

# Value in Healthcare (ViHC)

## Guide for health system transformation initiatives

In collaboration with the Boston Consulting Group (BCG)

# Context for this document

Beginning in 2016, the World Economic Forum's Value in Healthcare initiative, in collaboration with the Boston Consulting Group, undertook a global effort, with collaborators from across the private and public sector, on value-based health systems.

In its first year, the initiative focused on developing an overall framework for a value-based health system. This framework defined value-based health systems as systems that optimize outcomes and costs for specific population segments with segment-specific interventions. These systems require five key enablers: Informatics; Benchmarking, Research, and Tools; Delivery Organization; Payments; and Policy. The initiative also documented examples of successful models of value-based healthcare.

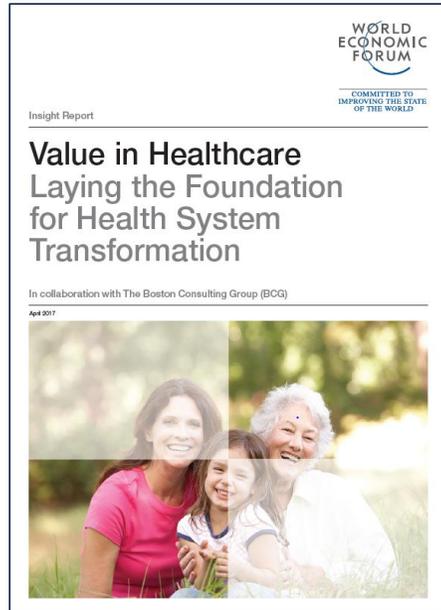
In its second year, the initiative then moved to piloting multi-stakeholder collaboration for health systems transformation by convening leaders in the greater Atlanta area to address congestive heart failure (CHF). The initiative also conducted a deep-dive on health informatics to understand the specific informatics requirements for a value-based health system.

In its third year, the initiative conducted another pilot on multi-stakeholder collaboration for health systems transformation, this time focused on type 2 diabetes in Ontario. The initiative also documented other examples of multi-stakeholder collaboration for value-based health systems around the world.

Over these three years, the demand and interest in value-based health systems globally has continued to grow and expand. To support this continued demand for global guidance and thought leadership on this topic, the World Economic Forum and a number of its partners have launched the Global Coalition for Value in Healthcare, which will serve as the global platform for accelerating the development of value-based health systems around the world. This Guide for Health System Transformation is part of the portfolio of documents developed by the Value in Healthcare initiative, which the Global Coalition for Value in Healthcare will maintain as part of its portfolio of materials that support its mission.

# This User Guide is based on 3 years of research and practice from the World Economic Forum Value in Healthcare project

2016



- Overall framework for a value-based health system

2017



- Early lessons to drive cooperation toward value-based health systems
- Deep-dive on informatics for value-based health systems

2018



- Multi-stakeholder cooperation to accelerate health systems change at the local and global levels
- Global roadmap for health informatics standardization

The materials in this Guide have been vetted by health systems practitioners with expertise working in health systems such as:

- USA
- Canada
- Netherlands
- Sweden
- France
- Saudi Arabia
- South Africa
- Australia

## Objectives of this Guide

Based on research about value-based health systems and the initiative's direct experiences with multi-stakeholder collaboration in Atlanta and Ontario, this Guide for Health System Transformation aims to provide strategic direction to health system stakeholders looking to move their health systems towards a more value-based approach. In particular, it provides a recommended approach to improve value for specific groups of patients through multi-stakeholder collaboration. This Guide has five sections:

- A summary of the key messages and points in this Guide
- An overview of the objectives and enablers of a value-based health system
- Key success factors for multi-stakeholder cooperation to achieve systems change
- A roadmap for initiatives that can move a health system towards a more value-based approach
- Glossary and sample outputs

Readers should note that the types of initiatives described in this User guide can serve as the starting point for systems change by working on improving value for defined population segments using multi-stakeholder collaboration. The experience from these types of initiatives lays the general foundation for broader changes to the healthcare system and scale-up of broader reform. Full scale-up and transformation of a health system is not the focus of this User Guide, but is discussed briefly in the section *Learn from findings and scale up in the health system.*

## ➤ Summary of this Guide

A) What: Value-based health systems

B) Who: Multi-stakeholder cooperation for systems change

C) How: Roadmap for a health system transformation initiative

Structure for this section

1. Identify a health value problem for a specific population segment
2. Mobilize stakeholders across the systems to address this problem
3. Understand the root causes of the problem
4. Design solutions to address these root causes
5. Develop a workplan and implement the solutions
6. Learn from findings and scale up in the health system

Glossary of key terms and document authors

# This User Guide is designed to help health systems improve value for patients in specific population segments

## Definitions

Value: Health outcomes that matter to patients, divided by costs to deliver those outcomes

Value-based healthcare (VBHC): An approach that aligns industry stakeholders around the shared objective of improving health outcomes delivered to patients at a given cost, and then to give stakeholders the autonomy, the right tools and the accountability to pursue the most rational ways of delivering value to patients

Value-based health systems: A health system that optimizes patient value and that has the necessary enablers in place to support VBHC

Population segments are groups of individuals with the same disease or condition, or sharing similar risk profiles

- E.g. Patients with lung cancer; patients at high-risk for developing complications from diabetes; pregnant women

The measurement of value is based on health outcomes that matter to patients, and the outcomes that matter will vary between population segments

This Guide is designed to help move a health system towards a more value-based approach for its prioritized population segments

# This Guide answers 3 questions about health system transformation initiatives

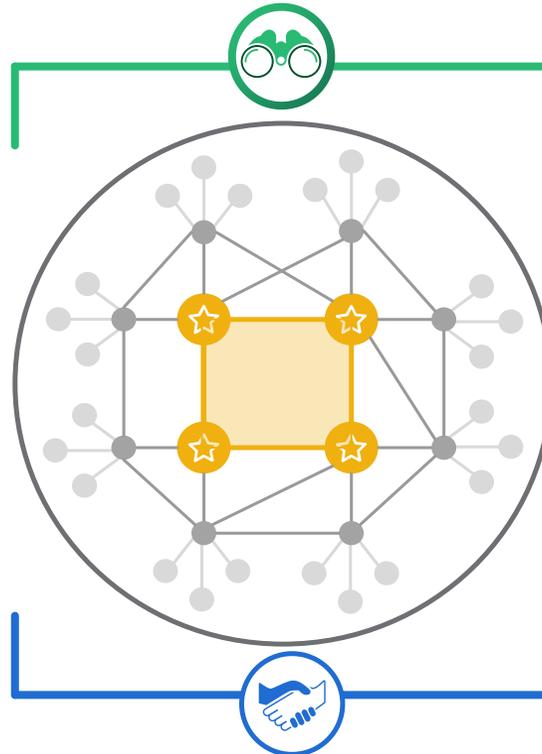
## A What?

Overview of the objectives and enablers of a value-based health system



## B Who?

Key success factors for multi-stakeholder cooperation to achieve systems change



## C How?

Roadmap for initiatives that can move a health system towards a more value-based approach



# Value-based health systems focus on improving outcomes and optimizing costs, and have five key enablers

A **patient-centered approach** focuses on improving outcomes and costs for defined population segments who receive segment-specific interventions

**Policies** and regulation that support learning and continuous improvement to drive value-based healthcare

Policy



Payments



**Payments** that reimburse for value, rather than volume of care

**Informatics** that permit standardized capture, analysis and sharing of health outcomes and relevant data for each population segment

Informatics

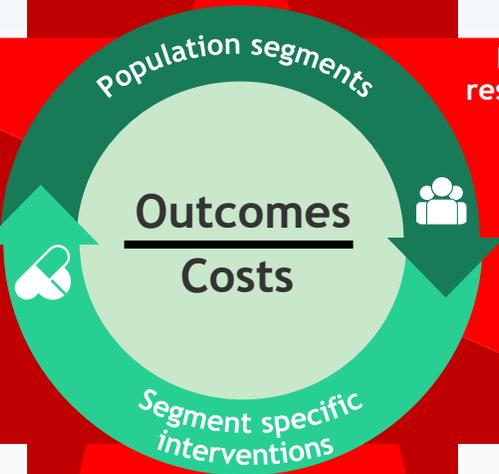


Benchmarking research & tools



**Tools** to analyze data and generate insights through benchmarking, clinical decision support, predictive analytics, risk stratification, etc.

Outcomes  
Costs



Delivery organization

**Care delivery models** that enable better access to care, ensure continuous improvement, and measure performance

# Measuring outcomes is critical to enable value-based health systems

Patient outcomes are the results of treatment that patients care about most

Measuring outcomes matters for many reasons

Outcomes define the goals of the health system from the patient's perspective

Outcomes data can motivate clinicians and other stakeholders to compare and improve performance

Outcomes data can identify what works and what doesn't from a clinical perspective

Outcomes data can support payment schemes that reward value rather than volume of treatments

There are three main sources of outcomes data

Clinician reported outcomes measures - e.g. for patient complications, lab results

Patient-reported outcome measures (PROMs) - e.g. for subjective symptoms and well-being

Administrative data - e.g. for mortality, hospital length of stay, etc.

Note: Patient-reported experience measures (PREMs) measure patients' experience of their care. These are useful for understanding how care was delivered, but they do not track improvements in health outcomes, which are the ultimate goal of value-based health systems

## This guide provides suggestions for multiple stakeholders looking to collaborate in transforming health systems



**Patient advocates / organizations** looking to encourage the system to generate more value for patients



**Government stakeholders** looking to build a cooperative, inclusive environment to lead, guide and encourage transformation of health system towards value



**Payers / providers** looking to develop innovative ways to reorganize payments and care delivery around value



**Private sector / industry** looking to collaborate across the sector (e.g. with governments, payers, providers, and competitors) and use value for patients as the basis for reimbursement / procurement



**Academia / research** looking to translate scientific / clinical evidence into policy and practice that lead to a more value-based health system

*See next page for examples*

Note that this document does not serve as a general overview about VBHC. Please see the recommended reading section of this Guide for further information on that topic.

