CAREWELL BEYOND SILOS FINAL CONFERENCE

" A POLITICAL PERSPECTIVE ON INTEGRATED CARE IMPLEMENTATION"

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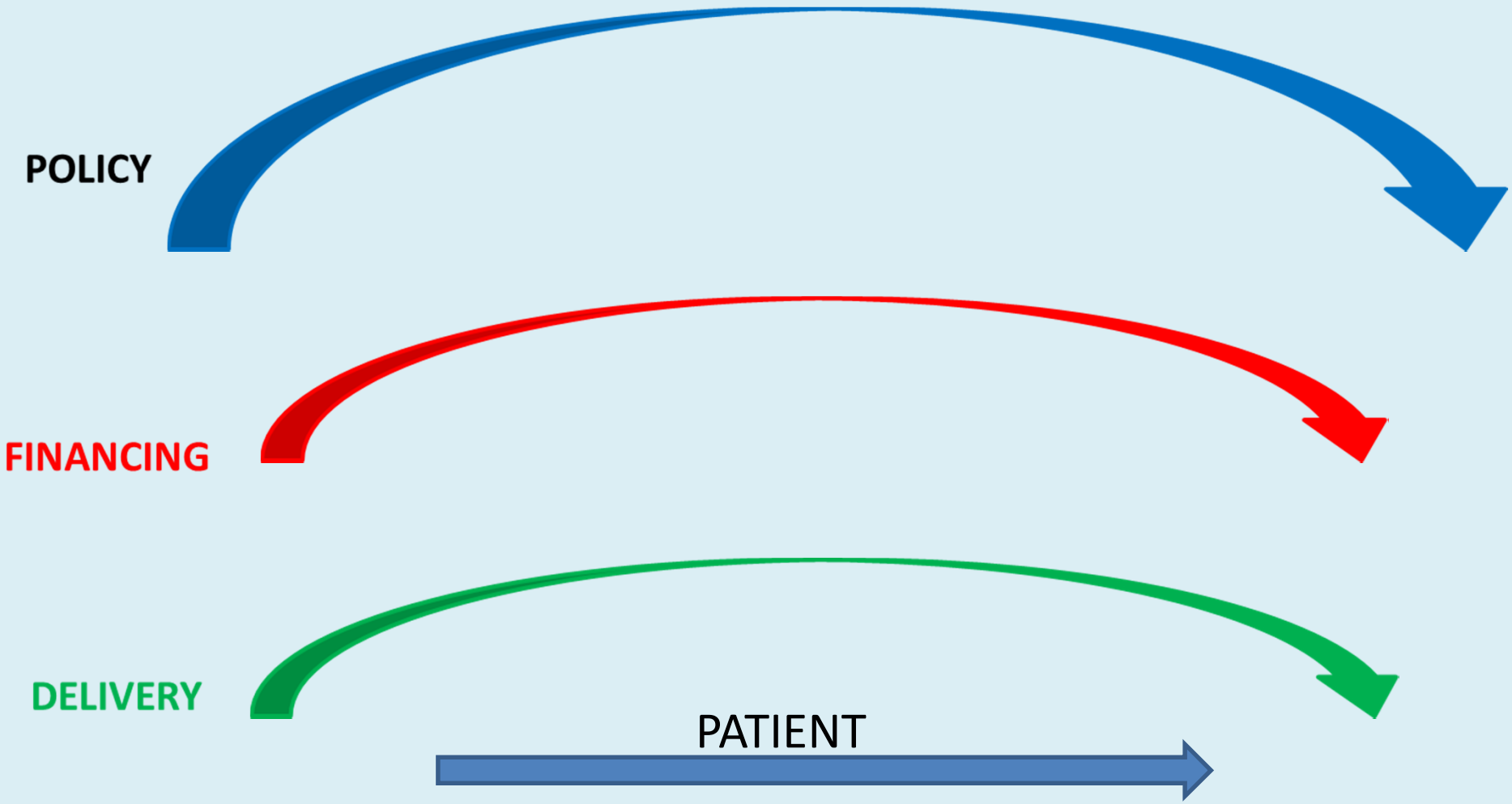
HEALTH CARE TRASFORMATION: PRESENT POLICY LEVEL VACUUM ?



HEALTH SYSTEM JOURNEY *

REACTIVE ACUTE BIO-MEDICAL MODEL

POPULATION HEALTH. PROACTIVE ACCOUNTABLE CARE

BROADER INTERSECTORAL HEALTH & HEALT DETERMINANTS

OLICY

BUNDLED PAYMENT

GLOBAL PAYMENT

PAYMENT FOR VALUE & VOLUME

FINANCING COMMUNITY DEVELOPMENT

PAYING FOR VOLUME

TRIPLE AIM

INANCING

COORDINATED CHRONIC CARE

INTEGRATED & CONNECTED CARE

PEOPLE-CENTERED CARE

STAKEHOLDER INVOLVEMENT

HEALTH IN ALI POLICIES

INDIVIDUAL MEDICAL CARE

ACTIVE PATIENT.

STRATIFIED PREVENTIVE CARE

ACCOUNTABLE CARE ORGANIZATIONS

INFORMAL /FORMAL NETWORK & CIVIL SOCIETY

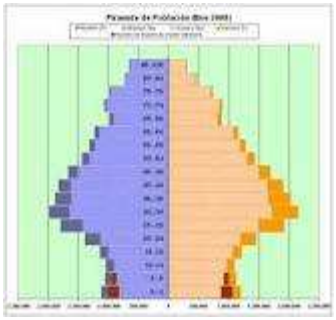
DELIVERY

FRAGMENTED CARE PASIVE PATIENT

EFFICIENCY

EU COUNTRIES: DIFFERENT DEGREES BUT SIMILAR CHALLENGES !

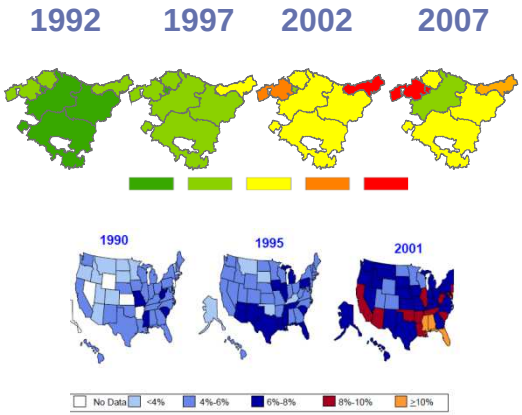
DEMOGRAPHY



Más pacientes crónicos.

