

Curriculum vitae



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Riwayat pendidikan

Dokter, FK UGM tahun 1987

S-2: MMedSc (Farmakoepidemiologi), Newcastle University Australia, 1993

S-3: PhD, London School of Hygiene & Tropical Medicine, England, 2000

Jabatan:

1. Ketua Umum PB IKAFI (Ikatan Farmakologi Indonesia)
2. Ketua, Komite Pendidikan, Pelatihan, dan Pengembangan RS. Dr. Sardjito
3. Board of Governor, International Clinical Epidemiology Network (INCLIN)
4. Ketua, Komite Sistem Informasi, Universitas Gadjah Mada
5. Dewan Pakar Perhimpunan Rumah Sakit Indonesia (PERSI)
6. Tim Ahli Menteri Kesehatan untuk Evaluasi Harga Obat
7. Tim Ahli untuk DPHO, PT Askes Indonesia
8. Komite Uji Kompetensi Dokter Indonesia
9. Komite Nasional (KOMNAS) DOEN (Daftar Obat Esensial Nasional)
10. Komite Nasional (KOMNAS) Penilaian Obat Jadi Badan POM
11. Komite Nasional (KOMNAS) Informatorium Obat Nasional Indonesia (IONI)
12. Editor, Berkala Ilmu Kedokteran
13. Editor, Indonesian Journal of Clinical Epidemiology and Biostatistics



Mutu outcome klinik pada sistem pelayanan kesehatan



Iwan Dwiprahasto
Bag. Farmakologi/CE&BU FK UGM



PLASTIC SURGERY

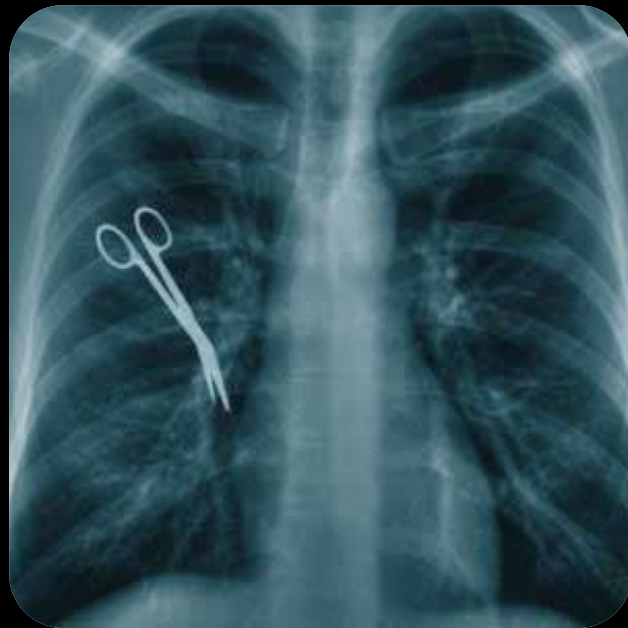
If you can't set a good example, then at least serve as a horrible warning.

POSTED AT

SheChive.com



Jocelyn Wildenstein





Jackie Stallone



From the perspective of a GoC Program

Outcome Management is the set of activities designed to monitor, and adjust as required, the way in which the Program, and its associated Services, Processes and Activities, contribute to meeting the needs of Patients/population.



Memantau input, proses, output/outcome



Melakukan penyesuaian, perbaikan, better implementation



Untuk kepentingan pasien



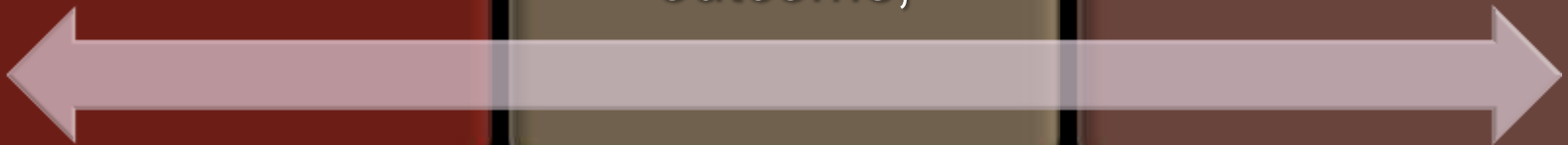
how each output
of an activity
contributes to an
immediate
outcome,



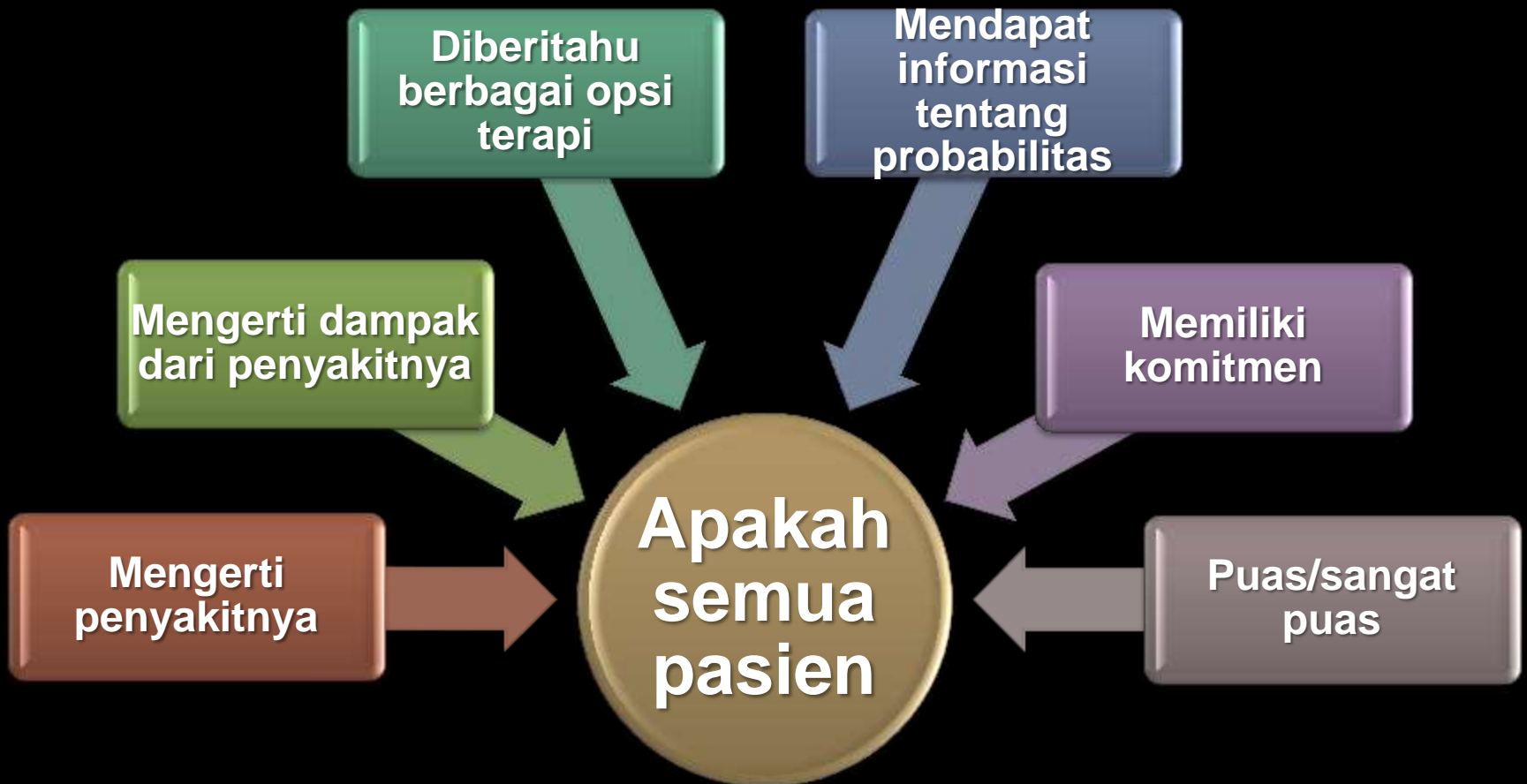
how these
immediate
outcomes
contribute to an
intermediate
outcome,



and how these
intermediate
outcomes
contribute to a
final outcome.




Perspektif pasien



Mengapa harus peduli terhadap outcome?



