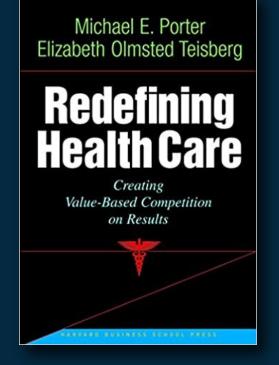
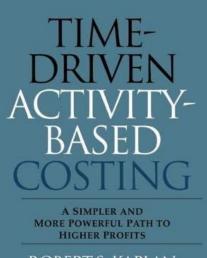
Value-Based Healthcare Through An Industry Lens

Neil Fraser March 10th 2023

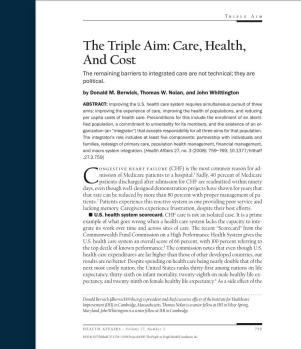


Sources of Inspiration





ROBERT S. KAPLAN Autor of The Balanced Score and STEVEN R. ANDERSON HARVARD BUSINESS SCHOOL PRESS



Redefining Health Care (2006) **Time-Driven** Activity-Based Costing (2007) **The Triple Aim: Care, Health, and Cost** (2008)



"Clayton Christensen has done it again ... *The Innovator's Precription* might just mark the beginning of a new era in health care." —NICHAEL BLOOMBERG, 106° Mayor of New York City

Innovator's Prescription

A Disruptive Solution for Health Care



Clayton M. Christensen BESTSELLING AUTHOR OF THE INNOVATOR'S DILEMMA Jerome H. Grossman, MD • Jason Hwang, MD

The Innovator's Prescription (2008)

Medtronic & Affiliations



Omar Ishrak, CEO, 2011 - 2020





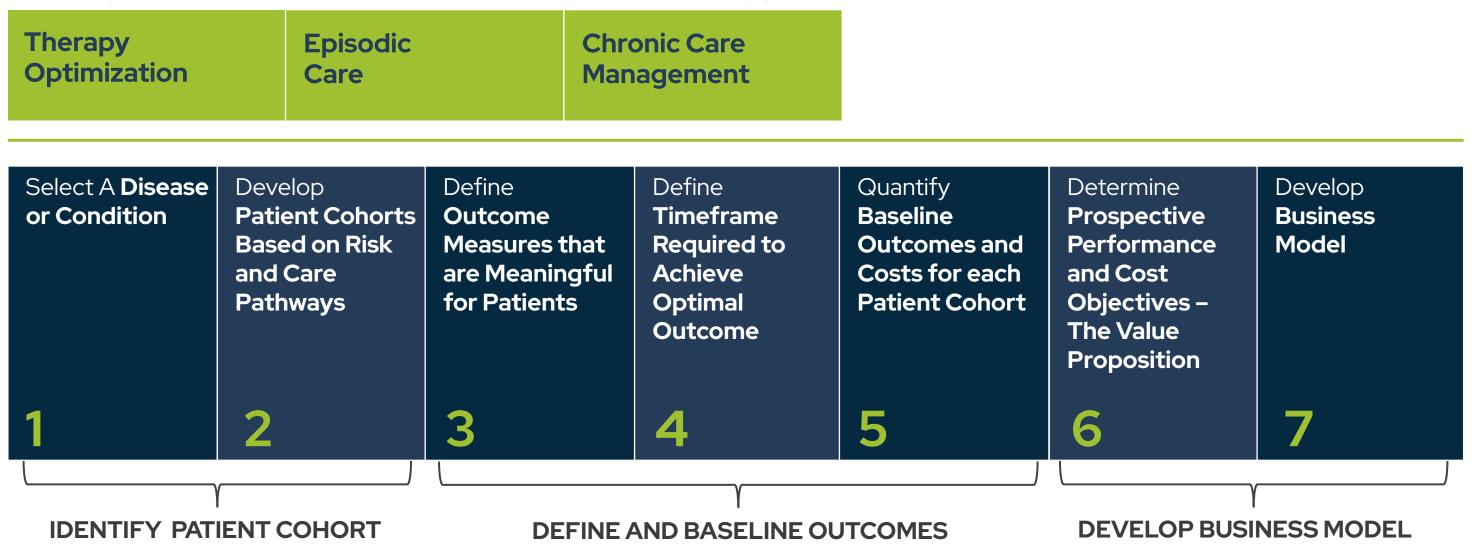


International Consortium for Health Outcomes Measurement



Value Based Healthcare Framework

Categories of Bundled Care & Methodology





Example: Heart Failure

Select A Disease or Condition	Develop Patient Cohorts Based on Risk and Care Pathways	Define Outcome Measures that are Meaningful for Patients	Define Timeframe Required to Achieve Optimal Outcome	Quantify Baseline Outcomes and Costs for each Patient Cohort	Determine Prospective Performanc Cost Object The Value Proposition
1	2	3	4	5	6
HEART FAILURE	HF diagnosis with a hospitalization or an ER visit in the last 6 months	Reduced hospitalizations Improved Patient satisfaction	12 MONTHS	1.88 all-cause hospitalizations per patient/ year ¹ in at-risk HF population Current annual costs \$64k ²	Reduction in all-cause hospitalizat Reduction in cost of care Patient and Provider NP

