

# Value-Based Competition in Health Care

Professor Michael E. Porter  
Harvard Business School

Center for Economic Policy Studies  
Princeton, New Jersey  
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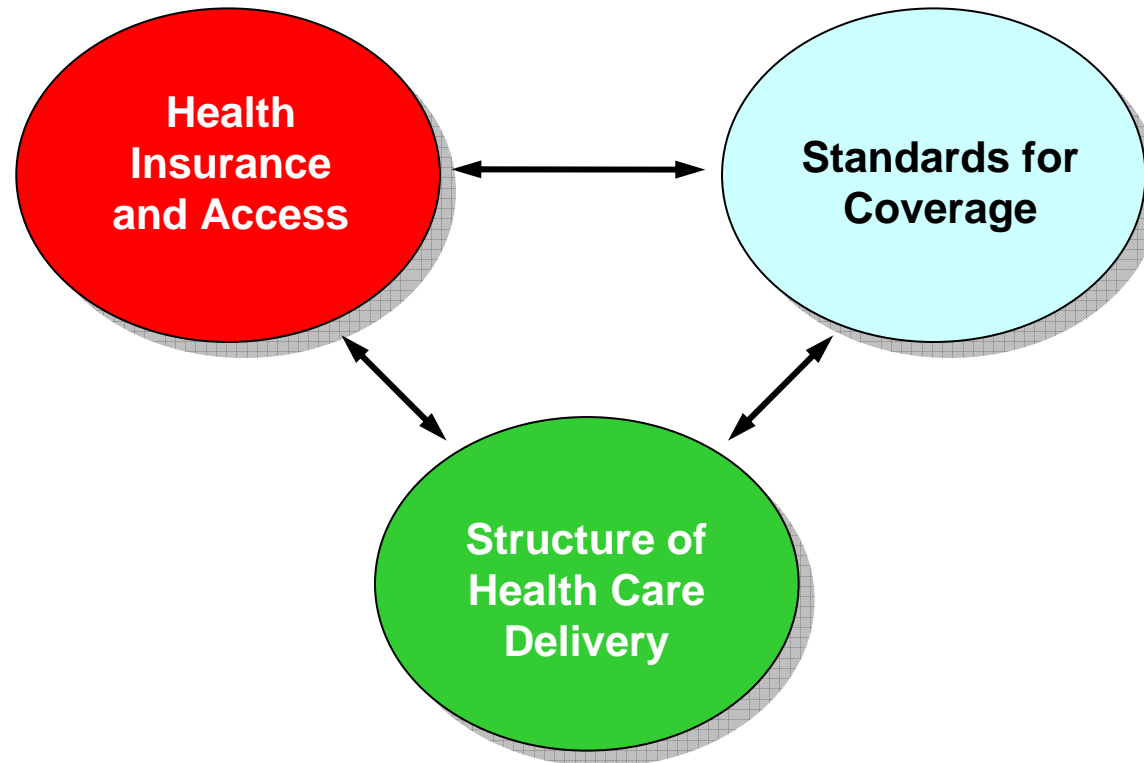
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This presentation draws on a book with Elizabeth Olmsted Teisberg ([Redefining Health Care: Creating Value-Based Competition on Results](#), Harvard Business School Press, May 2006). Earlier publications about the work include the *Harvard Business Review* article "Redefining Competition in Health Care". No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means — electronic, mechanical, photocopying, recording, or otherwise — without the permission of Michael E. Porter and Elizabeth Olmsted Teisberg.

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# Issues in Health Care Reform



# The Paradox of U.S. Health Care

The United States has a **private system** with **intense competition**

But

- Costs are **high** and **rising**
- Services are **restricted** and often fall well short of recommended care
- In other services, there is **overuse** of care
- Standards of care often **lag** and fail to follow accepted benchmarks
- **Diagnosis errors** are common
- Preventable **treatment errors** are common
- Huge **quality** and **cost differences** persist across **providers**
- Huge **quality** and **cost differences** persist across **geographic areas**
- Best practices are **slow** to spread
- Innovation is **resisted**



- Competition is **not** working
- How is this state of affairs possible?

# Competition on the Wrong Things

## Zero-Sum Competition in U.S. Health Care

- Competition to **shift costs**
- Competition to **increase bargaining power**
- Competition to **capture patients** and **restrict choice**
- Competition to **restrict services** in order to reduce costs



- None of these forms of competition increases **value for patients**

# Competition at the Wrong Levels

## Too Broad

- Between broad line hospitals, networks, and health plans

## Too Narrow

- Performing discrete services or interventions

## Too Local

- Focused on serving the local community



- Market definition is **misaligned with patient value**

# Principles of Value-Based Competition

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2. There must be **unrestricted competition** based on **results**.
  - Results vs. supply control or process compliance
  - Get patients to excellent providers vs. “lift all boats”

