

00335 **Developing a Yardstick for Value in Healthcare – Challenges and Lessons in the Singapore General Hospital**

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Aims: Value-based outcomes, conceptualised as patient-centred outcomes relative to cost, encourage efficiency in care delivery and resource utilisation, thereby reducing cost. However, these measures are context-specific and often require data across disparate healthcare components. We aimed to develop a value-based evaluation model for care quality in the Singapore General Hospital (SGH).

Methodology: We used a three-round modified Delphi method, consisting of initial consensus survey (Consensus Building) based on a preliminary model developed from literature review, followed by individual ground-level stakeholder engagement for directed capture and consolidation of opinions (New Model Generation) via focused interview. A repeat consensus survey was conducted (Repeat Consensus).

Result: The illustrative preliminary model spanned 48 items across >10 disease conditions. We engaged hospital senior leadership during the initial Consensus Building, including medical board and division chairs.

The New Model Generation was conducted with ground-level stakeholders: 4 departments representing majority of the disease conditions and patient-contact within the hospital (General Surgery, Internal medicine, Radiological-sciences, and Nursing). Repeat consensus was conducted with all stakeholders.

The final consensus measurement model focused on a single cross-cutting disease condition, with a smaller item-set across four value-defining domains: population health (operational and clinical outcome measures), patient experience (patient-reported outcomes), cost-sustainability, and provider work-life.

We identified potential challenges if the traditional Delphi method was used: difficulty in engaging stakeholders at the appropriate system level of thinking, and lack of common shared definitions for ambiguous concepts ('value'). The modified approach was able to overcome these issues by defining context and concepts within the first round, which guided subsequent focused interviews.

Conclusion: The final evaluation model focused on selected high-profile and cross-cutting diseases or services outcomes, as compared to the initial broad-based prototype. Certain challenges may affect the results using the Delphi-method. Our model is potentially more suitable for consensus generation among micro-unit experts on a shared macro-issue.