1. National averages, currently isolating HCP market-specific rates. Patel, H. et al. Annual Hospitalization Frequency For Patients With Heart Failure - A Comparison Between Commercial And Medicare Advantage Population. May 2015.

2. Integrated Health Data: Medicare 5% sample, Truven MarketScan Medicare Supplemental.

©Medtronic Canada, 2020 All Rights Reserved | Dec, 2021 | MEDTRONIC 7-STEP VALUE-BASED HEALTHCARE FRAMEWORKTM

e ve nce and ctives – on	Develop Business Model
	7
in ations in total e d IPS = x	At-Risk Payment Model

Value Defined

Quadruple Aim*		Value	Measuring Outcomes	
			CLINICAL Has the procedure met expectations from a pathophysiological perspective?	
Improved Patient Experience	Better outcomes	OUTCOMES	FUNCTIONAL Can the patient function according to expectations?	
Improved Clinical Experience	Better cost	COSTS	OPERATIONAL MEASURES Health system efficiencies	
			PATIENT SATISFACTION Is the patient satisfied with the experience and result?	

*Developed by the Institute for Healthcare Improvement (2008, Donald Berwick etal)

Measurements of clinical markers Acute complications Disease recurrence and complications Morbidity & Mortality

General physical activity levels Specific physical measurements Pain assessment

Length-of-Stay (LOS) Readmission rates

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Work status Clarity, ease and frequency of communication with providers Overall satisfaction with experience



Early Experience

- Overworked staff difficult to engage, even for free
- Managers afraid of productivity improvements
- Providers keen if it improves prestige, market share
- **IT capabilities** in question, waiting for upgrades
- Executives afraid to act without provincial buy-in
- **Executive egos** a barrier too
- Needs to be priority area for improvement
- Staff enjoyed attention to their issues and opportunity to present
- Success breeds interest to expand, address other areas

Ontario Experience (2020)

The Promises and Challenges of Value-Based Care and Bundled Reimbursements in Single-Payer Health Systems

Brian R. Golden and Rosemary Hannam, Sandra Rotman Centre for Health Sector Strategy, Rotman School of Management

Contact: Brian.Golden@Rotman.Utoronto.Ca

What is the message? On the surface, single-payer health systems seem especially well-suited to implement value-based, bundled payment initiatives. Focusing on a failed attempt to create a bundled payment system for wound care in the Canadian province of Ontario, we describe features of single-payer systems that are supportive of such initiatives, while also discussing features of single-payer systems that put them at a disadvantage. We examine the necessary links between strategic goals (e.g., achieving greater value), structure, and systems; the lessons learned from an early unsuccessful value-based care effort; and more recent successes based on these learnings.

What is the evidence? The authors helped design the Integrated Client Care Project in Ontario during the early 2010s.

Submitted: September 15, 2020; accepted after review September 28, 2020.

Cite as: Brian R. Golden & Rosemary Hannam. 2021. The Promises and Challenges of Value Based Care and Bundled Reimbursements in Single-Payer Health Systems. *Health Management, Policy and Innovation* (<u>HMPL.org</u>), Volume 6, Issue 1, Winter 2021.

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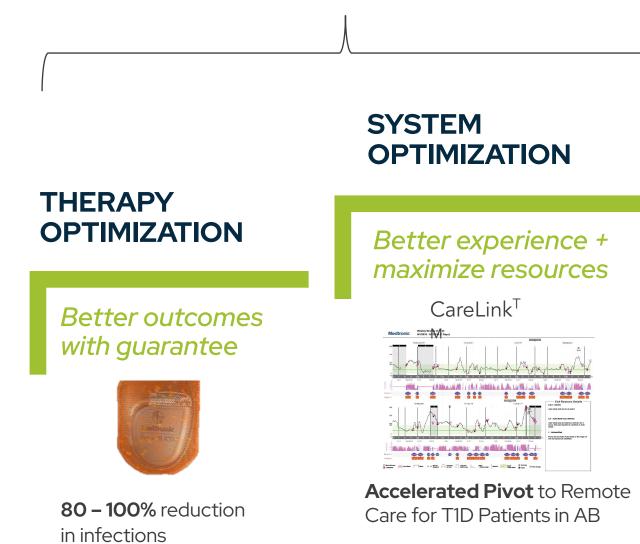


"Perfect is the enemy of good."

