

# Outcome Measurement

Professor Michael E. Porter  
Harvard Business School  
[www.isc.hbs.edu](http://www.isc.hbs.edu)

*June 10, 2014*

---

This presentation draws on *Redefining Health Care: Creating Value-Based Competition on Results* (with Elizabeth O. Teisberg), Harvard Business School Press, May 2006; “A Strategy for Health Care Reform—Toward a Value-Based System,” *New England Journal of Medicine*, June 3, 2009; “Value-Based Health Care Delivery,” *Annals of Surgery* 248: 4, October 2008; “Defining and Introducing Value in Healthcare,” *Institute of Medicine Annual Meeting*, 2007. Additional information about these ideas, as well as case studies, can be found the Institute for Strategy & Competitiveness Redefining Health Care website at <http://www.hbs.edu/rhc/index.html>. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means — electronic, mechanical, photocopying, recording, or otherwise — without the permission of Michael E. Porter and Elizabeth O. Teisberg.

---

# Creating a Value-Based Health Care Delivery System

## The Strategic Agenda

1. Organize Care into **Integrated Practice Units (IPUs)** around Patient Medical Conditions
  - For primary and preventive care, organize to serve **distinct patient segments**

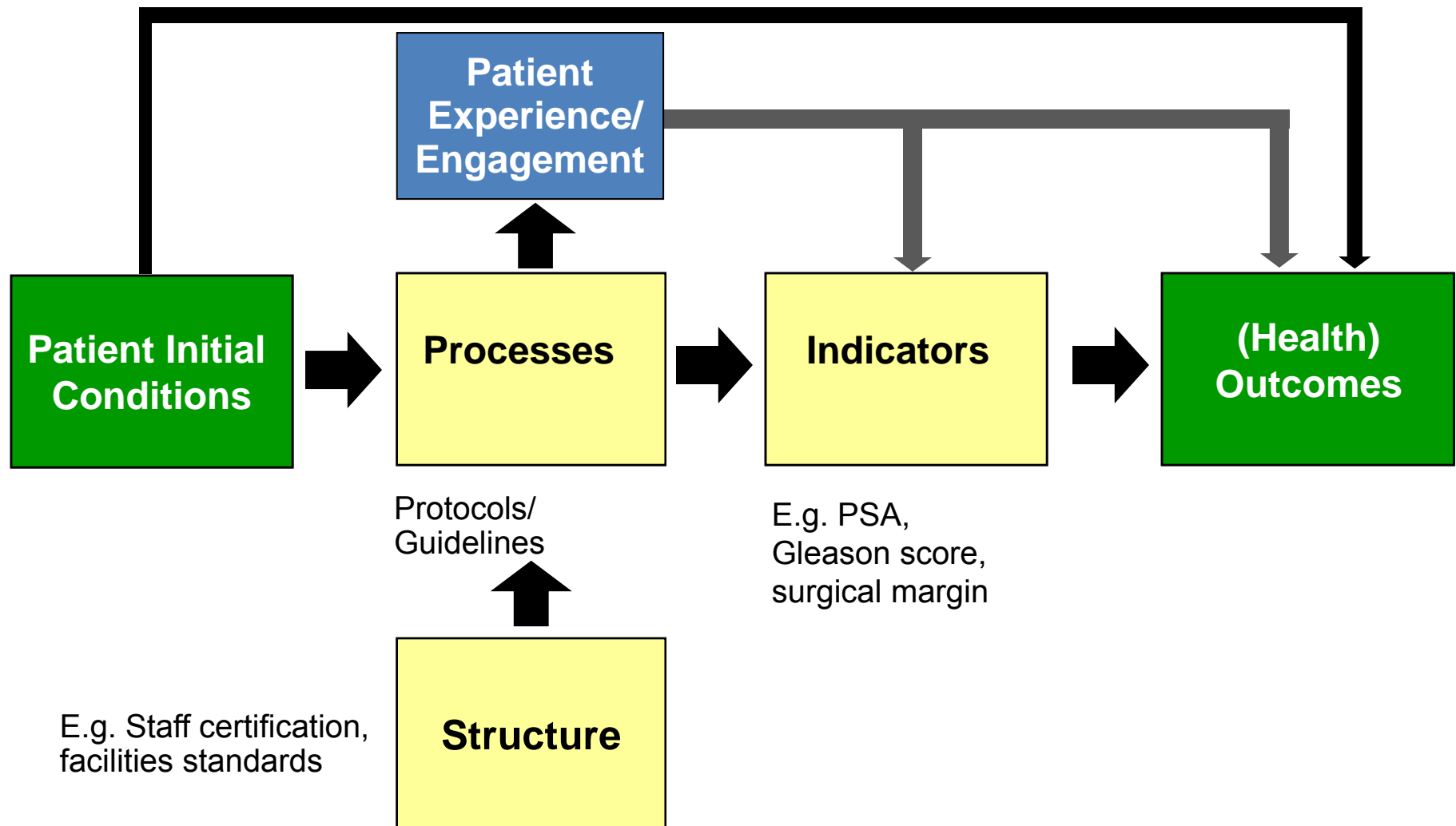
2. Measure **Outcomes** and **Costs** for Every Patient

3. Move to **Bundled Payments** for Care Cycles
4. Integrate Care Delivery **Systems**
5. Expand **Geographic Reach** and Serve **Populations**
6. Build an Enabling **Information Technology Platform**

# Agenda

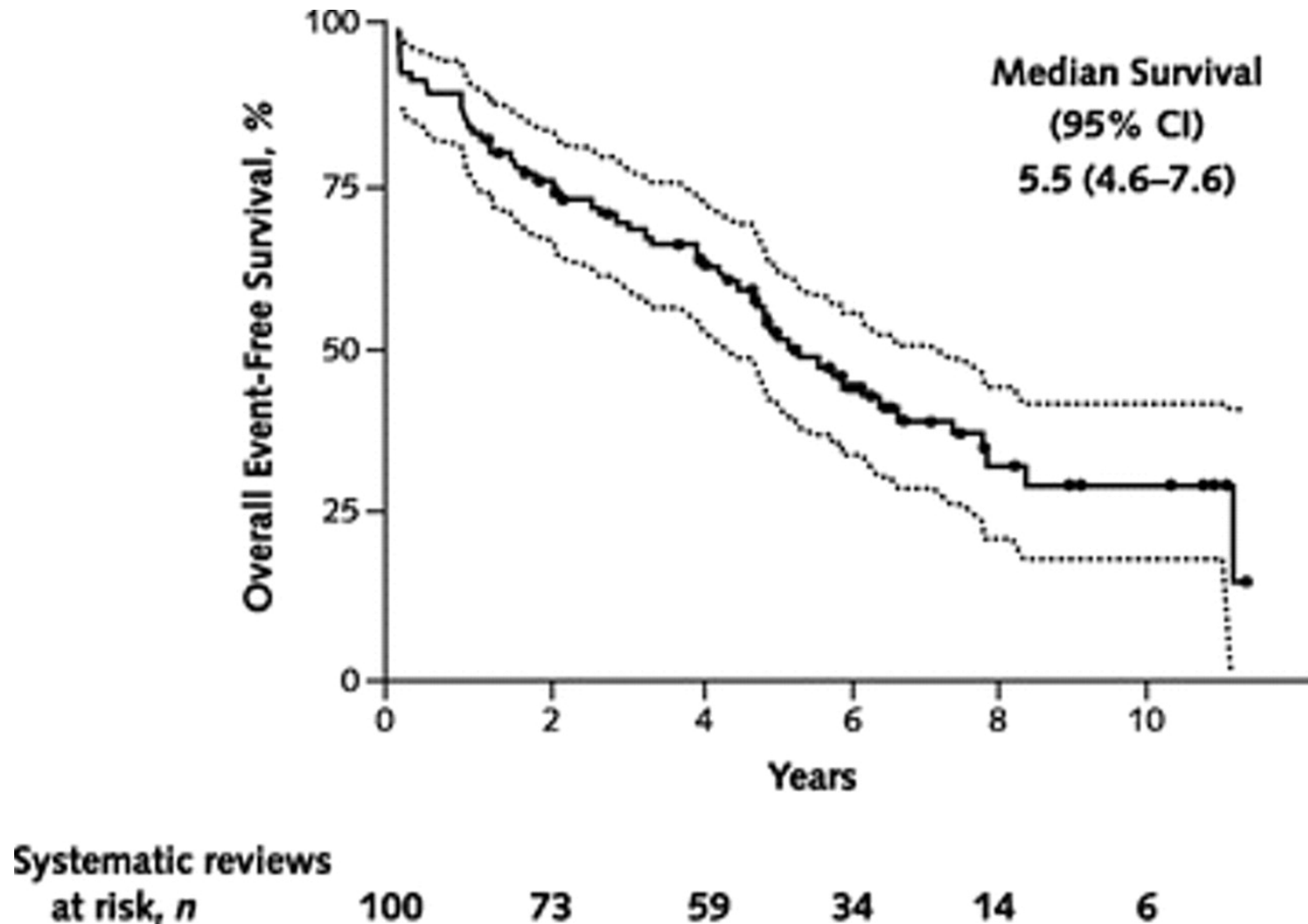
- Principles of Outcome Measurement
- Putting Outcomes Measurement into Practice

# The Measurement Landscape



# Process Measurement is Not Enough

Overall survival time (95% CI) free of signals for updating.



Shojania K G et al. Annals of Internal Medicine. 2007;147:224-233

# Principles of Outcome Measurement

1. Outcomes should be measured by **medical condition** or **primary care patient segment**
  - Not by **procedure** or **intervention**


# Principles of Outcome Measurement

1. Outcomes should be measured by **medical condition** or **primary care patient segment**
  - Not by **procedure** or **intervention**
2. Outcomes should reflect the **full cycle of care** for the condition

# The Care Delivery Value Chain

## Acute Knee-Osteoarthritis Requiring Replacement

INFORMING AND ENGAGING	<ul style="list-style-type: none"> <li>Importance of exercise, weight reduction, proper nutrition</li> </ul>	<ul style="list-style-type: none"> <li>Meaning of diagnosis</li> <li>Prognosis (short- and long-term outcomes)</li> <li>Drawbacks and benefits of surgery</li> </ul>	<ul style="list-style-type: none"> <li>Setting expectations</li> <li>Importance of nutrition, weight loss, vaccinations</li> <li>Home preparation</li> </ul>	<ul style="list-style-type: none"> <li>Expectations for recovery</li> <li>Importance of rehab</li> <li>Post-surgery risk factors</li> </ul>	<ul style="list-style-type: none"> <li>Importance of rehab adherence</li> <li>Longitudinal care plan</li> </ul>	<ul style="list-style-type: none"> <li>Importance of exercise, maintaining healthy weight</li> </ul>
	<ul style="list-style-type: none"> <li>Joint-specific symptoms and function (e.g., WOMAC scale)</li> <li>Overall health (e.g., SF-12 scale)</li> </ul>	<ul style="list-style-type: none"> <li>Loss of cartilage</li> <li>Change in subchondral bone</li> <li>Joint-specific symptoms and function</li> <li>Overall health</li> </ul>	<ul style="list-style-type: none"> <li>Baseline health status</li> <li>Fitness for surgery (e.g., ASA score)</li> </ul>	<ul style="list-style-type: none"> <li>Blood loss</li> <li>Operative time</li> <li>Complications</li> </ul>	<ul style="list-style-type: none"> <li>Infections</li> <li>Joint-specific symptoms and function</li> <li>Inpatient length of stay</li> <li>Ability to return to normal activities</li> </ul>	<ul style="list-style-type: none"> <li>Joint-specific symptoms and function</li> <li>Weight gain or loss</li> <li>Missed work</li> <li>Overall health</li> </ul>
ACCESSING	<ul style="list-style-type: none"> <li>PCP office</li> <li>Health club</li> <li>Physical therapy clinic</li> </ul>	<ul style="list-style-type: none"> <li>Specialty office</li> <li>Imaging facility</li> </ul>	<ul style="list-style-type: none"> <li>Specialty office</li> <li>Pre-op evaluation center</li> </ul>	<ul style="list-style-type: none"> <li>Operating room</li> <li>Recovery room</li> <li>Orthopedic floor at hospital or specialty surgery center</li> </ul>	<ul style="list-style-type: none"> <li>Nursing facility</li> <li>Rehab facility</li> <li>PT clinic</li> <li>Home</li> </ul>	<ul style="list-style-type: none"> <li>Specialty office</li> <li>Primary care office</li> <li>Health club</li> </ul>
	MONITORING/ PREVENTING	DIAGNOSING	PREPARING	INTERVENING	RECOVERING/ REHABBING	MONITORING/ MANAGING
CARE DELIVERY	<b>MONITOR</b> <ul style="list-style-type: none"> <li>Conduct PCP exam</li> <li>Refer to specialists, if necessary</li> </ul>	<b>IMAGING</b> <ul style="list-style-type: none"> <li>Perform and evaluate MRI and x-ray               <ul style="list-style-type: none"> <li>-Assess cartilage loss</li> <li>-Assess bone alterations</li> </ul> </li> </ul>	<b>OVERALL PREP</b> <ul style="list-style-type: none"> <li>Conduct home assessment</li> <li>Monitor weight loss</li> </ul>	<b>ANESTHESIA</b> <ul style="list-style-type: none"> <li>Administer anesthesia (general, epidural, or regional)</li> </ul>	<b>SURGICAL</b> <ul style="list-style-type: none"> <li>Immediate return to OR for manipulation, if necessary</li> </ul>	<b>MONITOR</b> <ul style="list-style-type: none"> <li>Consult regularly with patient</li> </ul>
	<b>PREVENT</b> <ul style="list-style-type: none"> <li>Prescribe anti-inflammatory medicines</li> <li>Recommend exercise regimen</li> <li>Set weight loss targets</li> </ul>	<b>CLINICAL EVALUATION</b> <ul style="list-style-type: none"> <li>Review history and imaging</li> <li>Perform physical exam</li> <li>Recommend treatment plan (surgery or other options)</li> </ul>	<b>SURGICAL PREP</b> <ul style="list-style-type: none"> <li>Perform cardiology, pulmonary evaluations</li> <li>Run blood labs</li> <li>Conduct pre-op physical exam</li> </ul>	<b>SURGICAL PROCEDURE</b> <ul style="list-style-type: none"> <li>Determine approach (e.g., minimally invasive)</li> <li>Insert device</li> <li>Cement joint</li> </ul>	<b>MEDICAL</b> <ul style="list-style-type: none"> <li>Monitor coagulation</li> </ul>	<b>MANAGE</b> <ul style="list-style-type: none"> <li>Prescribe prophylactic antibiotics when needed</li> <li>Set long-term exercise plan</li> </ul>
					<b>LIVING</b> <ul style="list-style-type: none"> <li>Provide daily living support (showering, dressing)</li> <li>Track risk indicators (fever, swelling, other)</li> </ul>	<ul style="list-style-type: none"> <li>Revise joint, if necessary</li> </ul>
				<b>PAIN MANAGEMENT</b> <ul style="list-style-type: none"> <li>Prescribe preemptive multimodal pain meds</li> </ul>	<b>PHYSICAL THERAPY</b> <ul style="list-style-type: none"> <li>Daily or twice daily PT sessions</li> </ul>	

