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.