Más pluripatología

EPIDEMIOLOGY. CHRONIC



CLINICAL COMPLEXITY

13.500 diagnósticos

4.000 procedimientos quirúrgicos

Complejidad **6.000** medicamentos

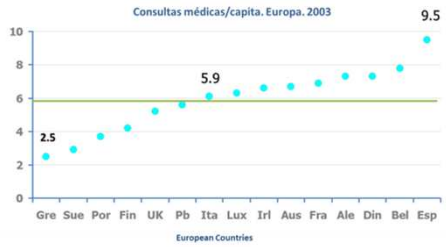
20.000.000 de actos clínicos

22 profesionales/ paciente

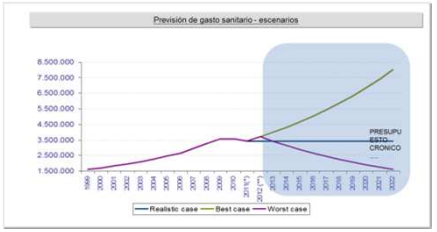
FRAGMENTATION. SILOS

«No se puede hacer medicina del siglo XXI con el chasis de 1.970» . Bengoa

EXPECTATIONS

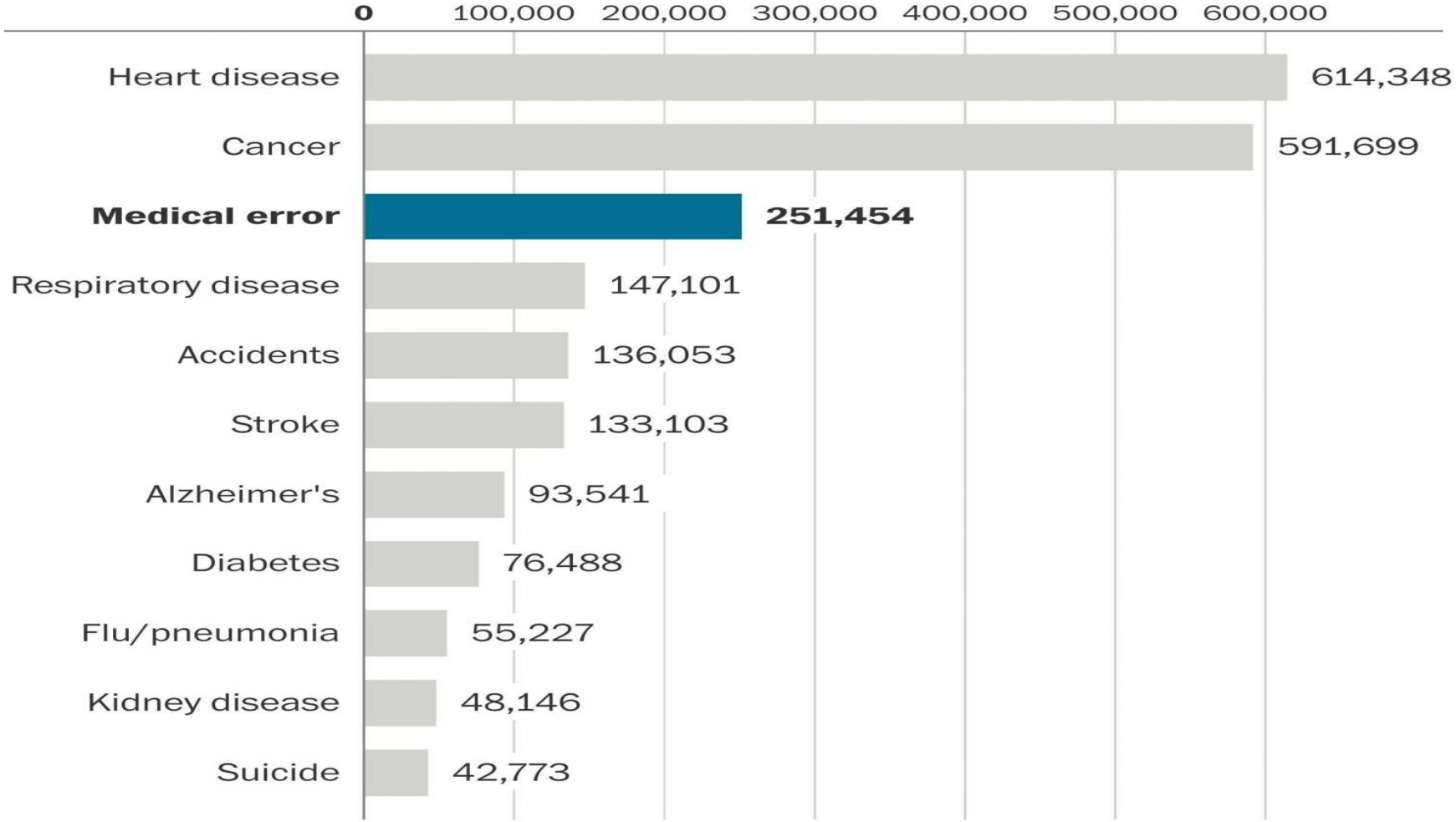


ECONOMIC



Death in the United States

Johns Hopkins University researchers estimate that medical error is now the third leading cause of death. Here's a ranking by yearly deaths.

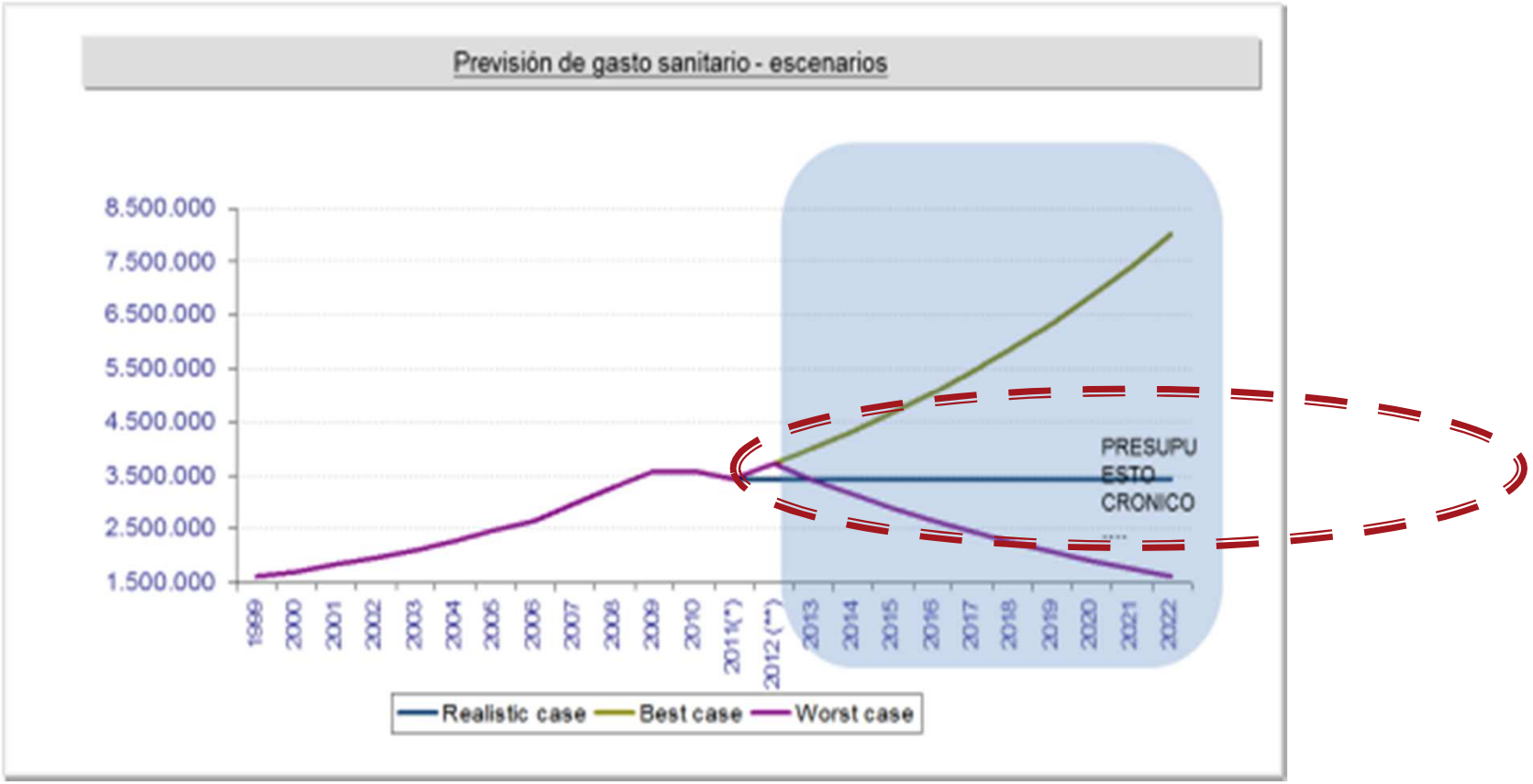


Source: National Center for Health Statistics, BMJ

THE WASHINGTON POST

FRAGMENTATION…

Chronic Budget !!



