
CONFERENCE ABSTRACT**Importance of Triple Aim outcome measures: do patients, partners,
professionals, payers and policy makers differ in opinion?**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Maaïke Jennifer Hoedemakers, Milad Karimi, Willemijn Looman, Maureen Rutten-van
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Background: Economic evaluations of innovative integrated care interventions for persons with multi-morbidity require a broader approach than the conventional cost-per-QALY analysis. That is because these interventions aim to improve a wide array of outcomes, commonly categorised according to the Triple Aim. A particular programme may improve some outcomes but others not. In order to draw an overall conclusion about the added value of a programme, one would need to know the relative importance of these outcomes, especially when they point in different directions. The aim of this study is to elicit relative importance-weights for a 'core set' of eight outcomes and additional sets of programme-specific outcomes in different European countries and different groups of stakeholders. The core outcomes were: physical functioning, psychological well-being, social relationships and participation, enjoyment of life, resilience, person-centeredness, continuity of care, and total health- and social care costs.

Methods: In the context of the EU Horizon2020 project SELFIE www.selfie2020.eu 40 weight elicitation studies were conducted among 5 groups of stakeholders in 8 European countries: Austria, Croatia, Germany, Hungary, the Netherlands, Norway, Spain, and the UK. The groups of stakeholders included Patients, Partners i.e. informal caregivers, Professionals, Payers, and Policy makers 5P's. Each country aimed to include 150 respondents per stakeholder group. The online weight elicitation questionnaire made use of two weighting methods: discrete choice experiment DCE and swing weighting SW. The DCE provided weights for the 'core set' of outcomes. SW was used to elicit weights for the same core set supplemented with programme-type specific outcomes for four different type of programmes directed at: 1 population health management, 2 frail elderly, 3 palliative and oncology care, and 4 persons with problems in multiple life domains.

Results: Respondents across all stakeholder groups and across all countries valued enjoyment of life and continuity of care as most important, whereas total health- and social care cost was valued as least important. Informal caregivers in almost all countries valued continuity of care higher than patients. Patients in Croatia and Hungary assigned a relatively greater weight to person-centeredness than patients in the other countries. Of the programme-type

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specific outcomes, autonomy, was in the patients' top 3 of most important outcomes in 2 of the 3 countries that included it in the weight-elicitation study.

Conclusion: Different stakeholders generally agreed that 'enjoyment' of life was the most important outcome, whereas they differed in opinion about the importance of 'experience with care' outcomes. In future, these relative weights will be used in the Multi-Criteria Decision Analysis of the case studies in the SELFIE project.

Keywords: multi-morbidity; integrated care programmes; evaluations; discrete choice experiments; swing weighting; multi-criteria decision analysis; outcomes
