

# The Strategy to Transform Health Care and The Role of Outcomes

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**OECD Policy Forum** 

People at the Center: The Future of Health

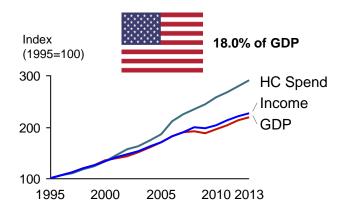
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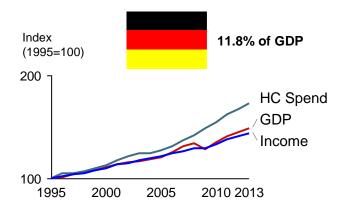
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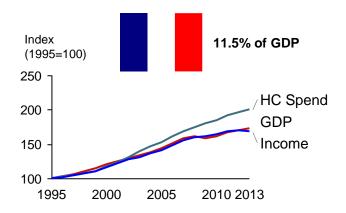
January 16, 2017

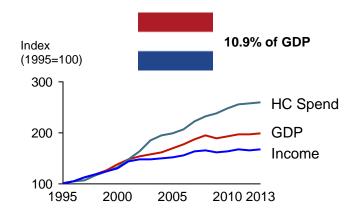
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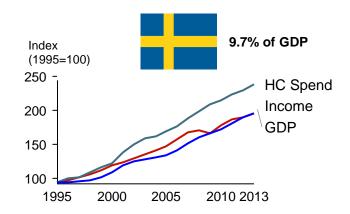
## The Health Care Problem is a Global Issue Health Care Spending vs GDP and Income

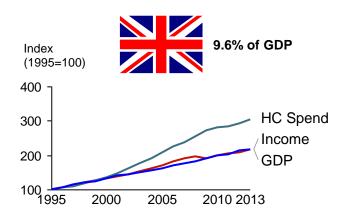












#### Variation in Quality Within and Across Countries

2x Variation in 30-day mortality rate from heart attack in US hospitals



**4x** Variation in bypass surgery mortality in the UK hospitals



**5x** Variation of major obstetrical complications among US hospitals



**9x** Variation in Dutch hospitals' complication rates from radical prostatectomies in the Dutch hospitals



**18x** Variation in reoperation rates after hip surgery in German hospitals



**20x** Variation in mortality after colon cancer surgery in Swedish hospitals



Variation is pervasive across conditions and all types of outcomes wherever systematic data is available

#### Incremental "Solutions" Have Had Limited Impact

- Prior authorization for expensive services
- Patient copayments and deductions
- Electronic medical records
- Evidence-based medicine
- Safety/eliminating errors
- Introducing "lean" process improvements
- Care coordinators
- Retail and urgent care clinics
- Programs to address generic high cost areas (e.g. readmissions, post acute)
- Mergers and consolidation



Restructuring health care delivery is necessary, not incremental improvements

## Solving the Health Care Problem

 The fundamental goal and purpose of health care is to improve value for patients

Value = Health outcomes that matter to patients

Costs of delivering these outcomes

- Delivering high value health care is the definition of success
- Value is the only goal that can unite the interests of system participants
- Improving value is the only real solution



 The question is how to design health care delivery systems and organizations that substantially improve patient value

### Principles of Value-Based Health Care Delivery

- Value cannot be understood at the level of a hospital, specialty, intervention, or for overall primary care
- Value is created in caring for a patient's medical condition over the full cycle of care

Value = Set of outcomes that matter to patients for the condition

Total costs of delivering them over the full care cycle

 In primary and preventive care, value is created in serving segments of patients with similar primary and preventive needs



 The most powerful single lever for reducing cost and improving value is improving outcomes