DIFFERENT SYSTEMS : SAME POLICY INTENT

- ***GET BEYOND FRAGMENTATION OF CARE.***
- ***MOVE TO SYSTEM MANAGEMENT***
- ***TARGET BETTER CHRONIC CONDITIONS MANAGEMENT***
- ***IMPROVE PATIENT-CENTEREDNESS & EMPOWERMENT***
- ***MOVE TOWARDS <u>POPULATION HEALTH</u> MANAGEMENT.***
- ***EXPAND USE OF INFORMATION AND COMMUNICATION TECHNOLOGY .***
- ***EXPLORE AND ADAPT OUTCOME BASED PAYMENT MODELS TO ENCOURAGE <u>VALUE</u> VERSUS ACTIVITY***

The Response: 5 P

PROACTIVITY

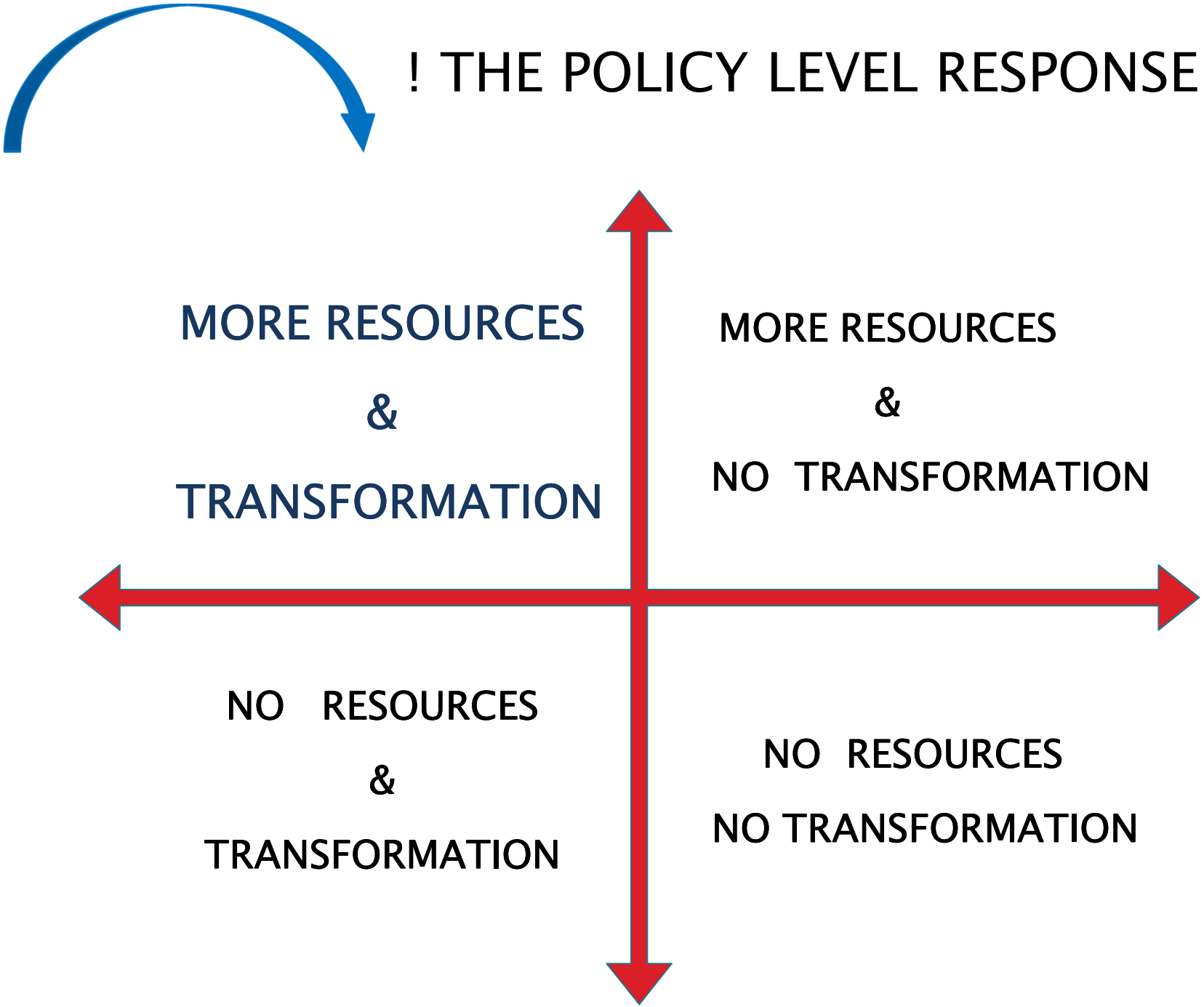
PATIENT EMPOWERMENT

PERSONALIZATION

PREVENTION

POPULATION

! THE POLICY LEVEL RESPONSE !



