Value-Based Health Care Delivery

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This presentation draws on Redefining Health Care: Creating Value-Based Competition on Results (with Elizabeth O. Teisberg), Harvard Business School Press, May 2006; "A Strategy for Health Care Reform—Toward a Value-Based System," *New England Journal of Medicine*, June 3, 2009; "Value-Based Health Care Delivery," *Annals of Surgery* 248: 4, October 2008; "Defining and Introducing Value in Healthcare," *Institute of Medicine Annual Meeting*, 2007. Additional information about these ideas, as well as case studies, can be found the Institute for Strategy & Competitiveness Redefining Health Care website at http://www.hbs.edu/rhc/index.html.

Redefining Health Care Delivery

- The core issue in health care is the **value of health care delivered**

> Value: Patient health outcomes per dollar spent

- Delivering high and improving value is the **fundamental purpose** of health care
- Value is the only goal that can **unite the interests** of all system participants

- How to design a health care delivery system that **dramatically improves patient value**
- How to construct a **dynamic system** that keeps rapidly improving

Creating a Value-Based Health Care System

- Significant improvement in value will require **fundamental restructuring of health care delivery**, not incremental improvements

Care pathways, process improvements, safety initiatives, case managers, disease management and other **overlays** to the current structure are beneficial, but not sufficient

Creating The Right Kind of Competition

- Patient **choice** and **competition** for patients are powerful forces to encourage continuous improvement in value and restructuring of care
- But today's competition in health care **is not aligned with value**

Financial success of system participants	≠	Patient success

- Creating positive-sum **competition on value** for patients is fundamental to health care reform in every country

Principles of Value-Based Health Care Delivery

- The overarching goal in health care must be **value for patients**, not access, cost containment, convenience, or customer service

$$\text{Value} = \frac{\text{Health outcomes}}{\text{Costs of delivering the outcomes}}$$

  - Outcomes are the **full set of health results for a patient's condition** over the care cycle
  - Costs are the **total costs of care for a patient's condition** over the care cycle

Creating a Value-Based Health Care Delivery System

The Strategic Agenda

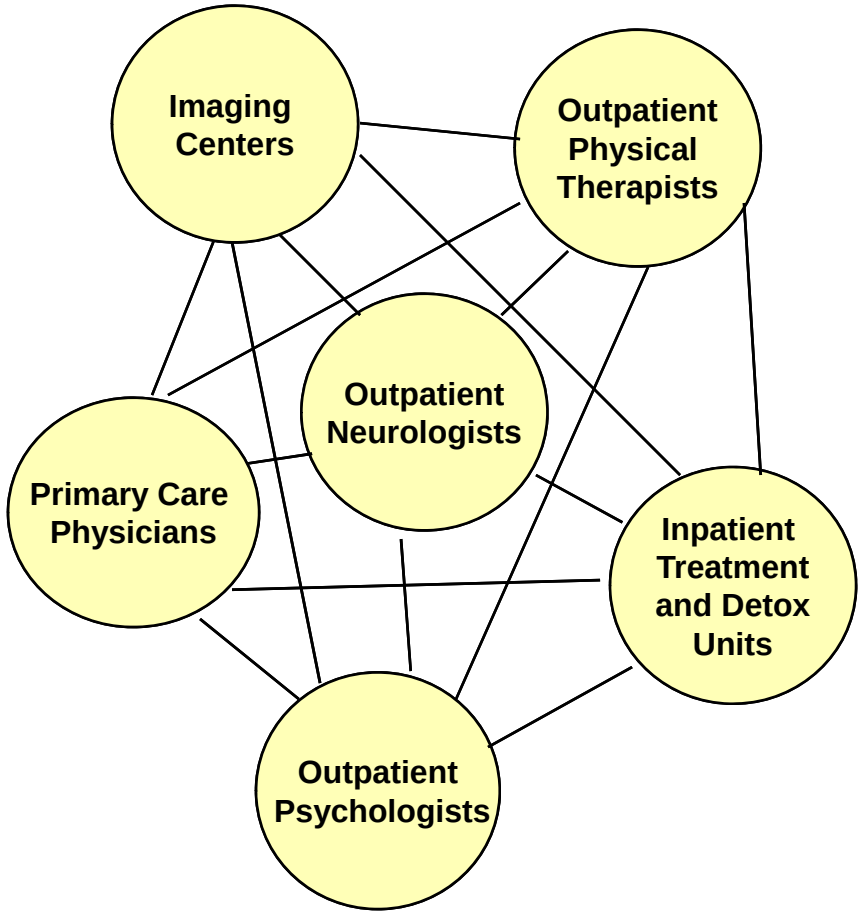
1. Organize Care into Integrated Practice Units (IPUs) around Patient Medical Conditions
   - Organize primary and preventive care to serve distinct patient segments
2. Measure Outcomes and Cost for Every Patient
3. Reimburse through Bundled Prices for Care Cycles
4. Integrate Care Delivery Across Separate Facilities
5. Expand Geographic Coverage by Excellent Providers
6. Build an Enabling Information Technology Platform

1. Organizing Care Around Patient Medical Conditions

Migraine Care in Germany

Existing Model:

Organize by Specialty and Discrete Services



Source: Porter, Michael E., Clemens Guth, and Elisa Dannemiller, *The West German Headache Center: Integrated Migraine Care*, Harvard Business School Case 9-707-559, September 13, 2007