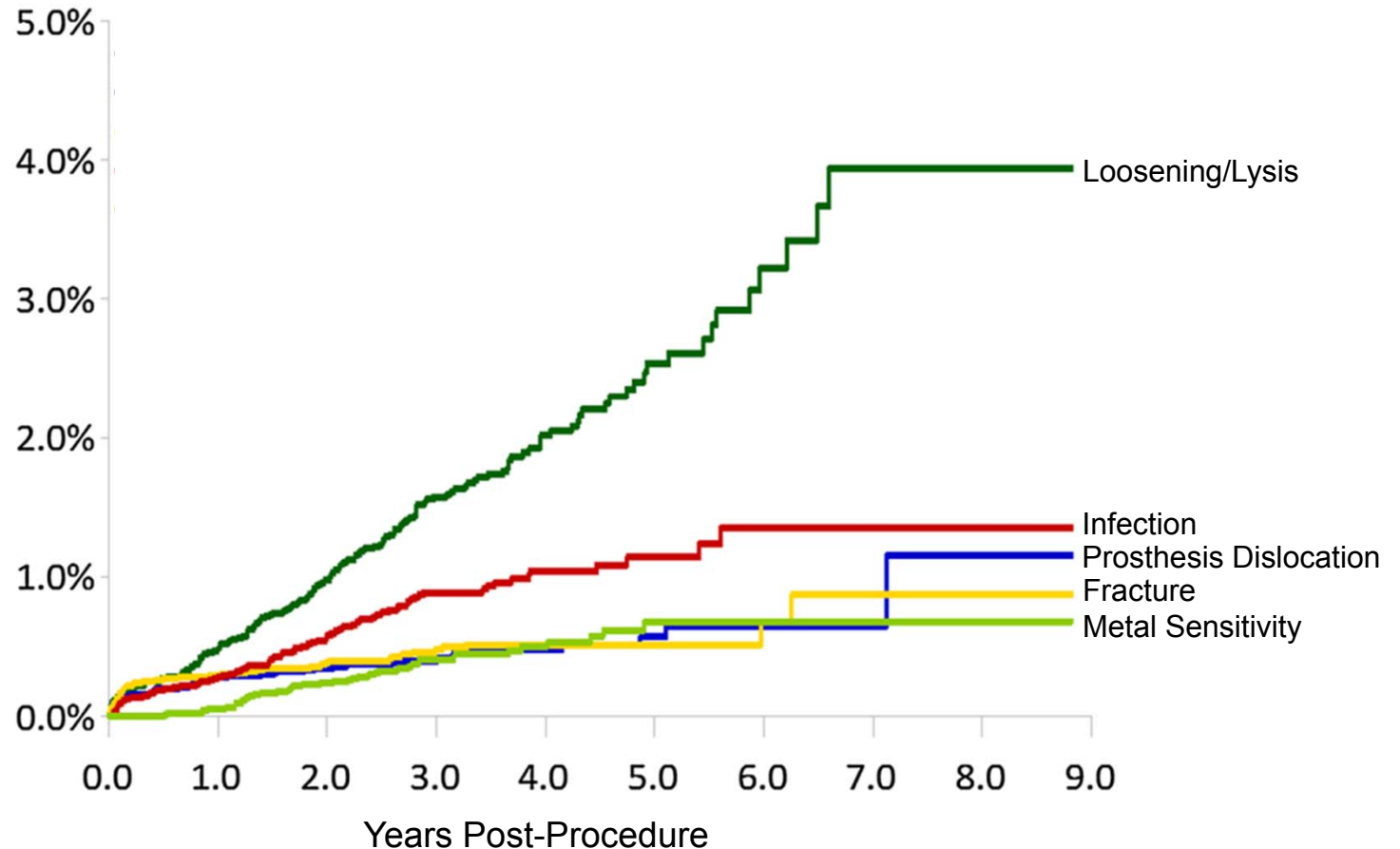
 Orthopedic Specialist  
 Other Provider Entities



# Measuring Long-Term Outcomes

## Hip Replacement

Cumulative Incidence  
of Selected  
Complications of  
Metal-on-Metal  
Bearings



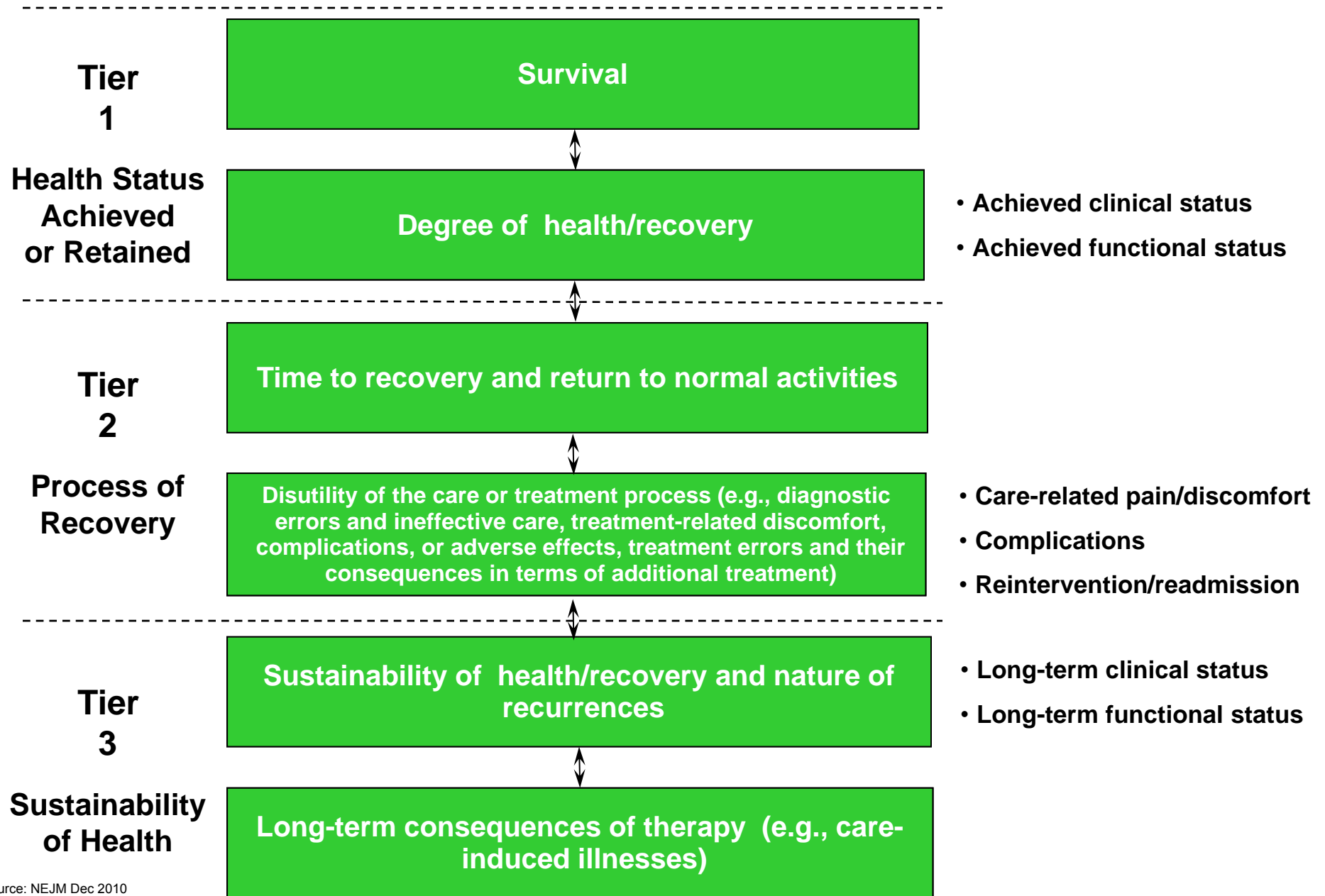
- Measurement often stops 30 days, 90 days, or one year post-intervention, but many critical outcomes that matter to patients are revealed over **longer time periods**

Source: Graves S E et al. The Journal of Bone and Joint Surgery. 2011 Dec 21;93 (Supplement 3):43-47

# Principles of Outcome Measurement

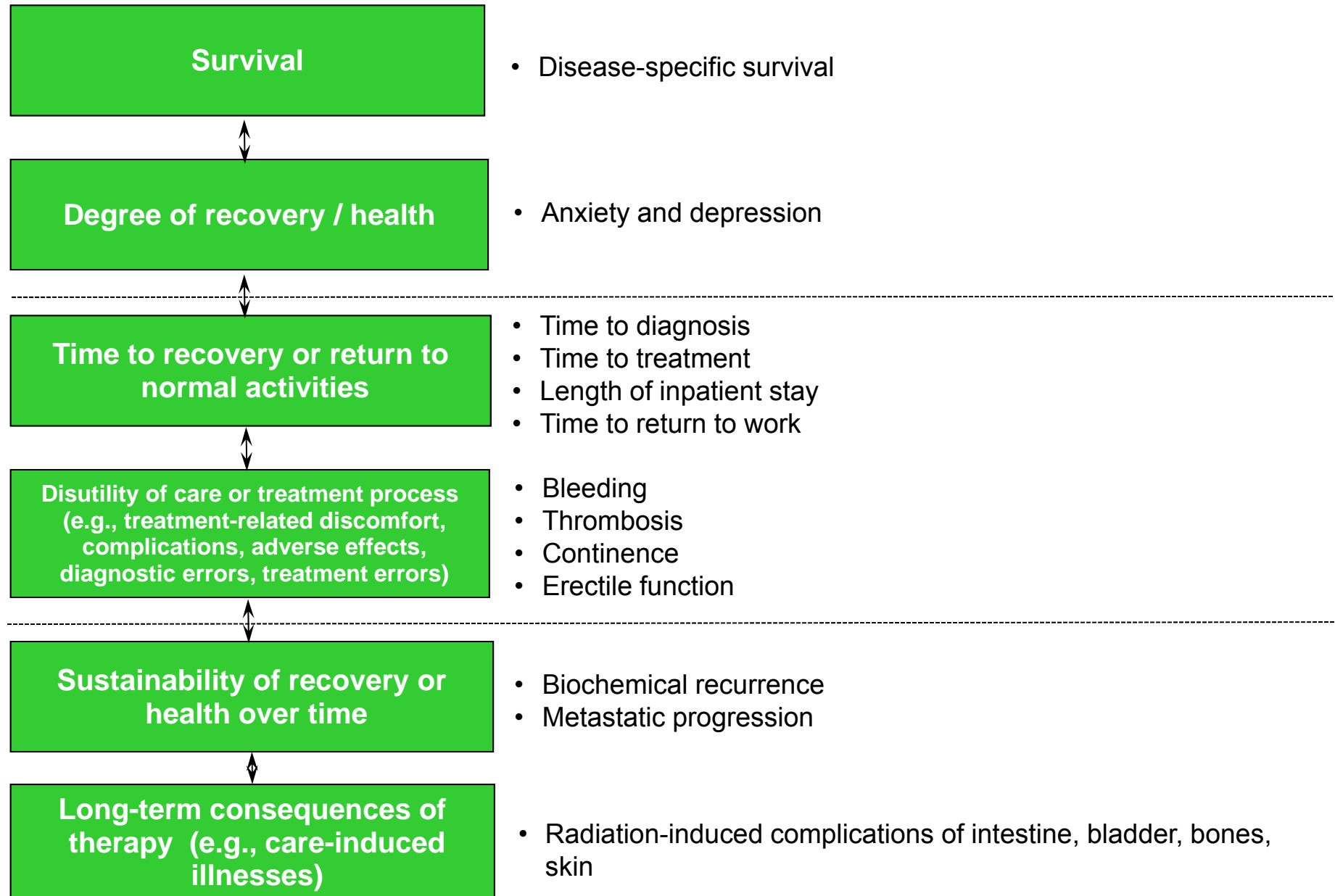
1. Outcomes should be measured by **medical condition** or **primary care patient segment**
  - Not by **procedure** or **intervention**
2. Outcomes should reflect the **full cycle of care** for the condition
3. Outcomes are **always multi-dimensional**, and should include the health results **most relevant to patients**