## Multiple intended audiences for this User Guide- Examples

	Potential audiences	Example
	<u>Patient advocates / organizations</u>	Patient advocacy organizations or patients who feel that the system does not meet their needs can use this Guide to identify cross-cutting solutions that could strengthen enablers of the system and work with the key stakeholders who could help achieve these changes
	<u>Government stakeholders</u>	A Ministry of Health that sees the need for innovation in how the health system is managed can use this Guide to bring together a consortium of actors to generate grassroots / "bottom-up" innovations which will add value for patients
	<u>Payers / providers</u>	A major payer or consortium of payers that wants to institute more value-based patient reimbursement models can use this Guide to bring together providers and other experts to identify and evaluate care delivery models which would be suitable for value-based payments
	<u>Private sector / industry</u>	Competing pharmaceutical companies that have a shared incentive to get the health system to track and share better health data can use this Guide to highlight the critical gaps in health data today and identify opportunities to fill them
	<u>Academia / research</u>	Clinical experts who believe that existing standards of care and widely adopted practices do not reflect or incentivize practice based on the best clinical evidence can use this Guide to determine how best to mobilize a system to take up this evidence base

## Working with a broad group of stakeholders will face unique challenges



### No single authority exists to mandate change

- Authority lies at multiple distributed points throughout the system



### Conflicting goals and incentives exist among stakeholders

- Leaders and orgs will respond primarily to their own Boards / bosses



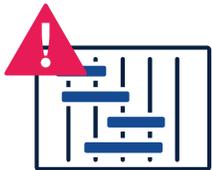
### Commitments to change are typically voluntary / unenforceable

- Leaders and orgs can leave the initiative whenever they way



### No shared culture exists among stakeholders

- Baseline levels of trust and working styles are often insufficient



### No shared processes / tools among stakeholders

- Logistics for coordinating, executing, and tracking work are difficult

Challenges authorizing multi-stakeholder work

Challenges holding people together for multi-stakeholder cooperation

# To address these challenges, multi-stakeholder collaboration requires four key success factors to achieve systems change

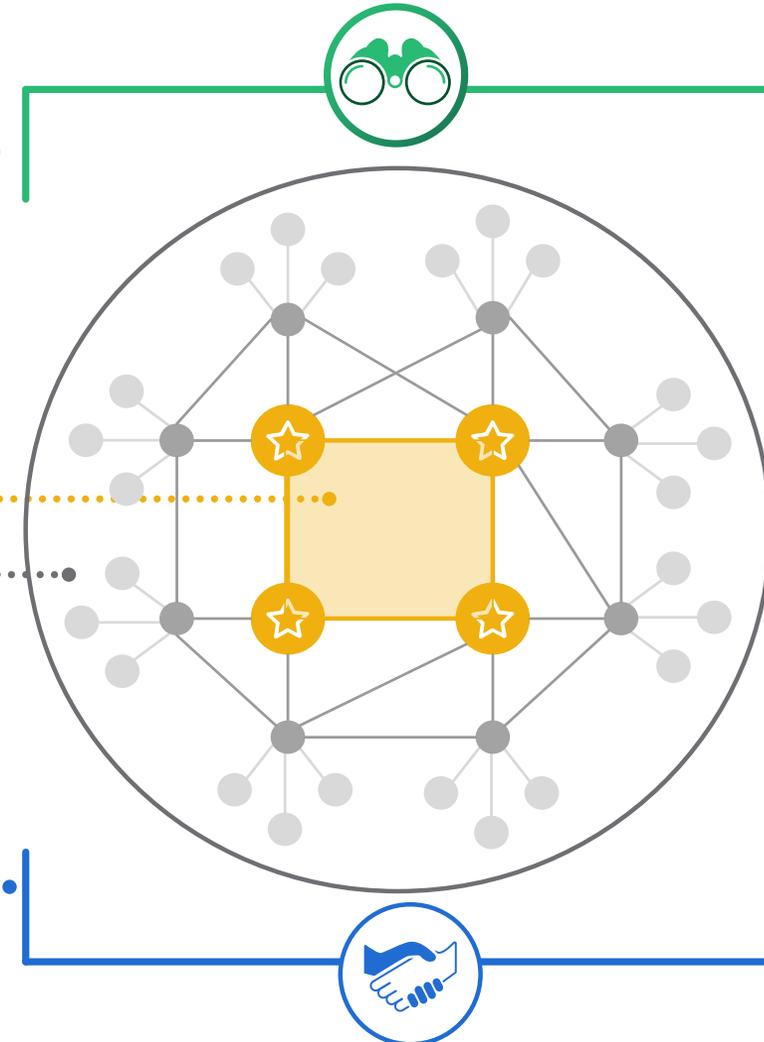
## Key success factors

**A shared understanding of the problem**, which contributes to a **common vision for change**

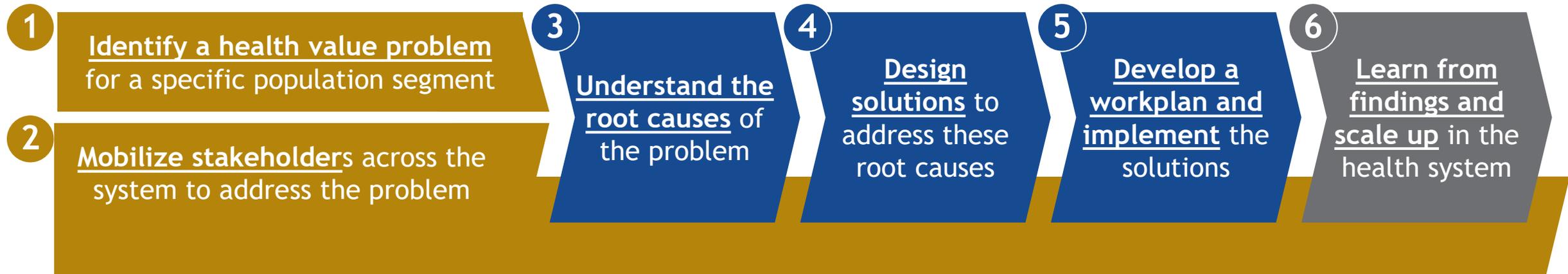
**A broad network of champions** across the system who will endorse the effort, advocate for it, and invest resources to make it happen

**A collaborative environment** built on trust that keeps people engaged, especially during periods of tension

**Neutral, full-time project management** to facilitate the work across stakeholders

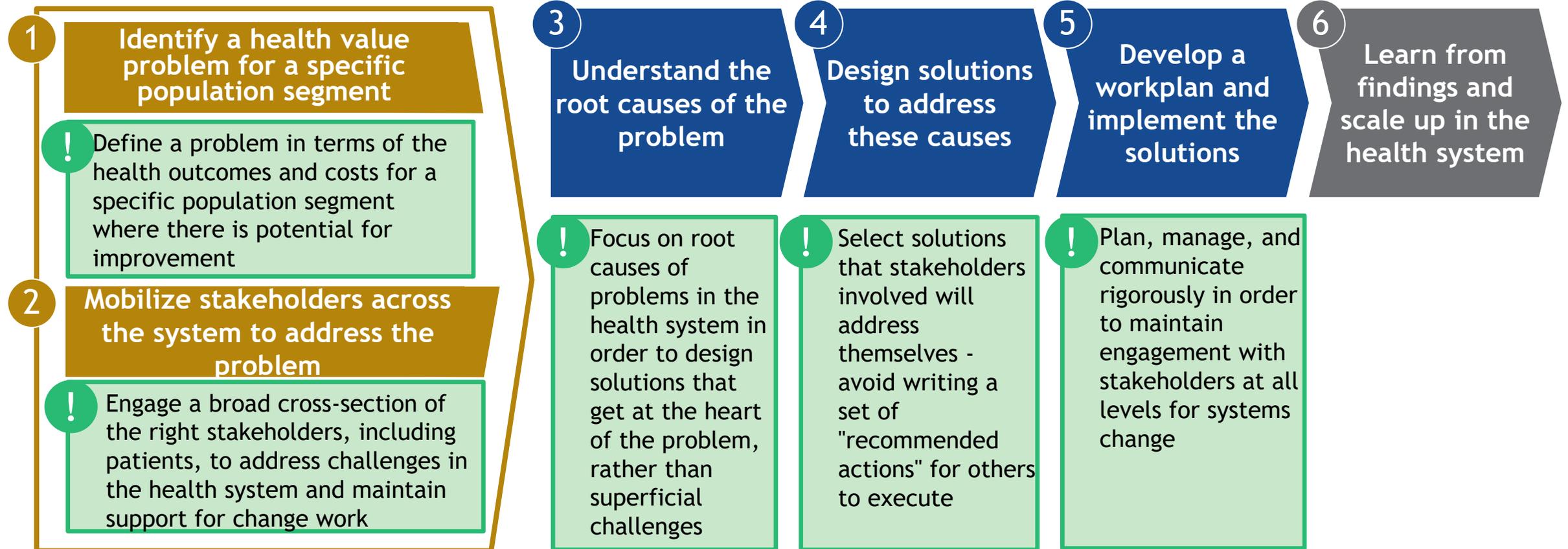


## Successful health system transformation initiatives include six key steps



## Key messages across these six steps

This Guide has a lot of detail about the different steps, activities, and approaches to launch a health system transformation initiative. For the sake of simplicity, the key messages you will find in this Guide are summarized here. Each time one of these messages appears in the Guide, it will be marked with a green circle and exclamation point, like the images below.



## Summary of this Guide

- A) What: Value-based health systems
- B) Who: Multi-stakeholder cooperation for systems change
- C) How: Roadmap for a health system transformation initiative

### Structure for this section

1. Identify a health value problem for a specific population segment
2. Mobilize stakeholders across the systems to address this problem
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5. Develop a workplan and implement the solutions
6. Learn from findings and scale up in the health system

### Glossary of key terms and document authors

## Overview of this section - What is a value-based health system?

Healthcare delivery that achieves strong patient outcomes at sustainable costs is a global challenge - Increased expenditure does not necessarily translate into better outcomes for patients, and there is massive variation in healthcare outcomes both within and across health systems

Misaligned incentives are at the core of system inefficiency - Each stakeholder in the health system has its own incentives, and these incentives often do not link to the actual health outcomes achieved by patients

Value-based health systems represent a paradigm shift to align stakeholders on the outcomes that matter most to patients while optimizing the resources to deliver those outcomes

In order to improve outcomes for specific population segments using segment-specific interventions, value-based health systems require five key enablers:

- Informatics; Benchmarking, Research, & Tools; Delivery Organization, Payments; and Policy

# This section focuses on summarizing key aspects of value-based health systems

## What?

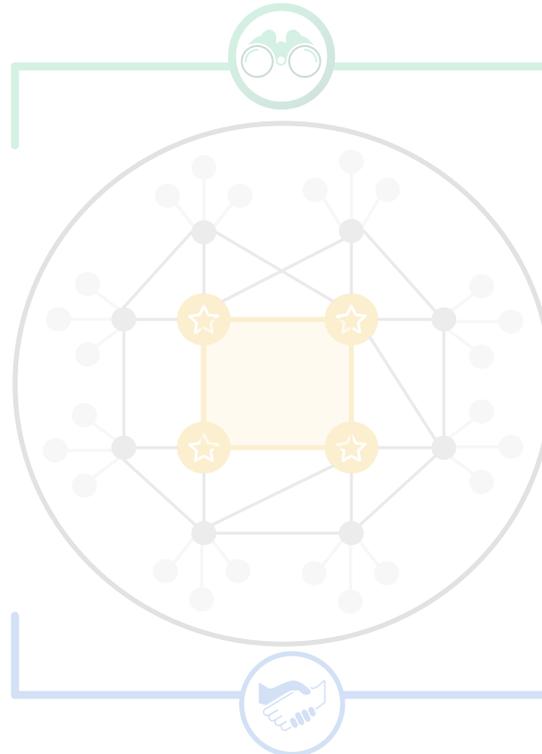
Overview of the objectives and enablers of a value-based health system