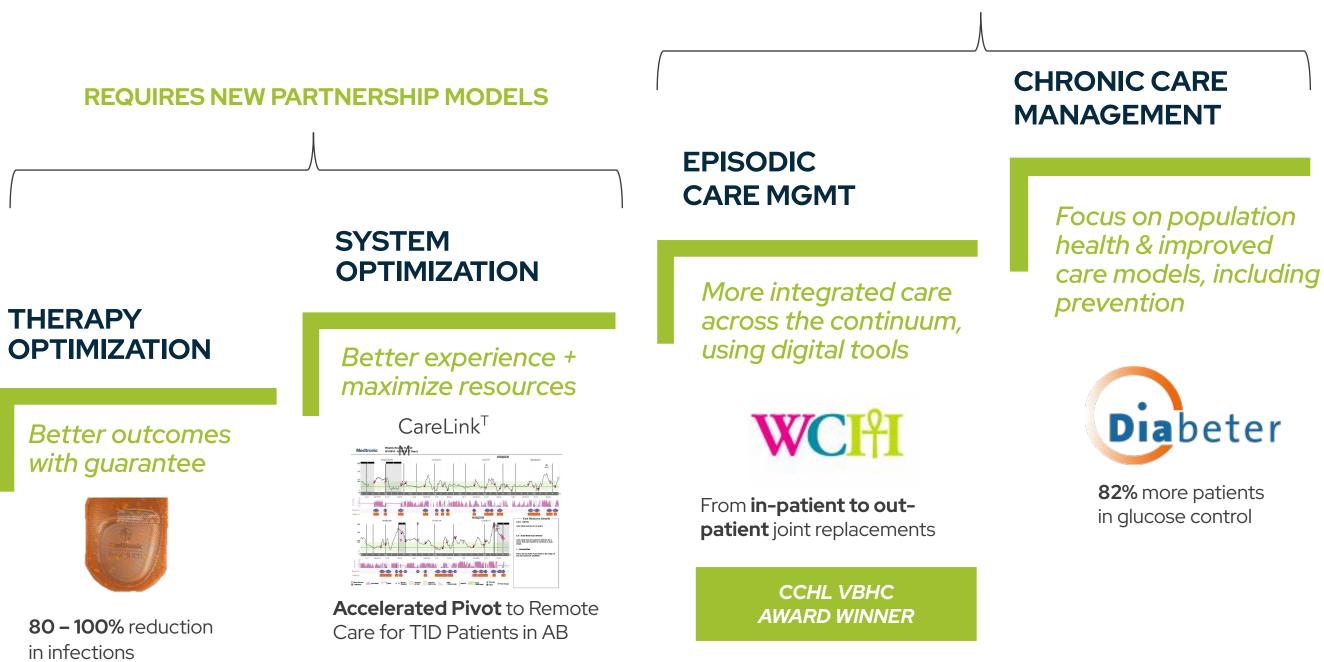
- Voltaire (1770)