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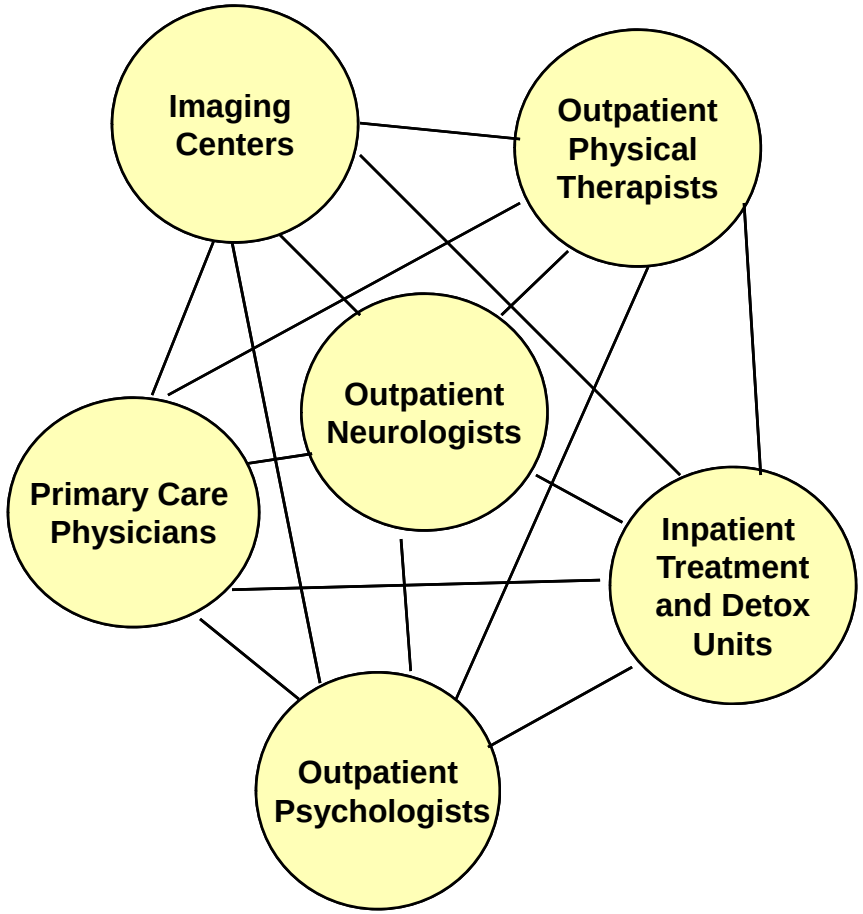
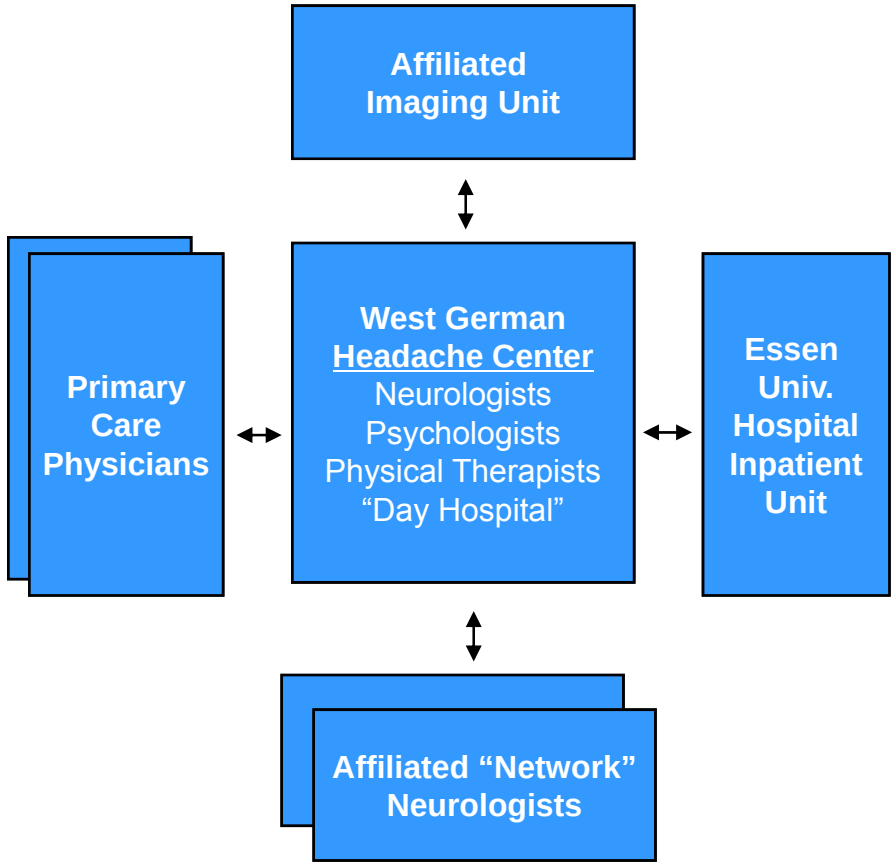


New Model:
Organize into Integrated Practice Units (IPUs)



Source: Porter, Michael E., Clemens Guth, and Elisa Dannemiller, *The West German Headache Center: Integrated Migraine Care*, Harvard Business School Case 9-707-559, September 13, 2007

What is a Medical Condition?

- A medical condition is **an interrelated set of patient medical circumstances best addressed in an integrated way**
  - Defined from the **patient's** perspective
  - Involving **multiple** specialties and services
  - **Including** common co-occurring conditions and complications
  - E.g., diabetes, breast cancer, knee osteoarthritis
- In primary / preventive care, the **unit of value creation** is **defined patient segments** with similar preventive, diagnostic, and primary treatment needs (e.g. healthy adults, frail elderly)

- The medical condition / patient segment is the proper **unit of value creation** in health care delivery
  - For care organizations
  - For measurement

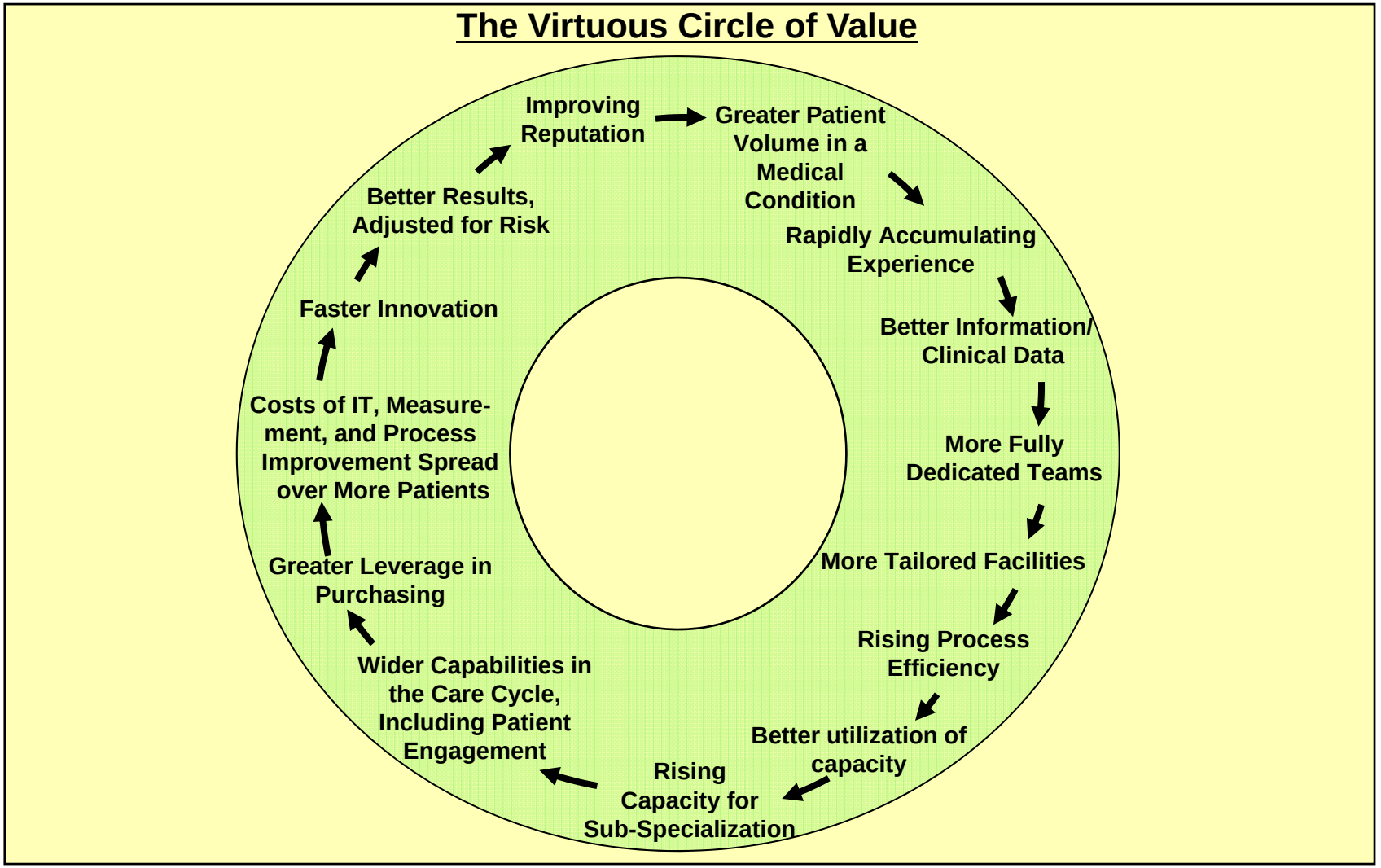
Integrating Across the Cycle of Care
Breast Cancer