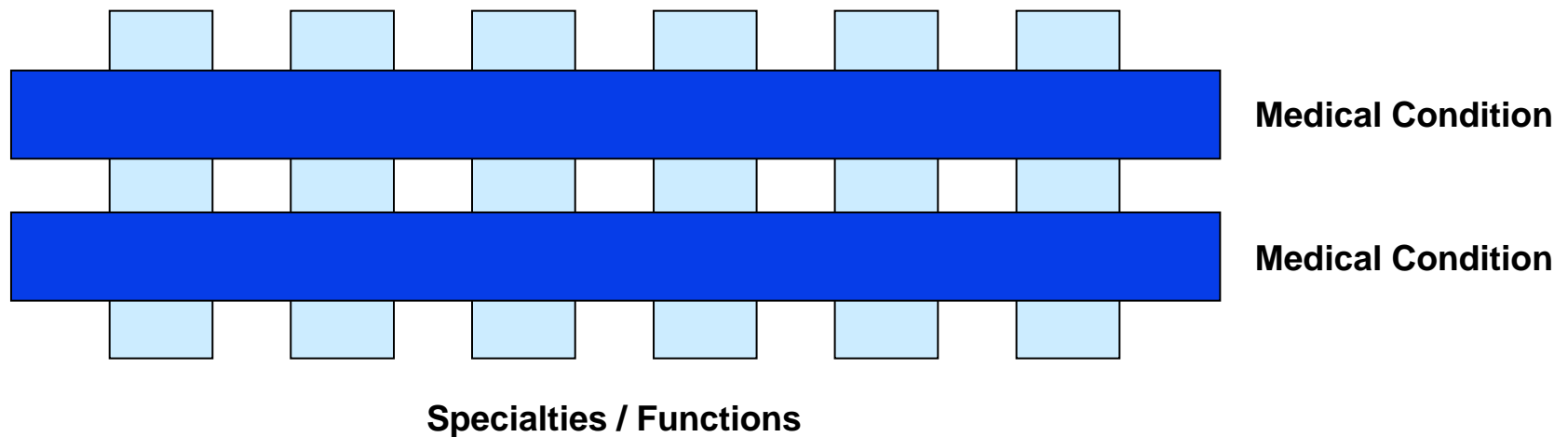
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3. Competition should center on **medical conditions** over the **full cycle of care**.



# What is a Medical Condition?

- A medical condition is **an interrelated set of patient medical circumstances best addressed in an integrated way**
  - Patient's perspective



- **Includes** most common co-occurrences
- Served through **Integrated Practice Units (IPUs)**
- Providers can and should define the boundaries of a given medical condition **differently** based on patient populations
- Most providers will serve **multiple medical conditions** through **multiple IPUs**

# What Businesses Are We In?

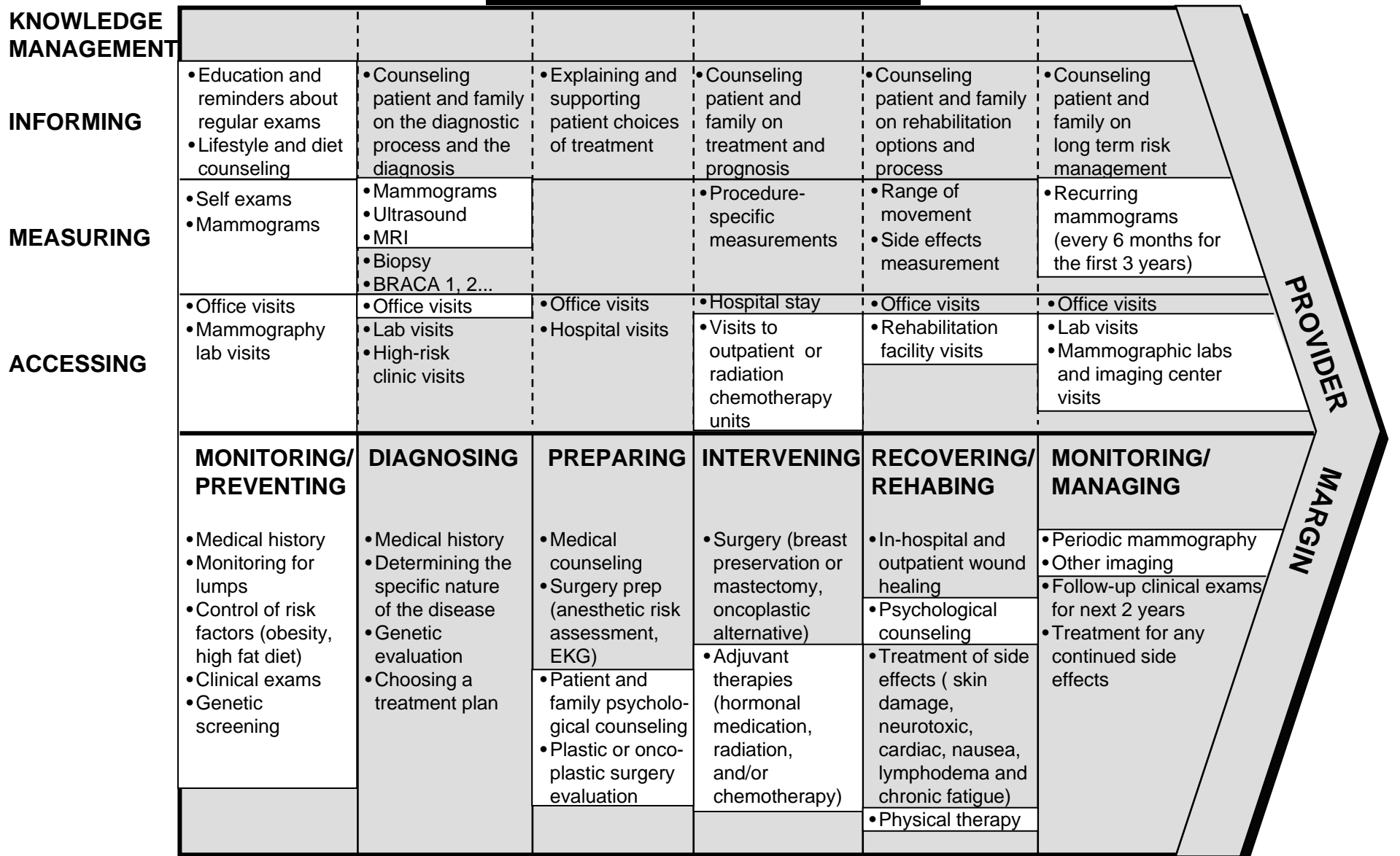
Nephrology practice



- Hypertension Management
- Chronic Kidney Disease
- End-Stage Renal Disease
- Kidney Transplants