The Path: From Simple to Complex

REQUIRES NEW PARTNERSHIP MODELS



The Path: From Simple to Complex



REQUIRES NEW FUNDING MODELS



Engagement Momentum

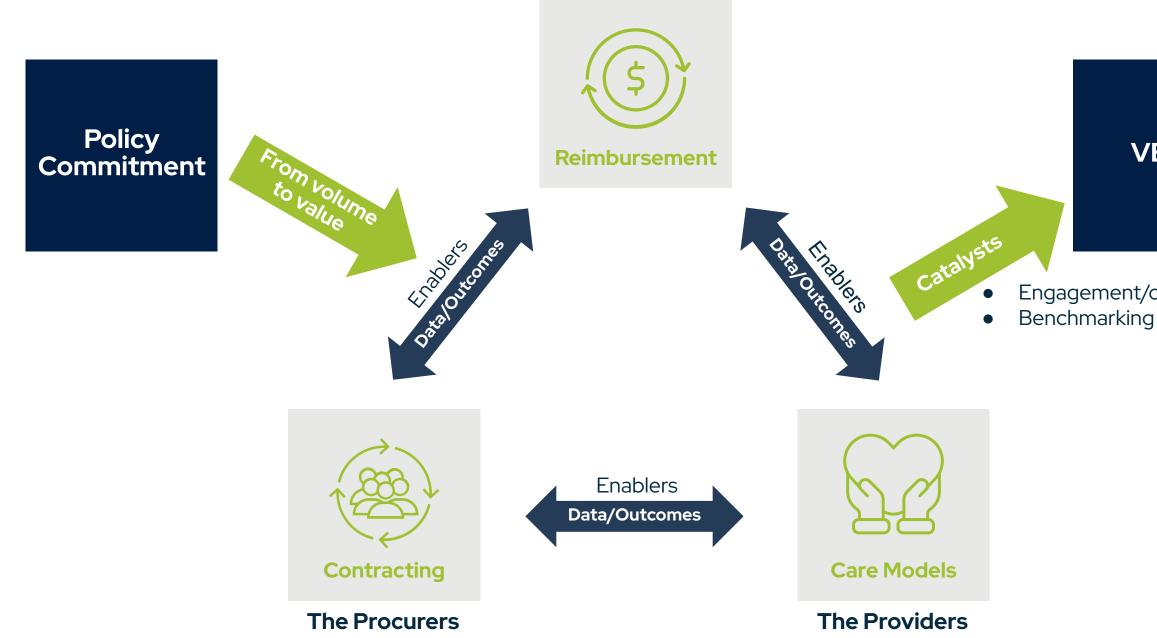
- Become part of procurement process; procurement often tech skills or political client
- Front line IPU engagement, plus executive air cover needed
- Information systems, costing outcomes measurement are enablers
- Encouraged **publication of results** to legitimize project, encourage more
- Industry is limited by field of interest and business models
- Skill sets are available from consulting industry, quality improvement staff, operational leaders
- Important to distance work from commercial work for credibility and trust
- Any progress is positive; we always exceeded our goals



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The Ecosystem:

The Payers

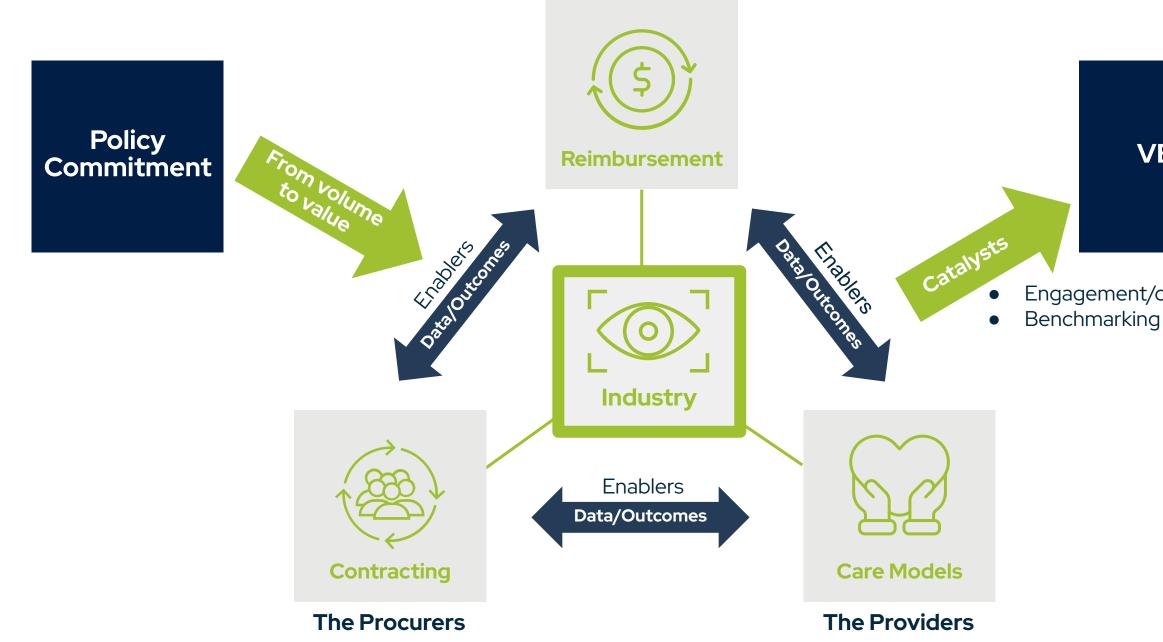




Engagement/cross learning

The Ecosystem:

The Payers





Engagement/cross learning

Industry as an Enabler

Start With One Rung of the VBHC Ladder

- Therapy Optimization
- System Optimization

Start With One Disease

- Chronic: cardiovascular, diabetes
- Episodic: joint replacement, device replacement

Address Barriers

- Standardize outcomes measurement
- Data collection & analysis
- Front-line HCP partnership
- Procurement
- Incentives

Enhance Outcomes Measurement

- Leverage EHRs
- Employ real-world evidence
- Collect patient reported outcomes

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THERAPY OPTIMIZATION

SYSTEM OPTIMIZATION

EPISODIC CARE MGMT

CHRONIC CARE MGMT

Thank you

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