Providing high-quality care is the *RIGHT THING TO DO*

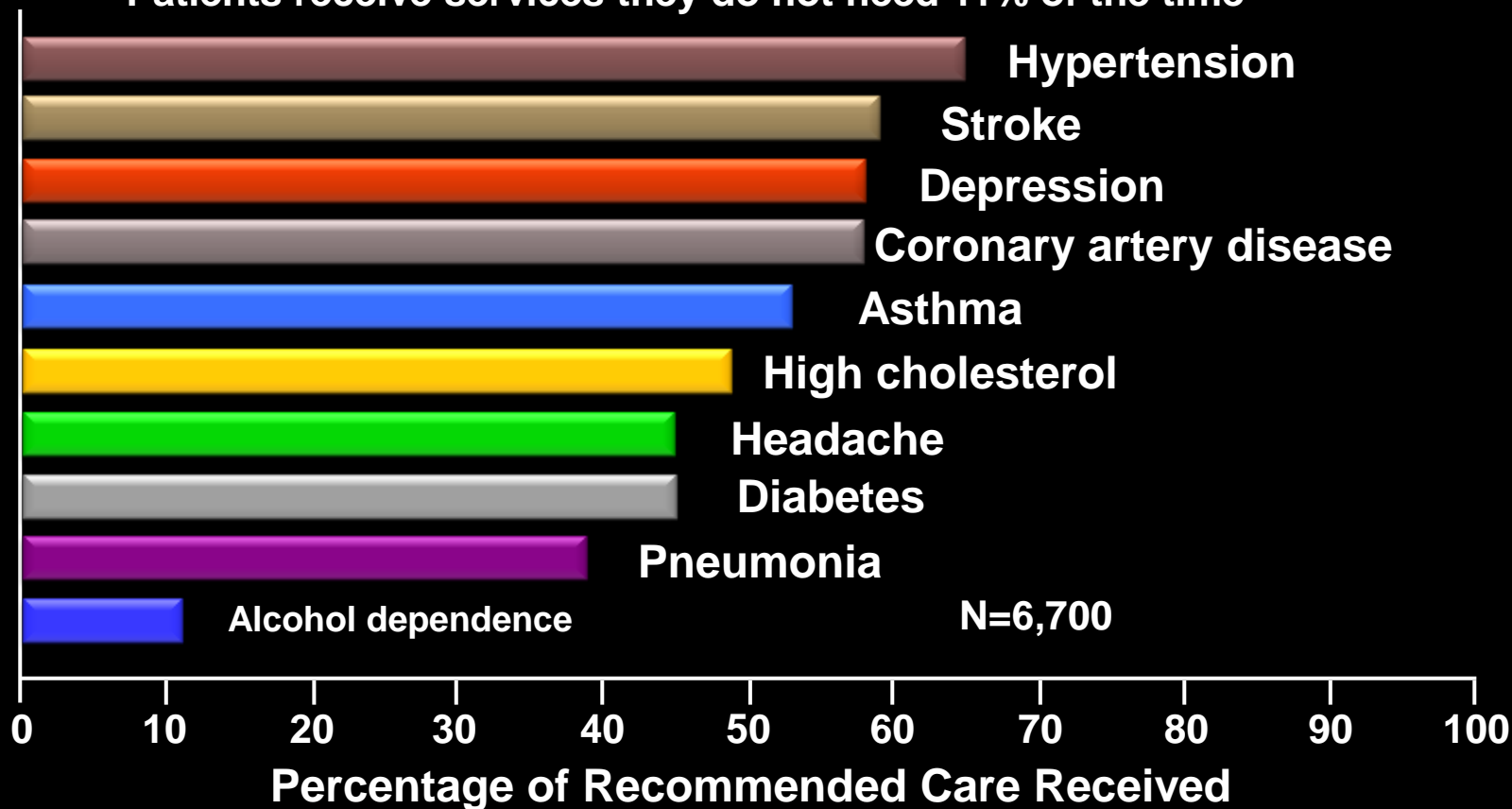


Patients *need, expect, and deserve* quality care

The National Committee for Quality Assurance (NCQA) estimates that 80,000 Americans die each year because they do not receive evidence-based care.

Need for Quality: Americans Receive Only Half of Recommended Care

- Patients fail to receive needed services 46% of the time
- Patients receive services they do not need 11% of the time



Pengukuran Outcome secara Proaktif

Esensial untuk menyediakan “quality care “

measure – intervene – measure – adjust

Pay for performance (P4P) sebagai titik masuk

Diperlukan assessment terhadap

Patient survival

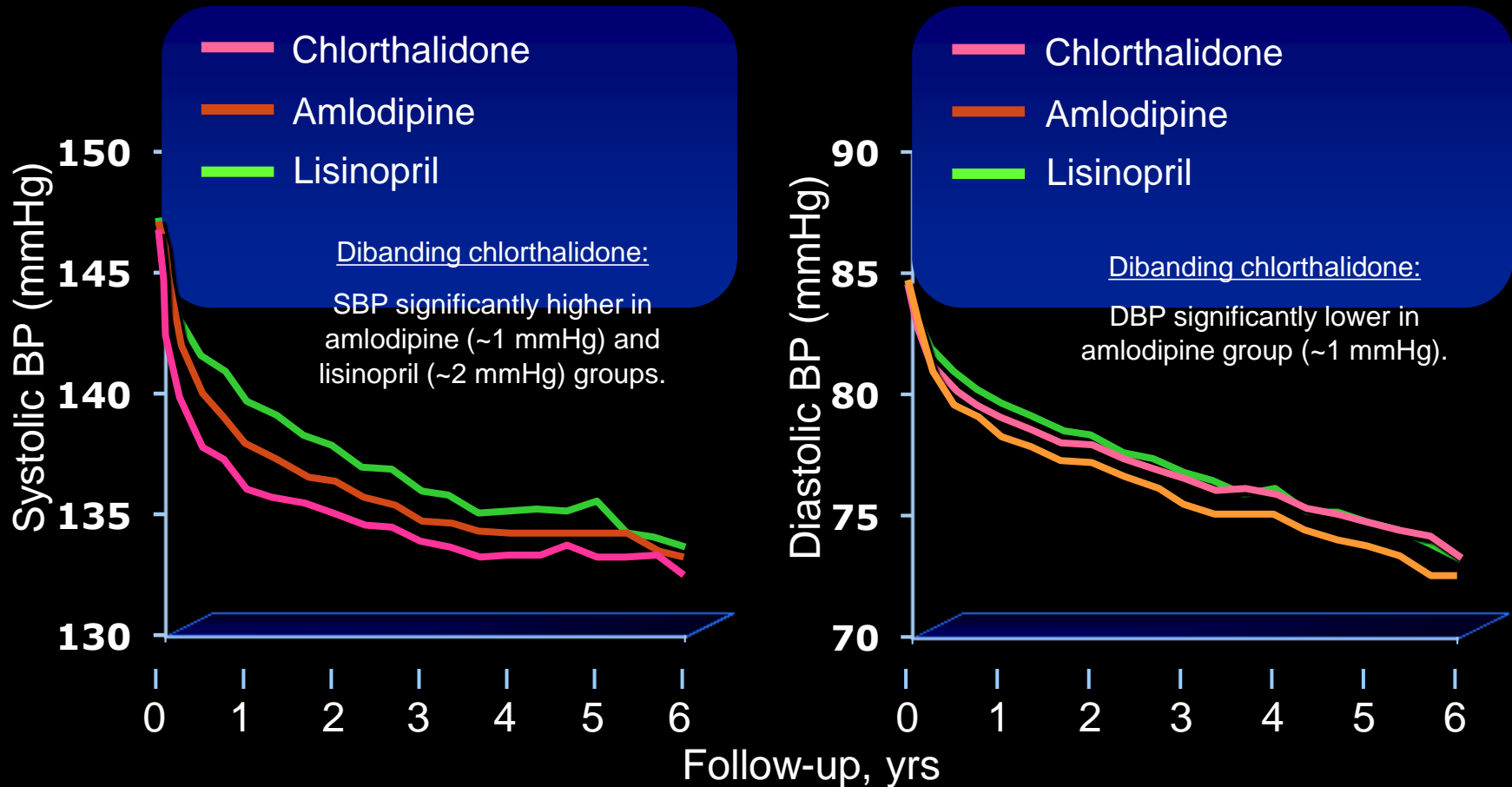
Hospitalization
rates

Costs

Adherence to quality
benchmarks

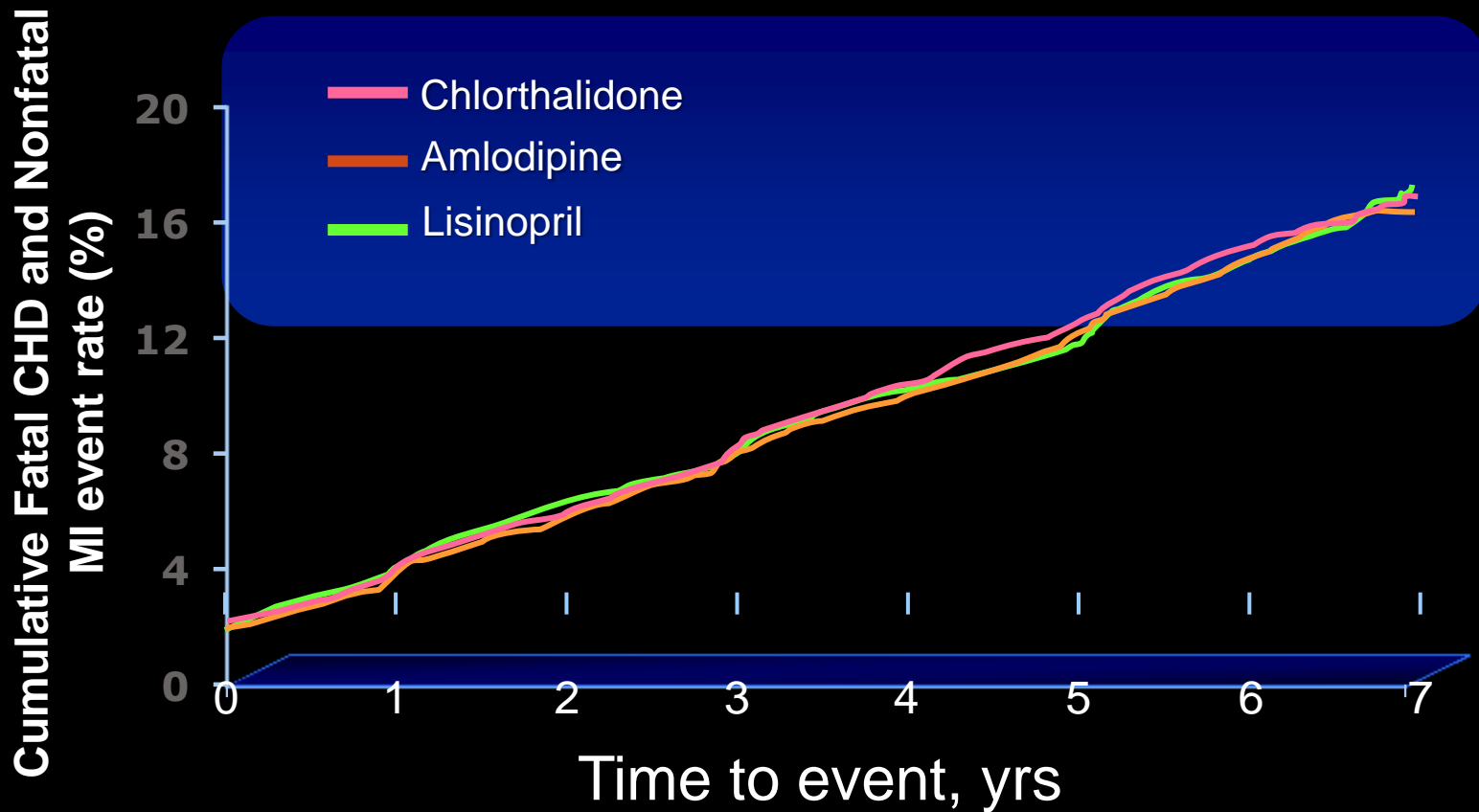
Putting systems in place *now* will improve quality today and help to demonstrate it (if needed) tomorrow.