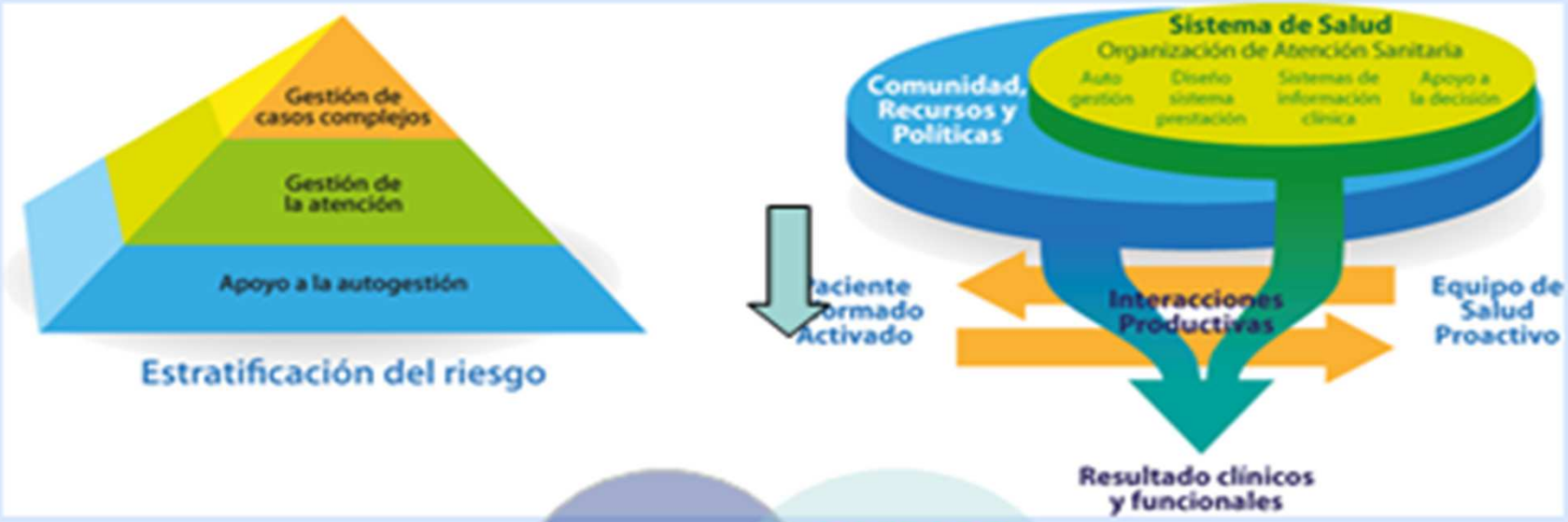
POLICY LEVEL HAS A MANAGEMENT "ARSENAL" FOR TRANSFORMATION

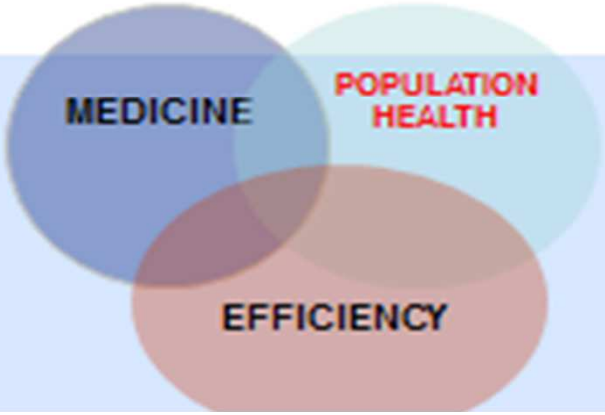
- Electronic Medical Record
- Electronic prescription
- Telemedicine, telecare, telemonitoring
- Risk Stratification Population
- New financing models
- Integrated care
- Coordination Health & Social Care
- New professional roles (nursing)
- Patient Empowerment (self-management)
- Third sector Strengthening
- Transformation of subacute facilities
- Methods for a greater engagement of health professionals
- New forms of distributive/facilitator leadership.

WE HAVE "SYSTEM" FRAMEWORKS

MODELS/FRAMEWORKS WHICH HELP TO WRAP AROUND ALL KEY ELEMENTS..

- FRAMEWORKS WHICH PROVIDE A "SYSTEM" PERSPECTIVE
- BEING USED BY BOTH GOVERNMENTAL & CORPORATE SECTOR

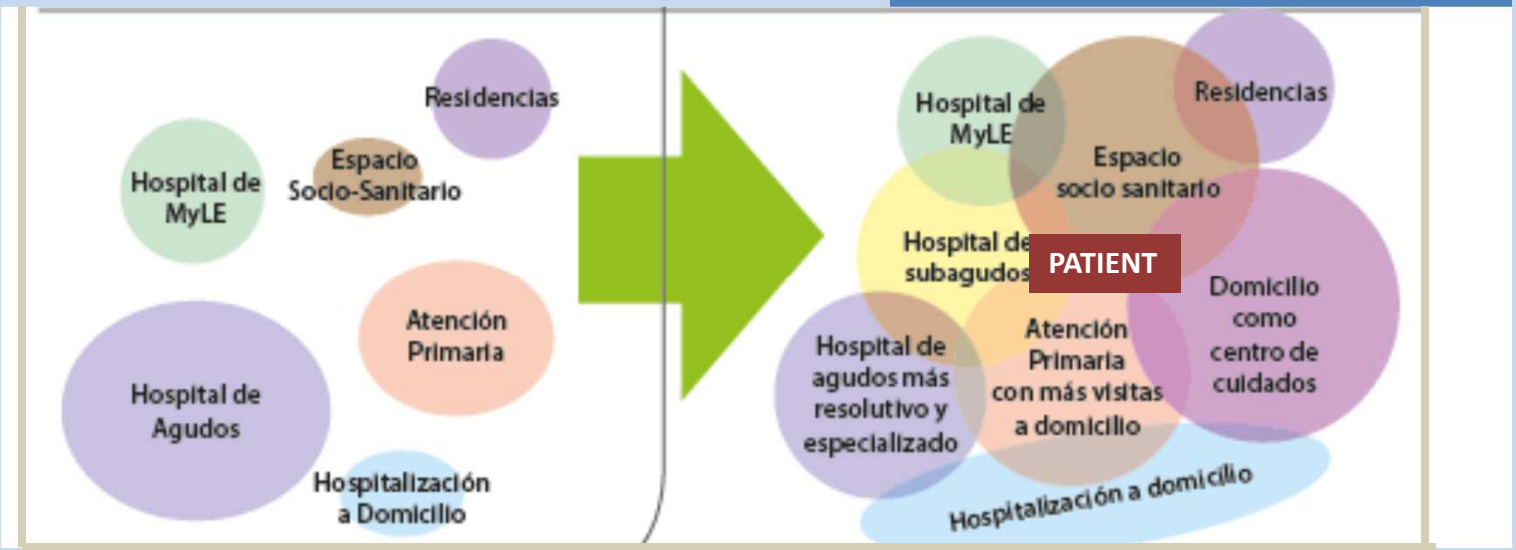




POLICY LEVEL : MANAGE “SYSTEMS” RATHER THAN MANAGING STRUCTURES

STRUCTURES

“COMMUNITY” SYSTEM



- Mental map Structures
- Fragmentation
- Reactive episodic care
- Paternalistis
- Vertical leadership
- Financing structures and activity

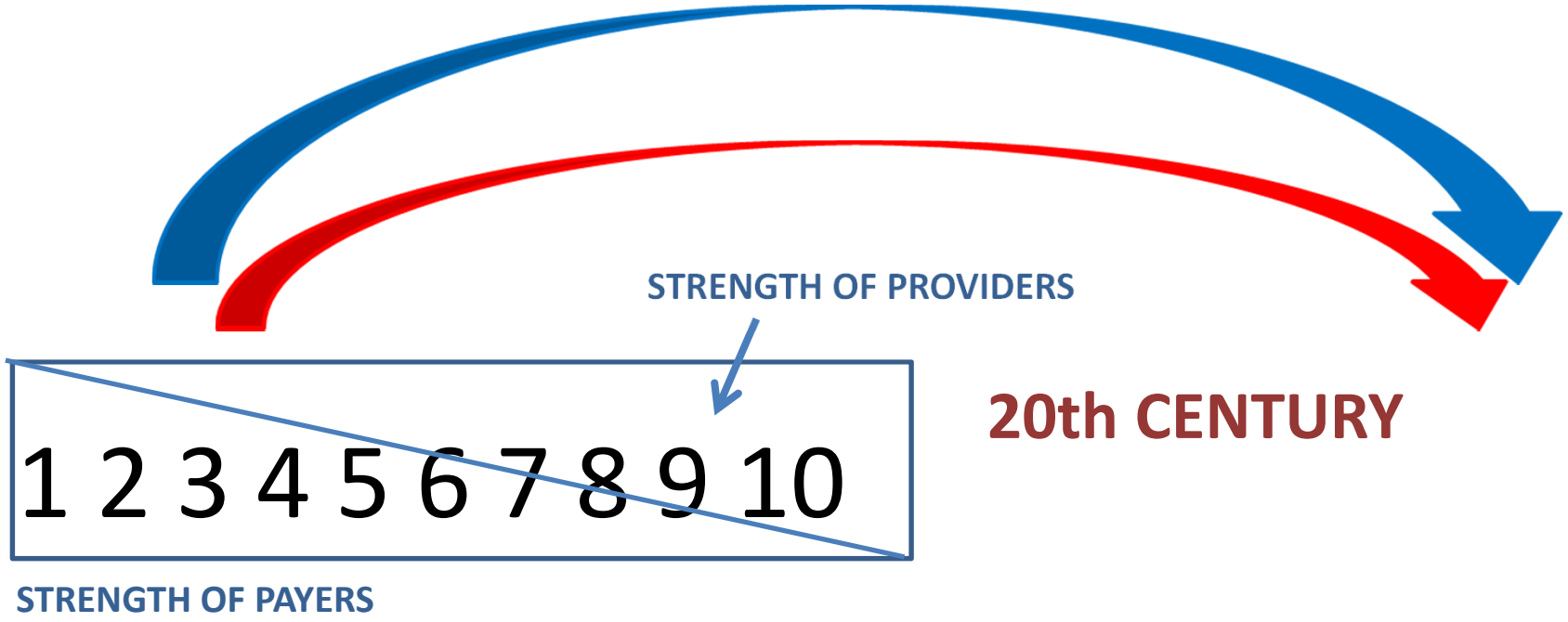
- Mental map : SYSTEM
- Continuity of care across a SYSTEM
- Proactive SYSTEM
- Patient empowerment
- Decentralized SYSTEM leadership
- Paying for value
- **Health & social care “SYSTEM”**