# The Care Delivery Value Chain

## Breast Cancer Care

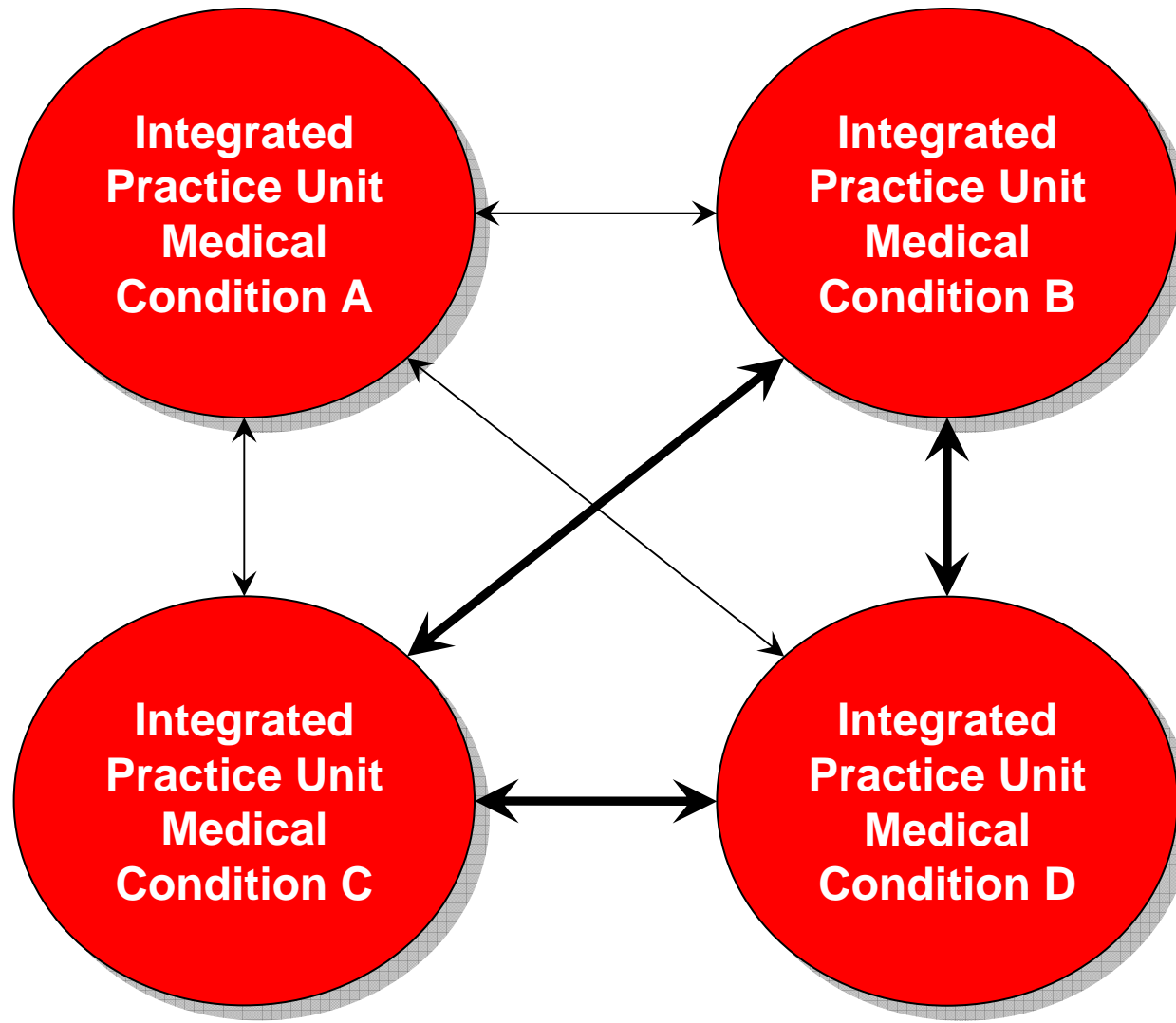


**PROVIDER**  
**MARGIN**

Breast Cancer Specialist  
 Other Provider Entities

# Levels of Medical Integration

## Within Medical Conditions versus Across Medical Conditions



## Principles of Value-Based Competition

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3. Competition should **center on medical conditions** over the **full cycle of care**.
4. High quality care should be **less** costly.
  - Prevention
  - Early detection
  - Right diagnosis
  - Early treatment
  - Right treatment to the right patients
  - Treatment earlier in the causal chain
  - Fewer mistakes and repeats in treatment
  - Fewer delays in care delivery
  - Less invasive treatment methods
  - Faster recovery
  - Less disability
  - Slower disease progression
  - Less need for long term care