# The Outcome Measures Hierarchy



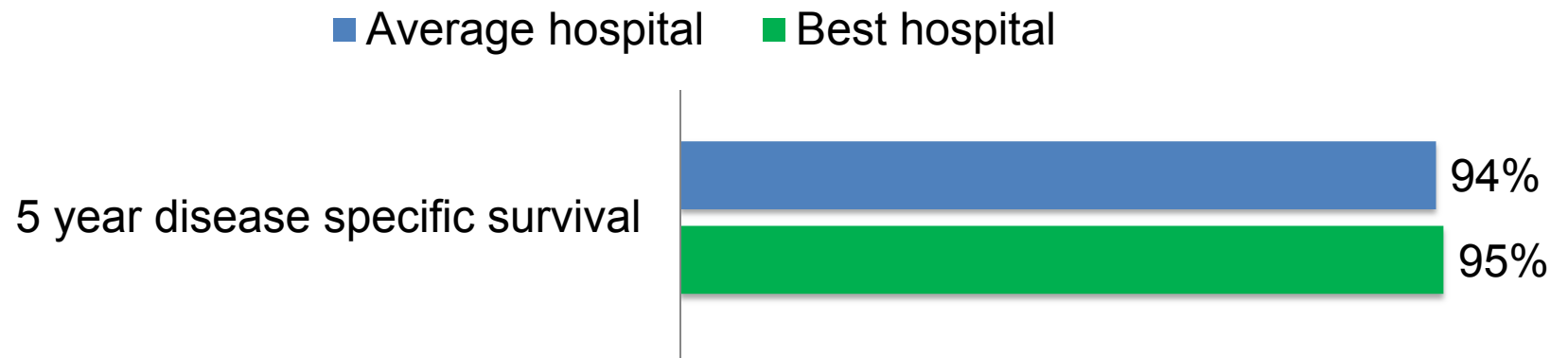
# The Outcome Measures Hierarchy

## Localized Prostate Cancer



# Measuring Multiple Outcomes

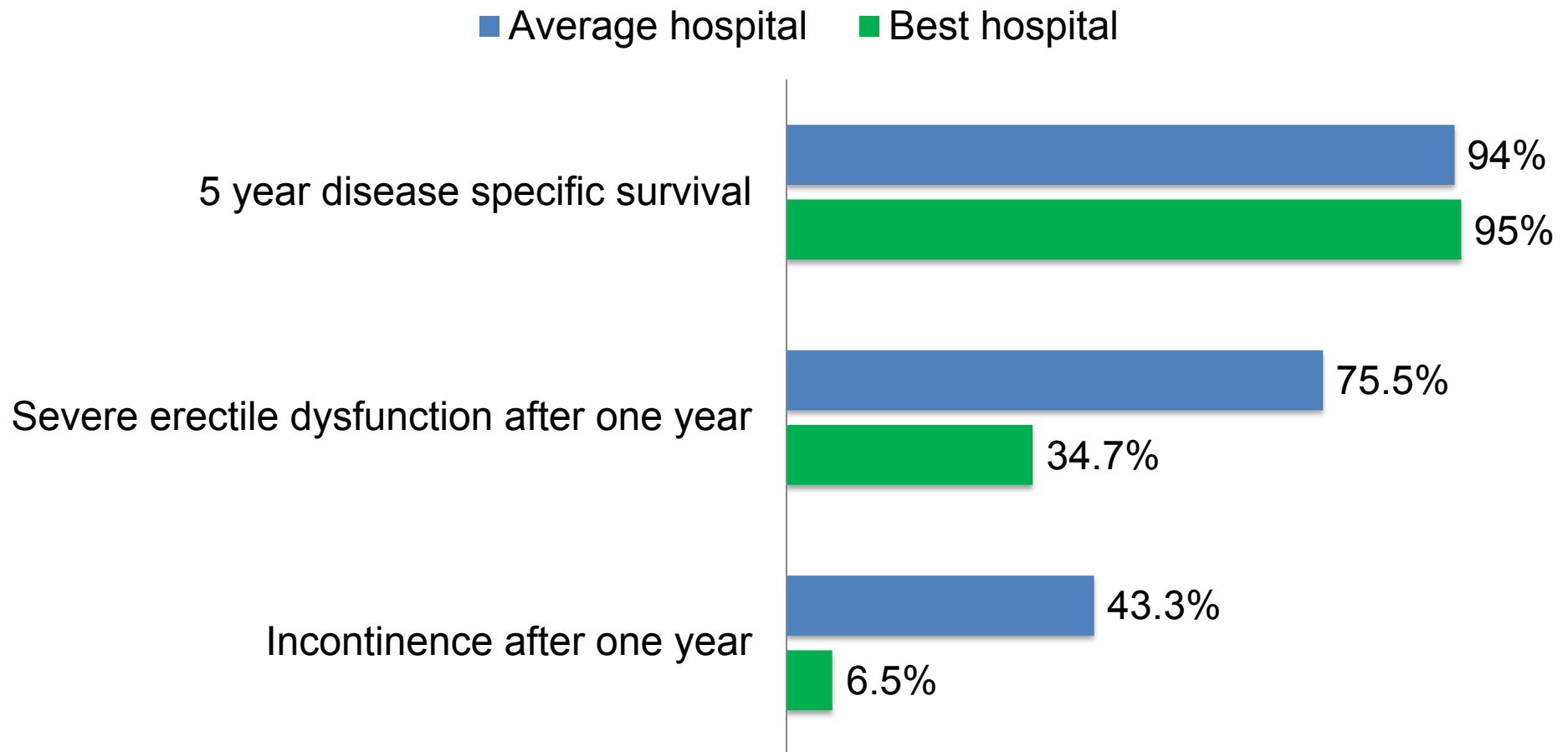
## Prostate Cancer Care in Germany



Source: ICHOM

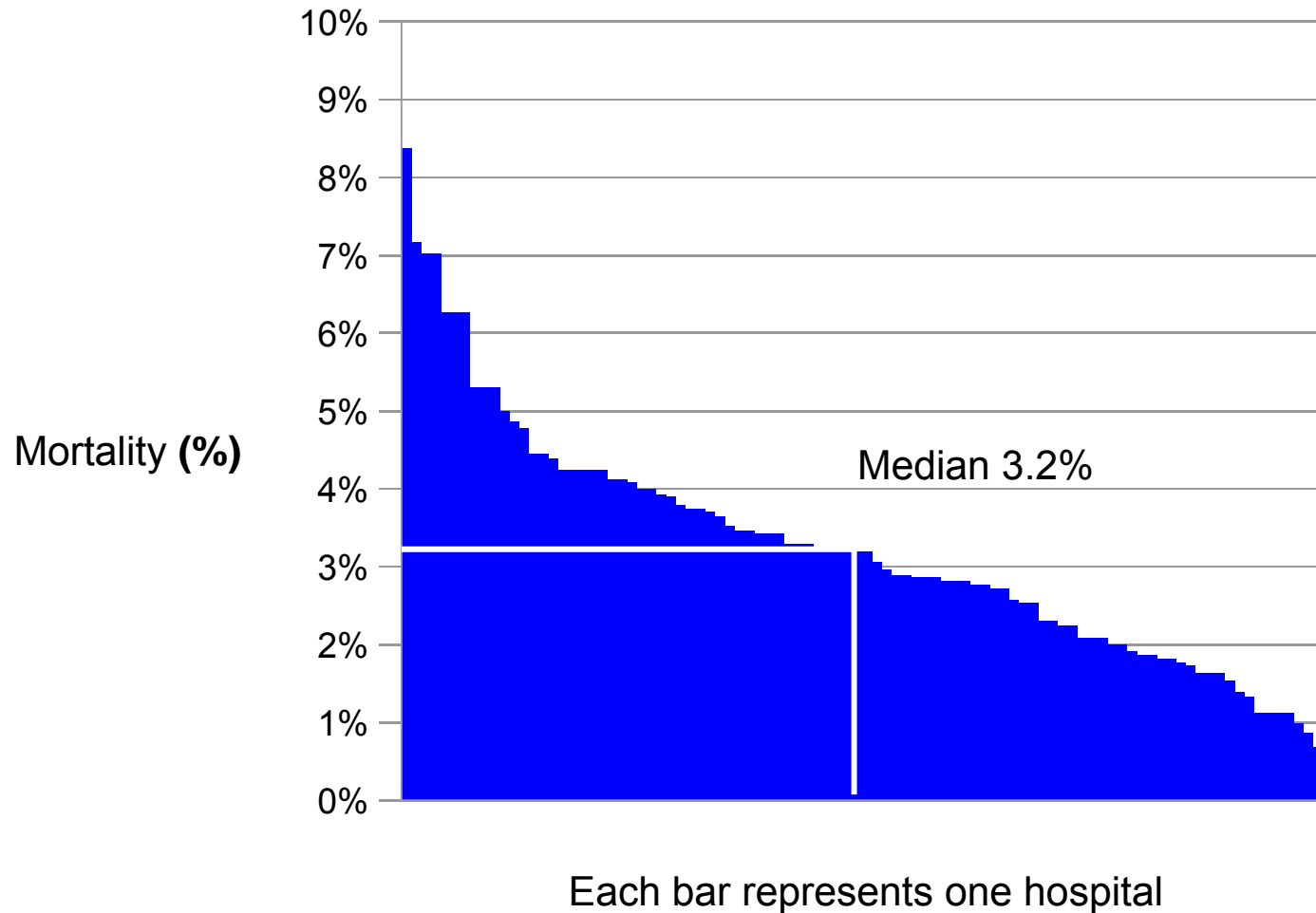
## Measuring Multiple Outcomes -- Continued

### Prostate Cancer Care in Germany



Source: ICHOM

## **Variation in Quality Across German Providers: In-hospital Cardiac Bypass Mortality for 77 hospitals (2008)**



Source: BQS Outcomes 2008 – see page 184 of *Redefining German Health Care* for graph on risk-adjusted results

# Comprehensive Measurement of Outcomes Varies Greatly by Condition

Levels	Dimensions	Musculoskeletal		Cancer			
		Hip Osteoarthritis	Chronic Low Back Pain	Breast Cancer	Colorectal Cancer	Leukemia and Lymphoma	Lung Cancer
T1: Survival	Mortality	1		3	3	3	3
T1: Degree of Health Achieved or Maintained	Achieved clinical status	5	10		1		
	Achieved functional status	15	13				
T2: Time to Recovery or Return to Normal Activities	Time to recovery		2	3	3		
T2: Disutility of Care or Treatment Process	Complications	11	4		2		
	Reintervention/readmission	4	1	2	3		
T3: Sustainability of Health or Recovery and Nature of Recurrences	Long-term clinical status	4	8		1		
	Long-term functional status	11	13				
T3: Long-term Consequences of Therapy	Long-term consequences of therapy						

1. Dimensions are aspects of care that ICHOM believes registries should consider measuring to be comprehensive. 2. ICHOM name represents a common term to group measures across registries that are measuring essentially the same thing but with different terms. 3. International Consortium for Outcomes Measurement - ICHOM

Source: ICHOM Repository (10/16/2012); BCG analysis



# Principles of Outcome Measurement

1. Outcomes should be measured by **medical condition** or **primary care patient segment**
  - Not by **procedure** or **intervention**
2. Outcomes should reflect the **full cycle of care** for the condition
3. Outcomes are **always multi-dimensional** and should include the health results **most relevant to patients**
4. Measurement must include **initial conditions/risk factors** to allow for risk adjustment