	MONITORING/ PREVENTING	DIAGNOSING	PREPARING	INTERVENING	RECOVERING/ REHABING	MONITORING/ MANAGING
INFORMING AND ENGAGING	• Advice on self screening • Consultations on risk factors	• Counseling patient and family on the diagnostic process and the diagnosis	• Explaining patient treatment options/ shared decision making • Patient and family psychological counseling	• Counseling on the treatment process • Education on managing side effects and avoiding complications • Achieving compliance	• Counseling on rehabilitation options, process • Achieving compliance • Psychological counseling	• Counseling on long term risk management • Achieving compliance
MEASURING	• Self exams • Mammograms	• Mammograms • Ultrasound • MRI • Labs (CBC, etc.) • Biopsy • BRACA 1, 2… • CT • Bone Scans	• Labs	• Procedure-specific measurements	• Range of movement • Side effects measurement	• MRI, CT • Recurring mammograms (every six months for the first 3 years)
ACCESSING THE PATIENT	• Office visits • Mammography unit • Lab visits	• Office visits • Lab visits • High risk clinic visits	• Office visits • Hospital visits • Lab visits	• Hospital stays • Visits to outpatient radiation or chemo-therapy units • Pharmacy visits	• Office visits • Rehabilitation facility visits • Pharmacy visits	• Office visits • Lab visits • Mammographic labs and imaging center visits
	• Medical history • Control of risk factors (obesity, high fat diet) • Genetic screening • Clinical exams • Monitoring for lumps	• Medical history • Determining the specific nature of the disease (mammograms, pathology, biopsy results) • Genetic evaluation • Labs	• Choosing a treatment plan • Surgery prep (anesthetic risk assessment, EKG) • Plastic or onco-plastic surgery evaluation • Neo-adjuvant chemotherapy	• Surgery (breast preservation or mastectomy, oncoplastic alternative) • Adjuvant therapies (hormonal medication, radiation, and/or chemotherapy)	• In-hospital and outpatient wound healing • Treatment of side effects (e.g. skin damage, cardiac complications, nausea, lymphedema and chronic fatigue) • Physical therapy	• Periodic mammography • Other imaging • Follow-up clinical exams • Treatment for any continued or later onset side effects or complications

Attributes of an Integrated Practice Unit (IPU)

1. Organized around the **patient medical condition** or set of closely related conditions (or patient segment in primary care)
2. Involves a **dedicated**, **multidisciplinary team** who devotes a significant portion of their time to the condition
3. Providers involved are members of or affiliated with a **common organizational unit**
4. Takes responsibility for the **full cycle of care** for the condition
   - Encompassing **outpatient**, **inpatient**, and **rehabilitative** care as well as **supporting services** (e.g. nutrition, social work, behavioral health)
5. Incorporates **patient education**, **engagement**, and **follow-up** as integral to care
6. Utilizes a **single administrative** and **scheduling structure**
7. **Co-located** in **dedicated facilities**
8. Care is led by a **physician team captain** and a **care manager** who oversee each patient's care process
9. **Measures** outcomes, costs, and processes for each patient using a common **information platform**
10. Providers function as a team, **meeting formally and informally** on a regular basis to discuss patients, processes and results
11. Accepts **joint accountability** for outcomes and costs

Volume in a Medical Condition Enables Value



- Volume and experience will have an even greater impact on value **in an IPU structure** than in the current system

Role of Volume in Value Creation

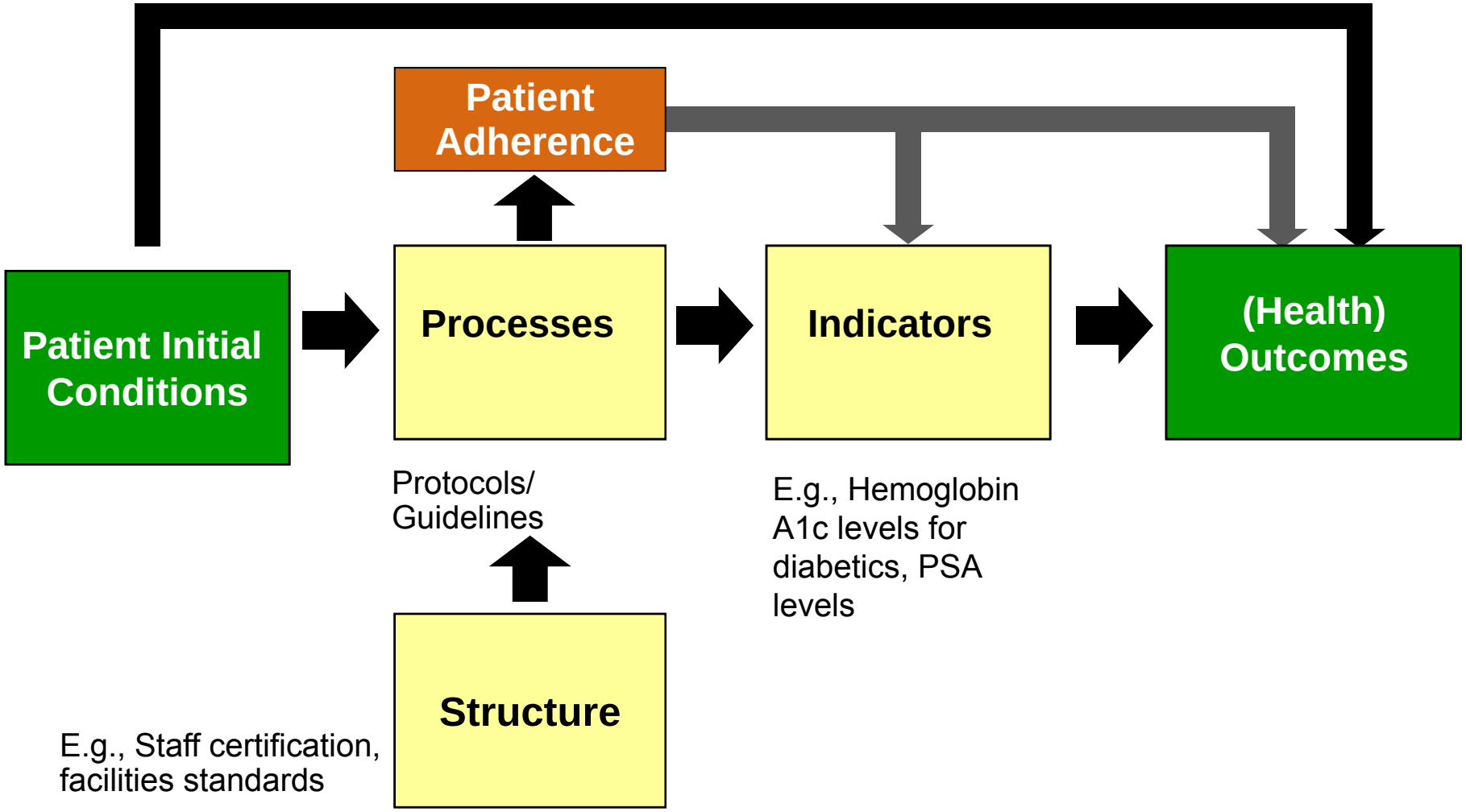
Fragmentation of Hospital Services in Sweden

