

# Value-based health care: just another buzz word?

**Dr. Anne Crichton Annual Lecture** 

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I would like to acknowledge the traditional territories of the people of the Treaty 7 region in Southern Alberta, which includes the Blackfoot Confederacy (comprising the Siksika, Piikani, and Kainai First Nations), as well as the **Tsuut'ina First Nation, and the Stoney Nakoda** (including the Chiniki, Bearspaw, and Wesley First Nations). The City of Calgary is also home to Métis Nation of Alberta, Region 3.

### Why are we talking about this now?

### ANNE CRICHTON

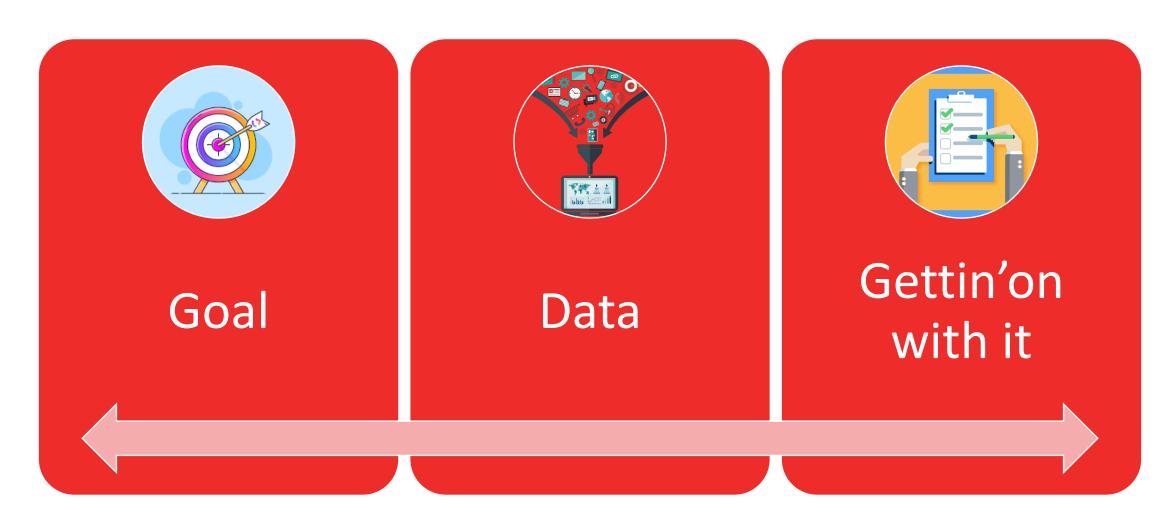
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### SUMMARY

Is downsizing the latest jargon word applied to rationalization, a new concept or a different manifestation of a long term trend in health services management? At present, Canada is struggling to implement feasible reductions of expansionary pressures in the health care system. While provincial governments tend to see the issue as one of controlling chronic excess demand, federal government is still concerned to ensure free access to care on an equitable basis. Thus the problems of downsizing can be expressed by the provinces in terms of an ideological struggle with an unfeeling central government which does not understand their problems; although all know they are really about the feasibility of continuing to provide a service to meet demand.



### Overview of my talk





### Take a moment to reflect

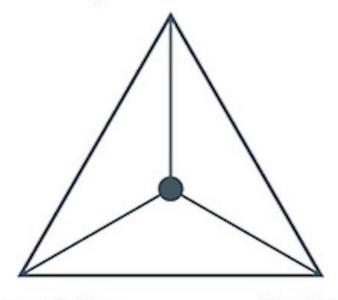




### **Triple Aim**

# The IHI Triple Aim

**Population Health** 



**Experience of Care** 

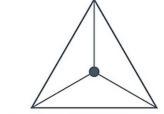
Per Capita Cost



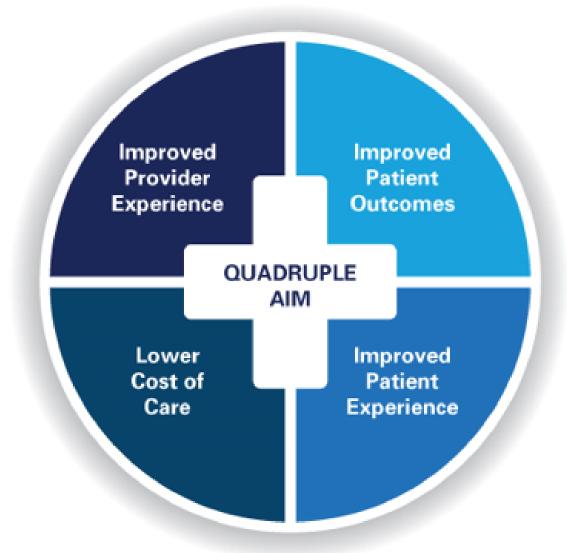
### **Triple to the Quadruple Aim**

The IHI Triple Aim





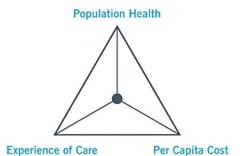
Experience of Care Per Capita Cost



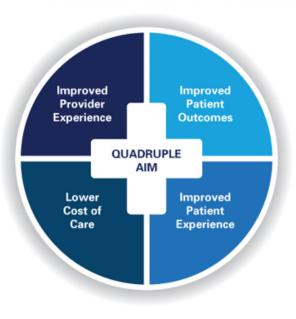


### **Quadruple to the Quintuple Aim**

The IHI Triple Aim









### Dr. Crichton said it better!

CANADA'S PROVINCES REVIEW THEIR HEALTH SERVICES

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goal redefinition did not start until federal government raised questions in the seventies about what it was paying for.