NEED TO MANAGE TWO AGENDAS SIMULTANEOUSLY AT THE POLICY LEVEL

- REINFORCES A "RESIST" CULTURE
- DOES NOT CHANGE MODEL OF CARE
- SOME LOW HANGING FRUIT STILL AVAILABLE (WASTE)

&

- LAUNCHES A TRANSFORMATIVE CULTURE
- REACH UP FOR THE HIGH HANGING FRUIT
- TOUGH BUT DOES CHANGE THE MODEL OF CARE
- ENGAGE POLITICIANS !



SOURCE: Muir Gray

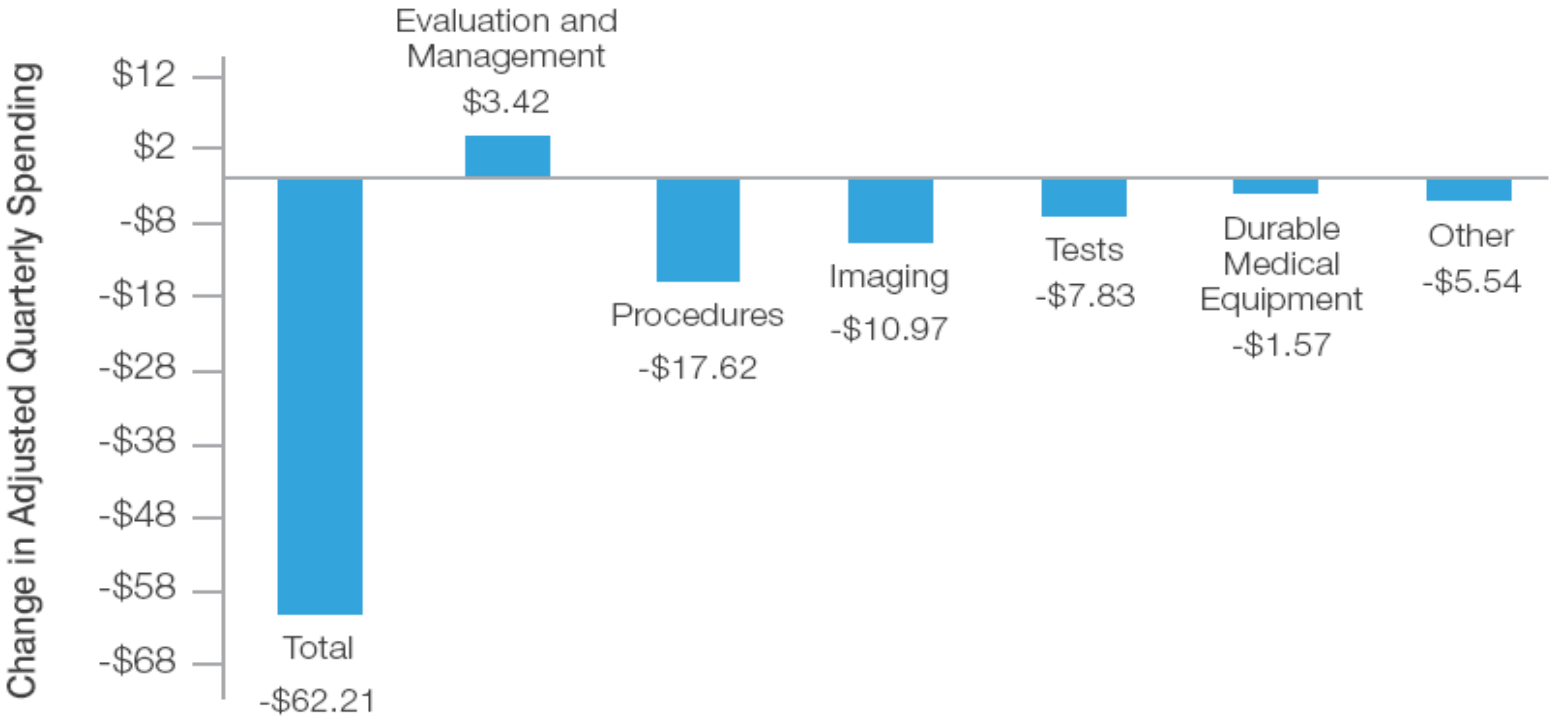
The Alternative Quality Contract (AQC)

•**Resultados** que avalan el modelo:

•Desaceleración de los gastos:

10% de ahorro en gastos médicos en el cuarto año.

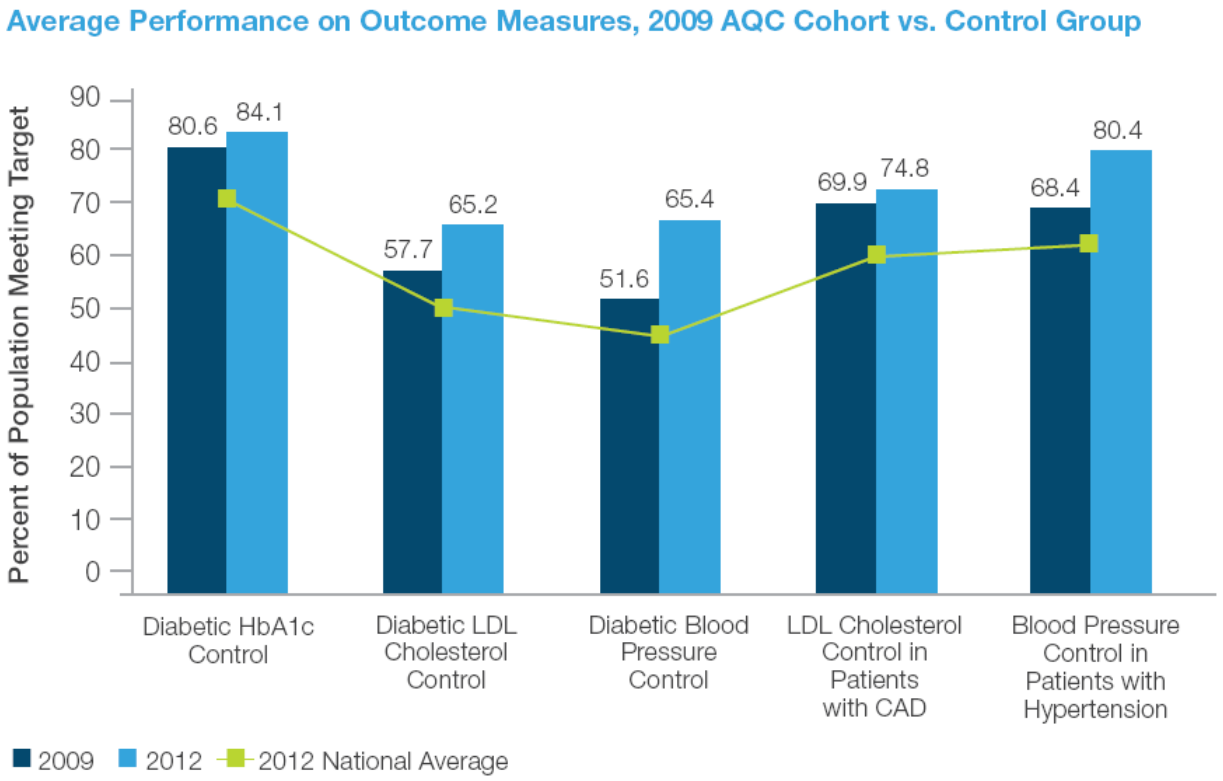
Average Change in Spending per Enrollee, 2009 AQC Cohort vs. Control Group