Focus of this section

## Who?

Key success factors for multi-stakeholder cooperation to achieve systems change



## How?

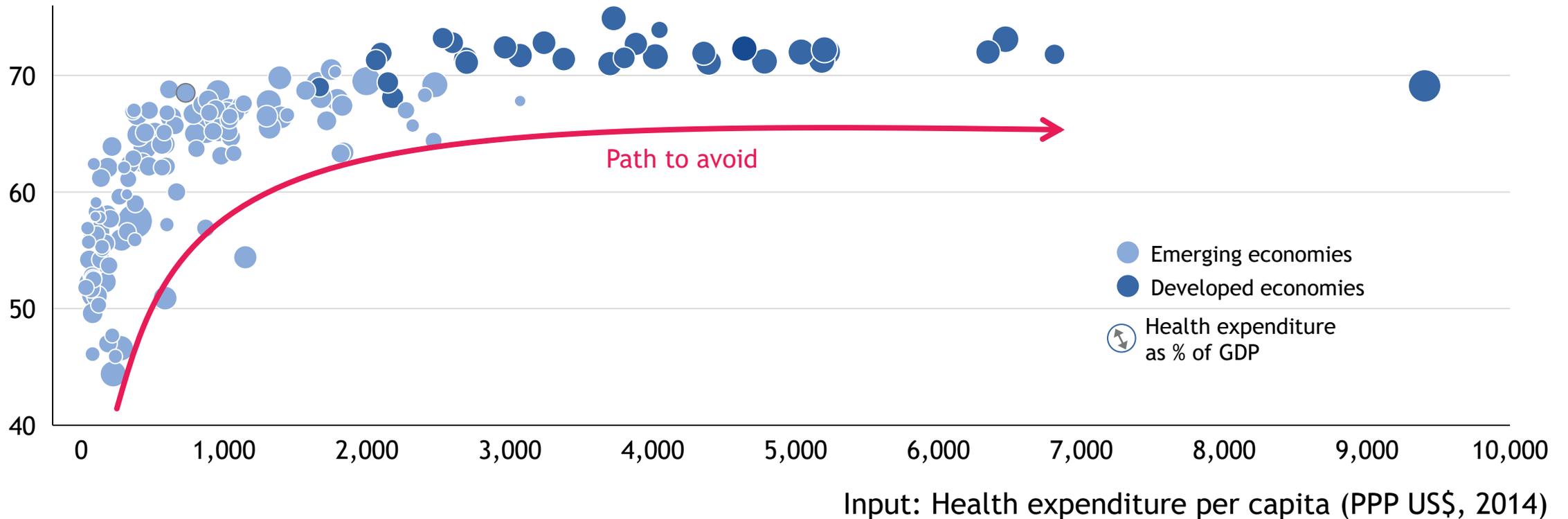
Roadmap for initiatives that can move a health system towards a more value-based approach



# Healthcare delivery is a global challenge...

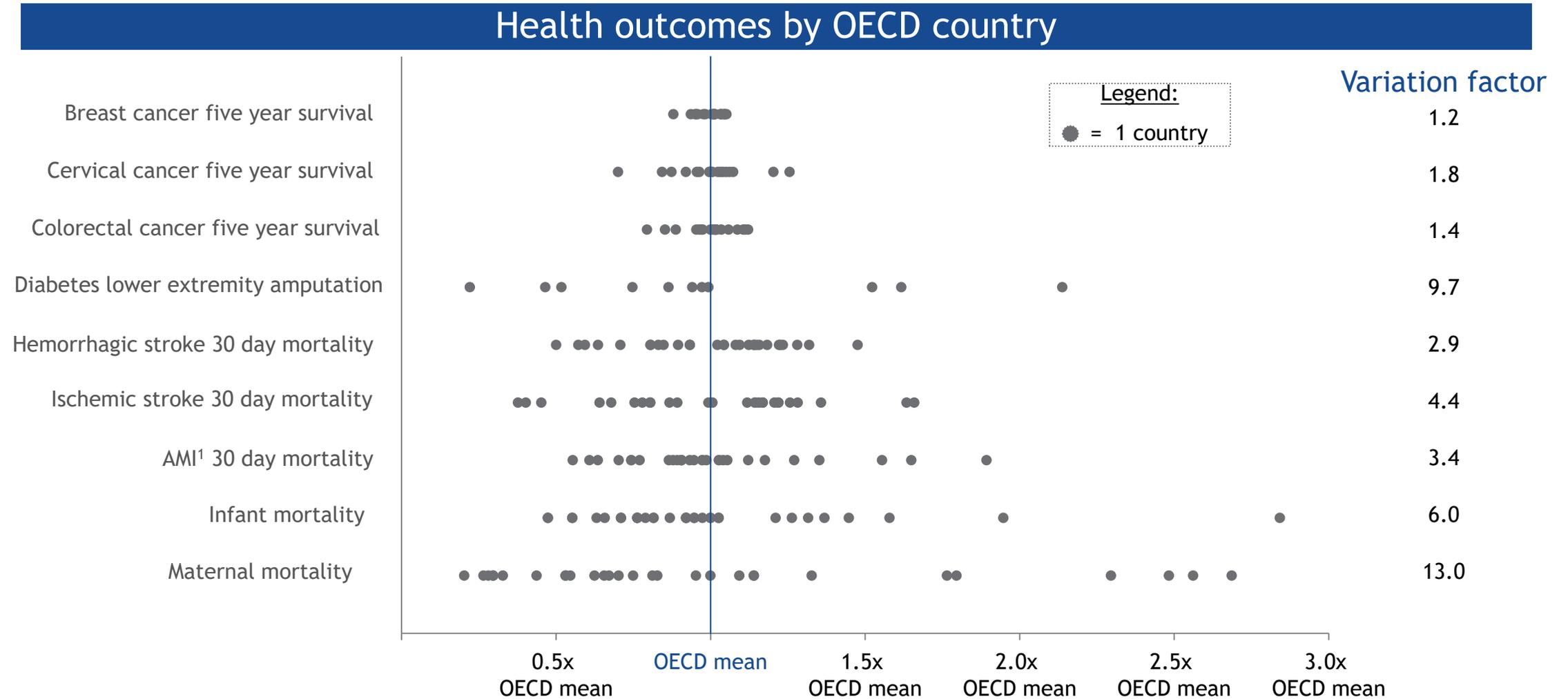
Global comparison of countries indicates that increased spend on healthcare (per capita) does not translate into an increase in health-adjusted life expectancy.

Outcome: Health-adjusted life expectancy<sup>1</sup> (years, 2015)



1. Health-adjusted life expectancy: Estimates the number of years in full health an individual is expected to live at birth by subtracting the years of ill health (weighted according to severity) from overall life expectancy. Sources: WHO, BCG analysis

# ...and massive variation exists in patient outcomes

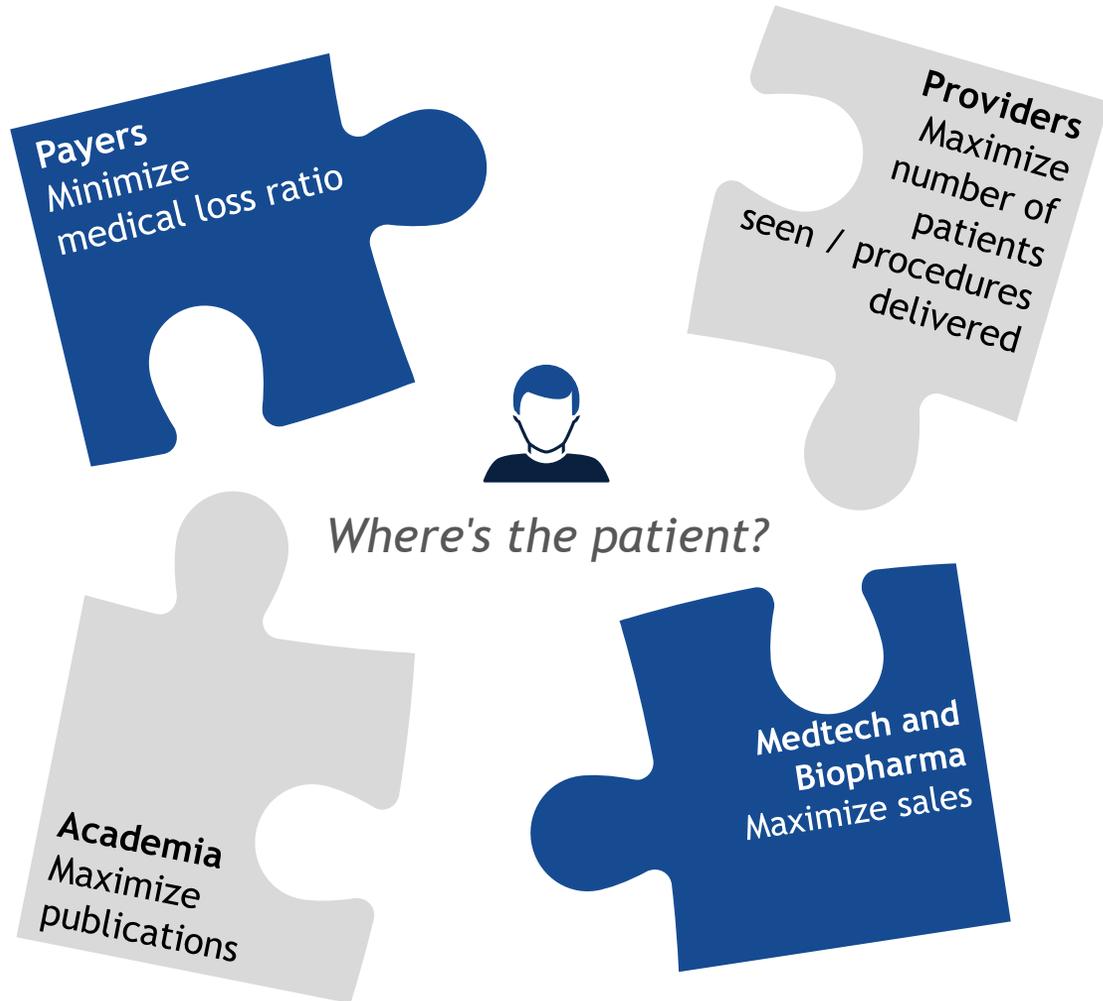


1. Acute Myocardial Infarction

Note: Most recent data from 2011-13 used . Mexico and OECD candidate countries not included