DRG	Number of admitting providers	Average percent of total national admissions	Average admissions/ provider/ year	Average admissions/ provider/ week
Knee Procedure	68	1.5%	55	1
Diabetes age > 35	80	1.3%	96	2
Kidney failure	80	1.3%	97	2
Multiple sclerosis and cerebellar ataxia	78	1.3%	28	1
Inflammatory bowel disease	73	1.4%	66	1
Implantation of cardiac pacemaker	51	2.0%	124	2
Splenectomy age > 17	37	2.6%	3	<1
Cleft lip & palate repair	7	14.2%	83	2
Heart transplant	6	16.6%	12	<1

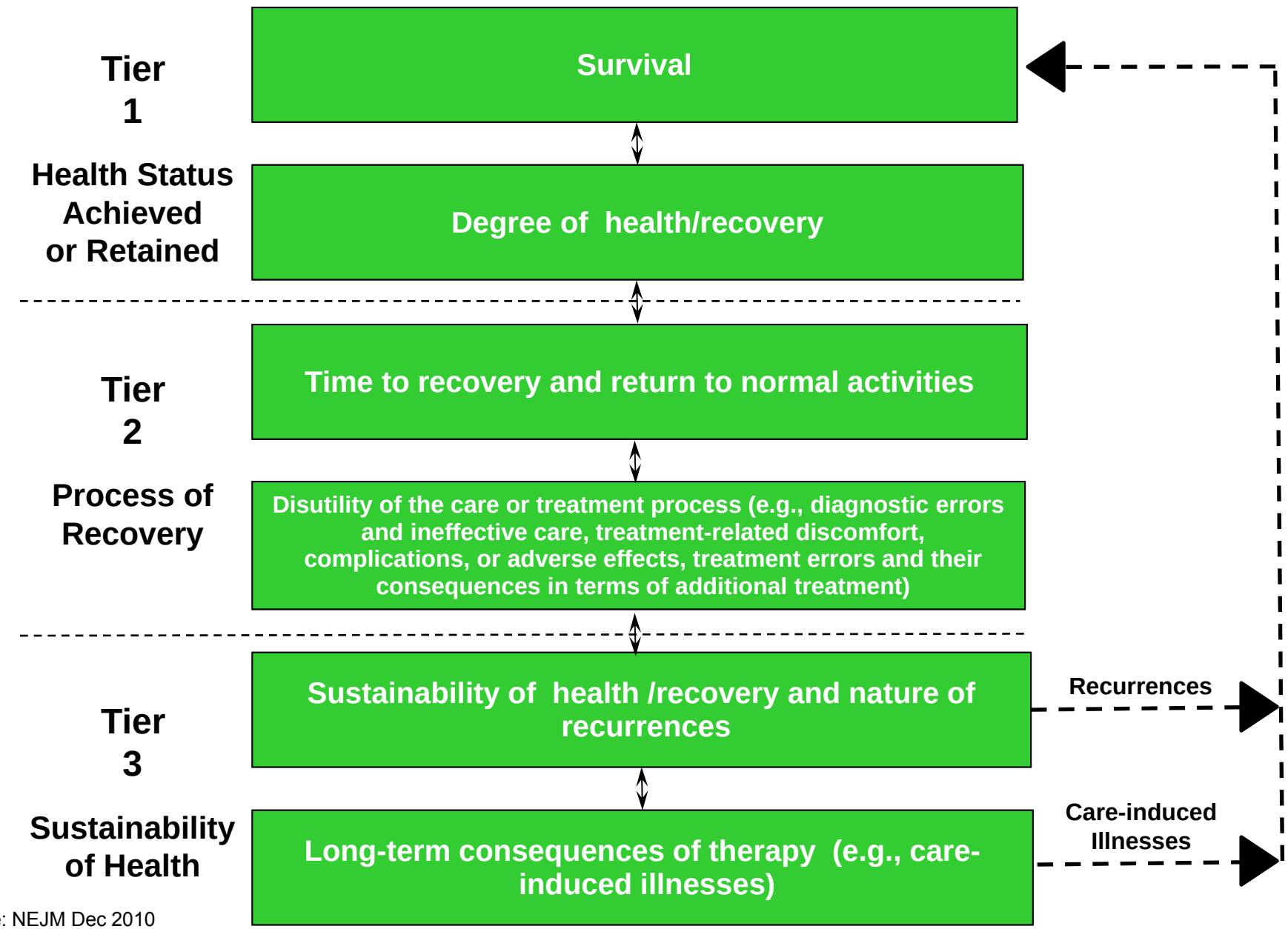
Source: Compiled from The National Board of Health and Welfare Statistical Databases – DRG Statistics, Accessed April 2, 2009.