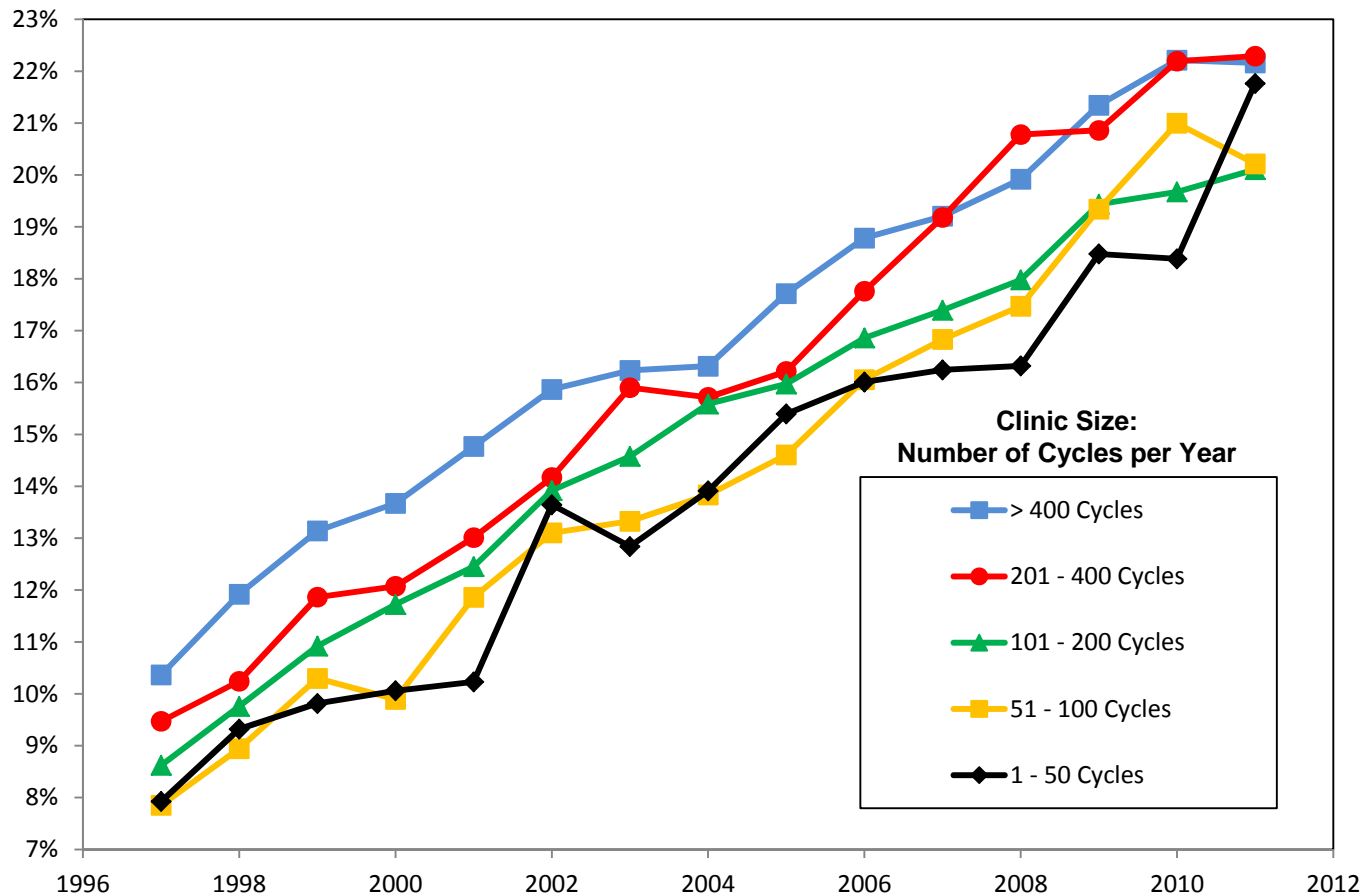
# Principles of Outcome Measurement

1. Outcomes should be measured by **medical condition** or **primary care patient segment**
  - **Not** by **procedure** or **intervention**
2. Outcomes should reflect the **full cycle of care** for the condition
3. Outcomes are **always multi-dimensional** and should include the health results **most relevant to patients**
4. Measurement must include **initial conditions/risk factors** to allow for risk adjustment
5. **Standardize** outcome measures to enable comparison and learning

# Comparing Outcomes Across Institutions/Sites

## In-vitro Fertilization Success Rates

Percent Live Births per Fresh, Non-Donor Embryo Transferred by Clinic Size  
Women Under 38 Years of Age, 1997-2011

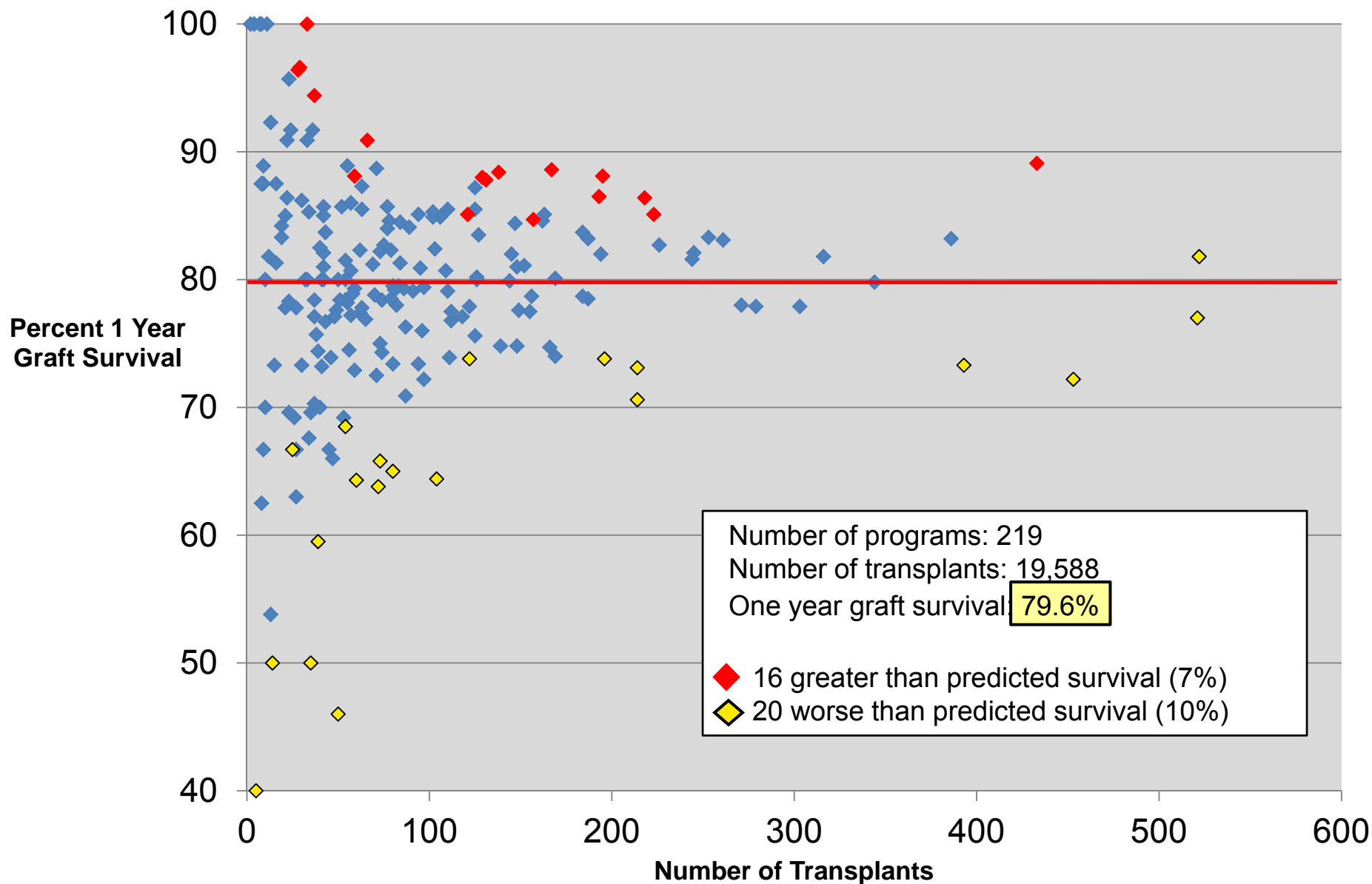


Source: Michael Porter, Saquib Rahim, Benjamin Tsai, *Invitro Fertilization: Outcomes Measurement*. Harvard Business School Press, 2008

Data: Center for Disease Control and Prevention. "Annual ART Success Rates Reports." <<http://www.cdc.gov/art/ARTReports.htm>>, Jul 2, 2013.

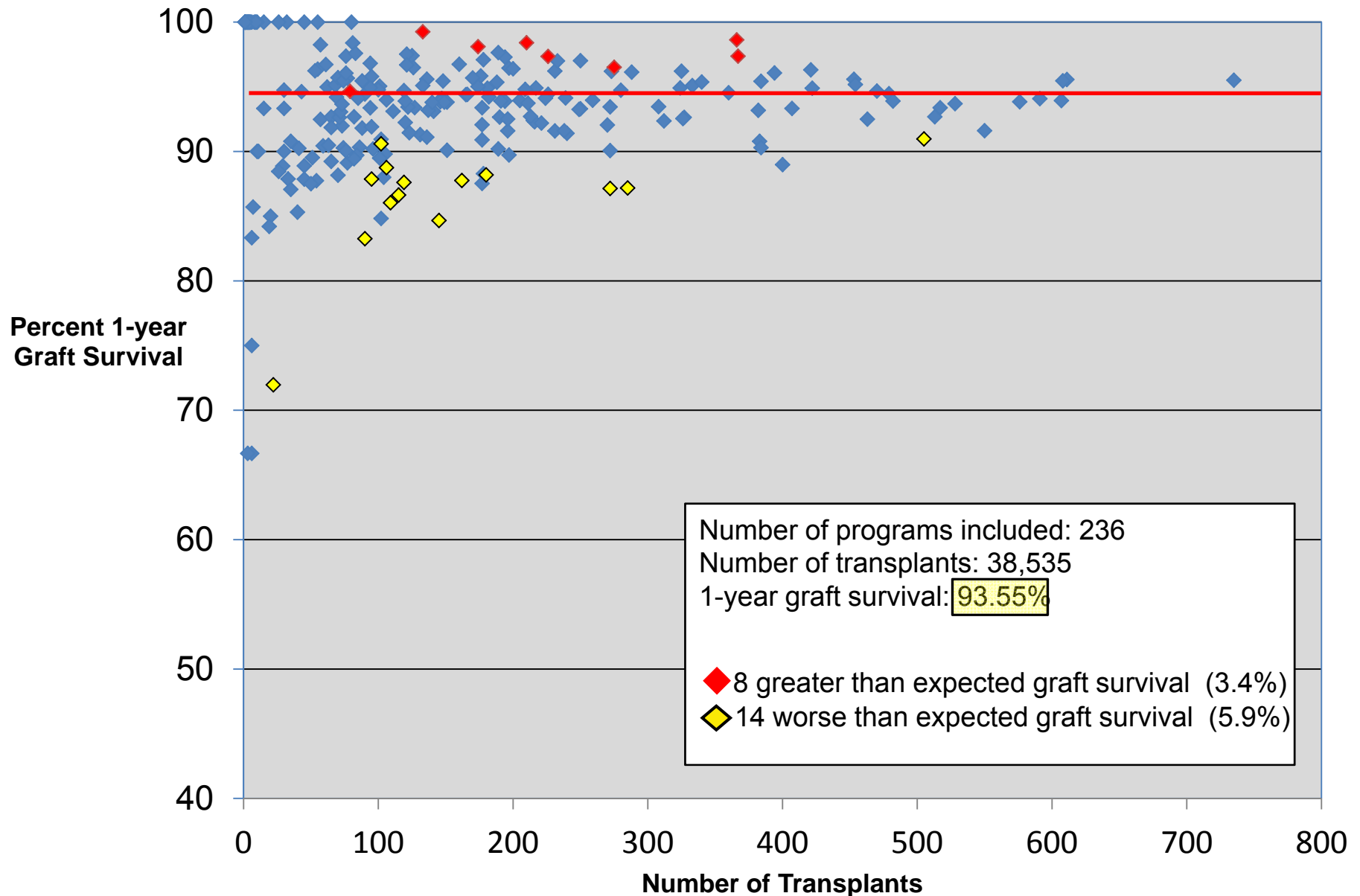
# Comparing Outcomes across Centers

## Adult Kidney Transplants, US Centers, 1987-1989



# Comparing Outcomes across Centers

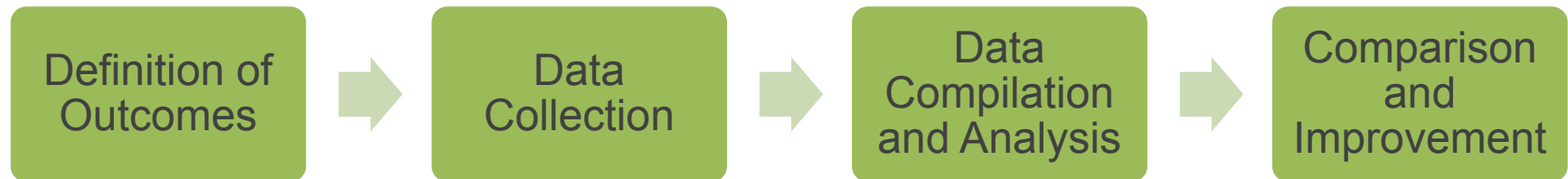
## Adult Kidney Transplants, US Centers, 2008-2010



# Agenda

- Principles of Outcome Measurement
- **Putting Outcomes Measurement into Practice**

