

Tools and the real world



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Scope

- Current market context.
- The customer chain.
- Using tools - what gets in the way.
- Using tools – guidance suggestions.
- Better benefit arguments.
- A risk management challenge.



Background market context

- The usual drivers:
 - Ageing population.
 - Life style disease.
 - Citizen expectation/awareness.
- But also:
 - Credit crunch constraints on national ability to pay.



Reaction under pressure

- Conventional:
 - Consolidation.
 - Supply base.
 - Capacity.
- Unconventional:
 - Clinical pathway redesign.
 - Change of location.
 - Innovative technology uptake.
- Good news – technology is **not** a healthcare system cost driver.



What do Healthcare system customers need?

- To satisfy the new Quality-Productivity (QP) agenda.
- Ideally improvement in:
 - Clinical quality.
 - Patient benefits
- Certainly improvements in some or all of:
 - Revenue cost.
 - Capital cost.
 - Throughput.
 - Required skill levels.
 - Time to ROI for service delivery introduction.
- Primary emphasis is on financially measured economic advantage.



What do MedTech customers need to prove?

- Their product or service:
 - Matches or betters clinical outcome and patient benefits
 - Has economic advantage over current methods.
 - Has economic advantage over competing new approaches.
 - Provides the right balance of economic benefits for Healthcare system customers.
 - Provides a realistic time to ROI for their Healthcare system customers.



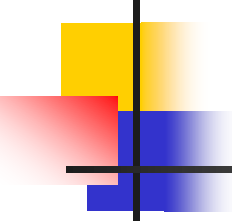
Matching MedTech customer needs

- The right arguments in the right terms:
 - Output compatible with QP agenda.
 - Categorise clinical outcome and patient benefits.
 - Identifies the bundle of economic benefits.
 - Includes complete clinical pathway context:
 - Realistic settings for patients.
 - Relevant for commissioners, providers and healthcare professionals



Other market stakeholders

- Academia:
 - Proof of research deliverable value.
 - Increasing the chance of collaboration/commercialisation.
- NHS:
 - Proof of impact of internal innovations.
 - Increasing the chance of collaboration/commercialisation.



Using tools - what gets in the way?

- Lack of input information eg:
 - Clinical pathway detail/costs.
 - Utility values.
- Unknown data accuracy.
- Unknown normal range.
- Choosing the best alternative.



Using tools – guidance suggestions

- Clinical pathway information guide;
 - Description aide memoire.
 - Cost element data sources.
 - Methods for estimating/measuring cost elements.
 - Accuracy and normal range for cost elements.



Using tools – guidance suggestions

- Utility value information guide:
 - Utility value data sources.
 - Utility value estimation methods.
 - Utility value measurement methods.
 - Utility value accuracy.
- Experience curve:
 - Estimation from nearest neighbour data.



Better benefit arguments

- A proven scale for:
 - Patient perception of `patient benefits`
 - Other aspects important to patients.
- Assessing post acute care episode support costs:
 - Both social and healthcare system costs.
 - Can be lifelong.
 - Can be the dominant cost factor.
 - Standardised assessment scale?



A risk management challenge

- User input is crucial but so is user outlook:
 - Willingness to initiate change.
 - Reaction to change.
 - Appetite for change related risk.
 - Individual attitude to the size of benefits/willingness to adopt trade-off.
- Which community does the input come from?



A risk management challenge

- User outlook categorisation:
 - Research base exists?
 - Category definition approach.
 - Simple and validated assessment methodologies.
- Could provide a major reduction in risk and risk management method.