Source: Song, Z., Rose, S., Safran, D. G., et al. "Changes in Health Care Spending and Quality 4 Years into Global Payment," The New England Journal of Medicine, 371(18)2014; 1704-14. Pecentages based on average post-intervention claims in the AQC cohort.

The Alternative Quality Contract (AQC)

- **Results seem to support new payment models**:
  - Improvements in quality



Source: Song, Z., Rose, S., Safran, D. G., et al. "Changes in Health Care Spending and Quality 4 Years into Global Payment," The New England Journal of Medicine, 371(18)2014; 1704-14. CAD = coronary artery disease

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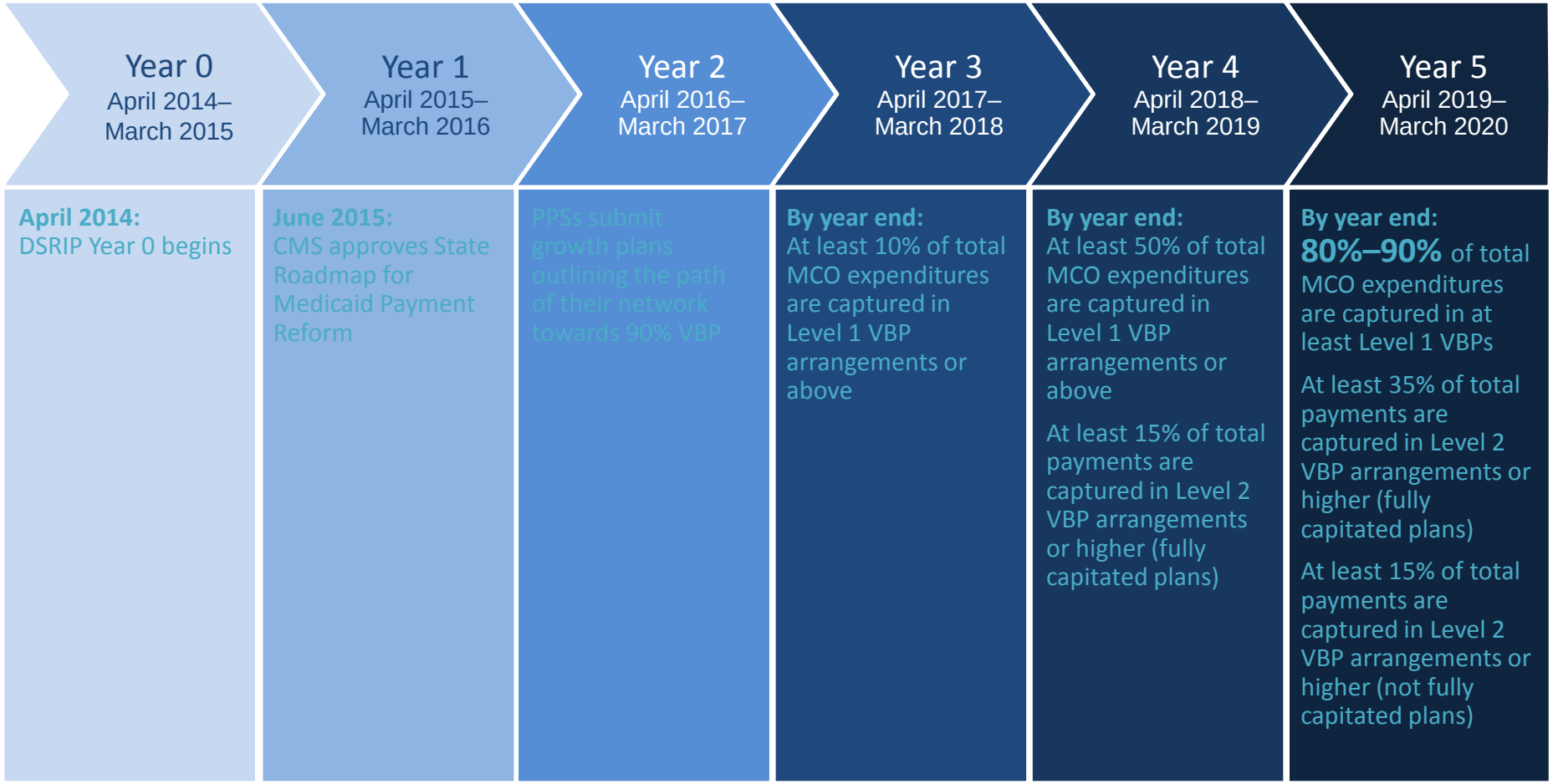
Measures not related to incentives do not improve

Key Value-Based Payment Dates in DSRIP Timeline



Note: MCO = managed care organization.

Source: New York State Department of Health, A Path Toward Value-Based Payment: **New York State Roadmap** for Medicaid Payment Reform Annual Update, March 2016.

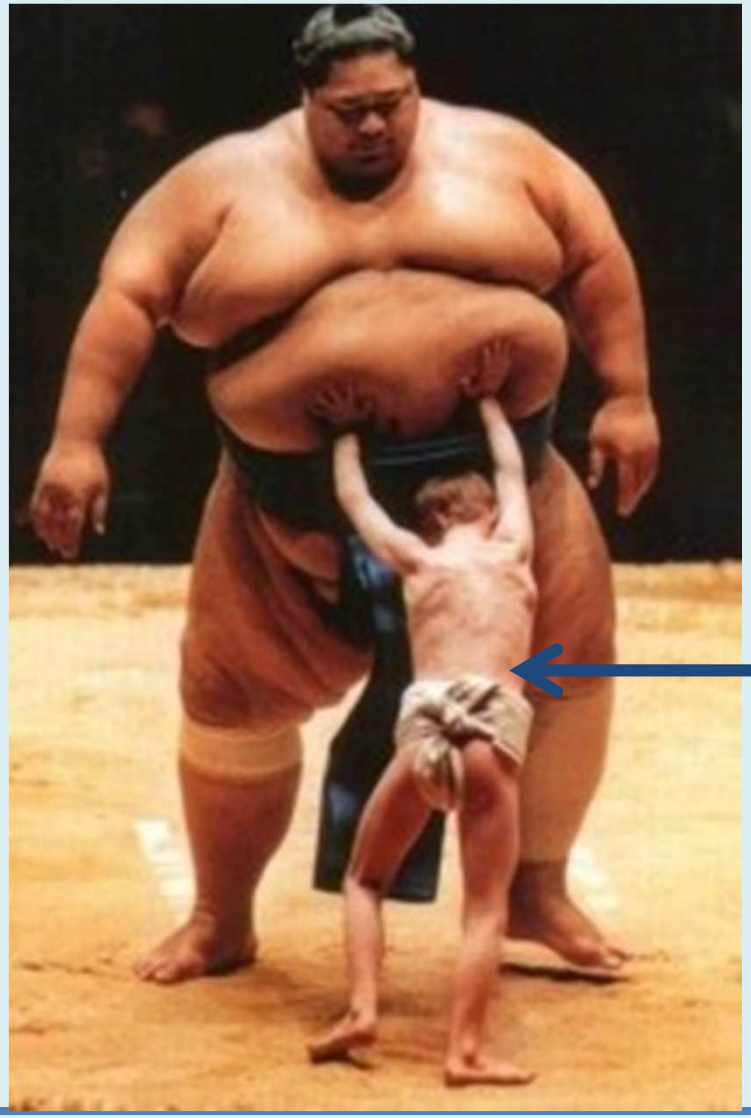
The COMMONWEALTH FUND

SOME POSITIVE RESULTS ….