It had become clear that the old boundaries within the medical care system and between that system and other support systems (such as income support, shelter, etc) would have to be modified if progress were to be made.



### Old familiar ground

### THE DILEMMAS OF GOVERNMENTS

So where does Canada go from here? Is the nation still committed to developing a collectivist health care system?<sup>28</sup>

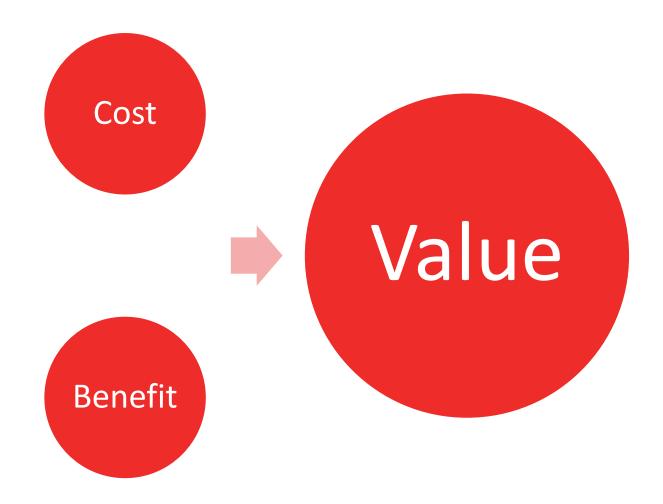


### What could we do?



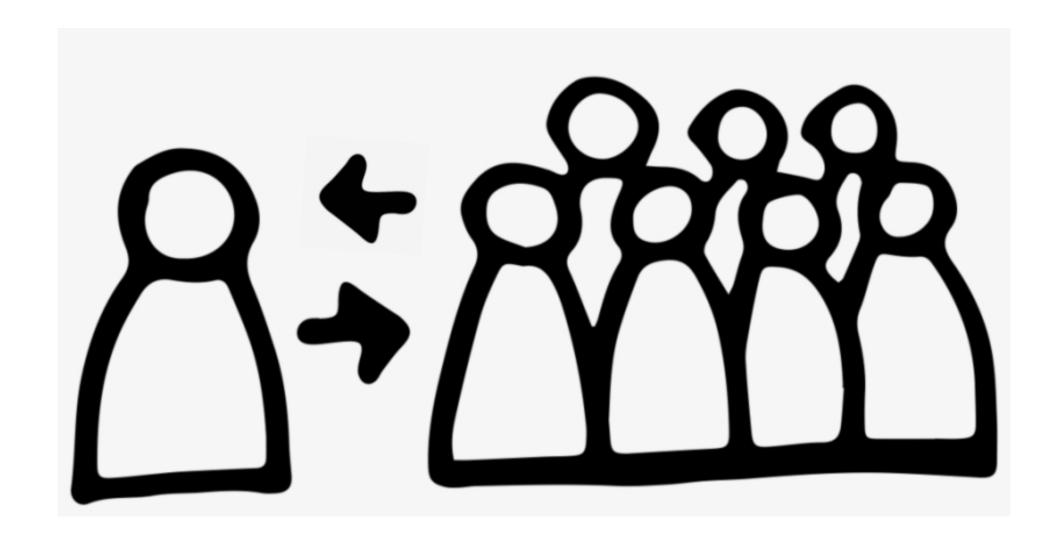


### Data required for value





# **Measuring costs**





### **Measuring Benefit**





### What could we do?



# Decision/Policy makers

- Commit to Evidenceinformed decision making
- Require data
- Invest in routine data collection infrastructure



# Researchers

- Use existing data
  - Share data and estimates
  - Codesign to create/improve tools to measure
  - Focus on sustainability of projectbased collection



Healthcare

- Expect data
- Use data
- Input data
- Co-design tools and approaches to gather data



- Expect data
- Co-design tools and approaches to gather data
- Share what is important to you
- Vote with your support





### Whose responsibility is value in the system?

Whose responsibility is achieving value in the system?

- a. Healthcare Organization Executives
- b. Provincial Minister of Health
- c. Federal Minster of Health
- d. Members of the Public



# **Accountability**





### Collaboration

"One of the key take-aways from Dr. Crichton's teachings is that rational health care planning from an ivory tower is seldom successful"

- Dr. Hsu



### What did Dr. Crichton conclude?





### **Final Inspiration**

"This future is no harder than any other future. The same things are required: nerve and courage"

- Dr. Martha Piper