Source: OECD Health May 2016, BCG analysis

Misaligned incentives are at core of system inefficiency

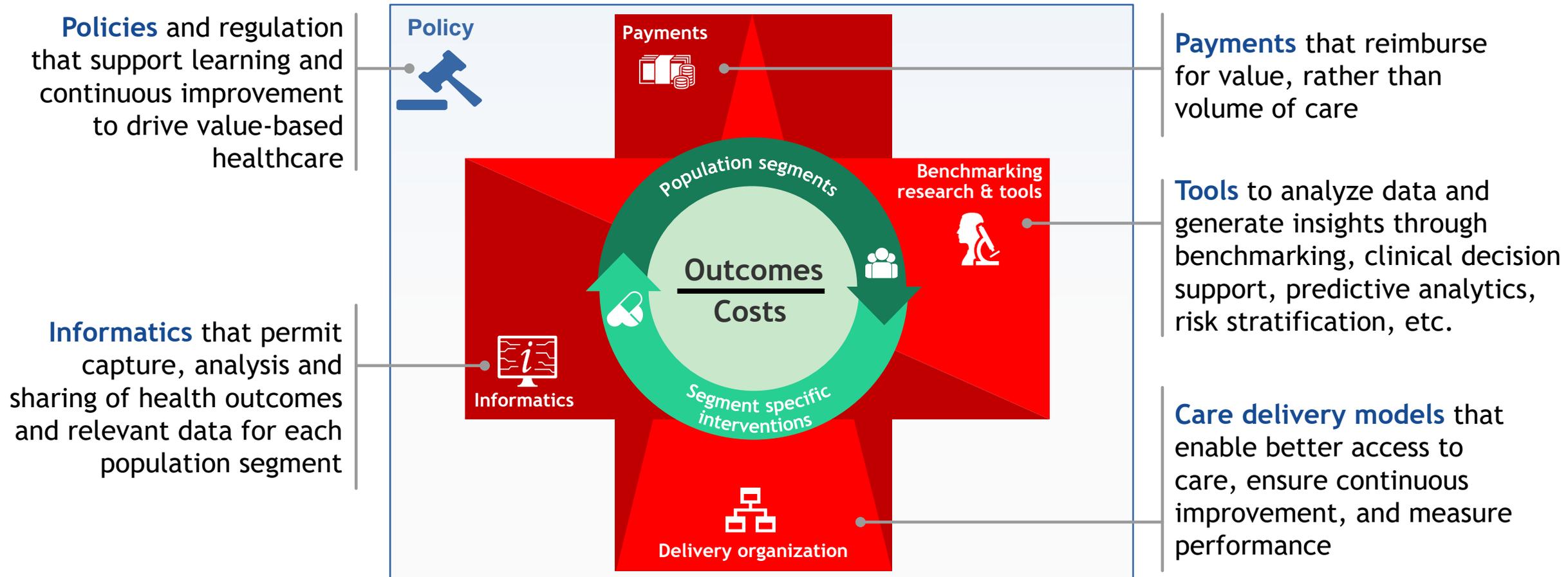


## Value-Based Health Systems

The paradigm shift to align stakeholders on the outcomes that matter most to patients while optimizing the resources to deliver those outcomes

# Value-based health systems focus on improving outcomes and optimizing costs, and have five key enablers

A **patient-centered approach** focuses on improving outcomes and costs for defined population segments who receive segment-specific interventions



# Measuring outcomes is critical to enable value-based health systems

Patient outcomes are the results of treatment that patients care about most

Measuring outcomes matters for many reasons

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Outcomes data can motivate clinicians and other stakeholders to compare and improve performance

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Note: Patient-reported experience measures (PREMs) measure patients' experience of their care. These are useful for understanding how care was delivered, but they do not track improvements in health outcomes, which are the ultimate goal of value-based health systems

# Outcomes are the results of interventions that people receive

Illustrative list for  
different populations

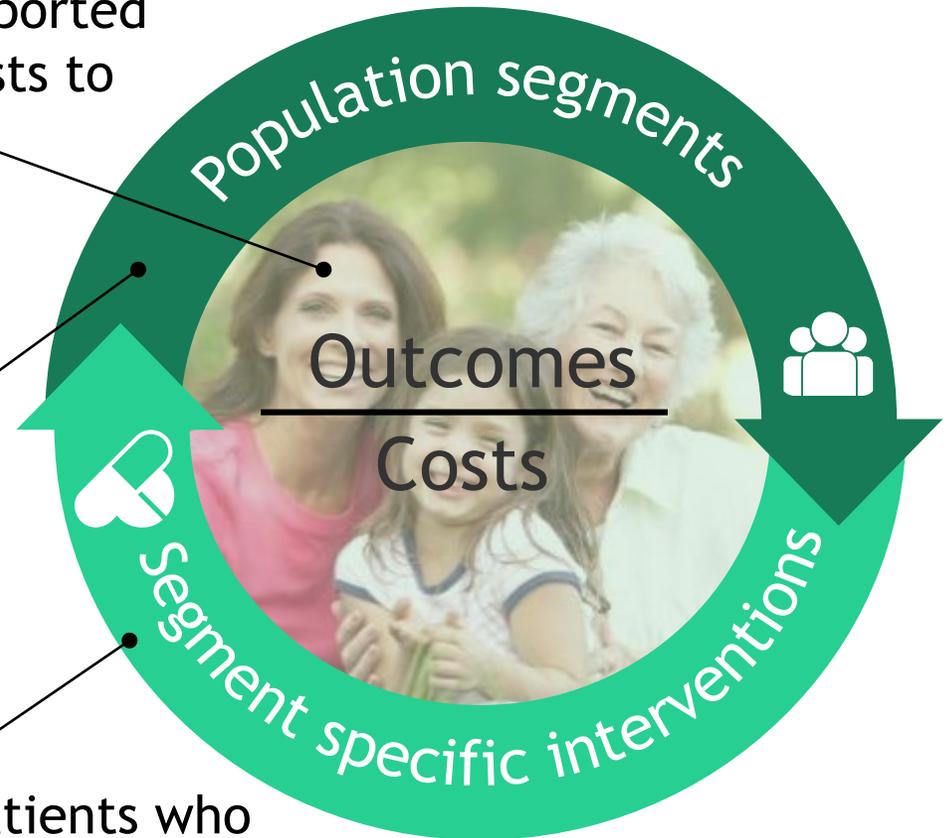
Population	Intervention	Process metrics and indicators	Outcomes
Prostate cancer patients	<ul style="list-style-type: none"><li>• Clinical interventions such as surgery, medications, etc.</li></ul>	<ul style="list-style-type: none"><li>• Clinical adherence to quality guidelines and patient adherence to treatment protocols</li></ul>	<ul style="list-style-type: none"><li>• Survival</li><li>• Continence</li><li>• Erectile function</li><li>• Anxiety</li></ul>
Patients with depression and/or anxiety	<ul style="list-style-type: none"><li>• Behavioral interventions such as cognitive-behavioral therapy</li><li>• Medication</li></ul>	<ul style="list-style-type: none"><li>• Number of therapy sessions conducted</li><li>• Medication selected</li></ul>	<ul style="list-style-type: none"><li>• Feelings of depression and anxiety</li><li>• Functioning at work</li><li>• Social functioning</li><li>• Side-effects</li></ul>
Individuals at risk for diabetes	<ul style="list-style-type: none"><li>• Education and behavioral counseling</li><li>• Access to improved nutrition</li><li>• Clinical interventions such as medication</li></ul>	<ul style="list-style-type: none"><li>• Changes in diet and exercise</li><li>• Medication adherence</li></ul>	<ul style="list-style-type: none"><li>• Glycemic control</li><li>• Nervous system complications</li><li>• Psychological well-being</li></ul>

Value will vary for different population segments who receive different segment-specific interventions

Value = Outcomes (including clinician- and patient-reported measures) divided by costs to achieve those outcomes

Value will vary among different **population segments** (e.g. demographic groups, patients with certain diagnoses)

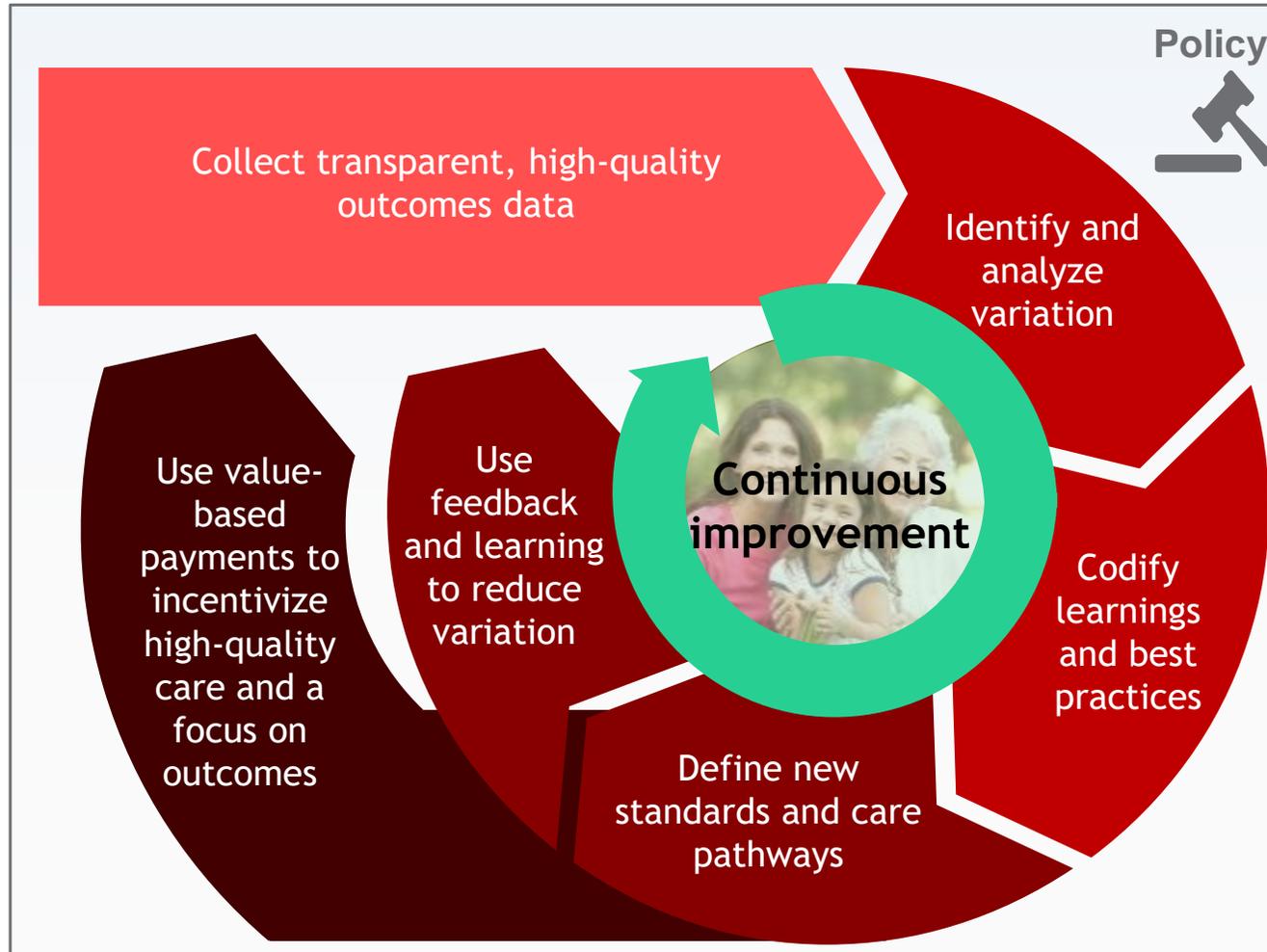
Value will vary among patients who receive different segment-specific **interventions** (e.g. treatments)