## Creating Value-Based Health Care Delivery

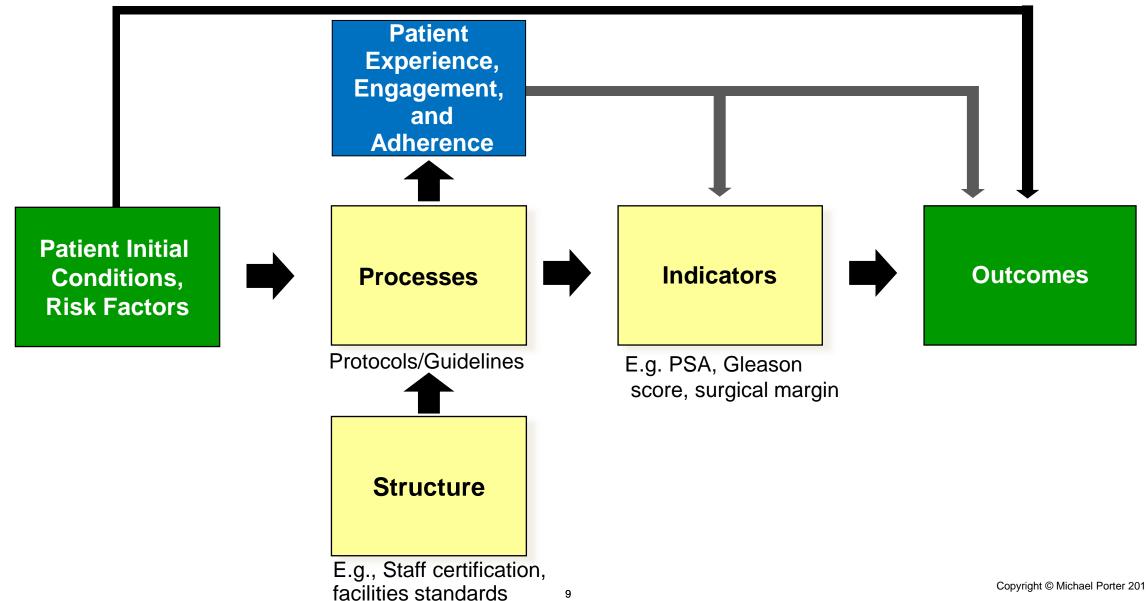
#### The Strategic Agenda

- Re-organize Care around Patient Conditions, into Integrated Practice Units
  - For primary and preventive care, IPUs serve distinct patient segments
- 2. Measure Outcomes and Costs for Every Patient
- 3. Move to Value-Based Reimbursement Models, and Ultimately **Bundled Payments** for Conditions
- 4. Integrate Multi-Site Care Delivery Systems
- 5. Expand or Affiliate Across Geography to Drive Excellence
- 6. Build an Enabling Information Technology Platform

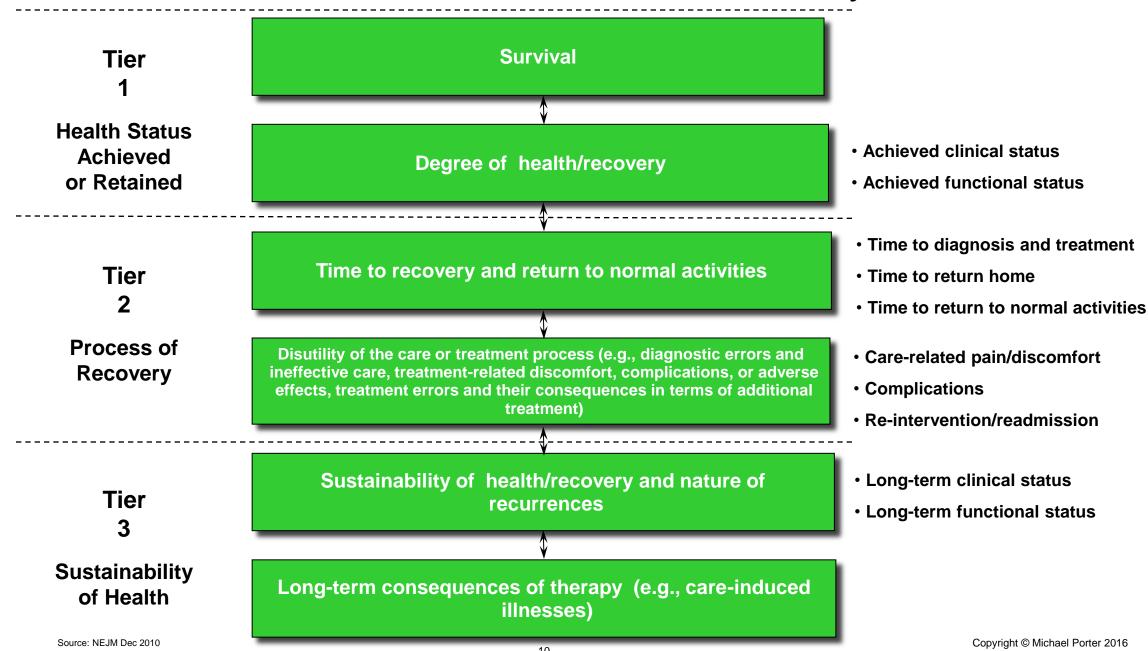
## The Power of Outcome Measurement in Value-Based Health Care

- Outcomes are the most important information for patients
- Outcomes define success for every clinician and health care organization
- Outcomes drive multidisciplinary care and care innovation
- Outcomes are essential components of any value-based payment model
- Outcomes validate cost reduction that is truly value-enhancing
- Outcomes validate the areas for service line growth and affiliation