2. Measuring Outcomes and Cost for Every Patient

The Measurement Landscape



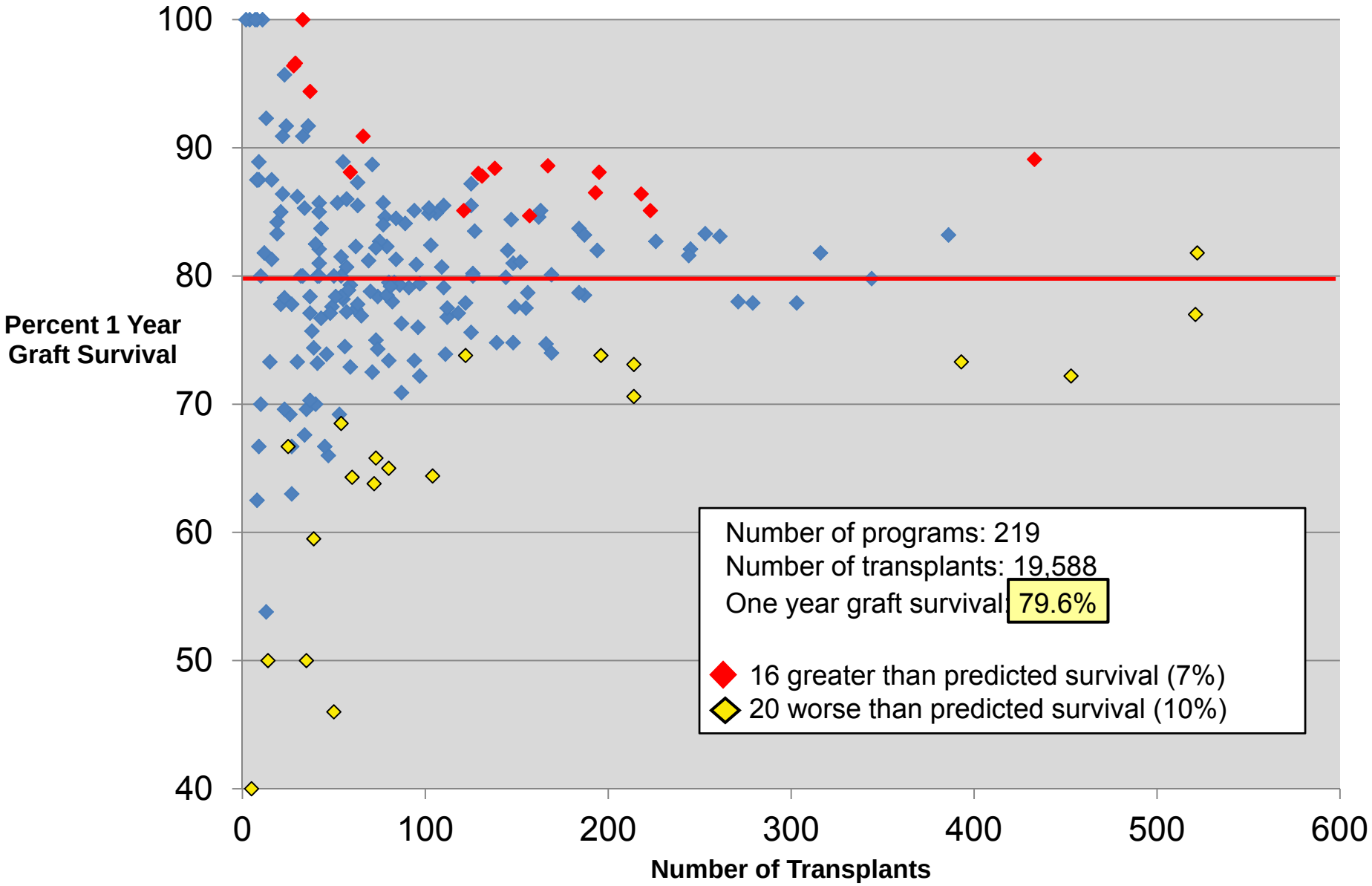
The Outcome Measures Hierarchy



Source: NEJM Dec 2010

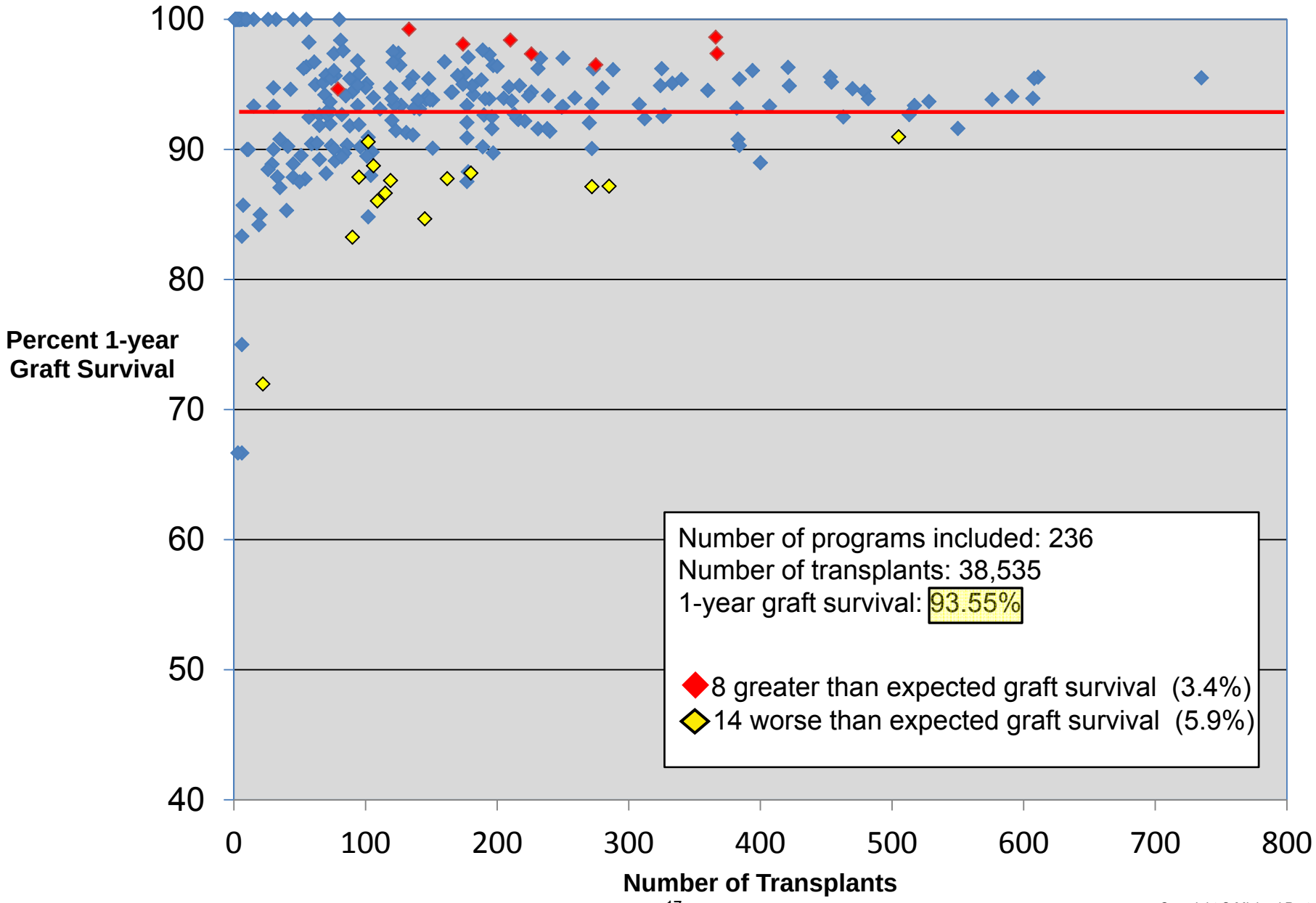
Adult Kidney Transplant Outcomes

U.S. Centers, 1987-1989



Adult Kidney Transplant Outcomes

U.S. Center Results, 2008-2010



The International Consortium for Health Outcomes Measurement (ICHOM)

Strategic Vision

1. Become the **single global repository** of in-use outcome measures and risk-adjustment factors by medical condition
   - ICHOM Metrics Repository
2. Enable **international standardization** of outcome measures by medical condition
3. Identify and disseminate global **outcome measurement best practices**
   - Registry Development Compass
   - Provider case studies
4. Develop an **cross-stakeholder, cross-country network** dedicated to advancing outcomes measurement and Value-Based Health Care Delivery
   - Curriculum and conferences
   - Working groups

