

# Modernizing for Improving Value: Moving Ahead in Canada

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# Overview

- ▶ Disclosure
- ▶ Defining value
- ▶ Why should value-based healthcare matter to Canada?
- ▶ Moving forward - thoughts on challenges, opportunities and leadership
- ▶ A final word ...

# Defining value

- ▶ Continuous improvement in outcomes **that matter to patients** at equal or less cost
- ▶ Some key building blocks:
  - ▶ standard sets and outcome measures
  - ▶ current data on costs
  - ▶ identified population segments
  - ▶ bundled payments and “integrated care units” (teams)
  - ▶ ongoing patient input and feedback
  - ▶ leadership and supporting public policy, legislation, regulation

# Why should value-based care matter to Canada?

- ▶ The existing volume-based approach to healthcare delivery offers no direct pathway to improved outcomes sustainable over time
- ▶ Consider:
  - ▶ Opportunity-cost nature of decision-making and little room for growth
  - ▶ Compounding of inefficiencies due to cost-based budgeting
  - ▶ Individual, customized care pathways "the new normal"
  - ▶ Federated model (multiple health systems) presents both challenges and opportunities
  - ▶ Meaningful transformation can't be accomplished in single budget and political cycles

# Moving forward - challenges

- ▶ Fragmentation within/between primary, acute and long-term care
- ▶ Limited experience with risk-sharing models (i.e. paying for value vs. volume)
- ▶ Accountability unclear
- ▶ Fee for service compensation models and lack of experience with value-based payments
- ▶ Integrated cost/outcomes measurement systems that capture the full cycle of care
- ▶ Willingness to systematically disinvest and reallocate resources to create fiscal headroom

# Moving forward - opportunities

- ▶ pan-Canadian health organizations already building capacity (CIHI, CFHI, CADTH, Infoway)
  - ▶ Spread and scale methodologies; new tools for project evaluation
  - ▶ Patient reported outcome and experience measures (PROMs and PREMs)
  - ▶ Data tools and infrastructure for collection and analysis
  - ▶ Health technology assessment shifting to health technology management
- ▶ New models (e.g. PCNs, Ontario health teams, SCNs) moving toward identification of population segments, common outcome measures and greater patient/provider integration

# Opportunities: Building enablers, capacity and culture

- ▶ Opportunity to leverage and adapt standard sets already developed (e.g. ICHOM - 26 standard sets covering over 54% of disease burden)
- ▶ Industry actively collaborating with health care delivery organizations on value-based models (risk sharing)
- ▶ Investment in pilot projects (e.g. Ontario diabetes pilot)
- ▶ Leadership education and applied research initiatives in development
- ▶ pan-Canadian VBHC network in development
- ▶ Patients!

*Everyone wants you to fix  
healthcare until you try and  
change something.*