For further information on the data needed for value-based healthcare, see the World Economic Forum report [Value in Healthcare: Mobilizing cooperation for health system transformation](#)<sup>1</sup>

1. As of December 2018, link available at <https://www.weforum.org/reports/value-in-healthcare-mobilizing-cooperation-for-health-system-transformation>

# Health systems enablers should work together to improve value for patients through a virtuous improvement cycle



## Enablers



Informatics



Benchmarking research & tools



Delivery organization

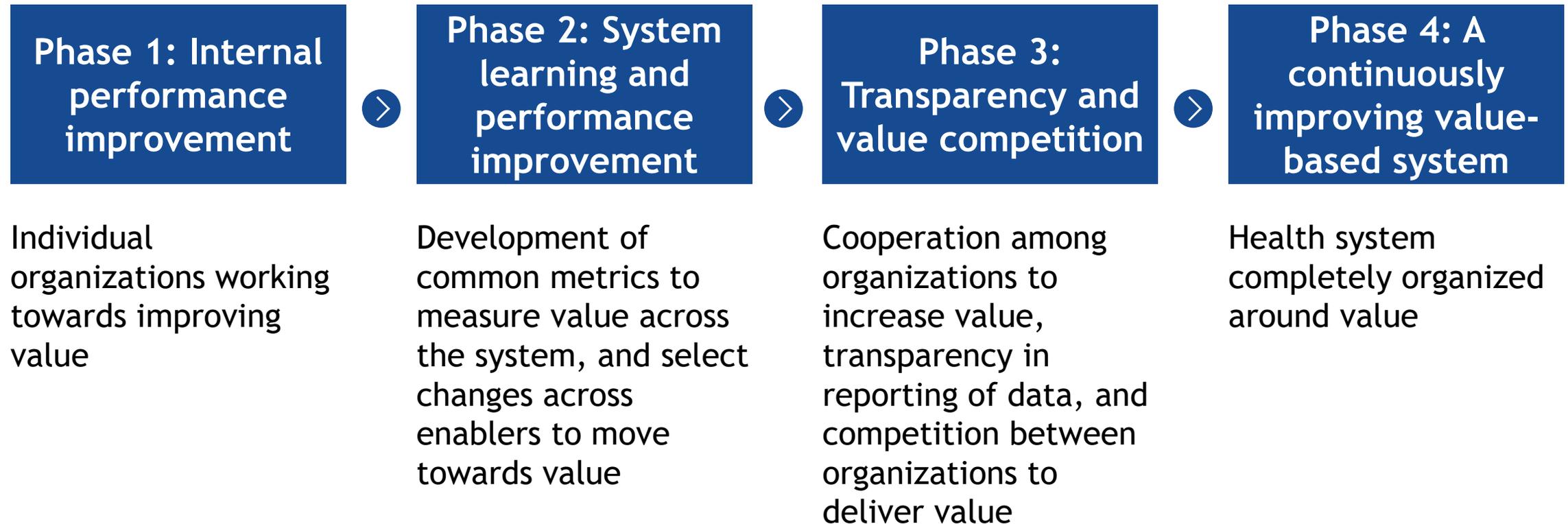


Payments



Policy

# Health systems move through four phases on their journey towards value



For further information on this framework, see the World Economic Forum report [Value in Healthcare: Laying the Foundation for Health System Transformation<sup>1</sup>](#)

## For further reading

The materials listed below provide additional background on value-based health systems, value-based healthcare, and outcomes measurement

Topic	Title	Authors (Source)	Hyperlink (current as of end of 2018)
Value-based health systems, and the World Economic Forum's work on Value in Healthcare	Value in Healthcare: Laying the Foundation for Health System Transformation	World Economic Forum, in collaboration with BCG	<a href="https://www.weforum.org/reports/value-in-healthcare-laying-the-foundation-for-health-system-transformation">https://www.weforum.org/reports/value-in-healthcare-laying-the-foundation-for-health-system-transformation</a>
	Value in Healthcare: Mobilizing cooperation for health system transformation	World Economic Forum, in collaboration with BCG	<a href="https://www.weforum.org/reports/value-in-healthcare-mobilizing-cooperation-for-health-system-transformation">https://www.weforum.org/reports/value-in-healthcare-mobilizing-cooperation-for-health-system-transformation</a>
Overview of Value-Based Healthcare	Redefining Health Care: Creating Value-Based Competition on Results	Porter & Teisberg	N/A (This resource is a book)
	What is Value in Healthcare?	Porter (NEJM)	<a href="https://www.nejm.org/doi/full/10.1056/NEJM1011024">https://www.nejm.org/doi/full/10.1056/NEJM1011024</a>
The Importance of Outcomes Measurement	Standardizing Patient Outcomes	Porter, Larsson, and Lee (NEJM)	<a href="https://www.nejm.org/doi/full/10.1056/NEJM1511701">https://www.nejm.org/doi/full/10.1056/NEJM1511701</a>
	Better Value in Healthcare Requires Focusing on Outcomes	Stowell and Akerman (HBR)	<a href="https://hbr.org/2015/09/better-value-in-health-care-requires-focusing-on-outcomes">https://hbr.org/2015/09/better-value-in-health-care-requires-focusing-on-outcomes</a>

For an illustration of how value-based health systems could work for patients, see the video at this link:

<https://www.youtube.com/watch?v=Fm114fFyFzk&feature=youtu.be>



## Summary of this Guide

A) What: Value-based health systems

➤ B) Who: Multi-stakeholder cooperation for systems change

C) How: Roadmap for a health system transformation initiative

Structure for this section

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6. Learn from findings and scale up in the health system

Glossary of key terms and document authors

# Overview of this section - Who to involve, and why focus on multi-stakeholder collaboration?

Achieving a value-based health system requires changes across all five enablers of the system

- Informatics; Benchmarking, Research, & Tools; Delivery Organization; Payments; and Policy

Because multiple stakeholders are involved in designing and using each of these five enablers, making changes to any enabler will impact many groups across the system. For example:

- Informatics capabilities are provided by tech / digital companies but are used by payers, providers, and others
- Benchmarking, research, & tools involves compiling data from numerous sources and implementing applications in multiple settings
- Payments are influenced by policymakers, individual payers, and their negotiations with providers and industry
- Delivery organization is influenced by policymakers and involves providers at all levels of the system (primary care, hospital care, pharmacy, etc.)
- Policy has a broad impact on all parts of the system and all stakeholders

Achieving successful change to these different aspects of the system requires organizations to think and work beyond their own four walls - Any change to one aspect of the system will have to involve multiple parties

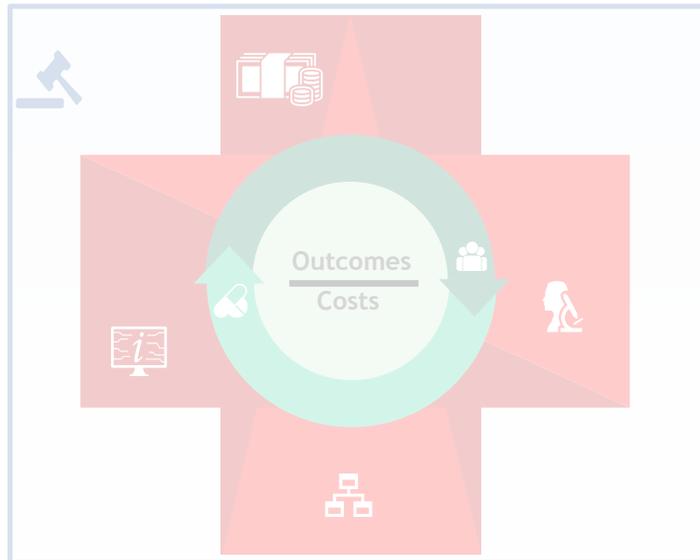
However, multi-stakeholder collaboration for systems change faces its own set of unique challenges, and therefore requires a unique set of key success factors to be in place

This section of the Guide summarizes these unique challenges and an approach to address them

# This section focuses on key success factors for multi-stakeholder cooperation to achieve systems change

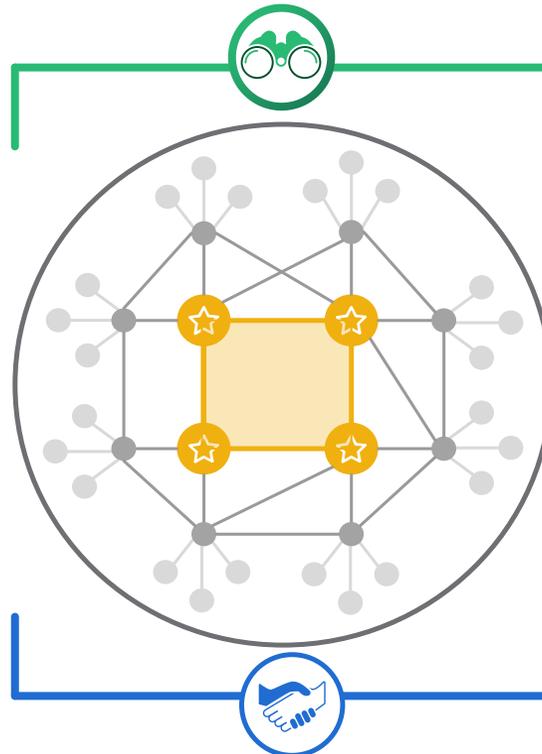
## What?