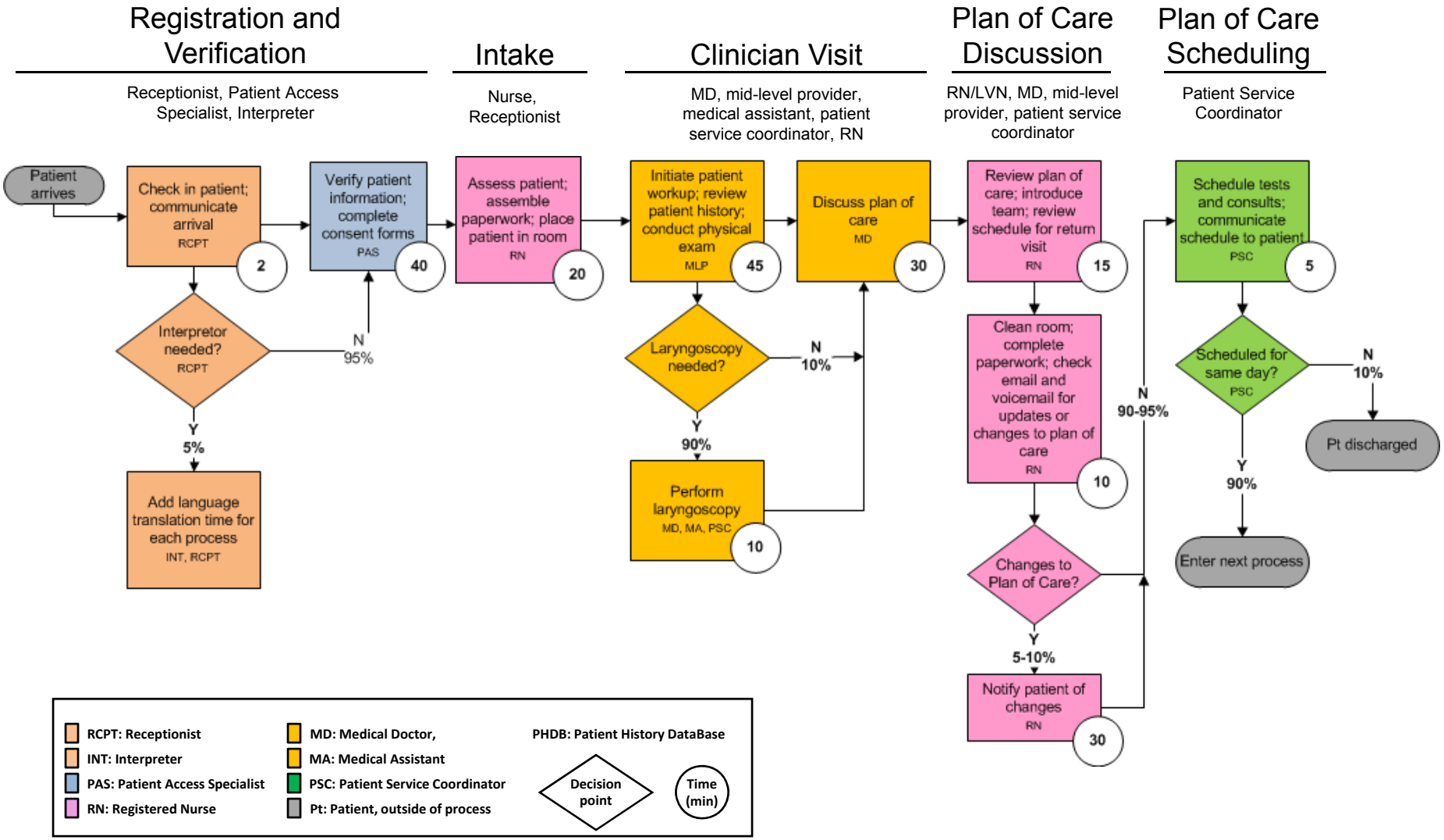
A non-profit organization founded by Professor Michael Porter, The Karolinska University and The Boston Consulting Group to advance outcomes measurement worldwide

Measuring the Cost of Care Delivery: Principles

- Cost is the **actual expense** of patient care, not the **charges** billed or collected
- Cost should be measured around the **patient**
- Cost should be aggregated over the **full cycle of care for the patient's medical condition,** not for departments, services, or line items
- Cost depends on the **actual use of resources** involved in a patient's care process (personnel, facilities, supplies)
  - The **time** devoted to each patient by these resources
  - The **capacity cost** of each resource
  - The **support costs** required for each patient-facing resource

Mapping Resource Utilization

MD Anderson Cancer Center – New Patient Visit

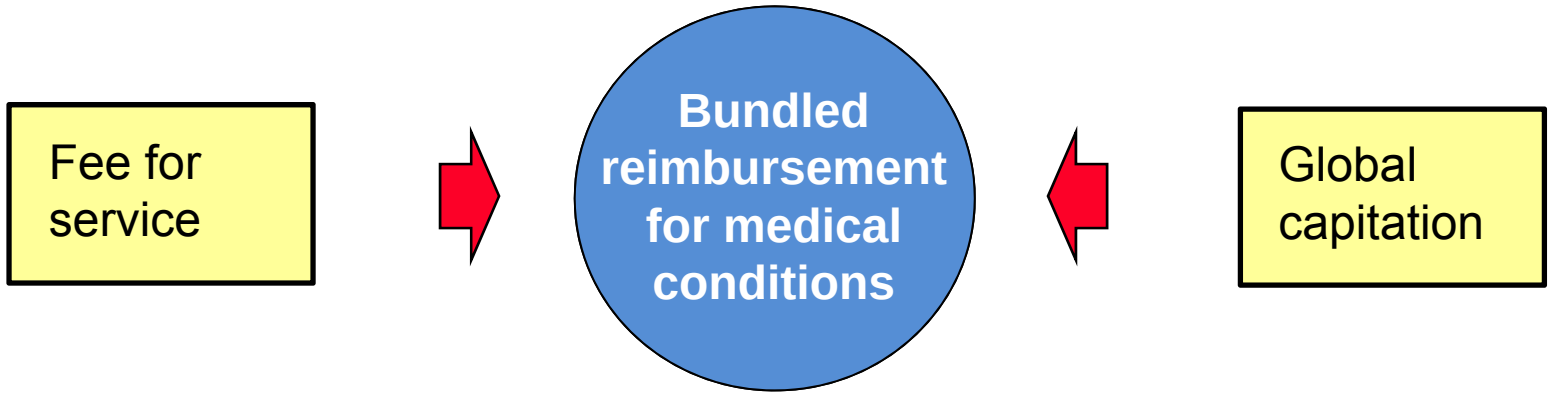


Major Cost Reduction Opportunities in Health Care

- **Process variation** that reduces efficiency without improving outcomes
- Over-provision of **low-** or **non-value adding** services or tests
  - Sometimes to follow rigid protocols or justify billing
- **Low utilization** of expensive physicians, staff, clinical space and equipment, partly due to duplication and service fragmentation
- Use of **physicians and skilled staff** for less skilled activities
- Delivering care in **over-resourced** facilities
  - E.g. routine care delivered in expensive hospital settings
- **Long cycle times** and unnecessary delays
- Redundant **administrative** and **scheduling** units
- Excess **inventory** and weak inventory management
- Focus on the costs of discrete services rather than **optimizing the total cost** of the care cycle
- Lack of **cost awareness** in clinical teams

- There are numerous cost reduction opportunities that do not require outcome **tradeoffs**, but will actually **improve outcomes**

3. Reimbursing through Bundled Prices for Care Cycles



Bundled Price

- A single price covering the **full care cycle for an acute medical condition**
- Time-based reimbursement for overall care of a **chronic condition**
- Time-based reimbursement for **primary/preventive care** for a **defined patient segment**