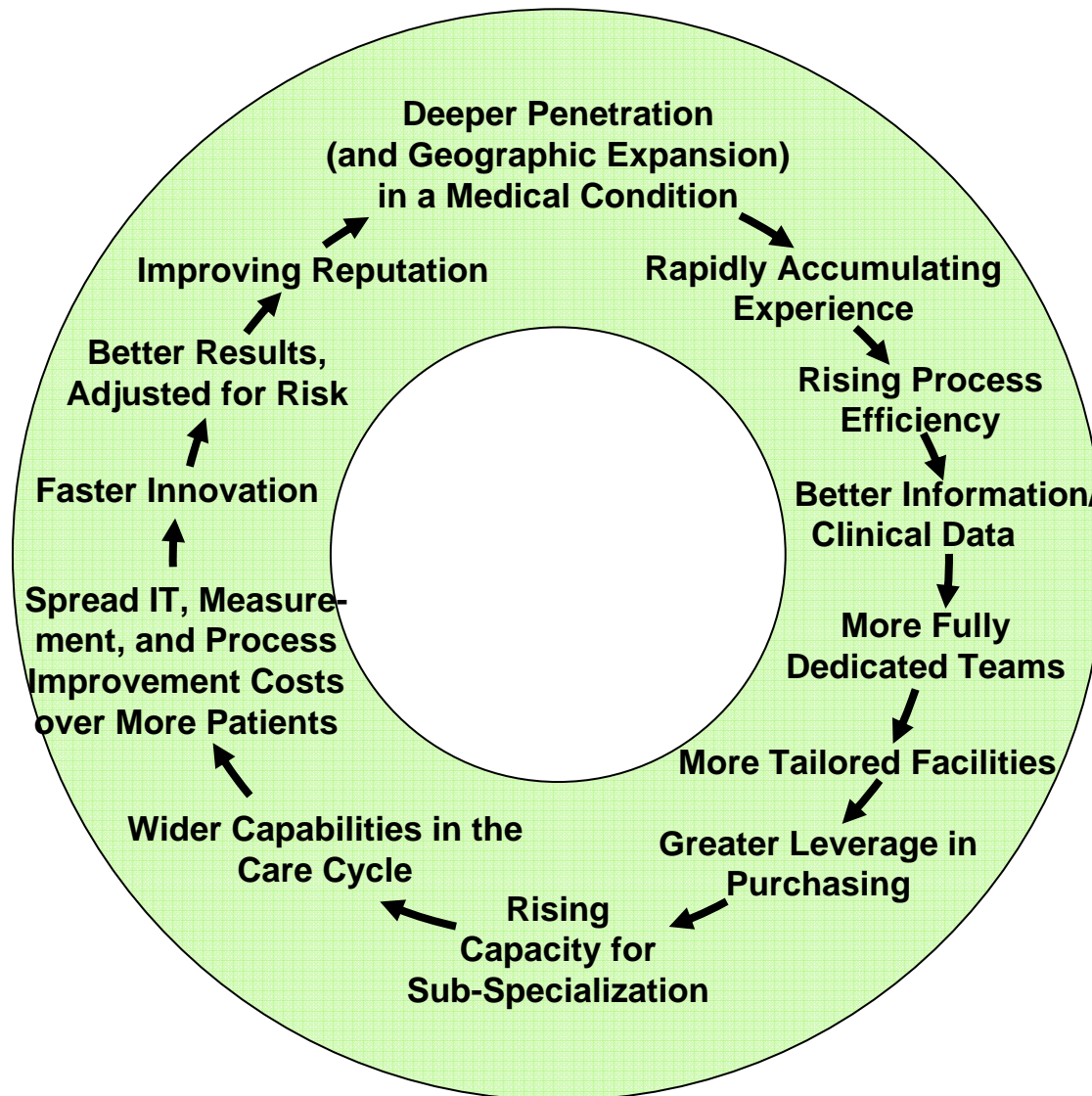


- Better health is **inherently less expensive** than worse health

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5. Value is driven by provider **experience**, **scale**, and **learning** at the **medical condition level**.

