated.
3) A short-list with the medical outcome measures and patient-reported outcome measures that are considered the most important across the WAEH.

1.7 Communication

The outcomes and deliverables will be communicated through the knowledge hub, via e-mail and via the newsletter or annual reported, in order to reach as much members as possible. Moreover, we plan to provide a workshop during the WAEH annual meeting once the project is finished, to present the final result and particularly to discuss and agree on the desirable next steps (harmonization, benchmarking?) with the interested WAEH members.

2. Project Plan

2.1 Stages and Timeframes

The project is broken up in the three phases that result in the deliverables as described above.

1. Making a long list per subspeciality of medical outcome and patient-reported outcome measures:
    a. Methodology: we will develop a questionnaire through which WAEH members will be asked by email to 1) describe the medical outcome and patient-report outcome measures that are being used per subspecialty in their hospital, and 2) provide an overview of other medical outcome and patient-reported outcome measures that they consider as most important from the patients

perspective (if applicable). The questionnaire will be developed in such a way that different persons from different subspecialties within the WAEH hospital can hand in their input (the questionnaire will be subdivided into independently readable blocks). The project manager, supported by project members within the REH, will categorize the inputs of all WAEH members per subspecialty. Resulting in a clustered long-list of measures.

b. Time frame: we will take 1-2 months for the development of the questionnaire. Given maternity leave of the project manager, we aim to finish this step before new year (dec 2018). In the next months, WAEH members are asked to fill in the questionnaire. A secretary will take up the sending of emails and reminders. As we expect that particularly part 2 of the questionnaire will require some discussion within subspecialties within WAEH hospitals, we want to provide hospitals with sufficient time. In June 2019, a final reminder will be sent. Moreover, during the annual meeting in London all WAEH members will be reminded. Summertime 2019 will be used for the analysis and categorization of the responses, resulting in the creation of a long-list. Alternatively, we will start the entire project in June 2019, and end this phase in October 2019.

2. Rating of the importance of all indicators on the long-list:
   a. Methodology: Per subspecialty a rating-questionnaire will be developed based on the long-list. Each WAEH member will be asked to rate each of the measures on the long-list per subspecialty on importance. Whereby outcomes that give the best indication of outcomes of value to the patient receive the highest importance rating.
   b. Time frame: as we expect that this step requires some internal discussion within subspecialties in each of the WAEH hospitals, and taking account of reminders needed, we plan to complete this step in 3 months to half a year. Preferably, this will last to March 2020.
3. Creating a short-list with most relevant medical outcome and patient-reported outcome measures per subspecialty:
   a. Methodology: based on step 2, per subspecialty a short-list will be developed with the medical outcome and patient-reported outcome measures that are considered by the WAEH to be the most important from the patients perspective.
   b. Time frame: after step 2, this step will take one month. Preferably, we will do a workshop at the annual meeting 2020 about the short-list and the next possible steps outside the scope of this project. In case of too little progress in step 1 and 2 because of non-participation issues, we aim to do this at the annual meeting 2021.

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2.2 Scope

Because of already existing ICHOM sets for cataract and macular degeneration, these subspecialties do not fall within the scope of this project. We expect that the persons who should participate in the project partly depends on the hospital. We expect that particularly ophthalmologists, optometrists, nurses and quality coordinators should provide input to the questionnaires. Dependent on the degree of cooperation with patient unions or patient participation, patients may also be a relevant participator.

Project Activities

In order to prevent repetition: see description 'stages and time frames' for explanation. NB: this time frame can only be reached when sufficient response is obtained in relatively little time. Otherwise, the due dates will be some months later.

No	Description	Start Date	Due Date
1	Making a long-list per subspeciality of medical outcome and patient-reported outcome measures	Nov/dec 2018 or June 2019	October/November 2019
2	Rating of the importance of all indicators on the long-list	September or November 2019	March/April 2020
3	Creating a short-list with most relevant medical outcome and patient-reported outcome measures per subspecialty	March/April 2020	May 2020

Cost and Resource Requirements - Direct Costs to be paid

No	Resource	Once off	Recurrent cost
1	Hours project manager and hours of project members in hospital of project manager for coordination, data sampling, analysis and developing tools and materials; IT/software for questionnaires.	€7500	None

Cost and Resource Requirements - Members In-Kind Contribution

No	Resource	Once off	Recurrent cost
1	Hours of WAEH for filling in questionnaires and discussing what to fill in.	Difficult to estimate; will depend completely on the phase of the hospital in working on outcomes	None
2			

2.3 Project roles & responsibilities

Project Leader drs. R. Treffers: Responsible for project oversight, governance and progress reporting.

Project Manager dr. K.J. Nijmeijer: Responsible for achievement of project objectives, plan, budget and project resource organisation; will coordinate all required communication and project activities; will coordinate the entire analysis and production of long-list and short list.

Project members within the REH: will support developing questionnaires, sending out questionnaires, analyses and developing long- and short-list.

2.4 Reporting

The project manager will report the progress to the WAEH board via a progress report every 6 months. The deliverables will be incorporated in this progress report.

Stakeholder Management and Communication

All WAEH members will be invited through email to actively participate in the project. If necessary, the project manager or support staff will make Skype or telephone calls to support members and ask them for active participation.

Risks & Issues

No	Description	Likelihood of happening	Impact if happens	Mitigation Strategy
1	Little response of WAEH members to the questionnaires	Likely	Overview will be much comprehensive and representative.	Support in communicating the relevance of this project from the WAEH Board, support by WAEH coordinator, sending several reminders via email and making phone calls.
2				
3				