ALLHAT Mean Systolic and Diastolic Blood Pressure During Follow-up



SBP=systolic blood pressure DBP=diastolic blood pressure

ALLHAT Primary Outcome by Treatment Group

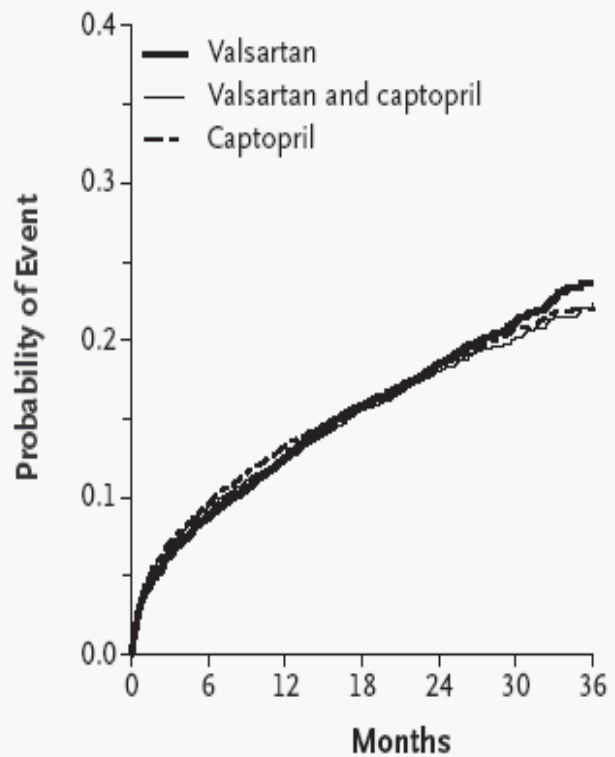


No. at Risk	0	1	2	3	4	5	6	7
Chlorthalidone	15255	14477	13820	13102	11362	6340	2956	209
Amlodipine	9048	8576	8218	7843	6824	3870	1878	215
Lisinopril	9054	8535	8123	7711	6662	3832	1770	195

ALLHAT Research Group. JAMA. 2002;288:2981-2997.
Copyright ©2002, American Medical Association.

www.hypertensiononline.org

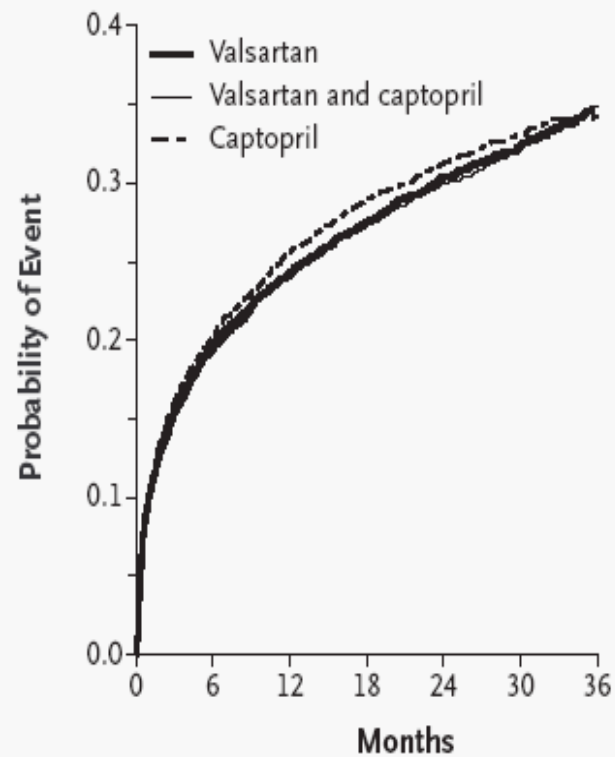
A Death from Any Cause



No. at Risk

Valsartan	4909	4464	4272	4007	2648	1437	357
Valsartan and captopril	4885	4414	4265	3994	2648	1435	382
Captopril	4909	4428	4241	4018	2635	1432	364

B Combined Cardiovascular End Point



No. at Risk

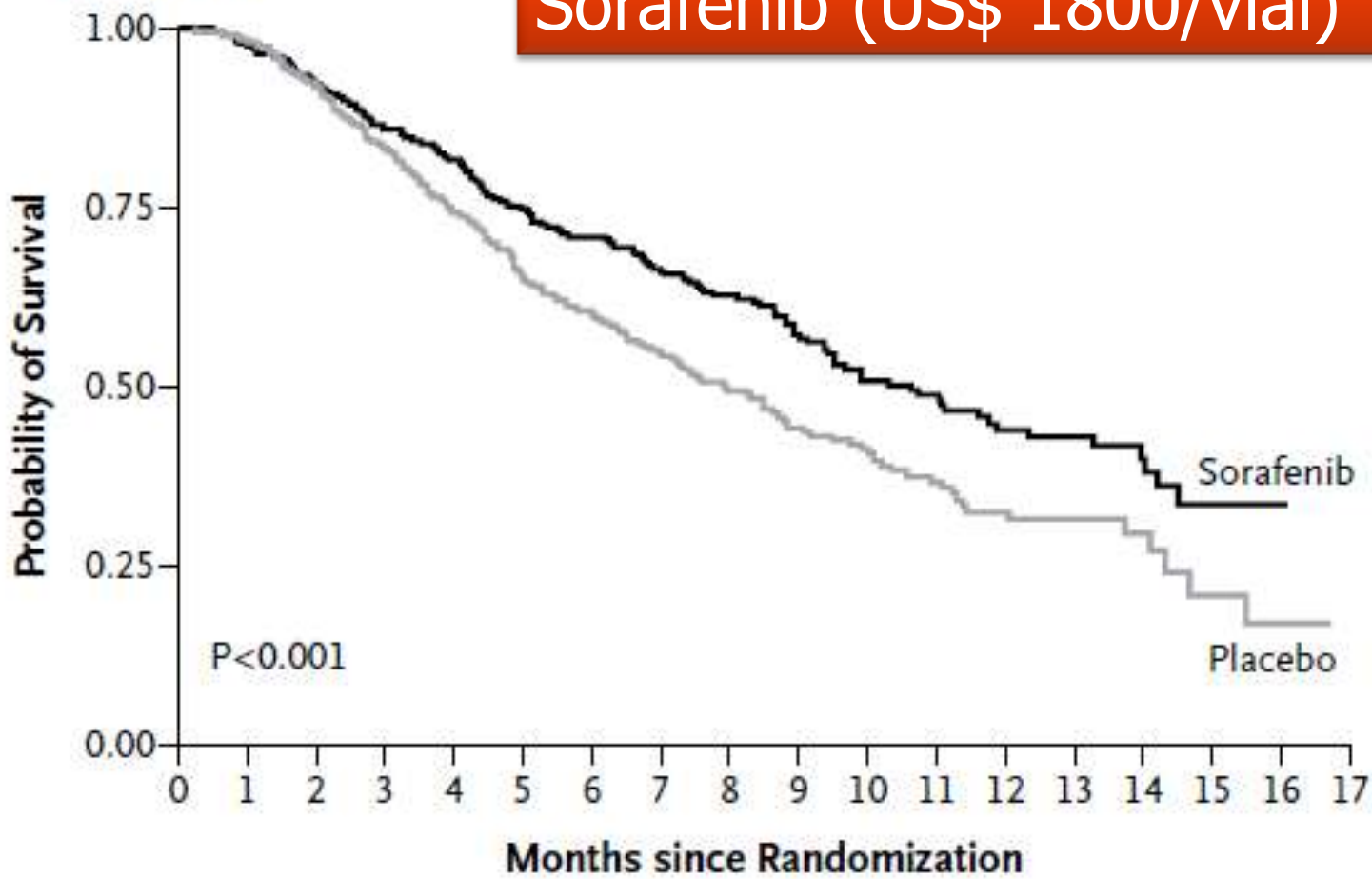
Valsartan	4909	3921	3667	3391	2188	1204	290
Valsartan and captopril	4885	3887	3646	3391	2221	1185	313
Captopril	4909	3896	3610	3355	2155	1148	295

Figure 1. Kaplan–Meier Estimates of the Rate of Death from Any Cause (Panel A) and the Rate of Death from Cardiovascular Causes, Reinfarction, or Hospitalization for Heart Failure (Panel B), According to Treatment Group.

For the rate of death from any cause, $P=0.98$ for the comparison between the valsartan group and the captopril group and $P=0.73$ for the comparison between the valsartan-and-captopril group and the captopril group; for the rate of death from cardiovascular causes, reinfarction, or hospitalization for heart failure, $P=0.20$ for the comparison between the valsartan group and the captopril group and $P=0.37$ for the comparison between the valsartan-and-captopril group and the captopril group.

A Overall Survival

Sorafenib (US\$ 1800/vial)



No. at Risk

Sorafenib	299	290	270	249	234	213	200	172	140	111	89	68	48	37	24	7	1	0
Placebo	303	295	272	243	217	189	174	143	108	83	69	47	31	23	14	6	3	0

Which Outcomes?

Clinic-Specific

% Pasien yang mendapat tindakan

- Transplantasi
- Hemodialisis
- Peritoneal Dialysis (CAPD atau APD)

Structured training/retraining program?