Evidence : Benefits in :

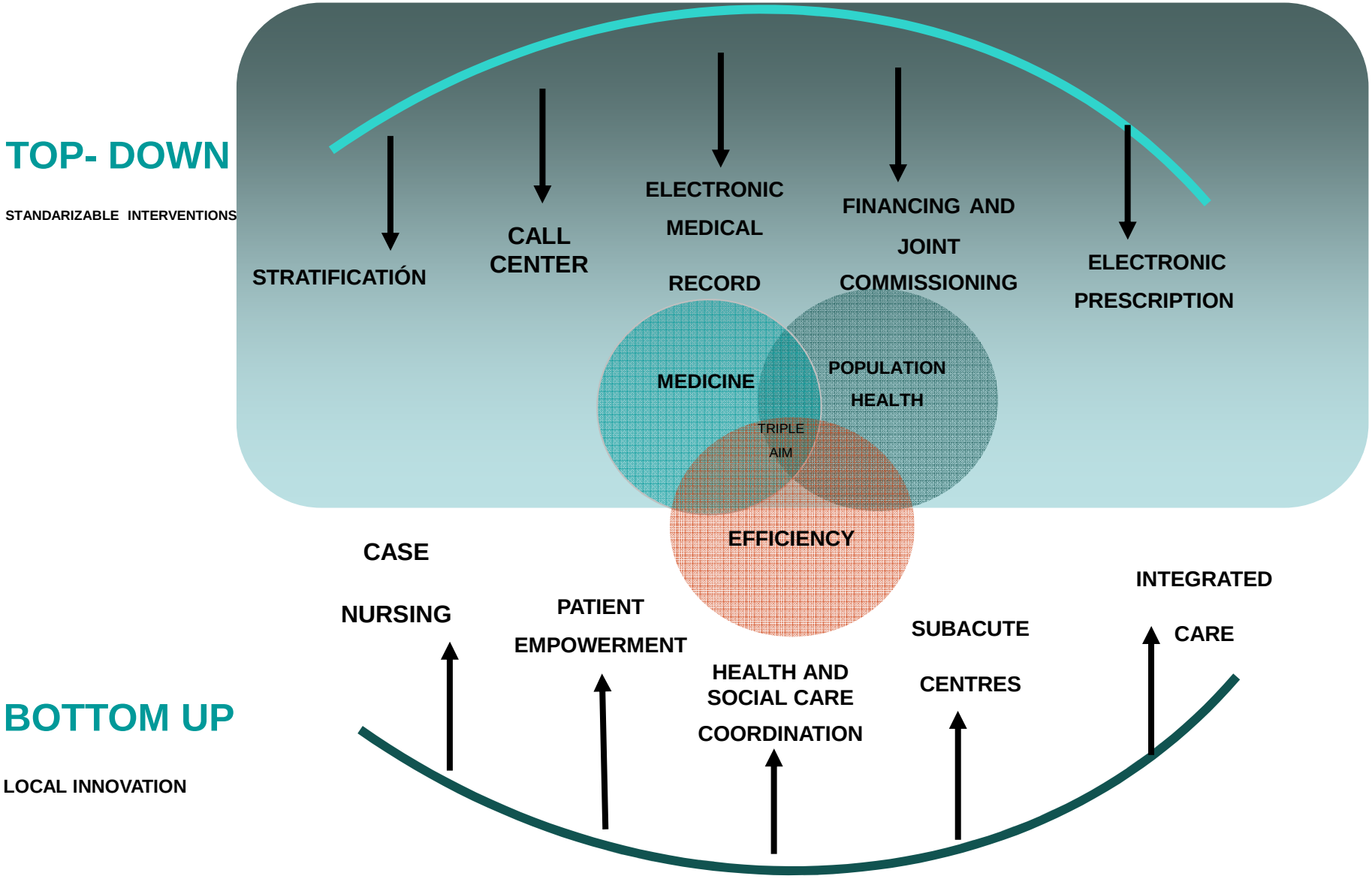
- Improved outcomes
- Patient satisfaction
- Patient safety
- Increased use of care plans
- New roles for staff
- Ambiguous results at reducing costs

WHAT ARE WE LEARNING ABOUT IMPLEMENTATION AT THE POLICY LEVEL ?



Minister of Health

Leadership approach more important than the arsenal !