# Outcome Measurement And Improvement Process



# Definition Of Outcomes

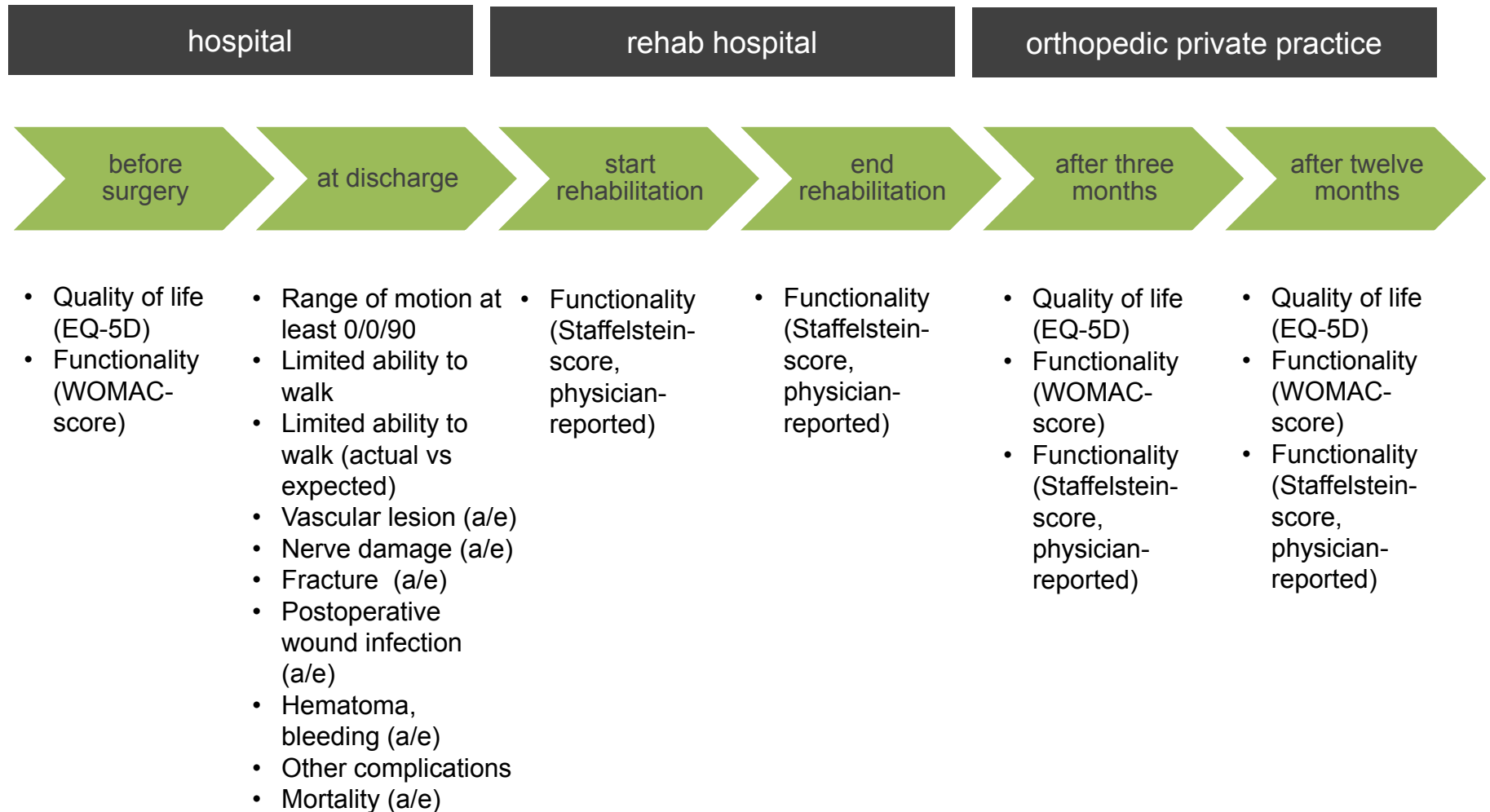
## Working groups

- are **led by an experienced clinician** (not necessarily a physician) who has a deep knowledge of the medical condition and who is a true advocate for outcome measurement
- are supported a **project leader from quality management department**
- consist of dedicated people from **different professional groups, across specialties**, including **outcome experts**
- meet regularly to define and improve **outcome measures, risk adjustment** factors and **validated instruments**
- Involve **patients** and their perspective into their indicator sets
- Should **meet and compare with peers** on national and international level



# Various Outcomes Are Measured Over Care Cycle

Example primary knee replacement process Schön Klinik

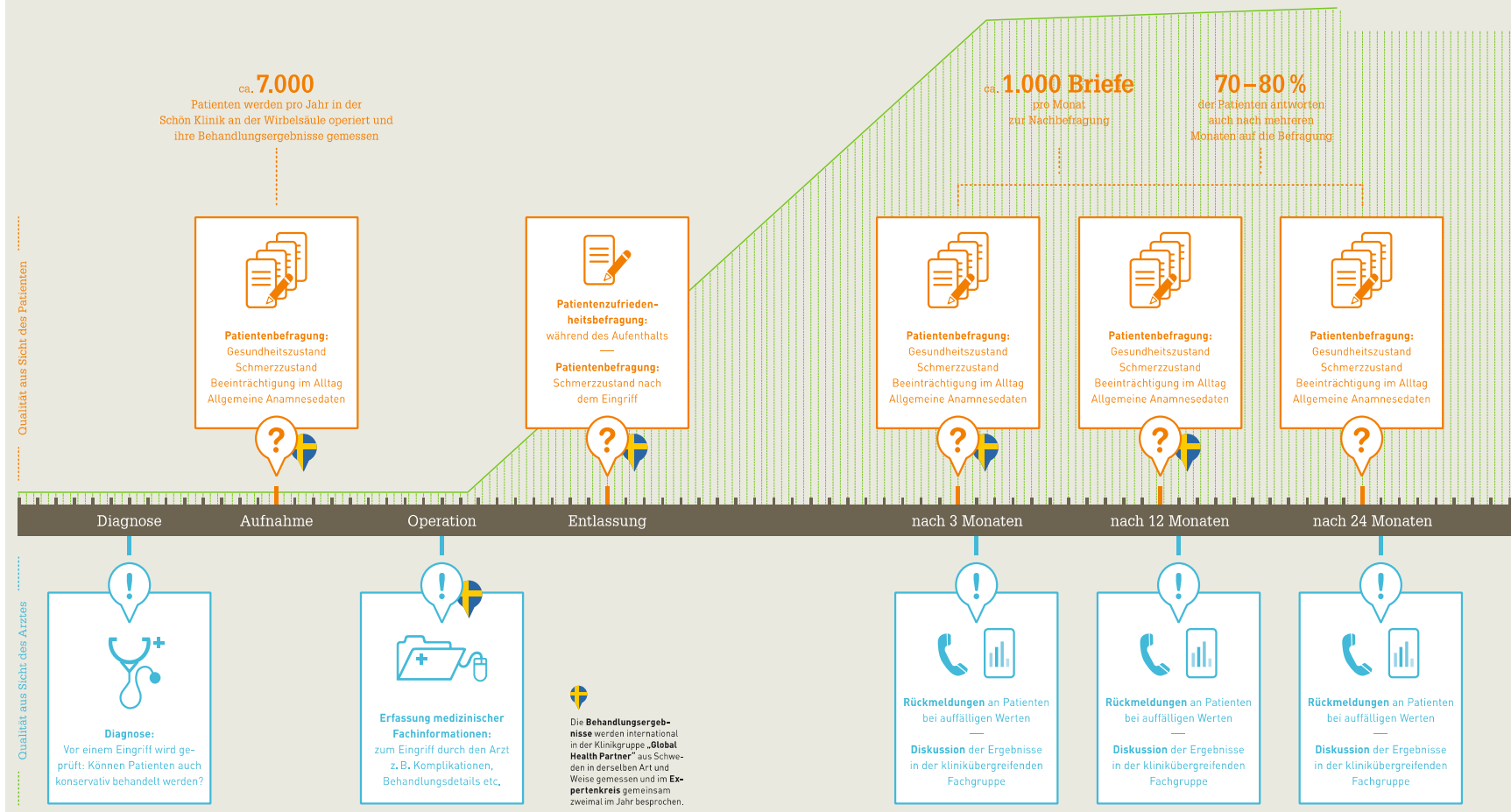


# Data Collection

## Initial steps

- Collect **baseline data** on all outcome dimensions at the start of care
- Capture **available** outcome metrics from clinical/administrative systems
- Identify the **best placed individual(s)** for **entering data** and making on each measure
  - E.g. physicians, nurses, patients or dedicated measurement staff
- Create a processes to **enter measures efficiently**, ideally as part of standard workflow
- Survey patients to measure **patient-reported outcomes**
- Access **payor** information if available to capture care upstream
- Create an **auditing system** to eliminate errors, as well as to test the objectivity of qualitative scoring and judgments

# Data Collection Process in Spine Care at Schön Klinik



Source: Schön Klinik Quality Report 2012

Copyright © Michael Porter 2014

# Collecting Outcome Data: Moving to a Real-time System

## EMR Capture

- Modify the **EMR** to allow efficient collection of clinician-reported measures
  - E.g. standardized, medical-condition specific templates

## Patient-Reported Outcomes

- Create tablet and web-based tools to **gather patient-reported outcomes**
  - E.g. Dartmouth Spine Center tablets, patient portals

## Long Term Tracking

- Develop practical **patient tracking** methods to follow patients over extended time periods
  - Links to registries, payor and government databases (e.g., worker's compensation, unemployment, death records)

# Duke Oncology and Partners Make PROM Collection Simple by Integrating into Existing Workflow



**While waiting, patient fills in survey on tablet (illustrative) with integrated instructions**

- + e.g., Partners HealthCare has developed an instruction video, delivered on iPad, instead of the staff



**Report printed or viewed on screen to quickly inform clinicians about the patient's condition, to use in clinical setting**

- + Patient can report information they are not comfortable to discuss



**Integrate additional data needed such as "Review of Systems" and save data to health info system to reduce documentation time**

- + Partners uses pdf of patients report attached to the EHR
- + Duke Oncology uses data export directly to their data warehouse

**Minimize time spent by admin. staff during surveying**

**Reduce time upfront & focus the clinician's interaction**

**Capture info. for existing documentation needs**

Source: Interview Duke University Health System Oncology Group and Partners HealthCare, HIT Policy Committee Clinical Documentation Hearing February 2013, Abernethy, A.P., et al, "Management of gastrointestinal symptoms in advanced cancer patients: The rapid learning cancer clinic model", Curr Opin Support Palliat Care, 2010 March, 4(1), 36-45

# Compiling and Analyzing Outcome Data

- Compile outcomes data and initial conditions in a **centralized registry or database**
  - Data should be structured around patients and their **medical conditions**, not visits or episodes
- Report to **external disease registries** if available
- Create reports covering **risk-adjusted patient cohorts** over time
- Compare outcomes **across providers and locations**
- **Refine** the measures, collection methods, and risk-adjustment factors over time

# Partners Healthcare Has Integrated PROM Reports Into Their Patient Portal And EHR Record For Real-time Use

Patient and doctor can both access report real-time

Report provides simple visual form with definition, indicator and trend

Physician access through EHR

Electronic Health Record



On-Site



iPad

Remote



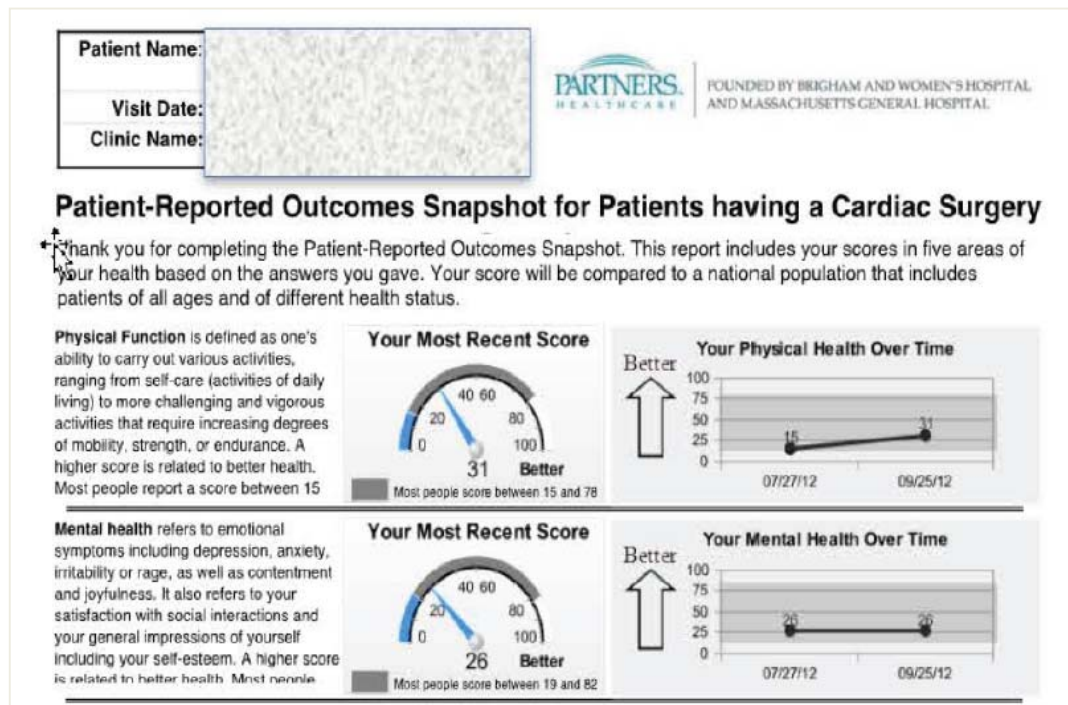
Patient Portal

Mail



Patient report access options

(~50% of Patients using Gateway)