## The Quality Measurement Landscape

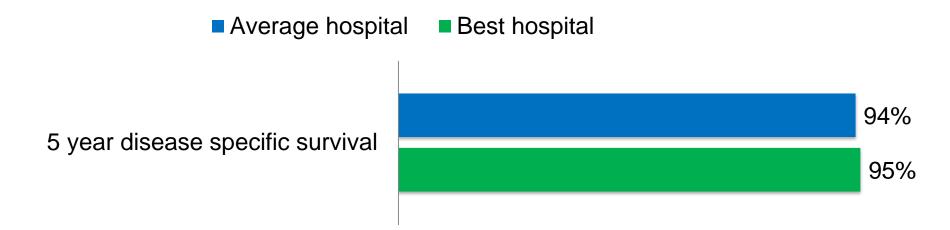


#### The Outcome Measures Hierarchy



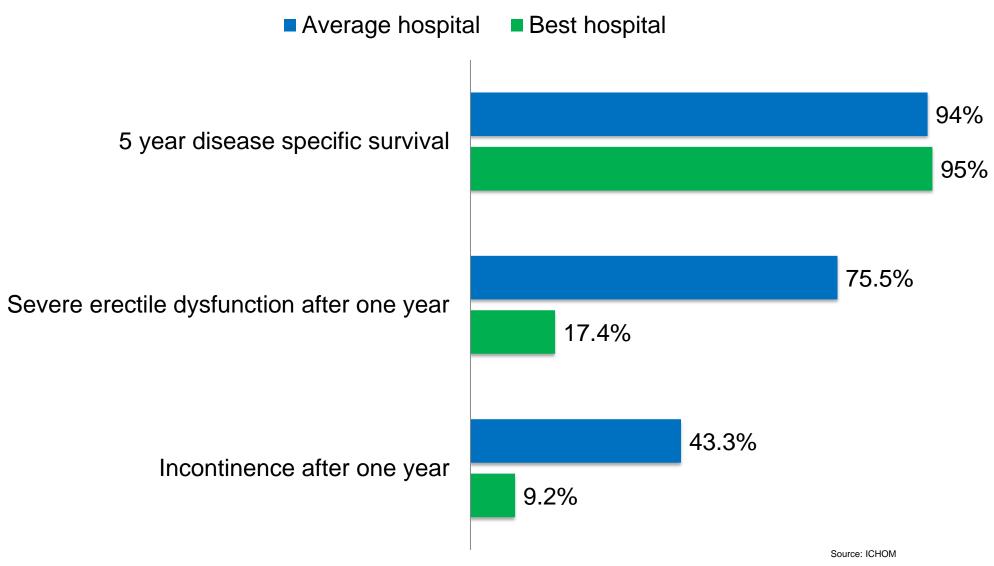
## Measuring Multiple Outcomes

Prostate Cancer Care in Germany



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## The International Consortium for Health Outcomes Measurement



#### **Our mission:**

Unlock the potential of value-based health care by defining global Standard Sets of outcome measures that really matter to patients for the most relevant medical conditions, and driving adoption and reporting of these measures worldwide

### Standardizing Minimum Outcome Sets **ICHOM Standard Sets**

#### **Standard Sets** Complete (2013)

- 1. Localized Prostate Cancer \*
- 2. Lower Back Pain \*
- 3. Coronary Artery Disease \*
- 4. Cataracts \*

\* Published Thus Far in Peer-

#### **Standard Sets** Complete (2014)

- Parkinson's Disease
- Cleft Lip and Palate\*
- Stroke \*
- Hip and Knee Osteoarthritis\*
- Macular Degeneration\*
- 10. Lung Cancer\*
- Depression and Anxiety
- 12. Advanced Prostate Cancer \*

#### **Standard Sets** Complete (2015-16)

- **Breast Cancer\***
- Dementia
- Frail Elderly
- Heart Failure
- Pregnancy and Childbirth
- Colorectal Cancer
- Overactive Bladder
- Craniofacial Microsomia
- Inflammatory Bowel Disease

#### Committed/ In Process

- Chronic Kidney Disease
- Oral Health
- Inflammatory Arthritis
- Congenital Hand and Upper **Limb Malformations**
- 26. Facial Palsy
- Hypertension\*
- Diabetes 28.
- Atrial Fibrillation
- Mental Health

**Reviewed Journals** 

Burden of Disease Covered

18%

35%

45%

59%

## Global Demand to Compare Outcomes is Accelerating











Hospital<sup>\*</sup>



















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#### Transforming Health Care

- We know the path forward
- Value for patients is the True North
- Value-based thinking will revolutionize care delivery, payment, and strategy for health systems
- Standardized outcome measurement is the single most powerful driver



• ICHOM is honored to partner with the OECD to support health ministers in accelerating this agenda