Patient survival

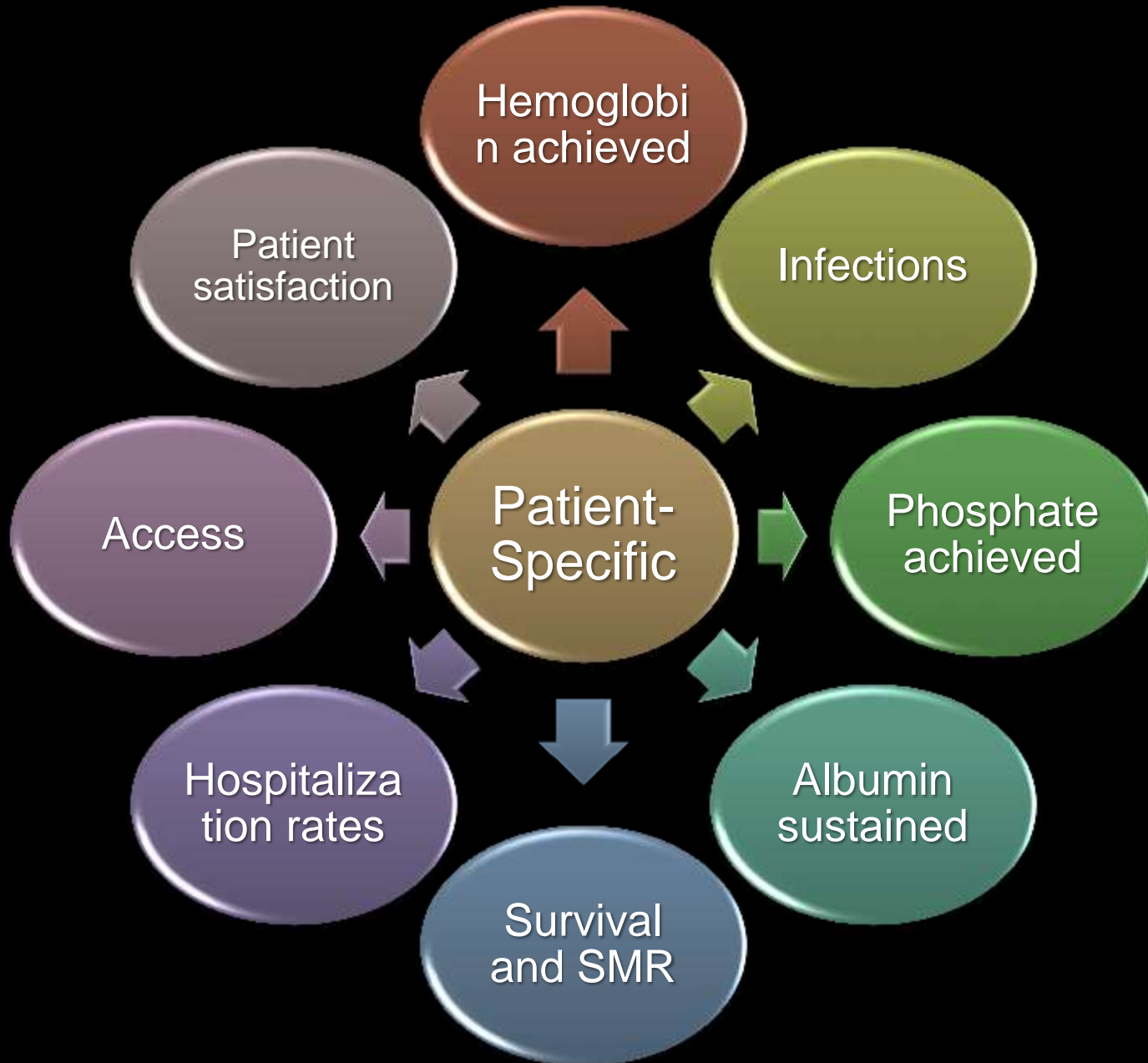
Infection rates

Hospitalization rates

Mortality rates

Continuous Ambulatory Peritoneal Dialysis (CAPD),
Ambulatory Peritoneal Dialysis (APD)

Which Outcomes?



Clinical Performance Measures (CPMs)

Menetapkan apakah SOP dilaksanakan

Menetapkan seberapa sering outcome terjadi

Didasarkan pada Evidence-based Clinical Practice Guidelines

Menyediakan “tools” untuk mengukur quality of care kepada praktisi

**Clinic-specific
CPMs**

**Patient-specific
CPMs**

**Clinical practice
guidelines for
HD/PD**

Clinical Practice Guidelines for Peritoneal Adequacy, Update 2006

Initiation of Dialysis

Peritoneal Dialysis Solute Clearance Targets and Measurements

Preservation of Residual Kidney Function

Maintenance of Euvolemia

Quality Improvement Programs

Pediatric Peritoneal Dialysis

Highlights of 2006 Update of HD Adequacy Guidelines

Perlu edukasi bagi pasien dan petugas tentang pilihan renal-replacement jika tercapai CKD stage 4



Dosis dialisis dipertahankan sama dengan yang direkomendasikan sebelumnya



Frekuensi dan lamanya dialisis berdasarkan fungsi ginjal yang tersisa

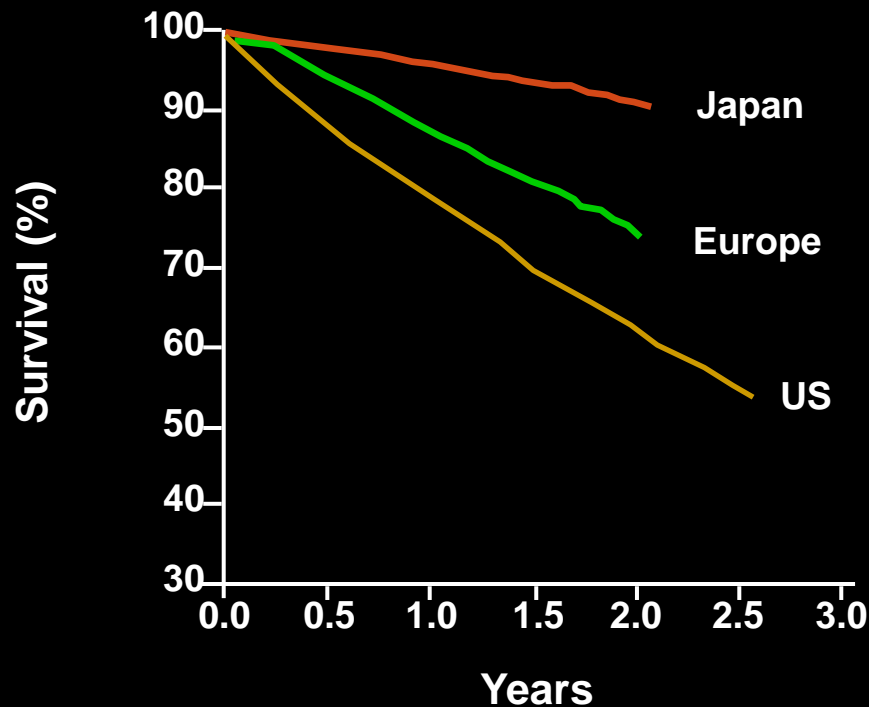


Hindari bahan-2 nefrotoksik untuk mempertahankan fungsi ginjal yang tersisa

Ilustrasi hasil evaluasi

11% pasien hemodialysis dan

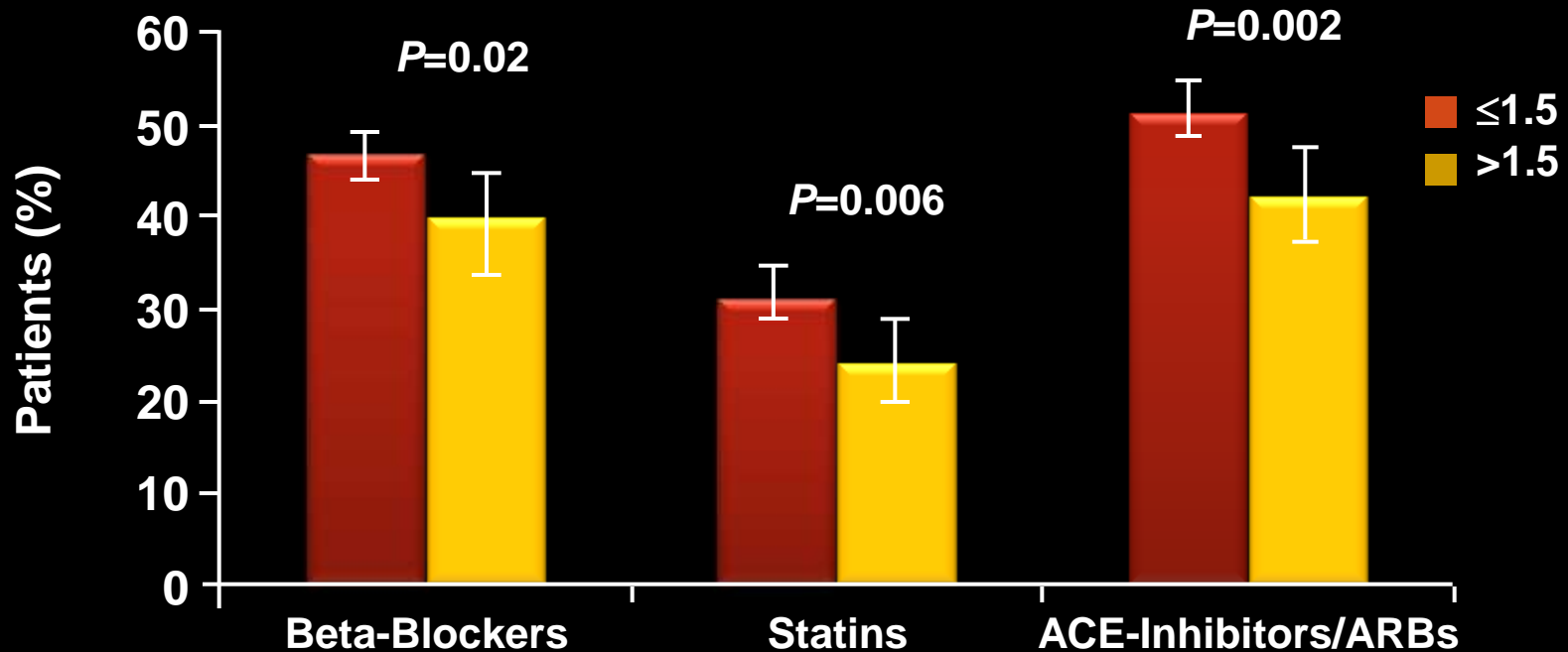
30% pasien dengan peritoneal dialysis di AS menerima dosis dialisis yang inadkuat



The crude RR untuk mortalitas di AS 2 kali lebih besar daripada Eropa dan 5 kali lebih besar daripada di Jepang