# The Virtuous Circle in a Medical Condition



- Feed virtuous circles vs. fragmentation of care

# Principles of Value-Based Competition

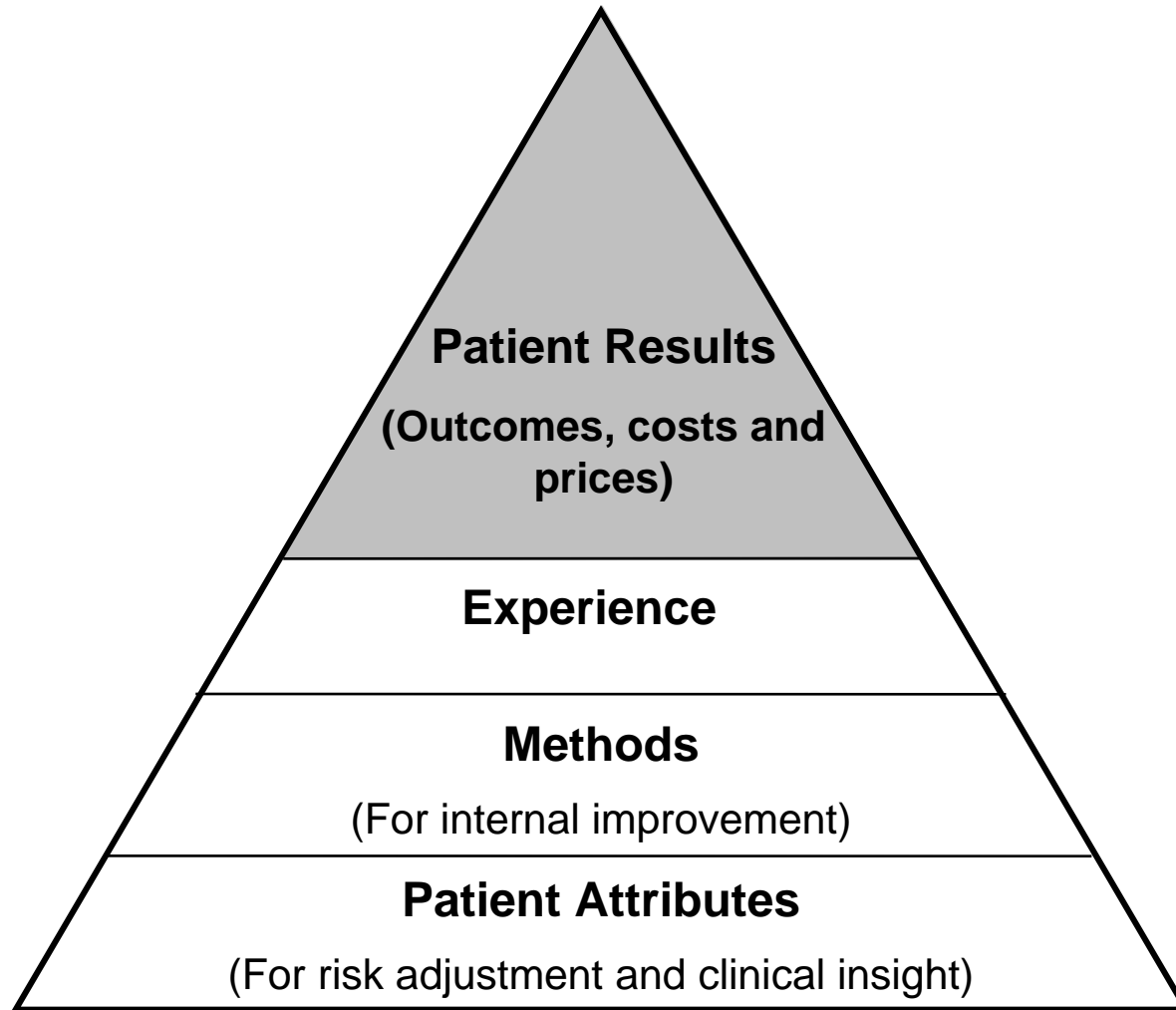
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5. Value is driven by **provider experience**, **scale**, and **learning** at the medical condition level.
6. Competition should be **regional** and **national**, not just local.
  - Virtuous circles extend across geography
  - Management of care cycles across geography
  - Partnerships and inter-organizational integration



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7. **Information** on results, costs, and prices needed for value-based competition must be widely available.

# The Information Hierarchy



# Boston Spine Group

## Clinical and Outcome Information Collected and Analyzed

### OUTCOMES

#### Patient Outcomes

(before and after treatment, multiple times)

Visual Analog Scale (pain)

Owestry Disability Index, 10 questions (functional ability)

SF-36 Questionnaire, 36 questions (burden of disease)

Length of hospital stay

Time to return to work or normal activity

#### Service Satisfaction

(periodic)

Office visit satisfaction metrics (10 questions)

#### Overall medical satisfaction

("Would you have surgery again for the same problem?")

#### Medical Complications

Cardiac

Myocardial infarction

Arrhythmias

Congestive heart failure

Vascular deep venous thrombosis

Urinary infections

Pneumonia

Post-operative delirium

Drug interactions

#### Surgery Complications

Patient returns to the operating room

Infection

Nerve injury

Sentinel events (wrong site surgeries)