PROM pilot program demonstrating that ease of access and timeliness of reports encourage further reporting and use


# Reporting Outcomes

- Begin with **internal reporting to clinicians**
  - Comparing outcomes of care teams or physicians over time, then across locations
  - Move from blinded to unblinded data at the individual provider level
- **Expand reporting** over time to include referring providers, payers, and patients
  - An agreed upon **path to external transparency** of outcomes
- Work with provider peers, payers, and government to **standardize reporting measures and methods**
- Ultimately, **universal reporting of standardized measures** will be the strongest driver in value improvement



# SART IVF Registry Houses A Database On Their Website, With Performance Of Each ART Clinic

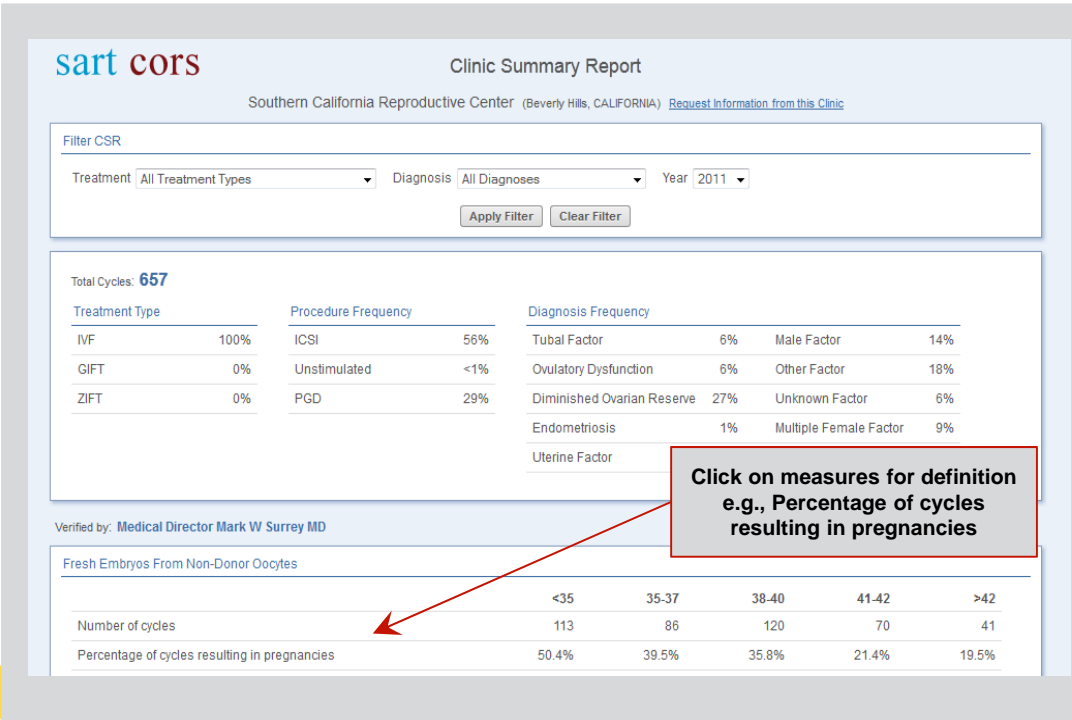
**IVF SUCCESS RATES**

[Find a Clinic](#) 

[IVF Success Rates](#)


[National Data Summary](#)

Easy navigation to clinic-specific data in your area




**Click on measures for definition e.g., Percentage of cycles resulting in pregnancies**

**Search For Clinics By Zipcode**

Starting Zip  

Maximum Distance (in Miles)

**Within 50 miles of 90210 there were 28 clinics.**

Clinic Name				
<a href="#">Southern California Reproductive Center</a> 	Beverly Hills	CA	90210	310
<a href="#">California Center for Reproductive Health</a>	Beverly Hills	CA	90210	310
<a href="#">Beverly Hills Reproductive Fertility</a>				
<a href="#">UCLA Fertility Center</a>	Los Angeles	CA	90095	310

**Public data creates accountability for data accuracy and promotes action among physician groups**

Source: [www.sart.org](http://www.sart.org), Interview with Society of Assisted Reproductive Technologies (SART )Registry leaders and technology provider Redshift Technologies Inc.

Copyright © Michael Porter 2014

# STS Reports Data On Physician Groups Using A Report Card, With Composite Metric And Star Rating

## Search CABG Data by Group

Group name	Year:	State:			
<input type="text"/>	July 2010 - June 2011	CA	<input type="button" value="Submit"/>		
Name ▲	Overall Composite Score (?)	Absence of Operative Mortality (?)	Absence of Major Morbidity (?)	Use of Internal Mammary Artery (?)	Receipt of Required Perioperative Medications (?)
<a href="#">Adamson and Dembitsky Medical Corporation</a> San Diego, CA	★★	★★	★★	★★	★
<a href="#">California Cardiovascular and Thoracic Surgeons</a> Ventura, CA	★★	★★	★★	★★	★★
<a href="#">Cardiac Surgeons at Glendale Adventist</a> Glendale, CA	★★	★★	★★	★★	★★
<a href="#">Cardiac Surgeons at Providence Saint Joseph Medical Center</a> Burbank, CA	★★	★★	★★	★★	★★
<a href="#">Cardiothoracic Surgeons at Providence Holy Cross Medical Center</a> Mission Hills, CA	★★	★★	★★	★★	★★★★

### Click for definition of the AVR Overall Composite Star Ratings:

"Surgical performance is measured based on a combination of the NQF-endorsed isolated AVR mortality measure and the same morbidity outcomes that make up the NQF-endorsed CABG morbidity measures.... Participants receive a score for each of the two domains, plus an overall composite score, which is calculated by "rolling up" the domain scores into a single number. In addition to receiving a numeric score, participants are assigned to a rating category designated by one to three stars."

**STS provides patients with national, risk-adjusted benchmarks against which to gauge a provider's results**

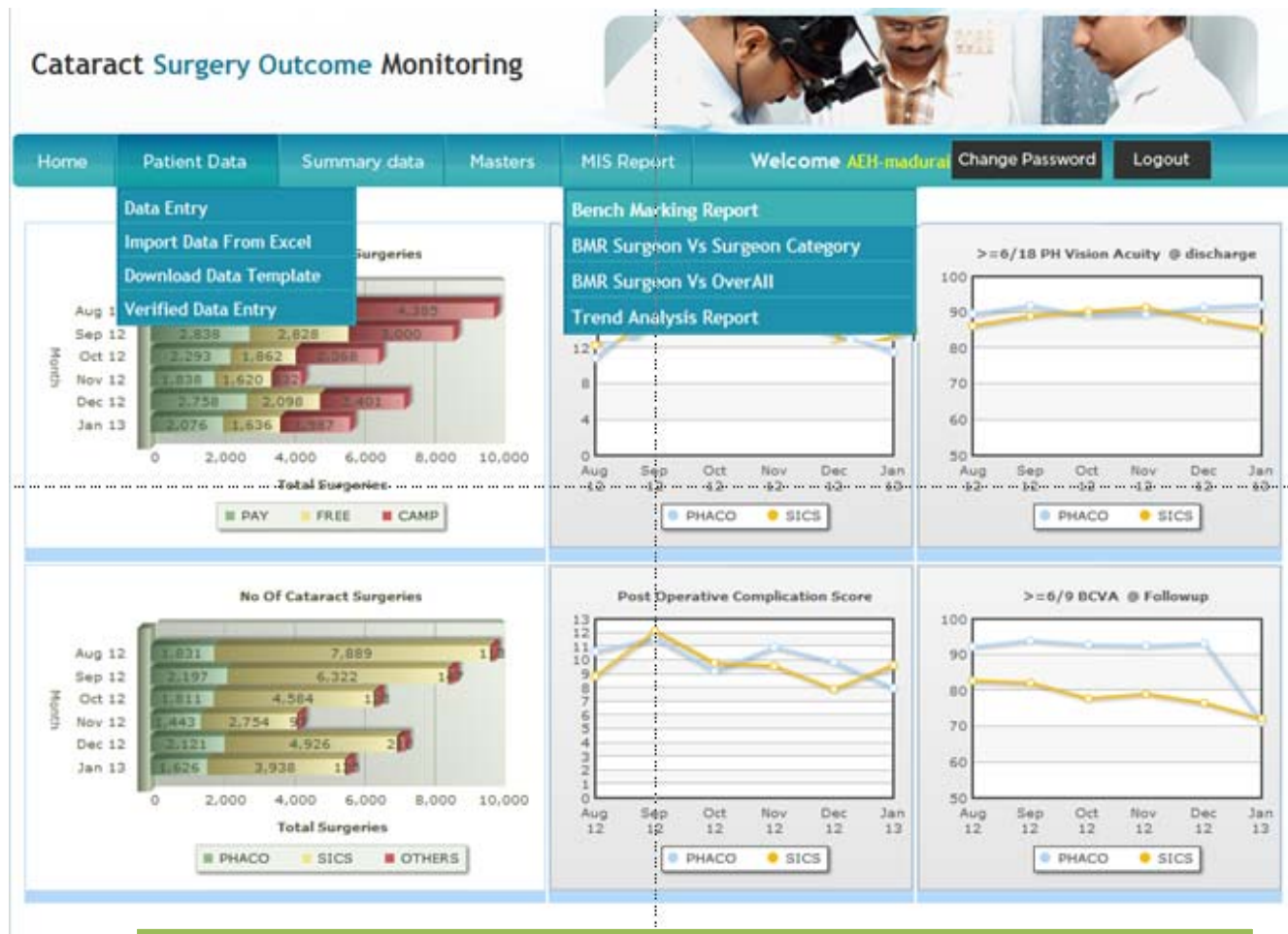
Note: Public reporting is voluntary since 2011. CABG = Coronary artery bypass grafting. Source: Society of Thoracic Surgeons website, interview with STS

Copyright © Michael Porter 2014

# Data Comparison and Improvement

- Convene **regular meetings** to analyze outcome variations and trends
  - Create an environment that allows **open discussion of results** with no repercussions for participants willing to learn and make constructive changes
- Utilize outcomes analysis to investigate **process improvement and potential care innovations**
- Collaborate with external registries and leading national and international providers to **benchmark performance and compare best practices**
- Combine outcome data with **care cycle costing** data to examine opportunities for value improvement through better efficiency, reducing redundancy, and eliminating activities that do not contribute to outcome improvement

# Aravind Clinic Created A Internal Web Portal For Physicians To Review Their Outcomes



Web portal evolved from Excel-based reports, as physicians required more user-friendly tools

# Aravind Engages Full Team In Outcome Review

## Regular Meetings Key To Achieving Culture Shift And Change

**Weekly meetings convene clinicians to discuss process, quality and outcomes**



**Physicians, nurses and assistants involved in weekly outcome discussion**

**Sample quality meeting agenda highlights importance of clinical engagement and action**

- I. Start meeting with previous weeks minutes – follow-up items
- II. Review overall data – free and paid patients
- III. Look at complications and outcomes
- IV. Look at each cases risk factors and surgeon, technique, how was it managed (to protocol) in order to asses causes of variation
- V. Brainstorm systems or ideas to prevent future complications and issues to track
- VI. End of meeting – raise any other issues and provide summary of next steps

# ICHOM is a Nonprofit Dedicated to Accelerating Development and Impact of Outcomes Measurement

ICHOM's three founders with the desire to unlock the potential of VBHC...



...launched ICHOM as a nonprofit

- + Independent 501(c)3 organization
- + Idealistic and ambitious goals
- + Global focus
- + Engages diverse stakeholders



## Our mission:

*We are transforming health care by empowering clinicians worldwide to measure and compare their patients' outcomes and to learn from each other how to improve.*



# ICHOM Runs Global Working Groups to Define Standard Sets of Outcomes



ICHOM facilitates a process with international physician and registry leaders and patient representatives to develop a global Standard Set of outcomes that really matter to patients

## Physician and registry leaders



## Patient representatives



### ICHOM Standard Set

	<u>Outcomes</u>	<u>Measures</u>
<b>Tier 1</b>	<input type="checkbox"/> Outcome 1	Measure 1
	<input type="checkbox"/> Outcome 2	Measure 2
<b>Tier 2</b>	<input type="checkbox"/> Outcome 3	Measure 3
	<input type="checkbox"/> Outcome 4	Measure 4
<b>Tier 3</b>	<input type="checkbox"/> Outcome 5	Measure 5
	<input type="checkbox"/> Outcome 6	Measure 6

We declare that we endorse this set of outcomes, and will work to get this implemented within our organization within the next 3 years. We recommend everyone in the field of outcome measurement to endorse this set as their outcomes.