Bundled Payment in Practice
Hip and Knee Replacement in Stockholm, Sweden

- **Components** of the bundle

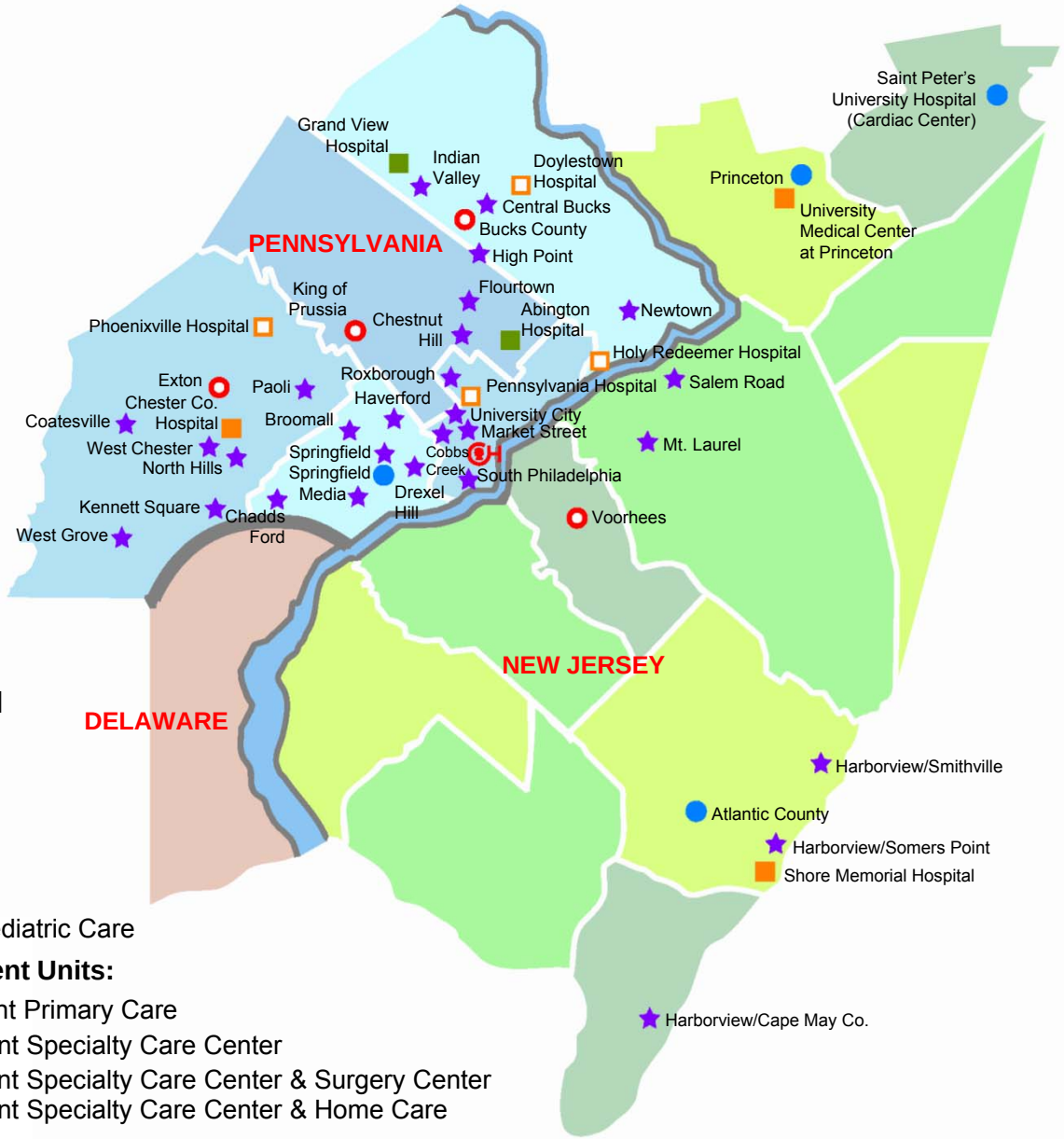
- Pre-op evaluation - Lab tests - Radiology - Surgery & related admissions - Prosthesis - Drugs - Inpatient rehab, up to 6 days	- All physician and staff fees and costs - 1 follow-up visit within 3 months - Any additional surgery to the joint within 2 years - If post-op infection requiring antibiotics occurs, guarantee extends to 5 years

- Currently applies to all **relatively healthy patients** (i.e. ASA scores of 1 or 2)
- The same **referral process** from PCPs is utilized as the traditional system
- **Mandatory reporting** by providers to the joint registry plus supplementary reporting
- Applies to **all** qualifying patients. Provider participation is **voluntary**, but all providers are continuing to offer total joint replacements

- The Stockholm bundled price for a knee or hip replacement is about **US $8,000**

4. Integrating Care Delivery Across Separate Facilities

Children's Hospital of Philadelphia Care Network



The Children's Hospital *of* Philadelphia®

Network Hospitals:

- CHOP Newborn Care
- CHOP Pediatric Care
- CHOP Newborn & Pediatric Care

Wholly-Owned Outpatient Units:

- Pediatric & Adolescent Primary Care
- Pediatric & Adolescent Specialty Care Center
- Pediatric & Adolescent Specialty Care Center & Surgery Center
- Pediatric & Adolescent Specialty Care Center & Home Care

Four Levels of Provider System Integration

1. Choose an **overall scope of services** where the provider system can achieve excellence in value
2. **Rationalize service lines / IPUs across facilities** to improve volume, better utilize resources, and deepen teams
3. Offer specific services at the **appropriate facility**
   - Based on medical condition, acuity level, resource intensity, cost level, need for convenience
   - Shift routine surgeries to less resourced and more specialized facilities
4. Clinically integrate care **across units and facilities** using an IPU structure
   - Integrate services across the care cycle
   - Integrate preventive/primary care units with specialty IPUs

There are major value improvements available from **concentrating volume** by medical condition and moving care **out of heavily resourced** hospital, tertiary and quaternary facilities

5. Expanding Geographic Coverage by Excellent Providers

Leading Providers

- Grow **areas of excellence across geography**:
  - **Hub and spoke** expansion of satellite pre- and post-acute services
  - **Affiliations** with community providers to extend the reach of IPUs

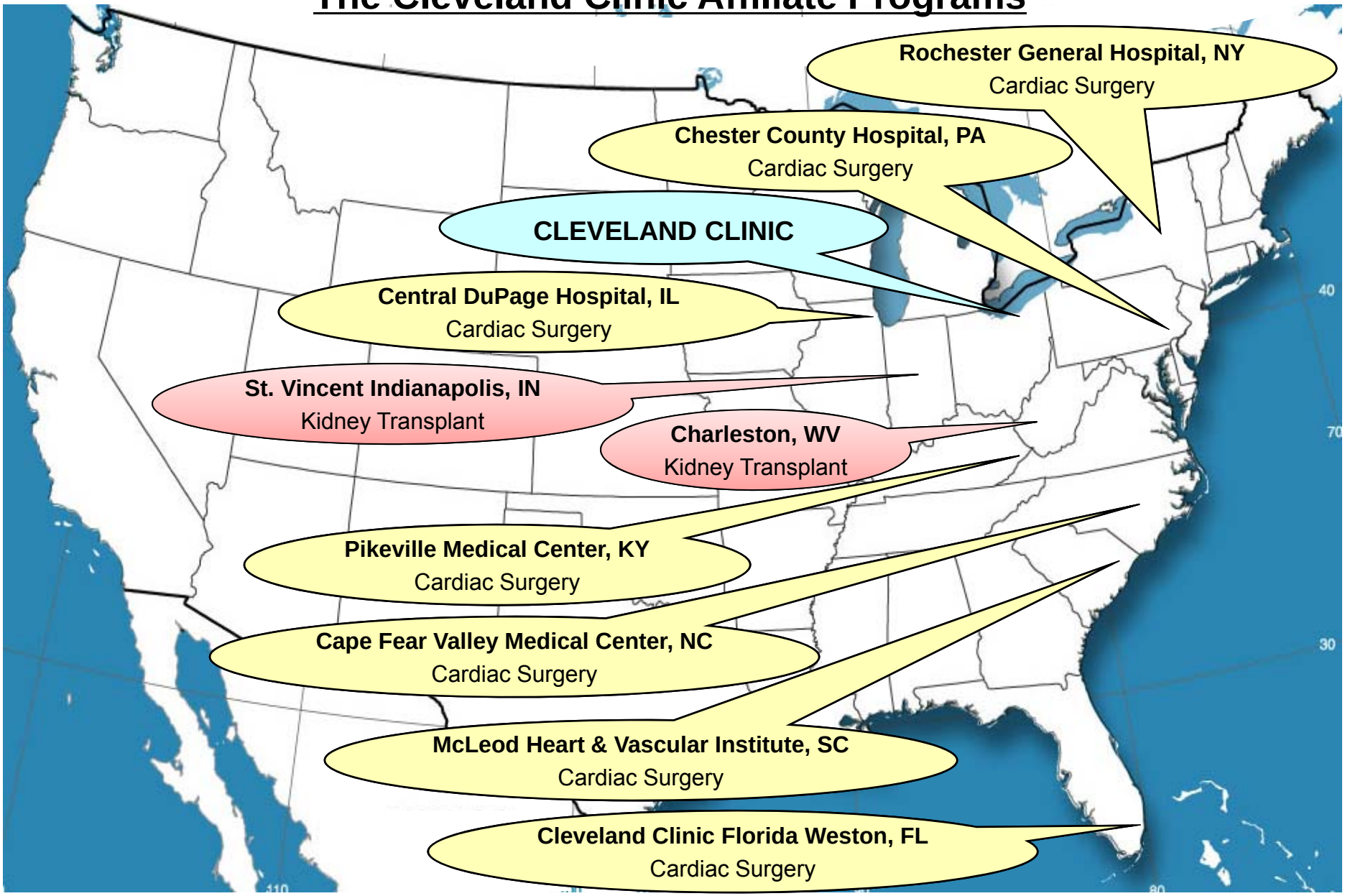
- Increase the **volume of patients** by medical conditions or primary care segments vs. **widening** service lines or adding new **broad line** units