Low Use of Recommended Drugs in CKD Post-MI

Kurang dari separuh pasien CKD menerima obat yang direkomendasikan untuk post MI

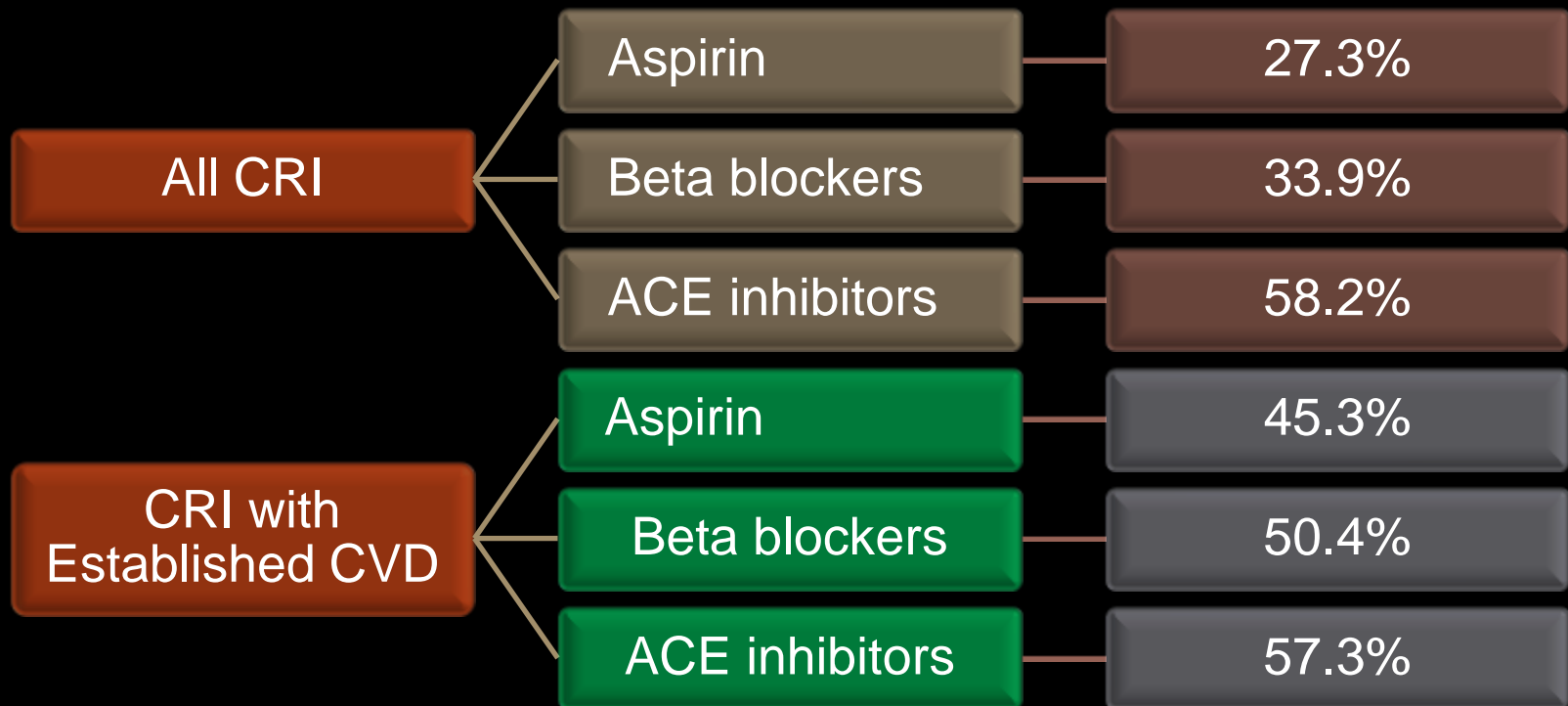


MI = myocardial infarction, ACE = angiotensin converting enzyme, ARB = angiotensin-II receptor blocker

Use of recommended drugs after mi by level of kidney function (serum creatinine concentration in mg/dL, unadjusted).

Penggunaan Obat-obat Cardioprotective untuk Chronic Renal Insufficiency (CRI) underutilized

Meskipun risiko kematian kardiovaskuler 10 kali lebih besar dibandingkan dengan Populasi lain



304 Consecutive Patients With Creatinine Clearances ≤ 75 mL/min But Not On Dialysis (Mean 30.3 ± 18 mL/min)

Proses untuk melakukan outcome assessment

Kompilasi quality indicators yang relevan dari literature, guidelines, dan experts

Round 1: Anggota Expert panel secara independent meranking indicator untuk validitas