Overview of the objectives and enablers of a value-based health system



## Who?

Key success factors for multi-stakeholder cooperation to achieve systems change



Focus of this section

## How?

Roadmap for initiatives that can move a health system towards a more value-based approach



## Recall: Many organizations will be involved in health systems change



**Patient advocates / organizations** looking to encourage the system to generate more value for patients



**Government stakeholders** looking to build a cooperative, inclusive environment to lead, guide and encourage transformation of health system towards value



**Payers / providers** looking to develop innovative ways to reorganize payments and care delivery around value



**Private sector / industry** looking to collaborate across the sector (e.g. with governments, payers, providers, and competitors) and use value for patients as the basis for reimbursement / procurement



**Academia / research** looking to translate scientific / clinical evidence into policy and practice that lead to a more value-based health system

Working with multiple stakeholders across the system will face unique challenge

# Working with a broad group of stakeholders will face unique challenges



## No single authority exists to mandate change

- Authority lies at multiple distributed points throughout the system



## Conflicting goals and incentives exist among stakeholders

- Leaders and orgs will respond primarily to their own Boards / bosses



## Commitments to change are typically voluntary / unenforceable

- Leaders and orgs can leave the initiative whenever they way



## No shared culture exists among stakeholders

- Baseline levels of trust and working styles are often insufficient



## No shared processes / tools among stakeholders

- Logistics for coordinating, executing, and tracking work are difficult

Challenges authorizing multi-stakeholder work

Challenges holding people together for multi-stakeholder cooperation

# Working with a broad group of stakeholders will face unique challenges - Illustrative examples

## Challenge



No single authority exists to mandate change



Conflicting goals and incentives exist among stakeholders



Commitments to change are typically voluntary / unenforceable



No shared culture exists among stakeholders



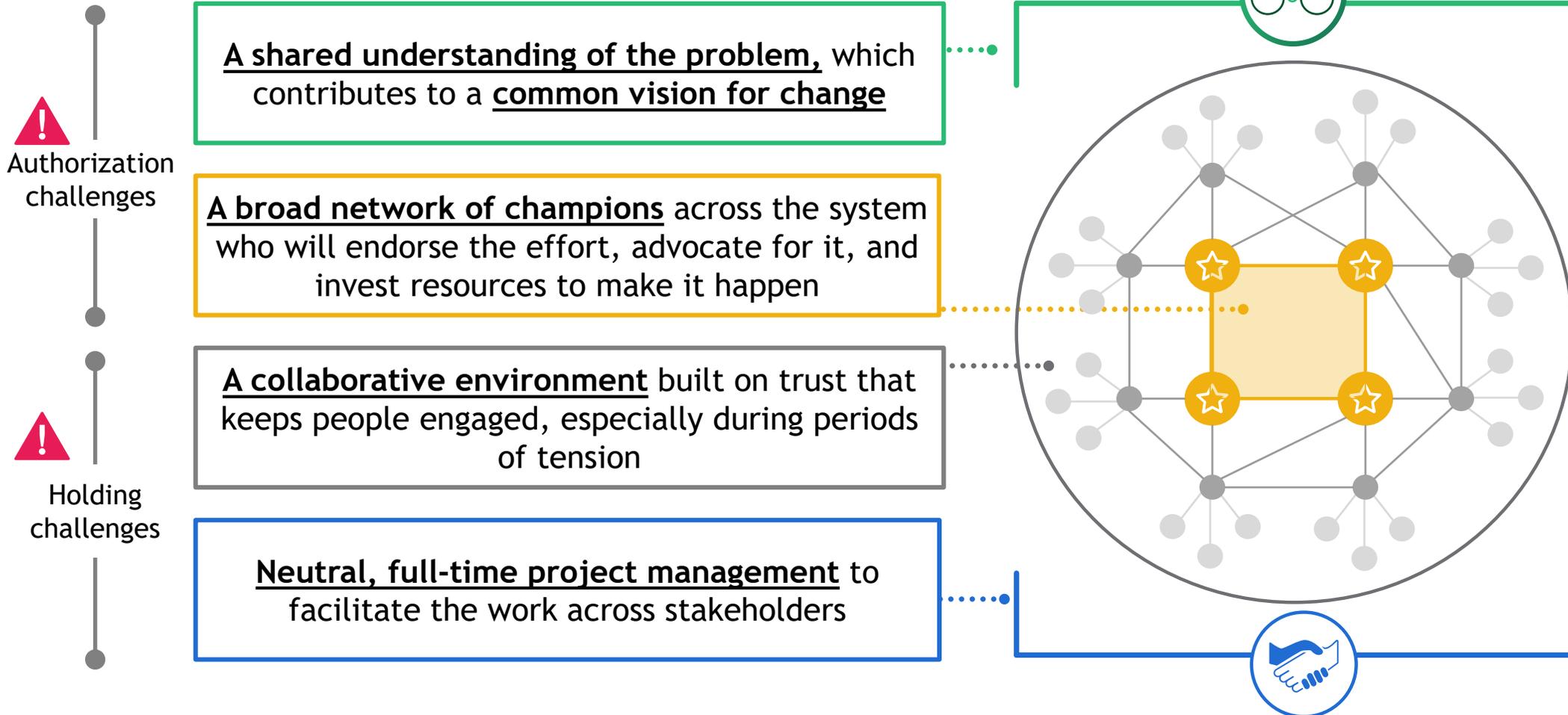
No shared processes / tools among stakeholders

## Illustrative examples

- Incentivizing hospitals and primary care providers to integrate their care may require approval by policymakers, hospital CEOs, physician organizations, and payers
- Payers and providers may not want to share their data with each other because they think it could reduce their negotiating power
- Organizations may show enthusiasm for change when brainstorming ideas, but then may hesitate to commit resources needed to actually execute these ideas
- Some organizations may rely on more hierarchical decision-making, while others have a more open approach to sharing ideas
- The lack of shared calendars, email systems, and meeting spaces can make it difficult to coordinate work

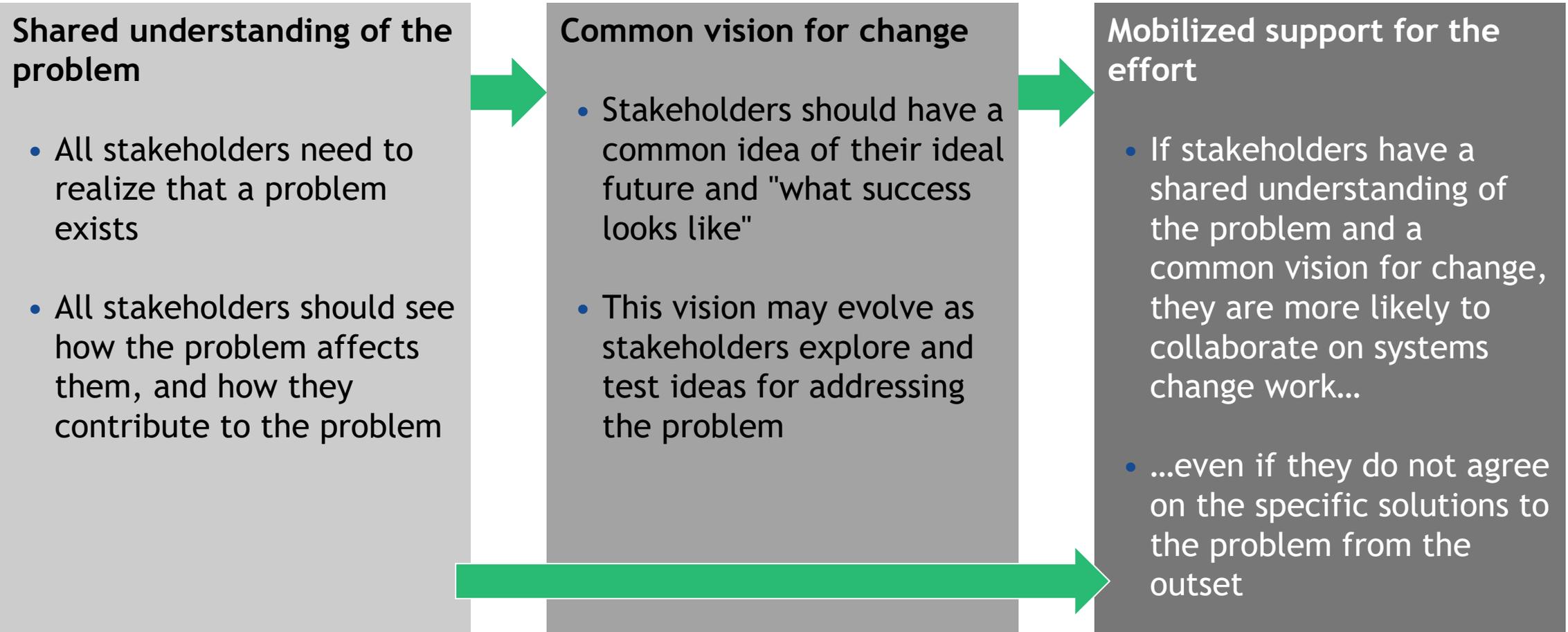
# To address these challenges, multi-stakeholder collaboration requires four key success factors to achieve systems change

## Key success factors to address challenges





## A shared understanding of the problem and common vision for change can help mobilize support for the effort





# It will take active engagement with stakeholders to ensure that they have a shared understanding of the problem and common vision for change

## *Illustrative example of this challenge*

Many stakeholders will see the problem differently, or will not even see the problem

Creating a shared understanding of the problem can help mobilize stakeholders for change

**The actual problem:** People have poor health outcomes even though their condition can be prevented and treated

**Primary care providers** do not see a problem - They are reimbursed well and do not have data on patient outcomes

**Payers** see the problem as rising medical costs burdening the system

**Pharma / medtech** see the problem as an inability to get real-world data demonstrating how their products improve patient outcomes

Etc.



**Primary care providers** see that their patient suffer because the system does not incentivize them to provide the type of care that would improve outcomes

**Payers** see that they currently pay for services without accountability for patient outcomes - This can drive unjustified increases in spending

**Pharma / medtech** see that the system cannot generate data about patient outcomes which would guide appropriate care

Etc.