Community Providers

- **Affiliate with excellent providers** in more complex medical conditions and patient segments in order to access expertise, facilities and services to enable high value care
  - New roles for **rural** and **community** hospitals

Expanding Geographic Coverage by Excellent Providers

The Cleveland Clinic Affiliate Programs

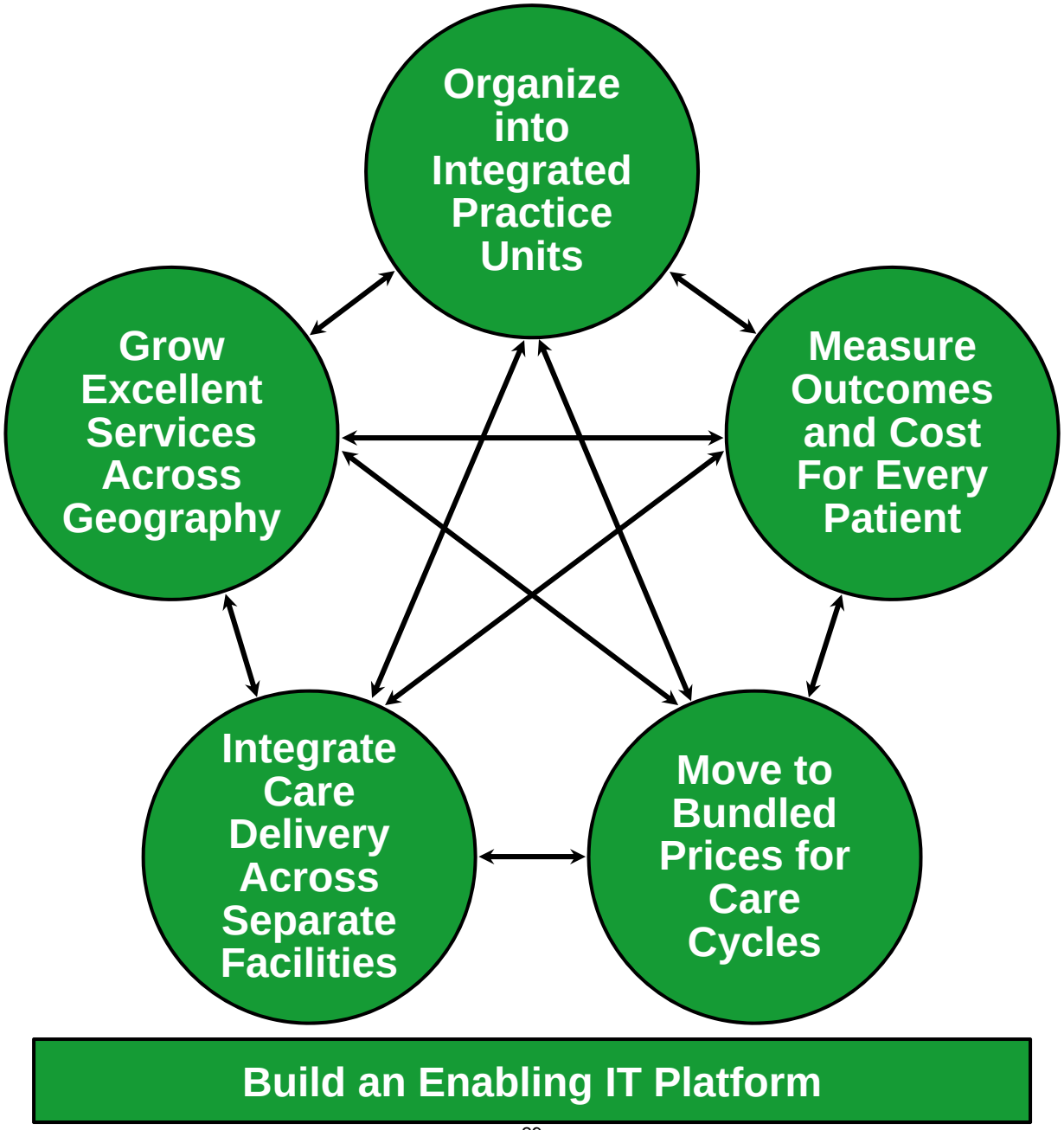


6. Building an Enabling Information Technology Platform

Utilize information technology to enable **restructuring of care delivery** and **measuring results**, rather than treating it as a solution itself

- Common **data definitions**
- Combine **all types of data** (e.g. notes, images) for each patient
- Data encompasses the **full care cycle**, including care by referring entities
- "**Structured**" data vs. free text
- Allow access and communication among **all involved parties**, including with patients
- **Templates** for medical conditions to enhance the user interface
- Interoperability standards enabling communication among **different provider** (and payor) **organizations**
- Architecture that allows easy extraction of **outcome measures**, **process measures**, and **activity-based cost measures** for each patient and medical condition

A Mutually Reinforcing Strategic Agenda



Creating a Value-Based Health Care Delivery System

Implications for Payors

1. Integrated Practice Units (IPUs)	• Encourage and reward integrated practice unit models by providers
2. Measure Cost and Outcomes	• Encourage or mandate provider outcome reporting through registries by medical condition • Create standards for meaningful provider cost reporting
3. Move to Bundled Prices	• Design new bundled reimbursement structures for care cycles instead of fees for discrete services • Share information with providers to enable improved outcomes and cost measurement
4. Integrate Across Separate Facilities	• Assist in coordinating patient care across the care cycle and across medical conditions • Direct care to appropriate facilities within provider systems
5. Expand Excellence Across Geography	• Provide advice to patients (and referring physicians) in selecting excellent providers • Create relationships to increase the volume of care delivered by or affiliated with centers of excellence
6. Enabling IT Platform	• Assemble, analyze, manage members' total medical records • Require introduction of compatible medical records systems

Creating a Value-Based Health Care Delivery System

Implications for Suppliers

1. Integrated Practice Units (IPUs)	• Work to embed drugs/devices in the right care delivery processes
2. Measure Cost and Outcomes	• Demonstrate value based on careful study of long-term outcomes and costs versus alternative approaches • Ensure that products are used by the right patients
3. Move to Bundled Prices	• Move to value-based pricing approaches (e.g. price for success, guarantees) and participate in bundles
5. Expand Excellence Across Geography	• Support providers with knowledge of best practices in the organization and delivery of care
6. Enabling IT Platform	• Develop informatics systems that facilitate integrated, team-based care delivery, real-time outcome measurement, and activity-based costing for each patient and medical condition