Round 1: hasil analisis untuk bahan expert panel discussion

Menyediakan referensi updated untuk kajian disagreement pada Round 1

Diskusi Expert panel untuk membahas indikator yang valid & modifikasinya

Round 2: Anggota Expert panel meranking ulang indicators untuk validitas

Round 2 pengumpulan data, analisis, dan evaluasi

Domain

- Struktur
- Proses
- Appropriateness
- Outcome

Level pengukuran

- Rumah sakit
atau dokter

Sumber data untuk assessment

- Cancer registries
- Data set
administrasi
- Medical record

The ideal surgical outcome

Persiapan pre operasi

Pelaksanaan operasi

Outcome baik

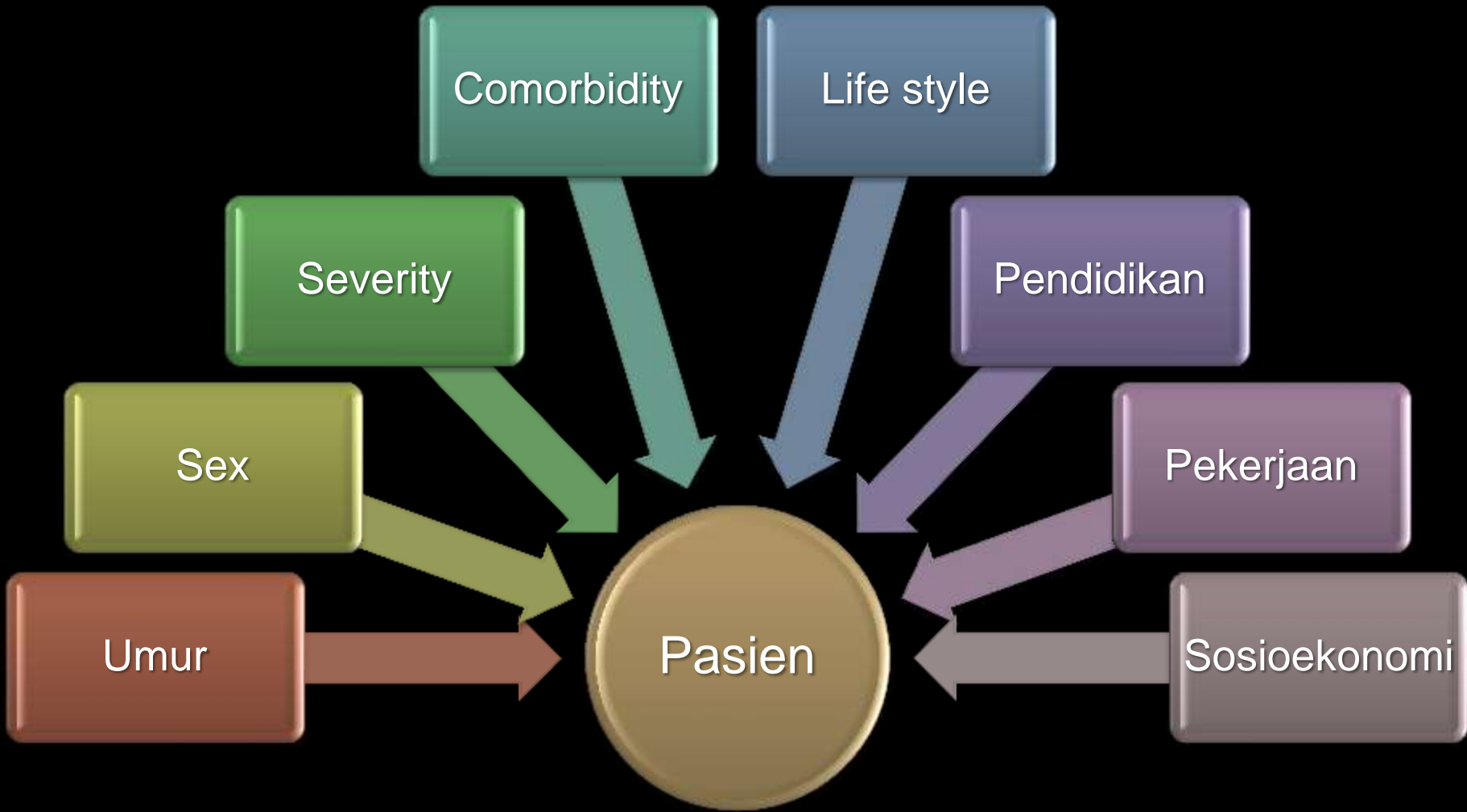
Persiapan operasi

Pelaksanaan operasi

Outcome buruk

Spektrum input-proses-output/outcome