Hardware failure

### METHODS

#### Surgery Process Metrics

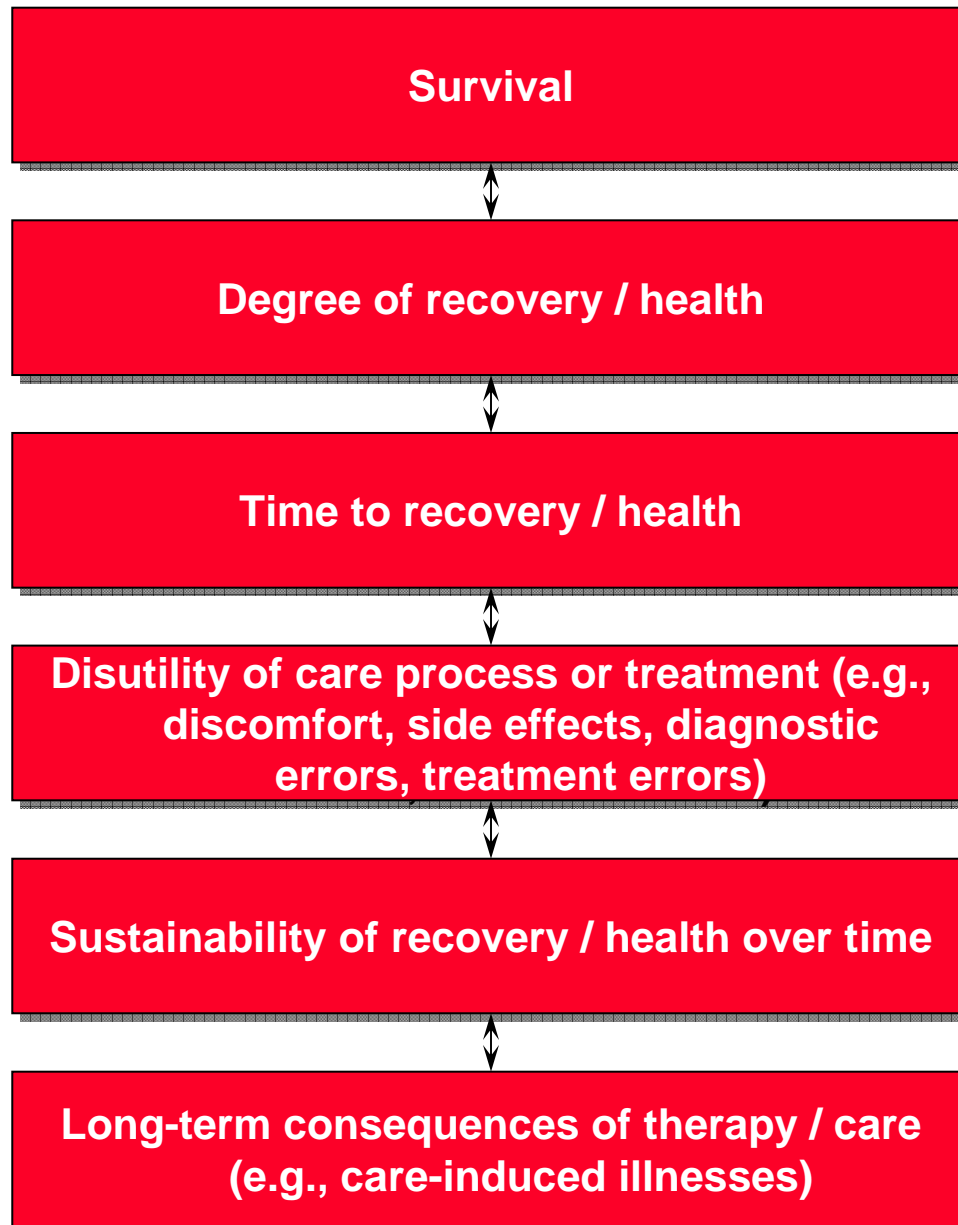
Operative time

Blood loss

Devices or products used

# Measuring Value

## The Outcome Measures Hierarchy



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8. **Innovations** that increase value must be strongly rewarded.
  - Measure value
  - Care cycle reimbursement

# Moving to Value-Based Competition

## Providers

### Defining the Right Goals

- Superior **patient value**

### Strategic and Organizational Imperatives

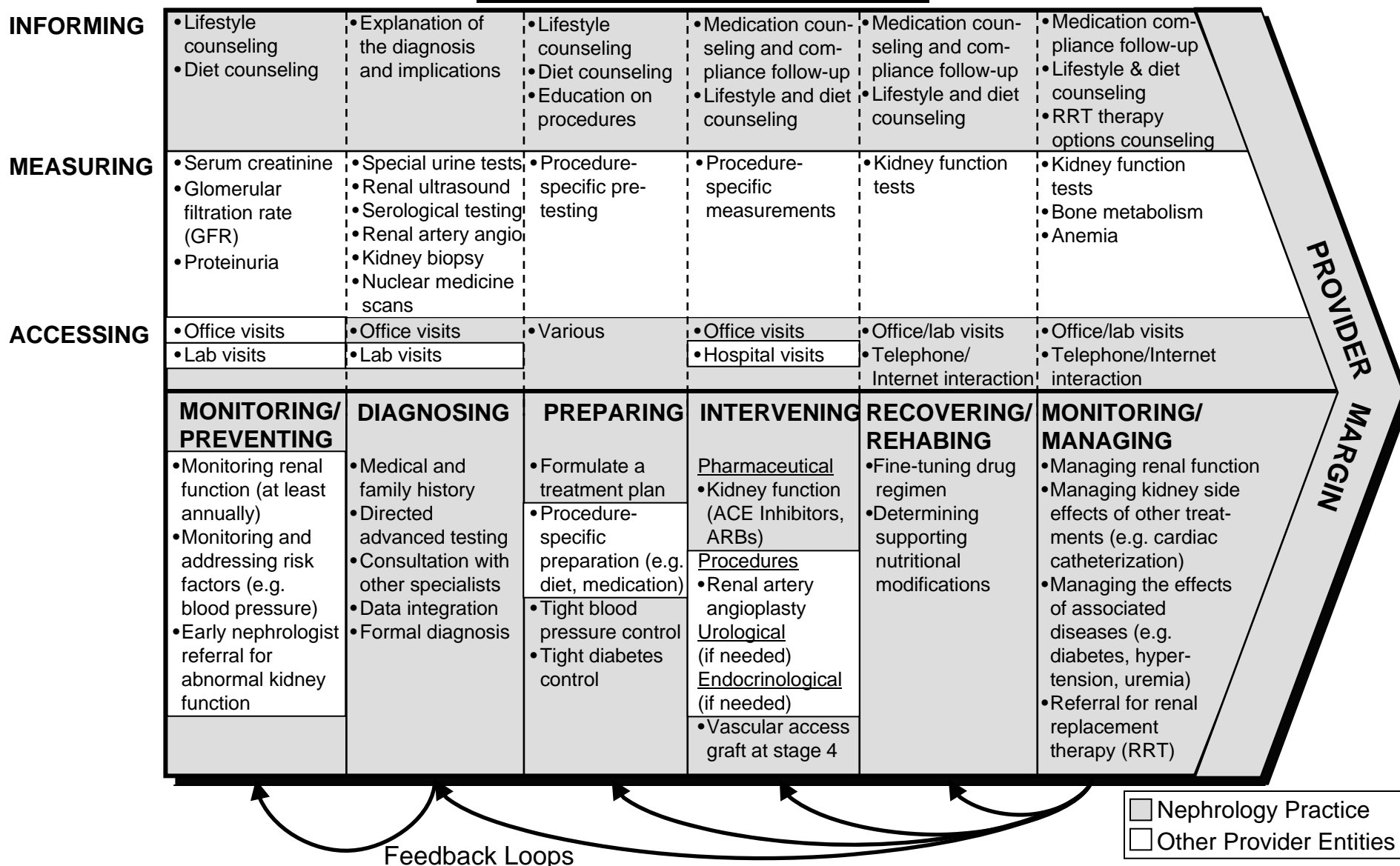
- Redefine the business around **medical conditions**
- Choose the **range and types of services provided**
- Organize around **medically integrated practice units**
- Create a **distinctive strategy** in each practice unit
- Measure **results, experience, methods, and patient attributes** by practice unit
- Move to **single bills** and new approaches to **pricing**
- **Market** services based on excellence, uniqueness, and results
- Grow locally and across geography in **areas of strength**