Hoid Dkkdfl

Ikdadl Opadfsjwerd

Stephen Keary

Pzaul Dlkadfl

Stephen Tyalskdf

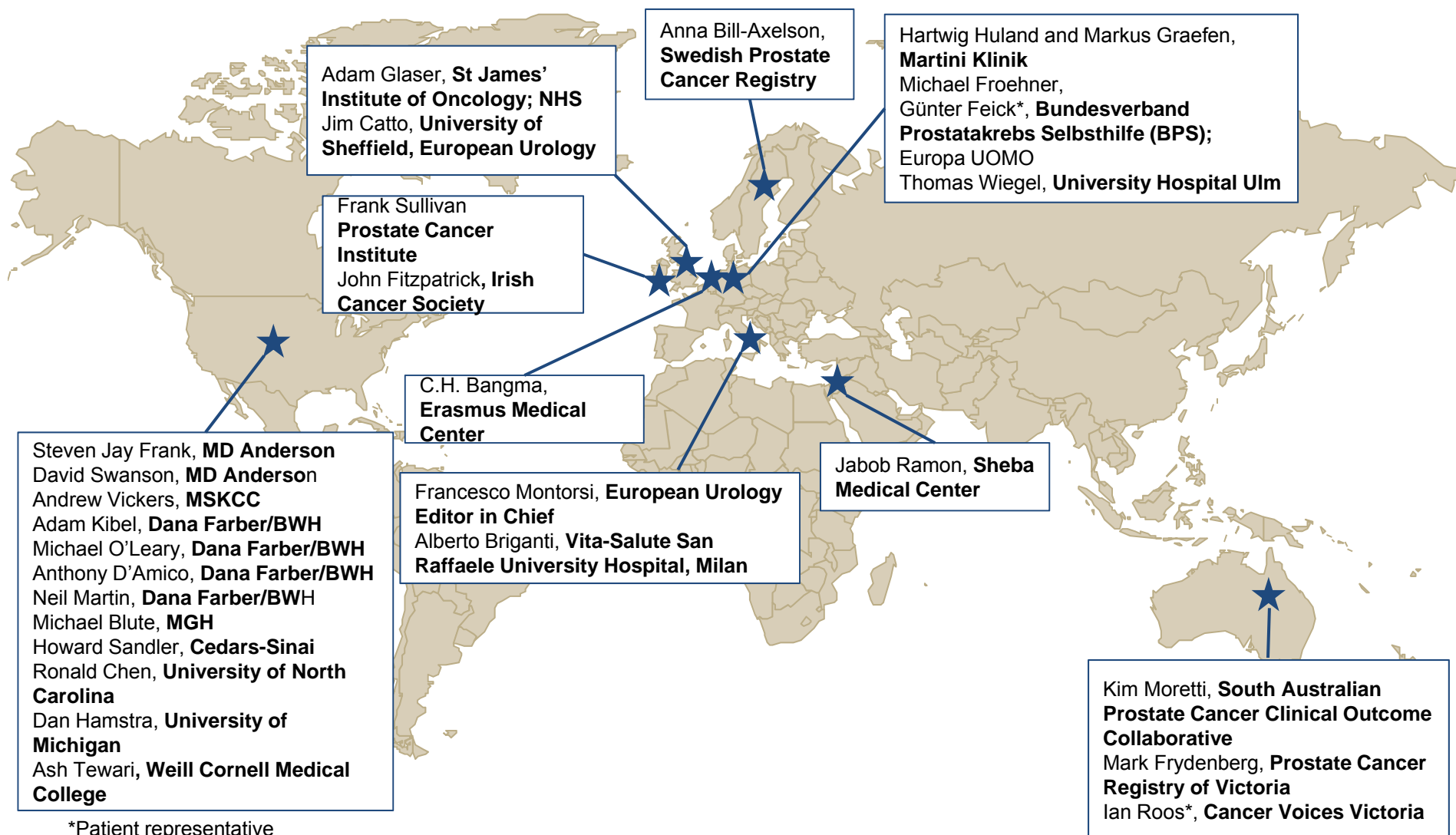
Anders Klaraboom

Prekid C. Rallkk

Oscar Fletcherde

Ronald J. Hush ed

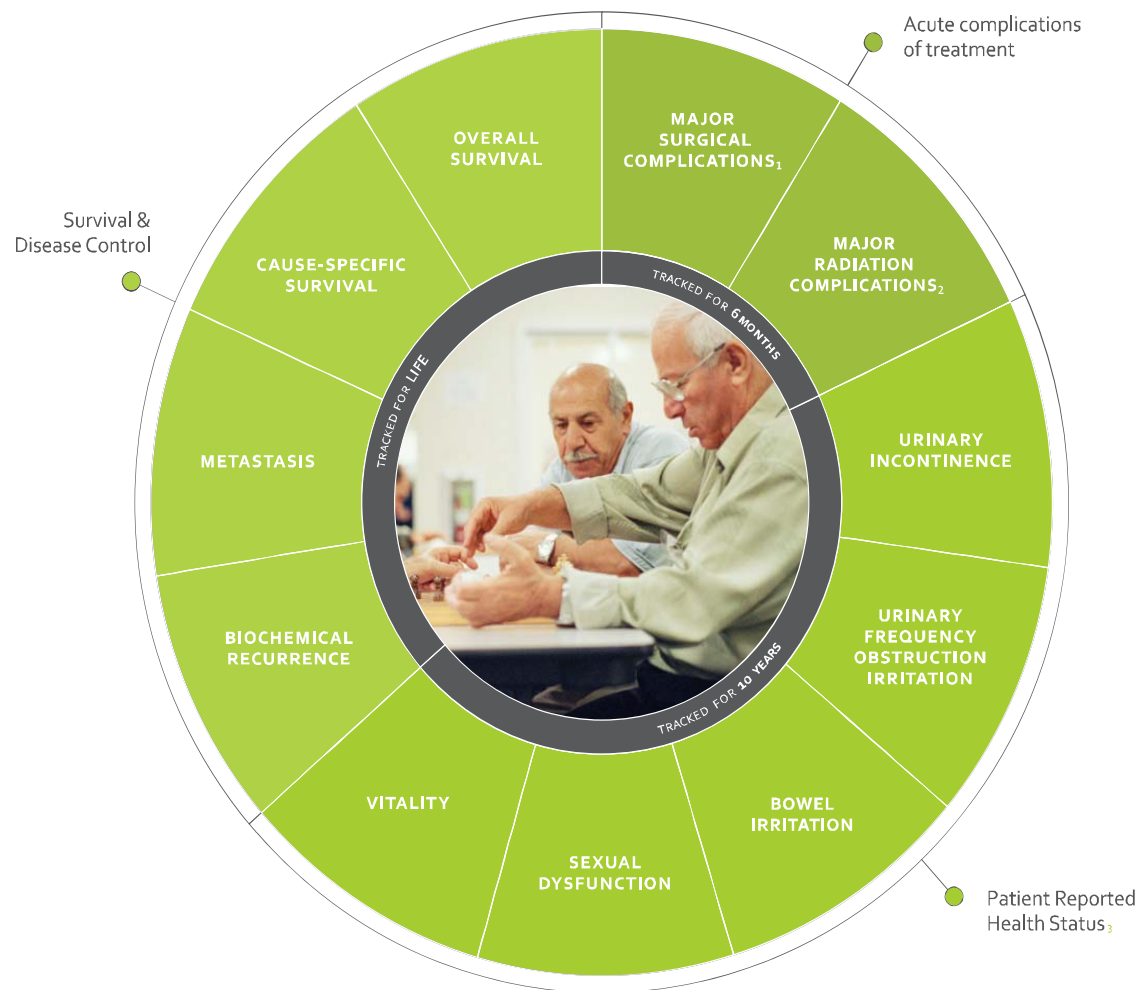
# ICHOM Localized Prostate Cancer Working Group



\*Patient representative



# ICHOM Standard Set for Localized Prostate Cancer

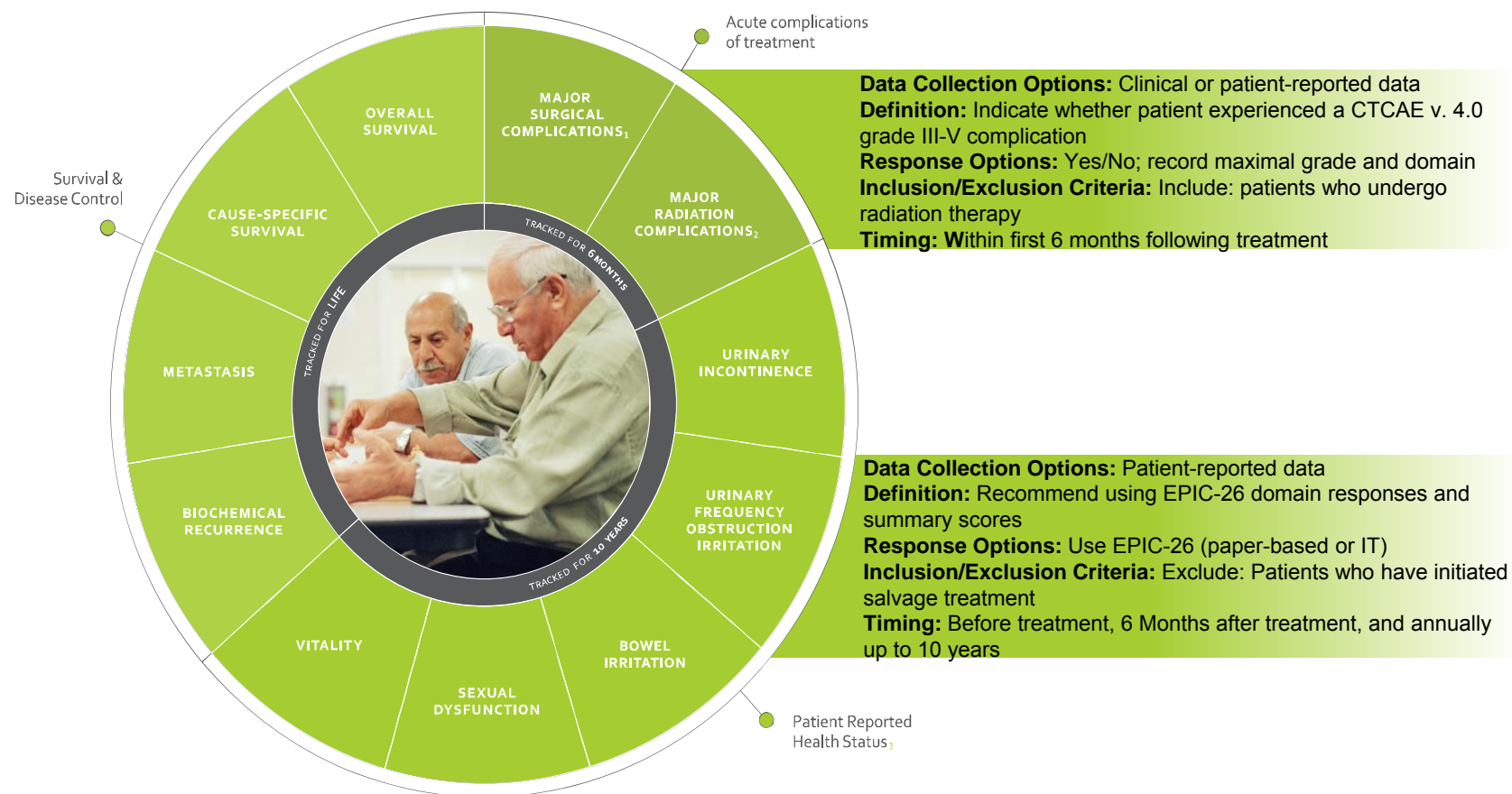


## Treatment approaches covered

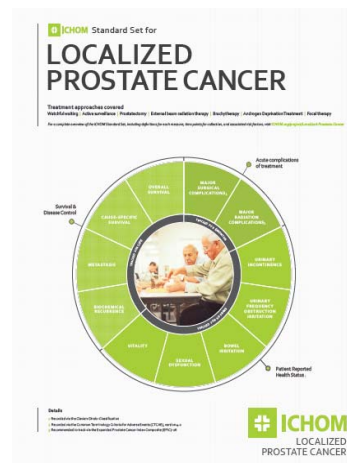
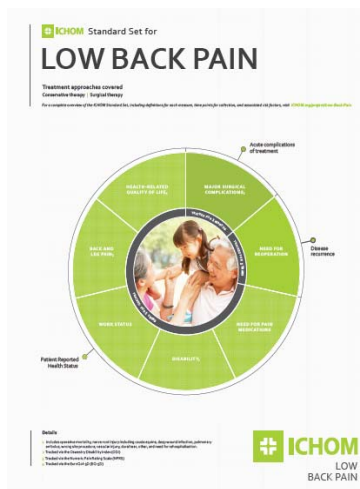
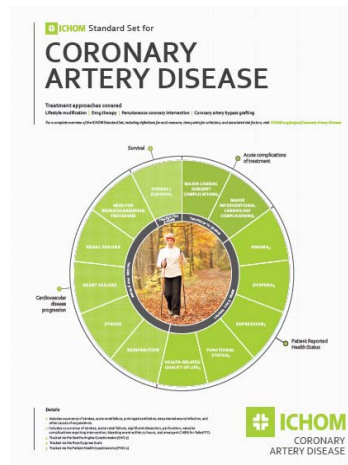
- Watchful waiting
- Active surveillance
- Prostatectomy
- External beam radiation therapy
- Brachytherapy
- Androgen Deprivation Treatment
- Other

© 2013 ICHOM. All rights reserved. When using this set of outcomes, or quoting therefrom, in any way, we solely require that you always make a reference to ICHOM as the source so that this organization can continue its work to define more standard outcome sets.