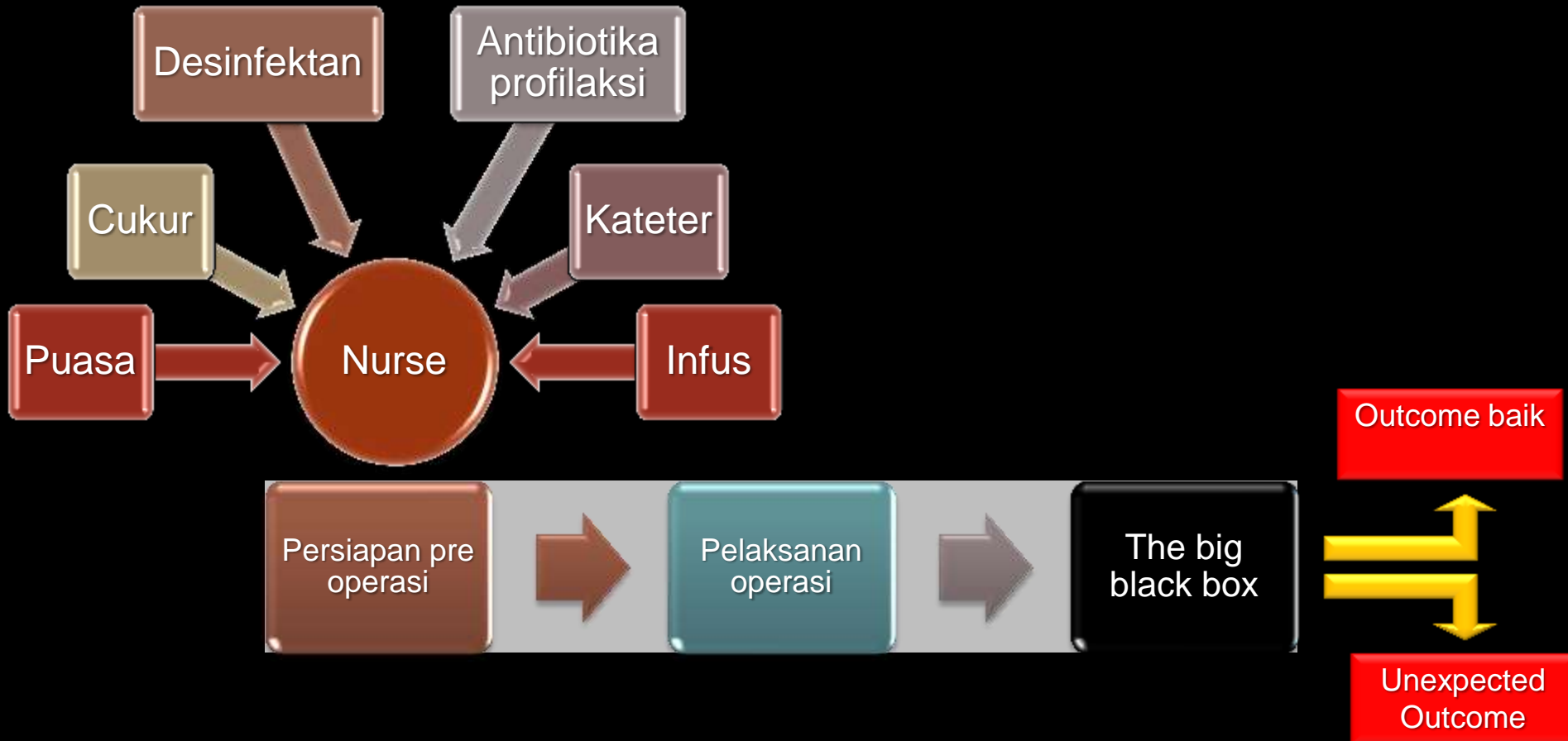




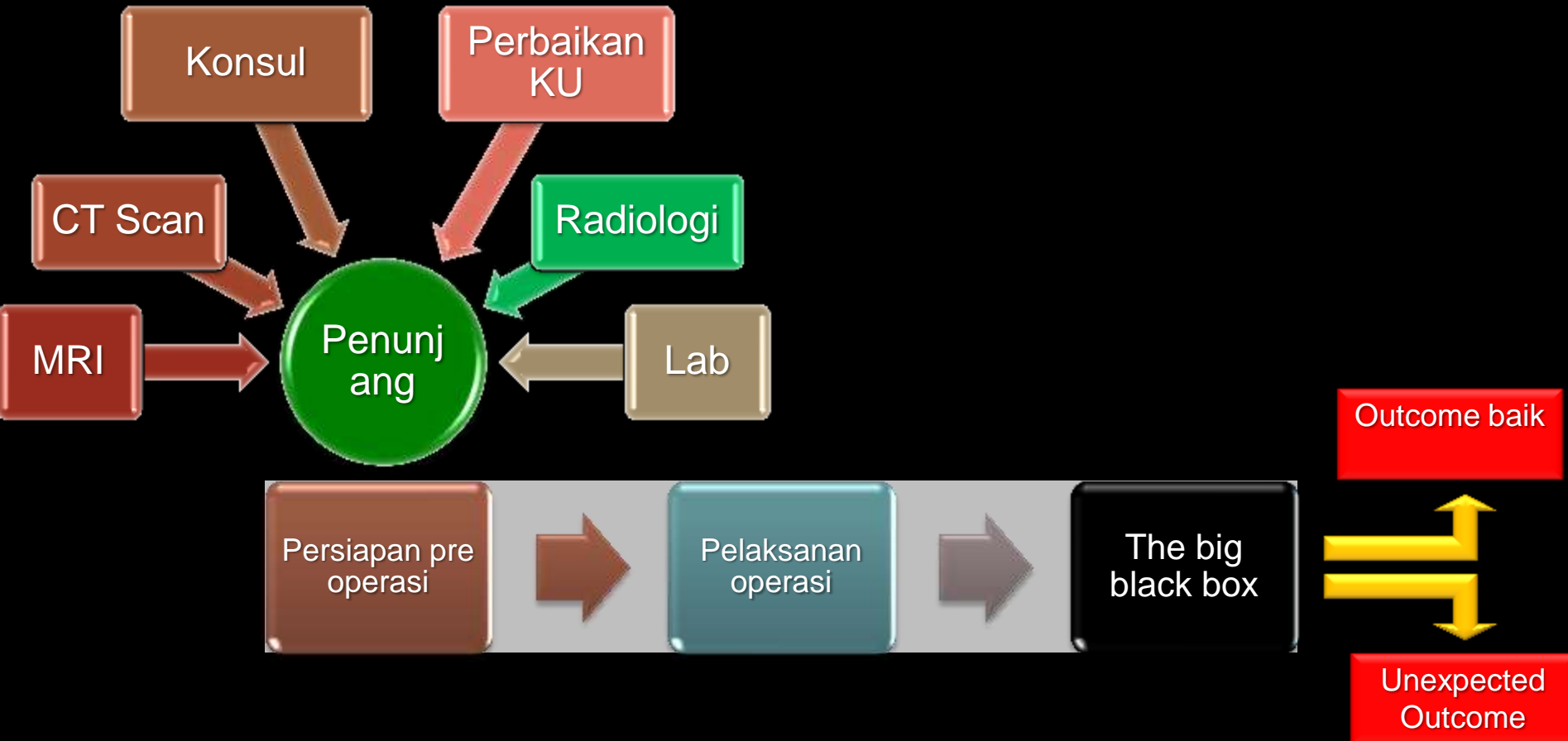
Not always ideal



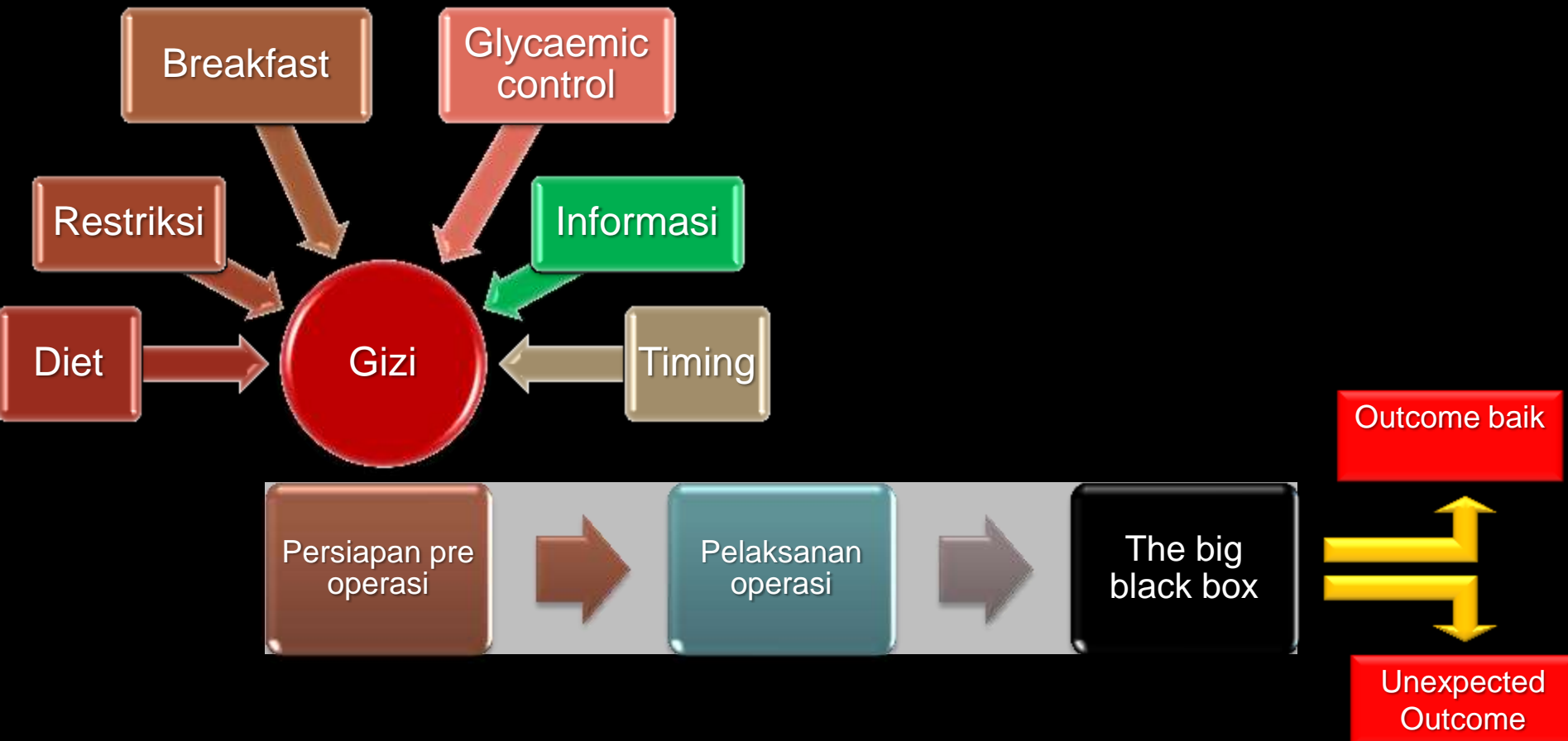
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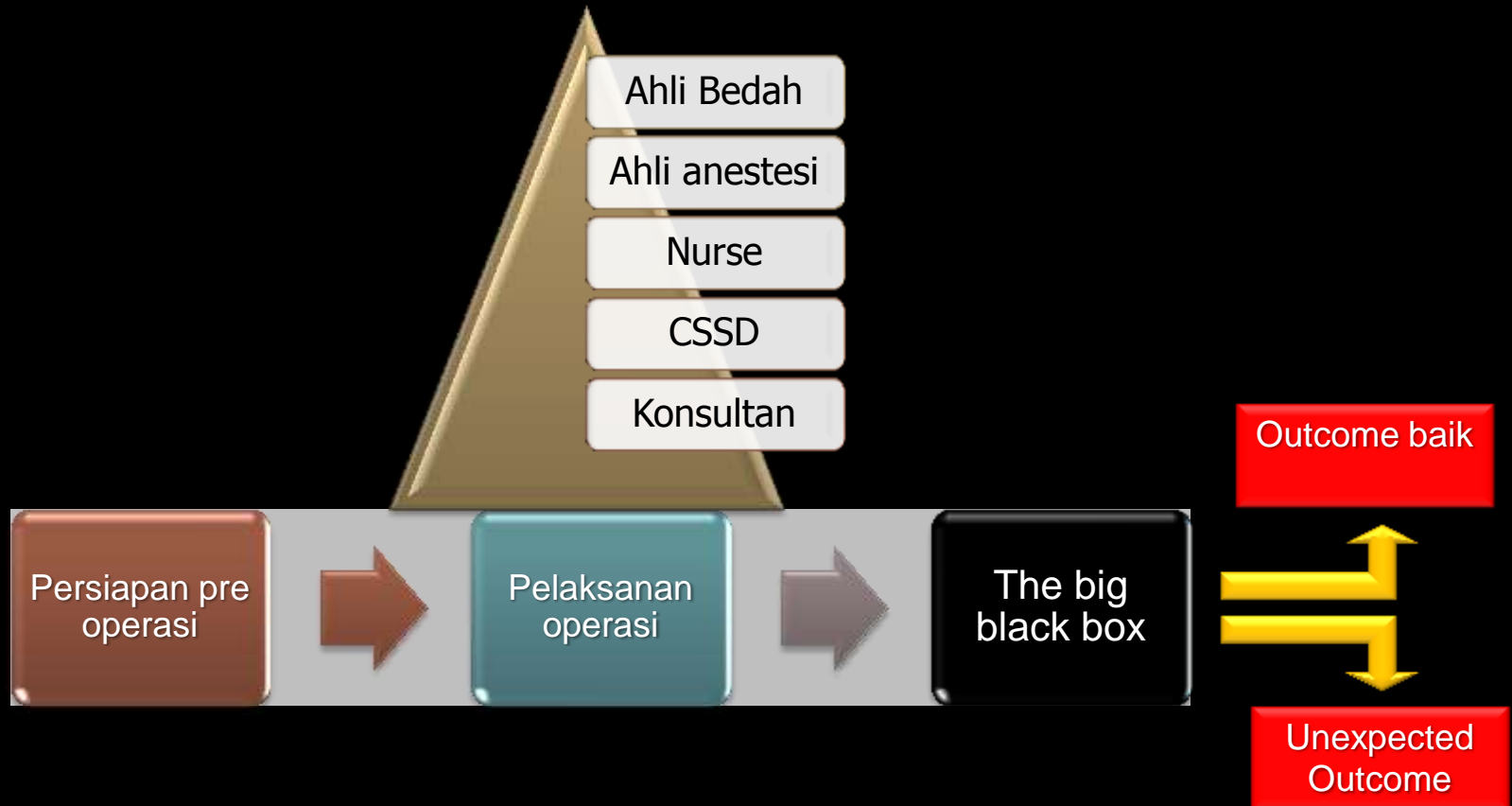
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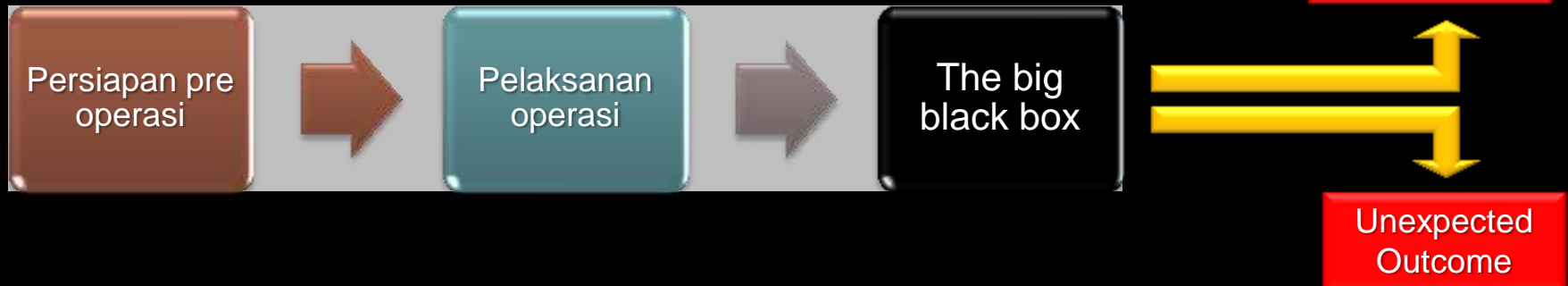
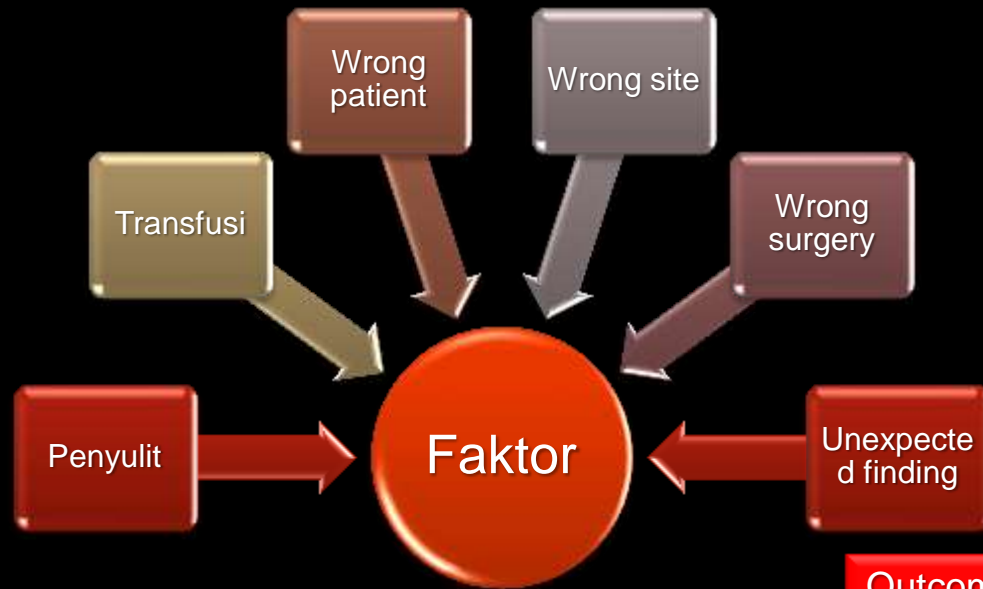
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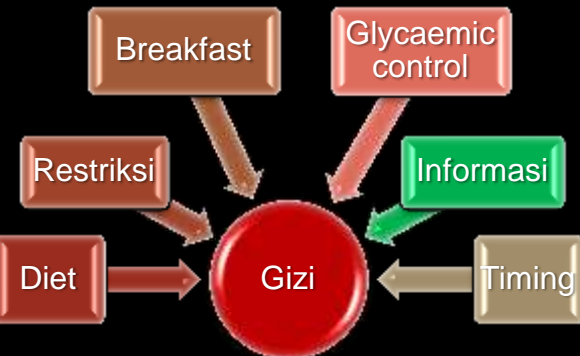
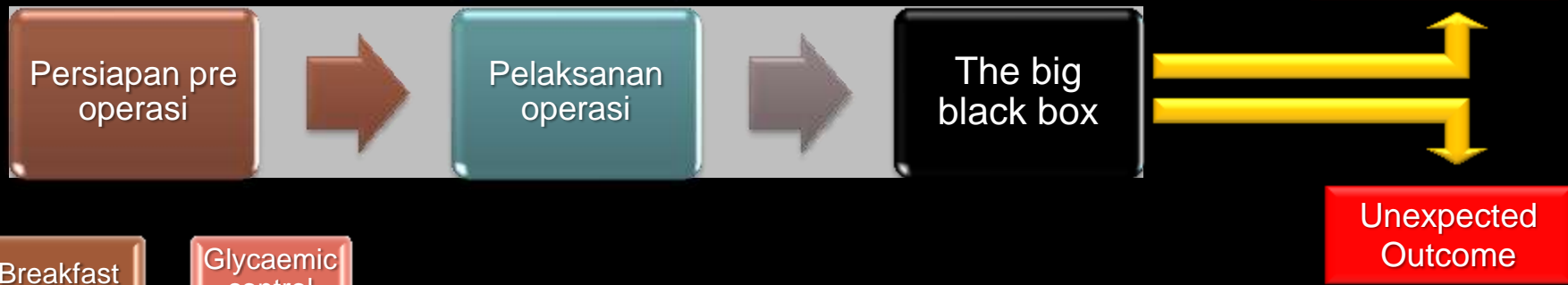
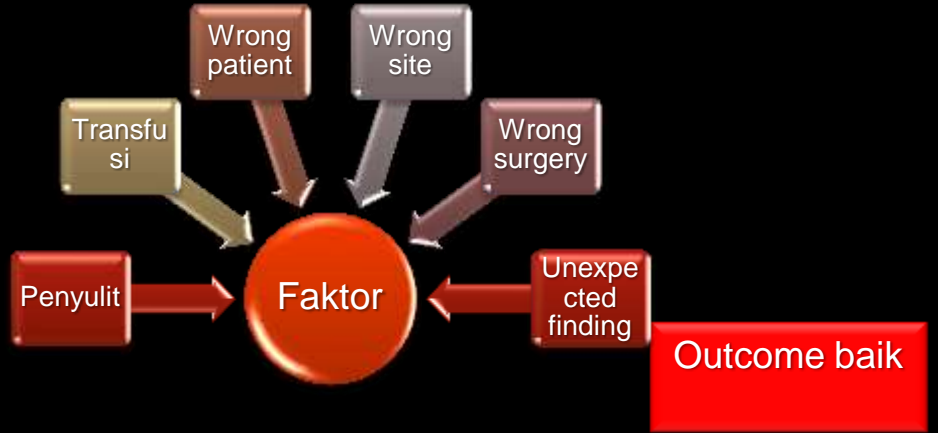
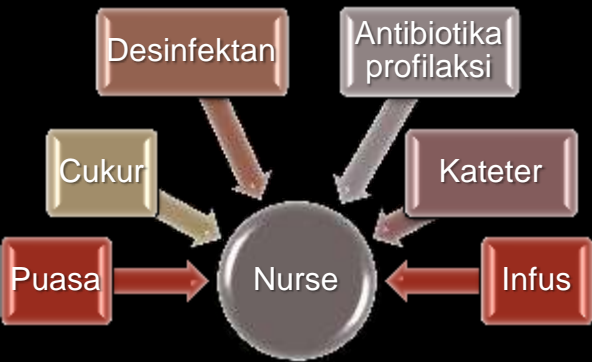
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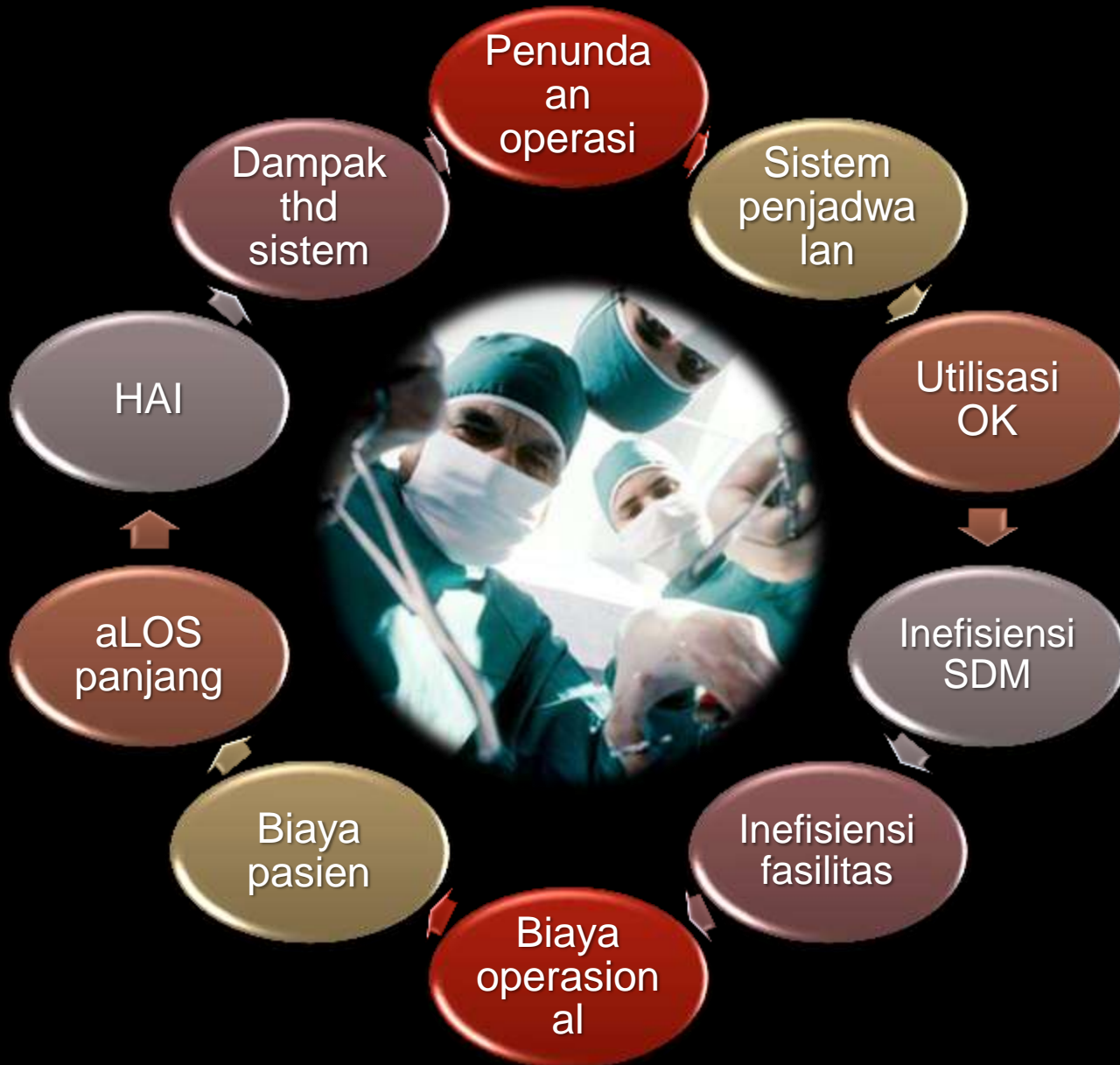
Not always ideal