# A broad network of champions ensures that the success of a systems change effort does not hinge on a single individual or organization

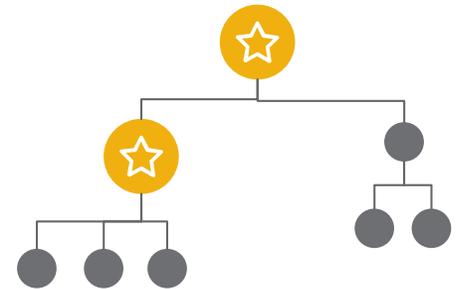
Authorization for systems change work is distributed throughout the system

- No single individual can authorize the work - even senior leaders within the government
- Individuals, especially politicians, have limited tenures shorter than the duration of the change
- Overly relying on one individual to champion the effort creates risks when they leave their role
- Many different stakeholders can put the effort at risk if they do not participate or actively resist it

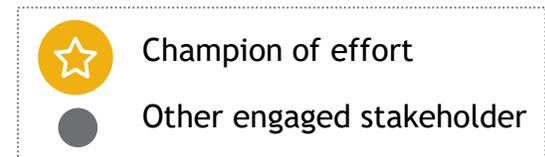
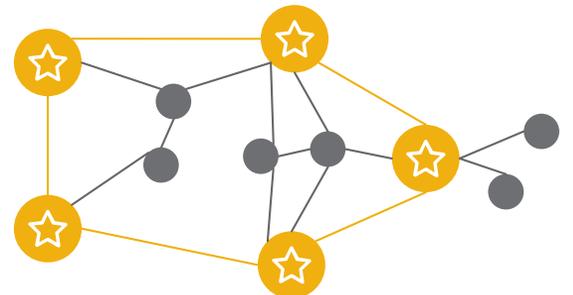
*See the section labeled "Mobilize stakeholders across the systems to address this problem" for the different types of stakeholders that might need to authorize health system transformation*

Therefore, it is critical to ensure that key champions are continually brought in

Multi-stakeholder change does not succeed with top-down mandate

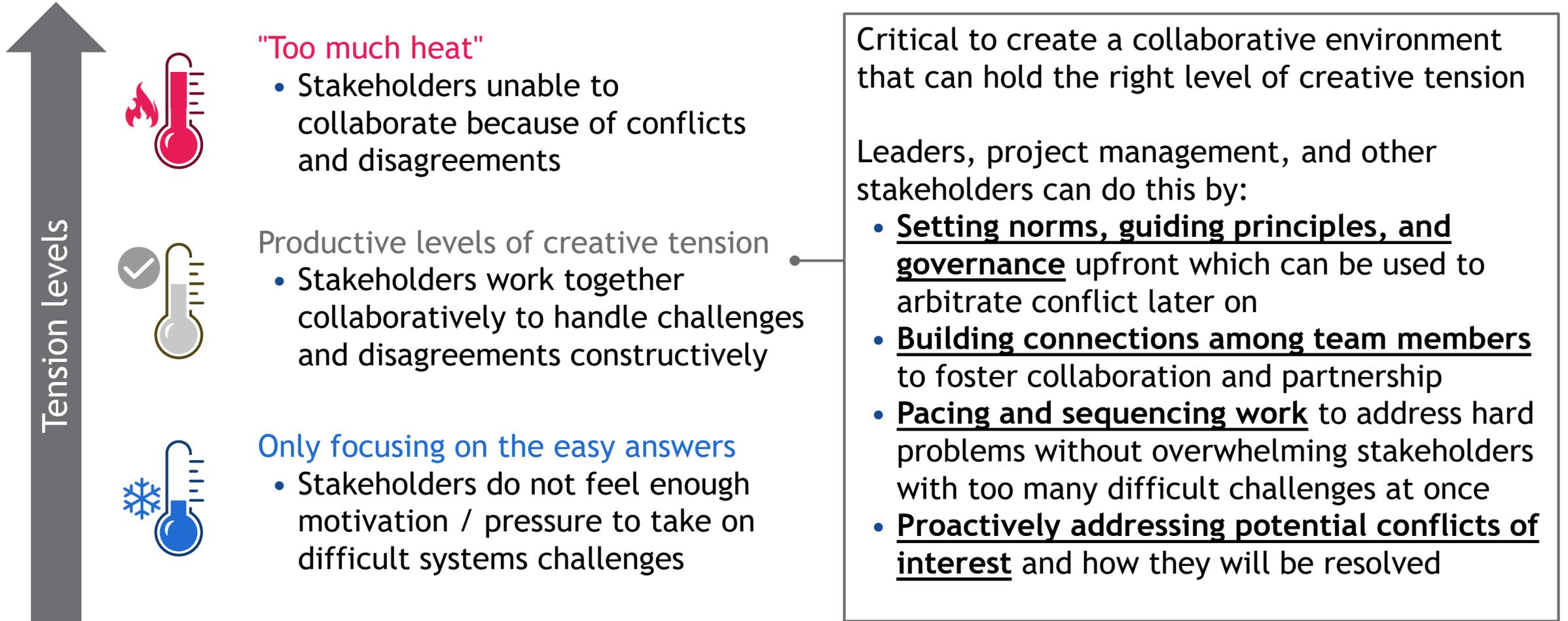


It succeeds with a broad network of authorization (i.e. a "snowflake model")<sup>1</sup>



1. For more information, see Marshall Ganz's "Snowflake Model" of leadership.

# Systems change requires the right level of creative tension; a collaborative environment should hold stakeholders together to work through this tension





# Neutral project management is a critical to address common challenges of multi-stakeholder collaboration

## Common day-to-day challenges of multi-stakeholder collaboration

- Stakeholders push their own agenda through the initiative or have conflicts of interest
- Stakeholders are balancing other roles / priorities that make it difficult to participate
- Changes in leadership from stakeholder organizations interrupts momentum
- Levels of engagement from stakeholders fluctuate / wane over time
- Lack of formal reporting lines may lead to confusion in execution
- Stakeholders who need to be involved are unclear or keeps changing

These can be partially addressed with...

...neutral...

...full-time...

....project management

Neutral project management will be necessary, but not sufficient, for addressing these challenges

The project management team will also have to use project management tools (e.g. milestones, communications, project planning) to address these challenges on an ongoing basis

More details on these tools can be found in Section 5 (Develop a Workplan and Implement Solutions)



# Strategies to address common day-to-day challenges of multi-stakeholder collaboration

## Common challenges

## Steps for project management team to address these challenges

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Stakeholders push their own agenda through the initiative or have conflicts of interest</li></ul>   | <ul style="list-style-type: none"><li>• Set clear rules of engagement upfront</li><li>• Proactively triage input from stakeholders to determine whether certain stakeholders are not abiding by these rules of engagement</li></ul>   |
| <ul style="list-style-type: none"><li>• Stakeholders are balancing other roles / priorities that make it difficult to participate</li></ul> | <ul style="list-style-type: none"><li>• Work out logistical arrangements that are most convenient for external stakeholders, e.g.:<ul style="list-style-type: none"><li>- Offer multiple options for Working Team calls, so that individuals can choose the option that works best for their schedule - e.g. clinicians may prefer early morning options before clinic starts</li><li>- Offer to de-brief individuals who cannot make key meetings to ensure everyone is up-to-speed</li></ul></li><li>• Over-communicate information; continually remind people what has already been agreed to, what is being discussed now, and what next steps are</li><li>• Circulate minutes from all meetings to all relevant stakeholders</li></ul> |
| <ul style="list-style-type: none"><li>• Changes in leadership from stakeholder organizations interrupts momentum</li></ul>                  | <ul style="list-style-type: none"><li>• Ensure that project management resourcing is not dependent on the support of a single individual or leader</li></ul>  |
| <ul style="list-style-type: none"><li>• Levels of engagement from stakeholders fluctuate / wane over time</li></ul>                         | <ul style="list-style-type: none"><li>• Maintain rigorous but manageable pace for the work</li><li>• Check with stakeholders at regular intervals about the pace of the work, and adjust as needed</li></ul>  |
| <ul style="list-style-type: none"><li>• Lack of formal reporting lines may lead to confusion in execution</li></ul>                         | <ul style="list-style-type: none"><li>• Set clear expectations about roles / responsibilities / processes for decision-making upfront</li><li>• Use role charters to clarify accountabilities, time commitments, and requirements for compositions of various teams</li></ul>   |
| <ul style="list-style-type: none"><li>• Stakeholders who need to be involved are unclear or keeps changing</li></ul>                        |   |

## For further reading

Multi-stakeholder collaboration for systems change is a complex topic. The resources below provide additional / alternative perspectives on this topic - These resources are not specific to value-based healthcare.

Topic	Title	Authors (Source)	Hyperlink (current as of end of 2018)
Broad cross-sector coordination to drive impact	Collective Impact	Kania and Kramer (SSIR)	<a href="https://ssir.org/articles/entry/collective_impact">https://ssir.org/articles/entry/collective_impact</a>
Building an authorizing environment in the context of public sector work	Building State Capability: Evidence, Analysis, Action	Andrews, Pritchett, and Woolcock	<a href="http://fdslive.oup.com/www.oup.com/academic/pdf/openaccess/9780198747482.pdf">http://fdslive.oup.com/www.oup.com/academic/pdf/openaccess/9780198747482.pdf</a>
Building a holding environment in the context of adaptive systems change	Leadership Without Easy Answers	Heifetz	N/A (This resource is a book)

Note: For more information about authorization challenges, see [Building State Capability: Evidence, Analysis, Action](#) (Andrews, Pritchett, and Woolcock; 2017); For more information about holding challenges, see [Leadership Without Easy Answers](#) (Heifetz; 1998)

## Summary of this Guide

A) What: Value-based health systems

B) Who: Multi-stakeholder cooperation for systems change

C) How: Roadmap for a health system transformation initiative

### ➤ Structure for this section

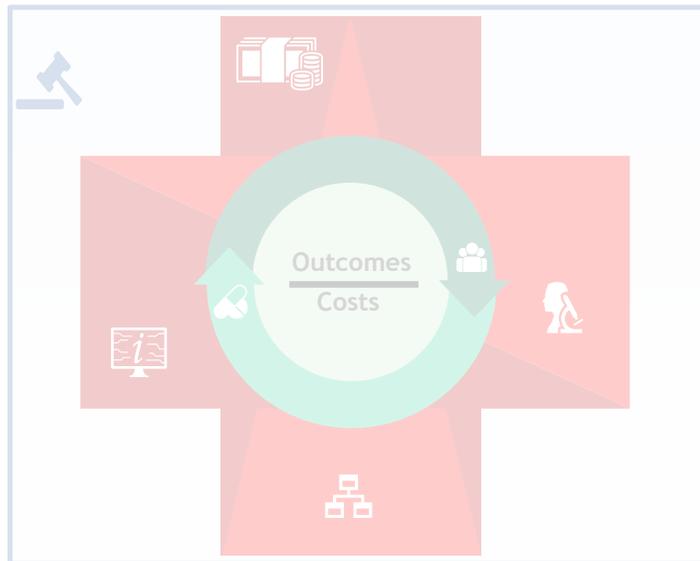
1. Identify a health value problem for a specific population segment
2. Mobilize stakeholders across the systems to address this problem
3. Understand the root causes of the problem
4. Design solutions to address these root causes
5. Develop a workplan and implement the solutions
6. Learn from findings and scale up in the health system

Glossary of key terms and document authors

# This section focuses on the process to launch an initiative which can strengthen a value-based health system

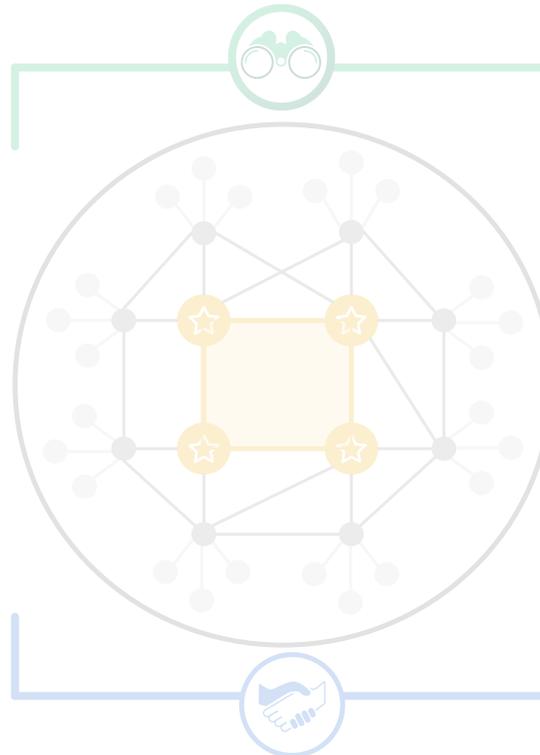
## What?