# For Each Outcome Domain Clear Definitions And Time Points Specified In Corresponding User Manual



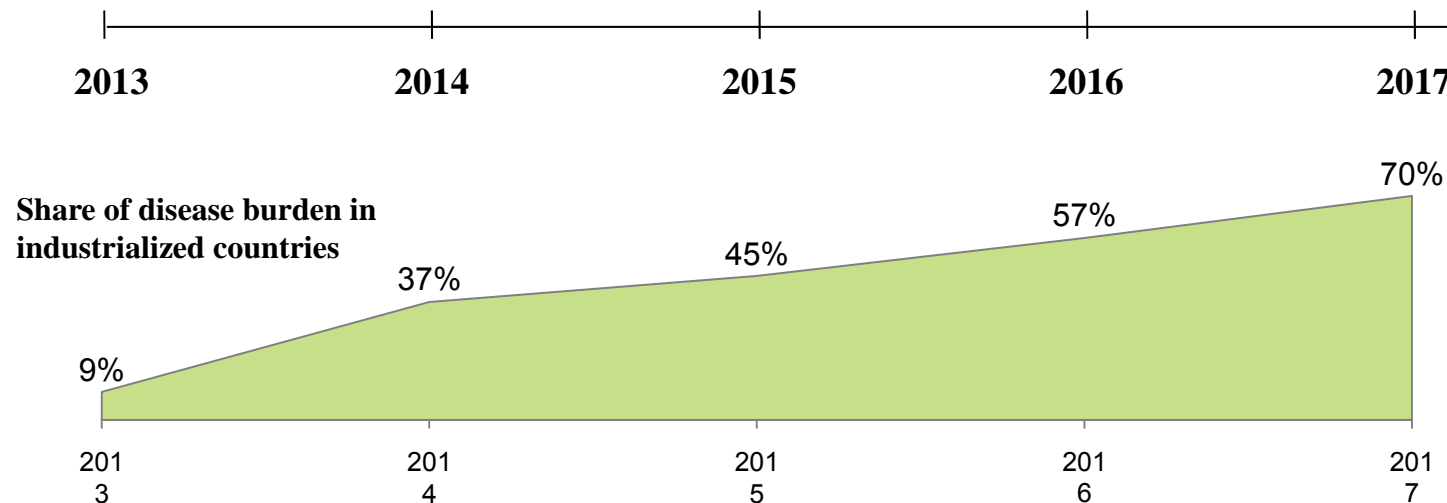
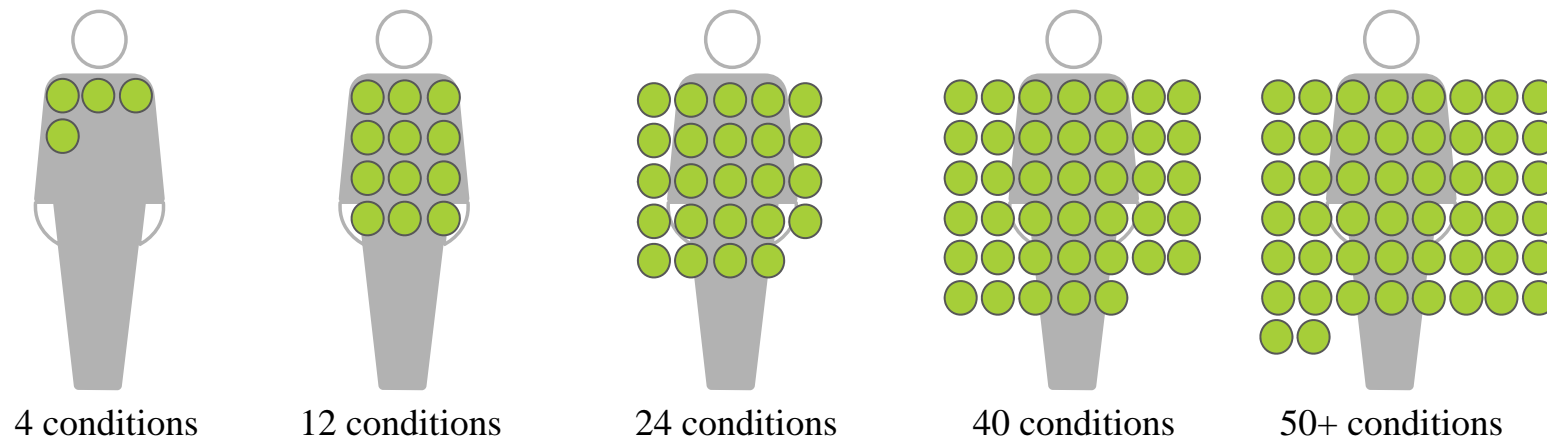
# Standard Sets In Five Conditions Already Developed



## Conditions targeted for 2014

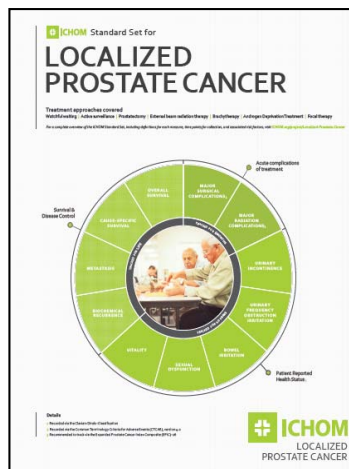
- **Stroke**
- **Hip and Knee Osteoarthritis**
- **Macular Degeneration**
- **Lung Cancer**
- **Parkinson's Disease ✓**
- **Depression and Anxiety**
- **Cleft Lip and Palate**
- ...

# ICHOM Standard Sets Will Cover 70% of the Disease Burden By 2017



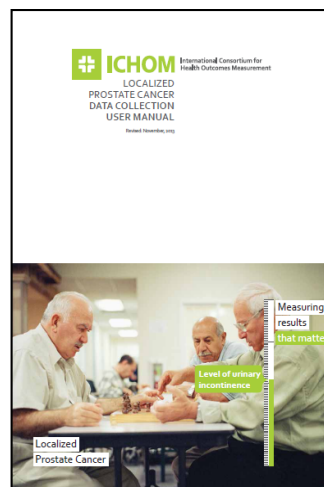
# Once Set Is Defined, Supporting Materials Are Created To Raise Awareness And Support Adoption

## Flyer



- Beautifully designed rendition of ICHOM Standard Set
- Promoted at conferences, Harvard health care courses, and on the ICHOM website

## Reference Guide



- Full detail of Standard Set for institutions interested to start collecting or payors looking to integrate into reimbursement programs
- Includes definitions, inclusion and exclusion criteria, time points for data collection, and index events

## Academic Publication



- Announces the Standard Set to the medical community
- Explains process to arrive at Standard and motivation for each outcome and risk factor selected

# Implementing Outcomes Measurement is not Easy

ICHOM can assist you with 3 different levels of support

## Download our "Reference Guides"

Clear and unambiguous definitions to implement our Standard Sets



**Free** on our website

## Join the Implementation Network

**Resources** to help you get started

**Community** to connect with your peers and ask questions

Regular **Webinars** to share content and discuss your issues



**\$500** per Medical Condition  
(launch price)

## Get on-site support

Our ICHOM team provides **on-site support** to select partners

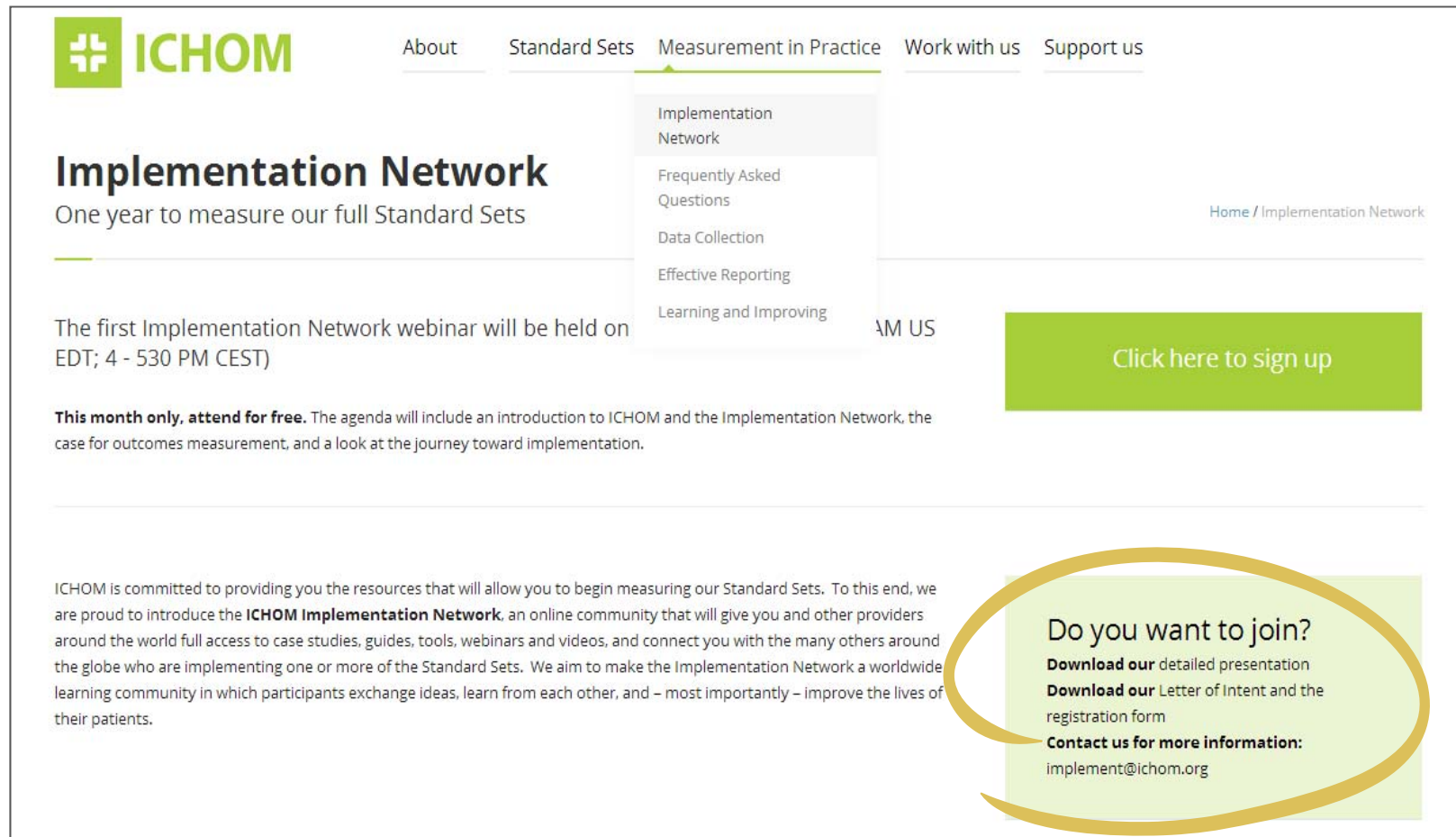
- E.g. 4-weeks diagnostic, seminars,...

This is only offered to **selected ICHOM Sponsors**

**Contact us**

# How to join us?

## www.ICHOM.org



The screenshot shows the ICHOM website's 'Implementation Network' page. The navigation bar includes 'About', 'Standard Sets', 'Measurement in Practice' (which is active and has a dropdown menu), 'Work with us', and 'Support us'. The dropdown menu for 'Measurement in Practice' contains 'Implementation Network', 'Frequently Asked Questions', 'Data Collection', 'Effective Reporting', and 'Learning and Improving'. The main heading is 'Implementation Network' with the subtitle 'One year to measure our full Standard Sets'. A breadcrumb trail shows 'Home / Implementation Network'. A green button says 'Click here to sign up'. A paragraph mentions a webinar on EDT. A section titled 'This month only, attend for free.' describes the agenda. A footer paragraph states ICHOM's commitment. A yellow circle highlights a green box containing the text: 'Do you want to join?', 'Download our detailed presentation', 'Download our Letter of Intent and the registration form', 'Contact us for more information:', and 'implement@ichom.org'.

**ICHOM**

About Standard Sets **Measurement in Practice** Work with us Support us

**Implementation Network**  
One year to measure our full Standard Sets

Home / Implementation Network

The first Implementation Network webinar will be held on EDT; 4 - 530 PM CEST)

**This month only, attend for free.** The agenda will include an introduction to ICHOM and the Implementation Network, the case for outcomes measurement, and a look at the journey toward implementation.

ICHOM is committed to providing you the resources that will allow you to begin measuring our Standard Sets. To this end, we are proud to introduce the **ICHOM Implementation Network**, an online community that will give you and other providers around the world full access to case studies, guides, tools, webinars and videos, and connect you with the many others around the globe who are implementing one or more of the Standard Sets. We aim to make the Implementation Network a worldwide learning community in which participants exchange ideas, learn from each other, and – most importantly – improve the lives of their patients.

**Do you want to join?**  
**Download our** detailed presentation  
**Download our** Letter of Intent and the registration form  
**Contact us for more information:**  
implement@ichom.org



# ICHOM Is A Fully Independent Non-profit Organization Financially Based On Charitable Donations

## PLATINUM



## GOLD

Carl Bennet AB

## SILVER



## BRONZE



## COFOUNDERS