- Employ **partnerships** and **alliances** to achieve these aims

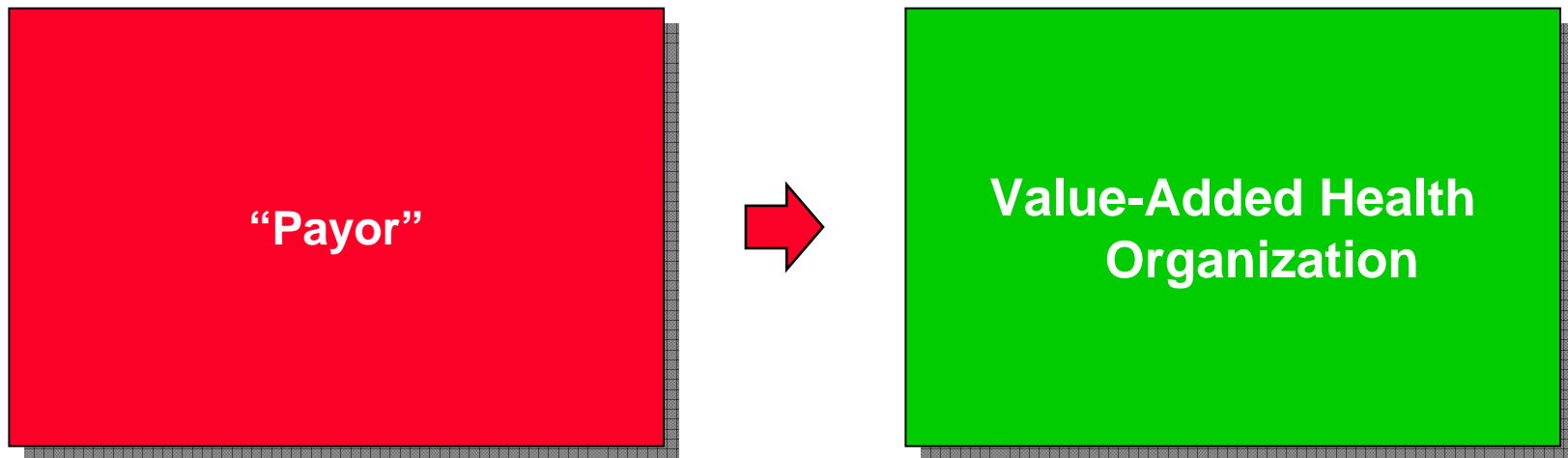
# The Care Delivery Value Chain

## Chronic Kidney Disease



# Moving to Value-Based Competition

## Health Plans

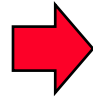




# Transforming the Roles of Health Plans

## Old Role: culture of denial

- Restrict patient choice of providers and treatment
- Micromanage provider processes and choices
- Minimize the cost of each service or treatment
- Engage in complex paperwork and administrative transactions with providers and subscribers to control costs and settle bills
- Compete on minimizing premium increases