Not always ideal



Circulus Vitiosus



Assuring Quality

Quality Improvement Team

Monitors outcomes regularly

Catat trend data

Catat outliers dan gaps relative terhadap outcome standards

Mengidentifikasi root cause terjadinya kesenjangan outcome

Siapkan action plans untuk improvement

Proses Quality assurance dan quality improvement process sangat essential—bahkan critical—untuk setiap program.

Quality Assurance Methodology

Structured Outcome Data Collection
Organized Into Categories

Data outcome dikumpulkan
berdasar kategori

Data
Driven

Data diekspresikan sebagai %
dalam target

Data dibandingkan dengan rata-
rata nasional

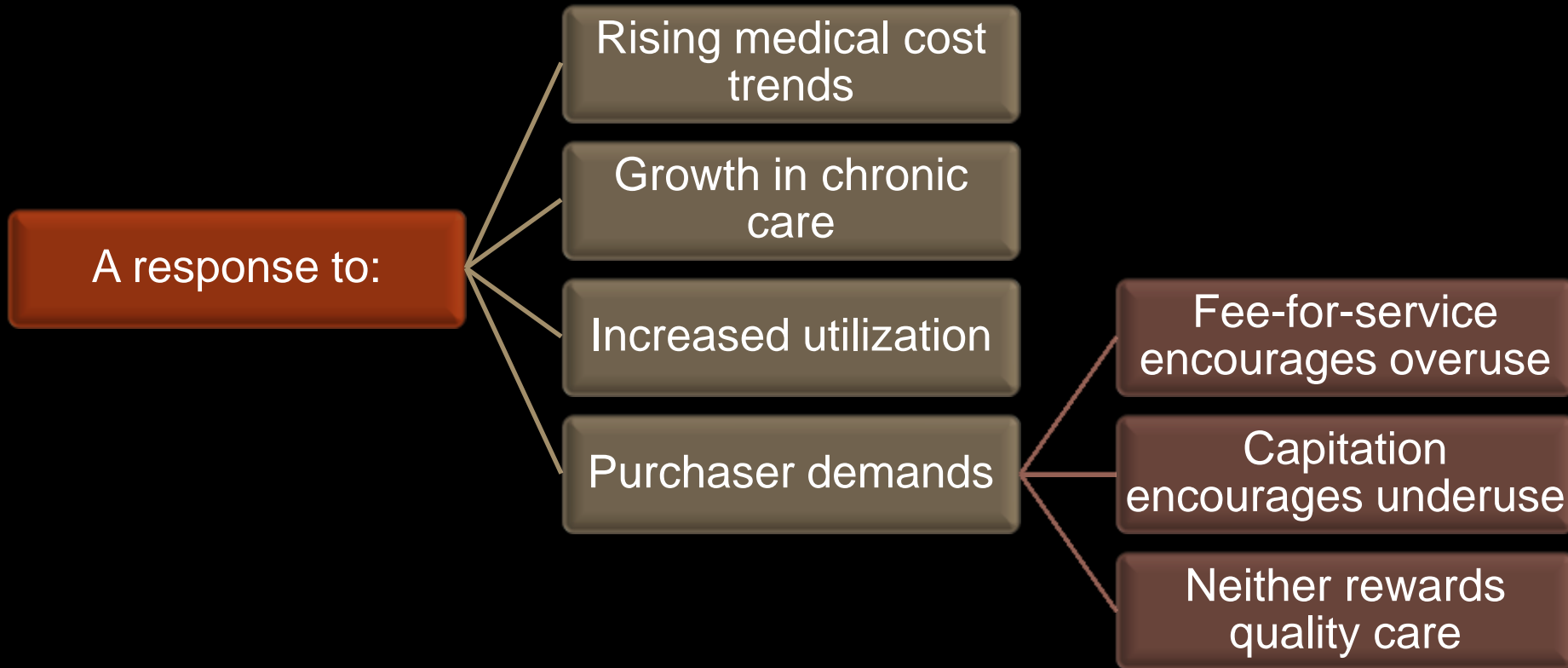
Data
Compared

Data dibandingkan dengan bulan
sebelumnya

Apakah outcome memuaskan

Pay for Performance (P4P)

Metode untuk mengevaluasi, menyusun laporan, dan memberi kompensasi kepada dokter untuk *perceived* level of quality yang dilakukan



Why Payers Want P4P



9=most important, 1=least important

Providers Can Gain From P4P



Opportunity to improve patient care



More money for delivering quality care



Groups can negotiate higher annual price increases for meeting quality targets



Winning incentive awards can provide a competitive advantage through increased practice recognition



Payers cannot reward every provider with higher payments.



KLM Boeing 747-400



Singapore Airlines



Airbus 340



Boeing 777



Air Canada

Air Asia