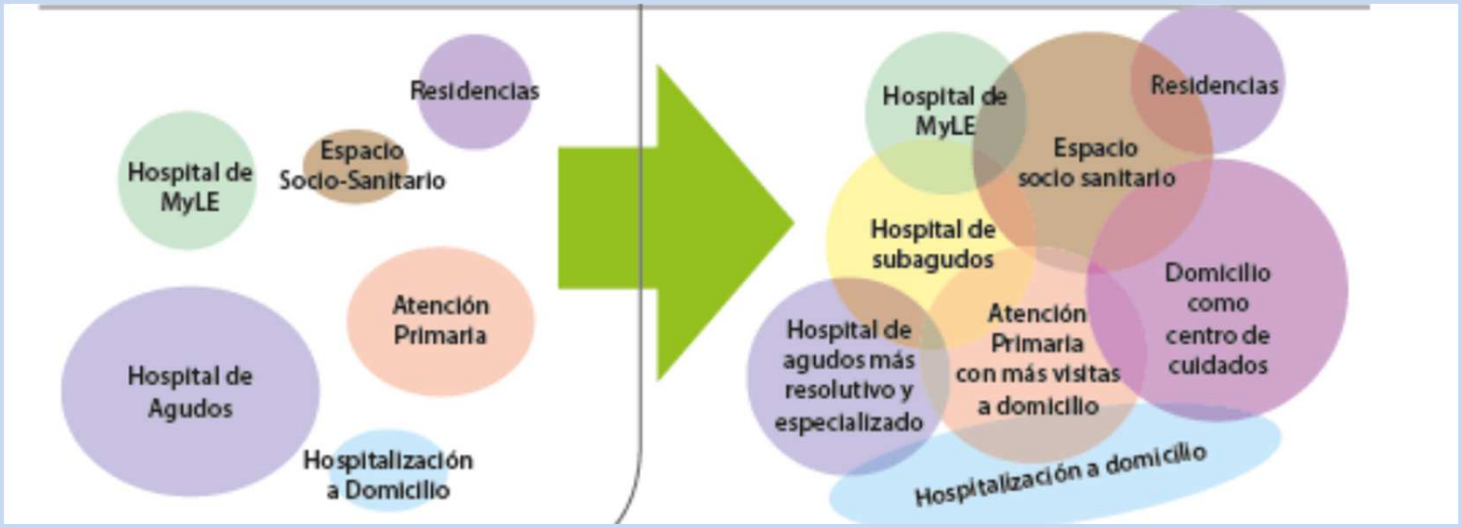
R. BENGOA/J. MORA

TYPE of LEADERSHIP ? BALANCE *PUSH & PULL STRATEGIES*

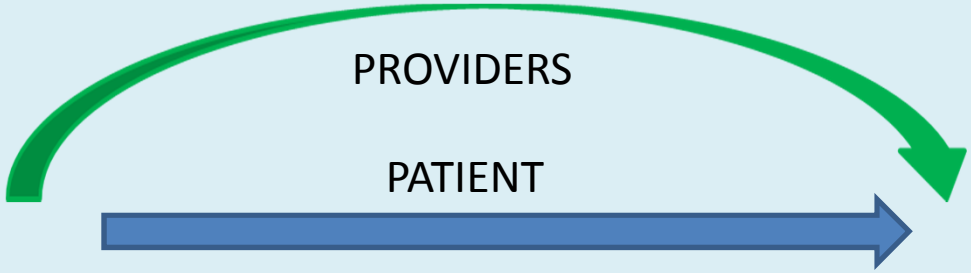
- Some level of “orquestration” from above but seeking to identify commitment rather than compliance

- Key element of the “orquestration” is from the payment reforms (value) rather than from micromanagement of providers.

LAUNCH BOTTOM UP !



- **DEVELOPING A <u>"HIGH INVOLVEMENT CULTURE"</u> WITH HEALTH CARE PROFESSIONALS.**
- **DEVELOPING AN ENVIRONMENT WHERE <u>LOCAL</u> PROVIDERS CAN <u>INNOVATE</u> ORGANISATIONALLY.**
- **<u>LOCAL SELF – DISCOVERY</u> AS AN APPROACH TO GUARANTEE SCALE UP**

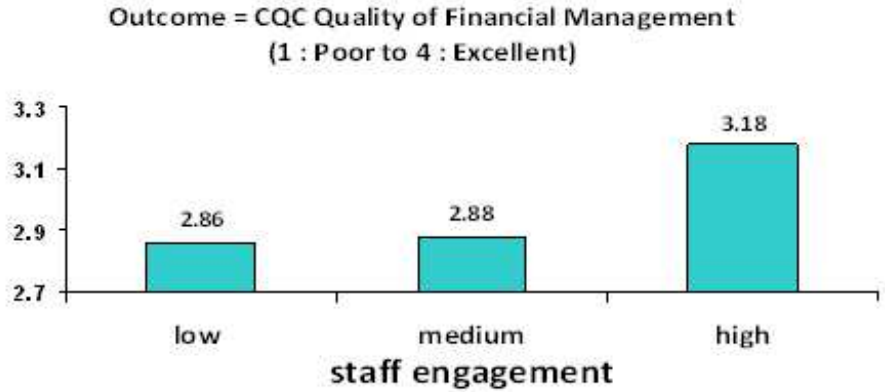


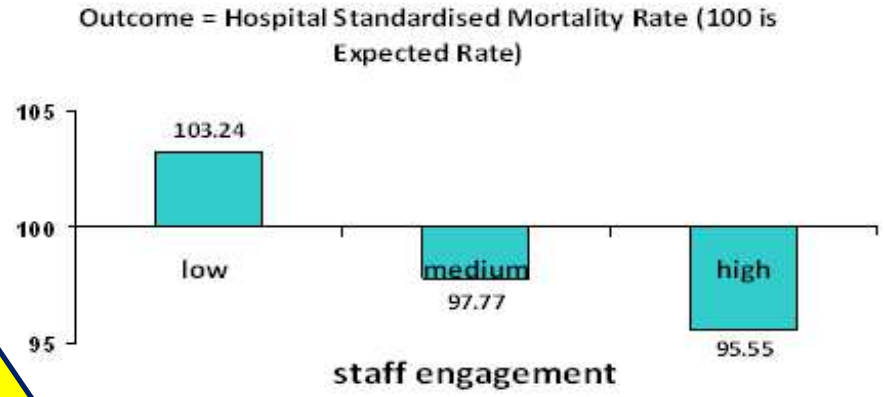
Change From the Inside Out: Health Care Leaders Taking the Helm

Donald M. Berwick, MD, MPP[1]; Derek Feeley, DBA[1]; Saranya Loehrer, MD, MPH[1]

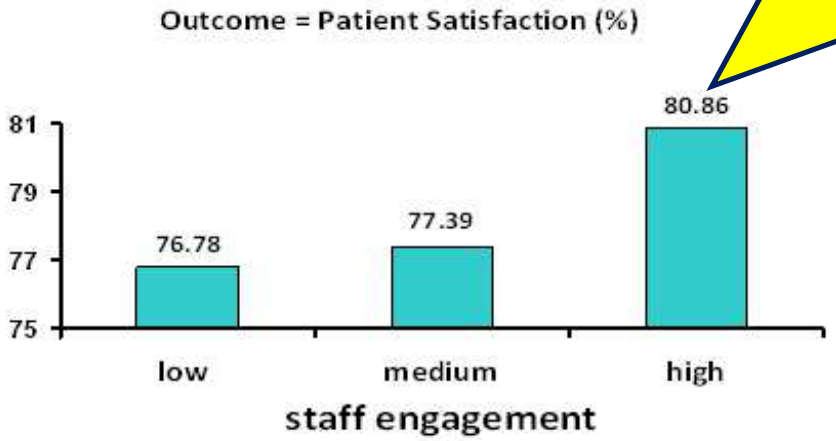
JAMA. 2015;313(17):1707-1708.
doi:10.1001/jama.2015.2830

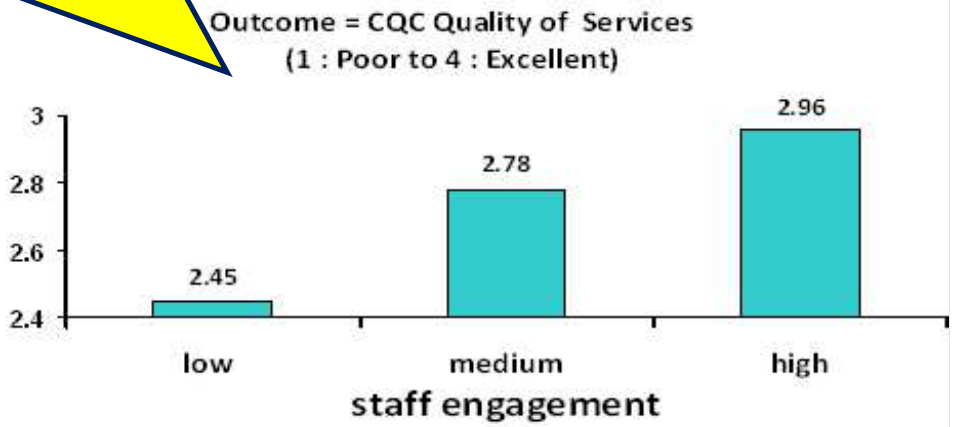
High levels of staff engagement have a positive impact on a range of outcomes in the NHS:





Staff Engagement





LAUNCH CO-PRODUCCIÓN

Rihov Hospital in Sweden

- 60% OF PATIENTS ARE ON SELF DYALISIS
- TARGET = 75 %
- FROM DEPENDENCY TO AUTONOMY

RYHOV HOSPITAL. LINKOPING . SWEDEN

- COSTS REDUCED 50%

- COMPLICATIONS DRAMATICALLY REDUCED

- MEASURING SUCCESS BY “NUMBER OF PATIENTS WORKING”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