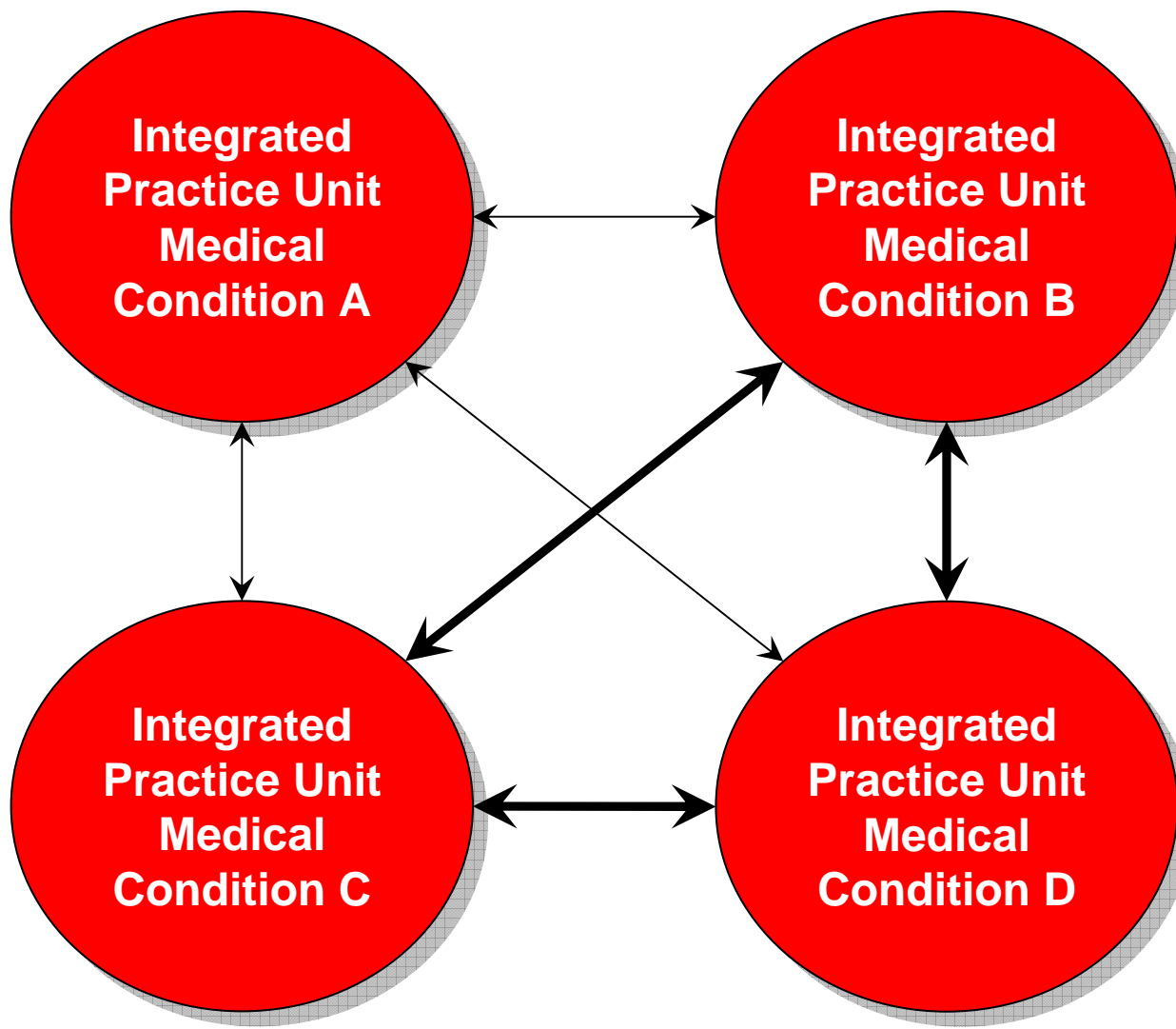


## New Role: enable value-based competition on results

- Enable informed patient and physician **choice** and patient **management** of their health
- Measure and reward providers based on **results**
- Maximize the value of care over the **full care cycle**
- **Minimize** the need for administrative transactions and simplify billing
- Compete on subscriber **health results**

# Levels of Medical Integration

## Within Medical Conditions versus Across Medical Conditions



# Moving to Value-Based Competition

## Roles of Health Plans

### Provide Health Information and Support to Patients and Physicians

1. Organize around **medical conditions**, not geography or administrative functions
2. Develop measures and assemble results **information** on providers and treatments
3. Actively **support provider** and **treatment choice** with information and unbiased counseling
4. Organize information and patient support around the **full cycle of care**
5. Provide comprehensive **disease management** and **prevention** services to all members, even healthy ones

### Restructure the Health Plan-Provider Relationship

6. Shift the nature of **information sharing** with providers
7. Reward provider **excellence** and value-enhancing **innovation** for patients
8. Move to **single bills** for episodes and cycles of care, and **single prices**
9. Simplify, standardize, and eliminate **paperwork** and **transactions**

### Redefine the Health Plan-Subscriber Relationship

10. Move to **multi-year subscriber contracts** and shift the nature of plan contracting
11. **End cost shifting practices**, such as re-underwriting, that erode trust in health plans and breed cynicism
12. Assist in managing **members' medical records**

# Moving to Value-Based Competition

## Employers

- Set the goal of increasing **health value**, not minimizing health benefit costs
- Set new expectations for health plans, including **self-insured** plans
- Provide for health plan **continuity** for employees, rather than plan churning
- Enhance provider competition on **results**
- Support and motivate employees to **make good health care choices** and **manage their own health**
- Find ways to **expand insurance coverage** and advocate reform of the insurance system
- Measure and hold employee benefit staff accountable for the company's **health value received**

# Moving to Value-Based Competition

## Consumers

- Participate actively in **managing personal health**
- Expect **relevant information** and seek advice
- Make treatment and provider **choices** based on **excellent results** and **personal values**, not convenience or amenities
- Choose a health plan based on **value added**
- Build a **long-term relationship** with an excellent health plan
- Act **responsibly**



- Consumers cannot (and should not) be the **only** drivers

# Roles of Government in Value-Based Competition

- Require the collection and dissemination of the **risk-adjusted outcome information**
- Open up **value-based competition** at the right level
- Enable bundled prices and price **transparency**
- Limit or eliminate **price discrimination**
- Develop information technology standards and rules to enable **interoperability** and **information sharing**
- Invest in medical and clinical **research**



- Medicare can be a driver

# The Critics

- Practicality
  - “Utopian vision”; “Innocence”
  - These ideas “might occur to anyone possessed of a modicum of common sense but not too familiar with the real world of health care.”  
- Uwe Reinhardt
- Medical Conditions / Provider Strategy
  - “Patients have a nasty habit of having more than one thing wrong with them.”  
- Gail Wilensky
  - “If each provider focuses on only one medical condition, they will not be able to treat the patient’s real problem...”  
- Various commentators
- Integrated Health Systems
  - “Integrated delivery systems can organize and arrange comprehensive health services for members.”  
- Alain Enthoven

# How Will Redefining Health Care Begin?

- It is **already happening!**
- Each **system** participant can take **voluntary** steps in these directions, and will **benefit** irrespective of other changes.
- The changes are **mutually reinforcing**.
- Once competition begins working, value improvement will **no longer be discretionary** or **optional**
- Those organizations that **move early** will gain major benefits.