Overview of the objectives and enablers of a value-based health system



## Who?

Key success factors for multi-stakeholder cooperation to achieve systems change



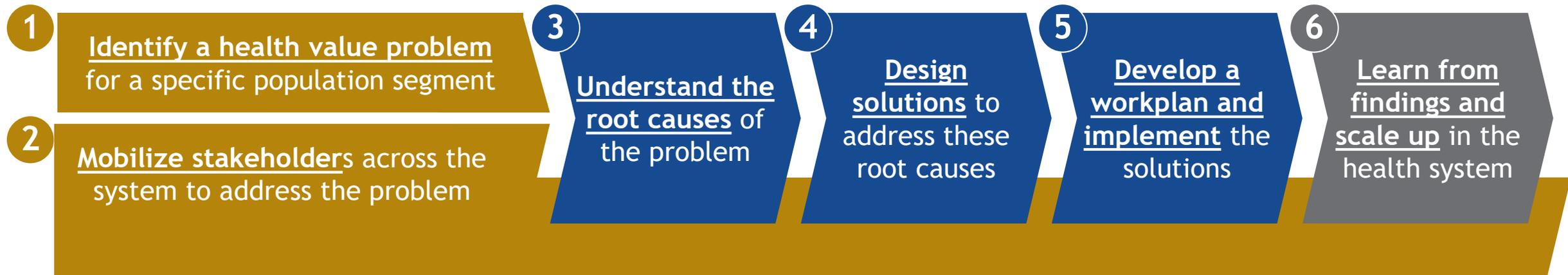
## How?

Roadmap for initiatives that can move a health system towards a more value-based approach

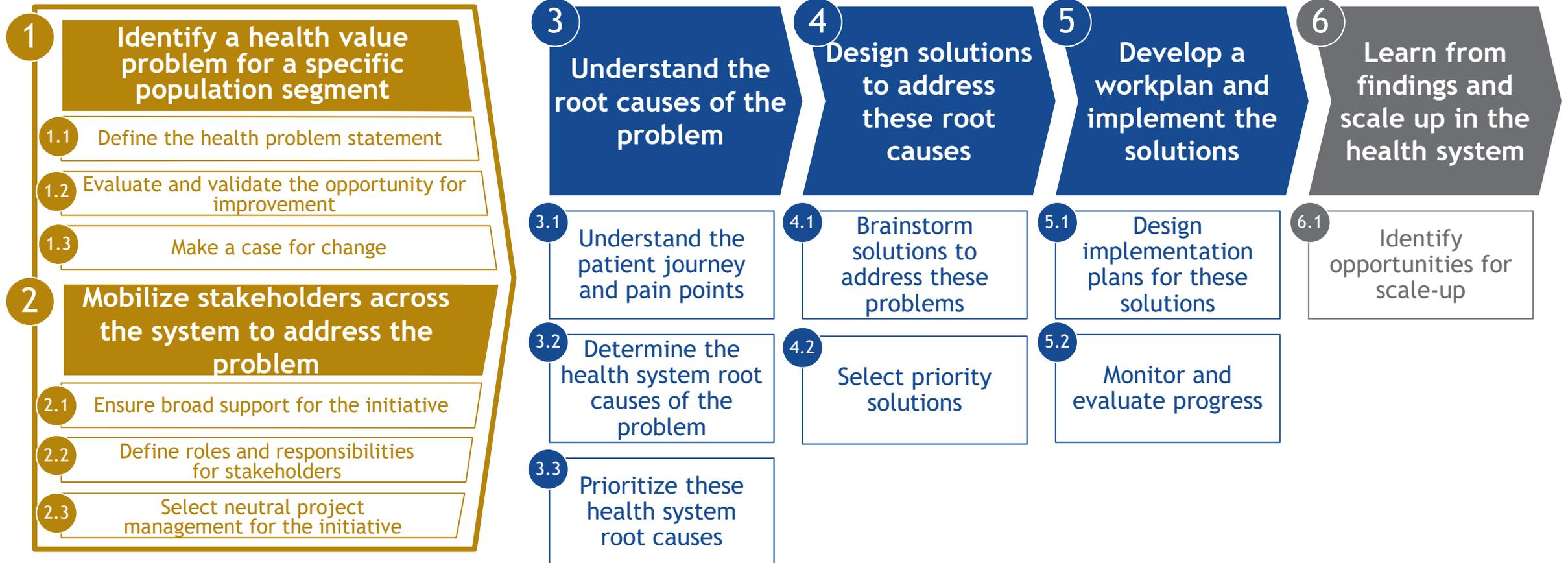


Focus of this section

# Successful health system transformation initiatives take six key steps

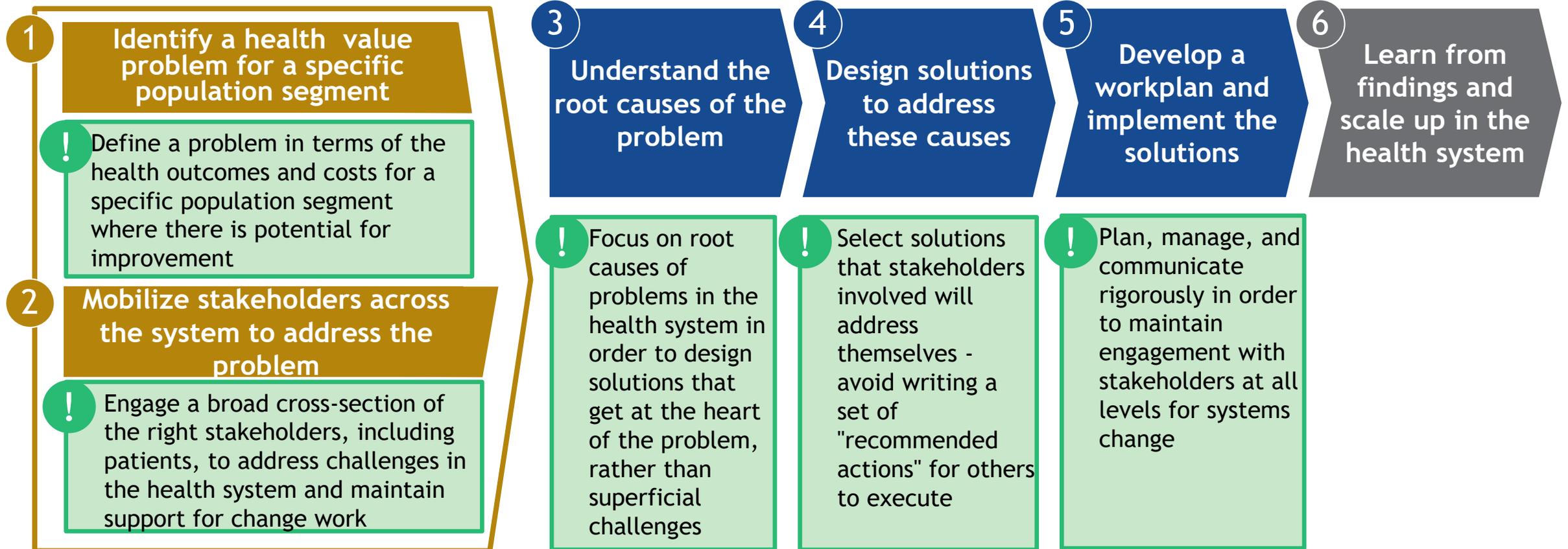


# Content in this section structured around six key steps



# Key messages across these key steps

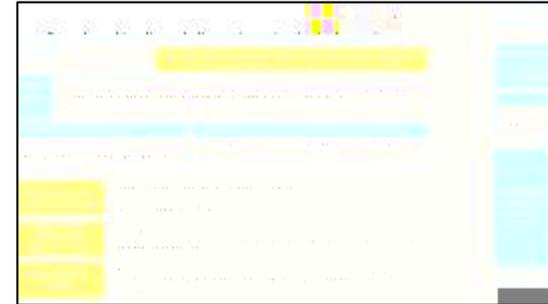
This document has a lot of detail about the different steps, activities, and approaches to launch an initiative. For the sake of simplicity, the key messages you will find in this Guide are summarized here. Each time one of these messages appears in the Guide, it will be marked with a green circle and exclamation point, like the images below.



# How to read the following sections - Each section describes 1 step in the process

Each section begins with an overview page that summarizes:

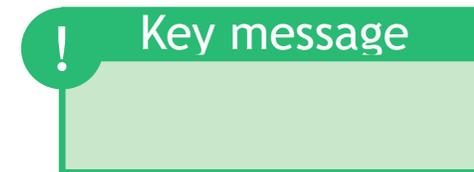
- Deliverables that should be available by the end of the step
- How long this step will take
- Key roles of different stakeholders in each step
- Detailed guidelines for sub-steps



In the upper-left-hand corner of most slides, there is a number circle and small header which indicates which sub-step the slide refers to



Key messages are noted in green boxes



The last page of every section provides recommended materials for further reading on the topic

## Summary of this Guide

A) What: Value-based health systems

B) Who: Multi-stakeholder cooperation for systems change

C) How: Roadmap for a health system transformation initiative

Structure for this section

- 1. Identify a health value problem for a specific population segment
2. Mobilize stakeholders across the systems to address this problem
3. Understand the root causes of the problem
4. Design solutions to address these root causes
5. Develop a workplan and implement the solutions
6. Learn from findings and scale up in the health system

Glossary of key terms and document authors

# Overview - Identify a health value problem for a specific population segment

*This step should be conducted in parallel with ensuring broad support for the initiative (Step 2.1)*

By the end of this step, the initiative should have...

- A problem statement that identifies low value for a specific population segment in the health system
- Estimation of the size of that problem and the opportunity for improvement
- A clear "case for change" developed with external stakeholders and used to convince stakeholders why this is an important problem

## How long will this step take?

- The timeline for this step will vary - Stakeholders may quickly identify a problem, or it may take several months to gain agreement, depending on the scope of the problem to address and the degree to which stakeholders already understand the problem

## What are the roles of key players in this step?

- This step can be initiated by any key player in the health system aiming to improve value for patients, but it is critical to develop a shared view of the problem among key stakeholders

Detailed guidelines in this section

1.1

Define the health problem statement

- Identify a specific population segment to focus on
- Define the current level of value (in terms of outcomes and costs), and specifically identify areas of low value

1.2

Evaluate / validate the opportunity for improvement

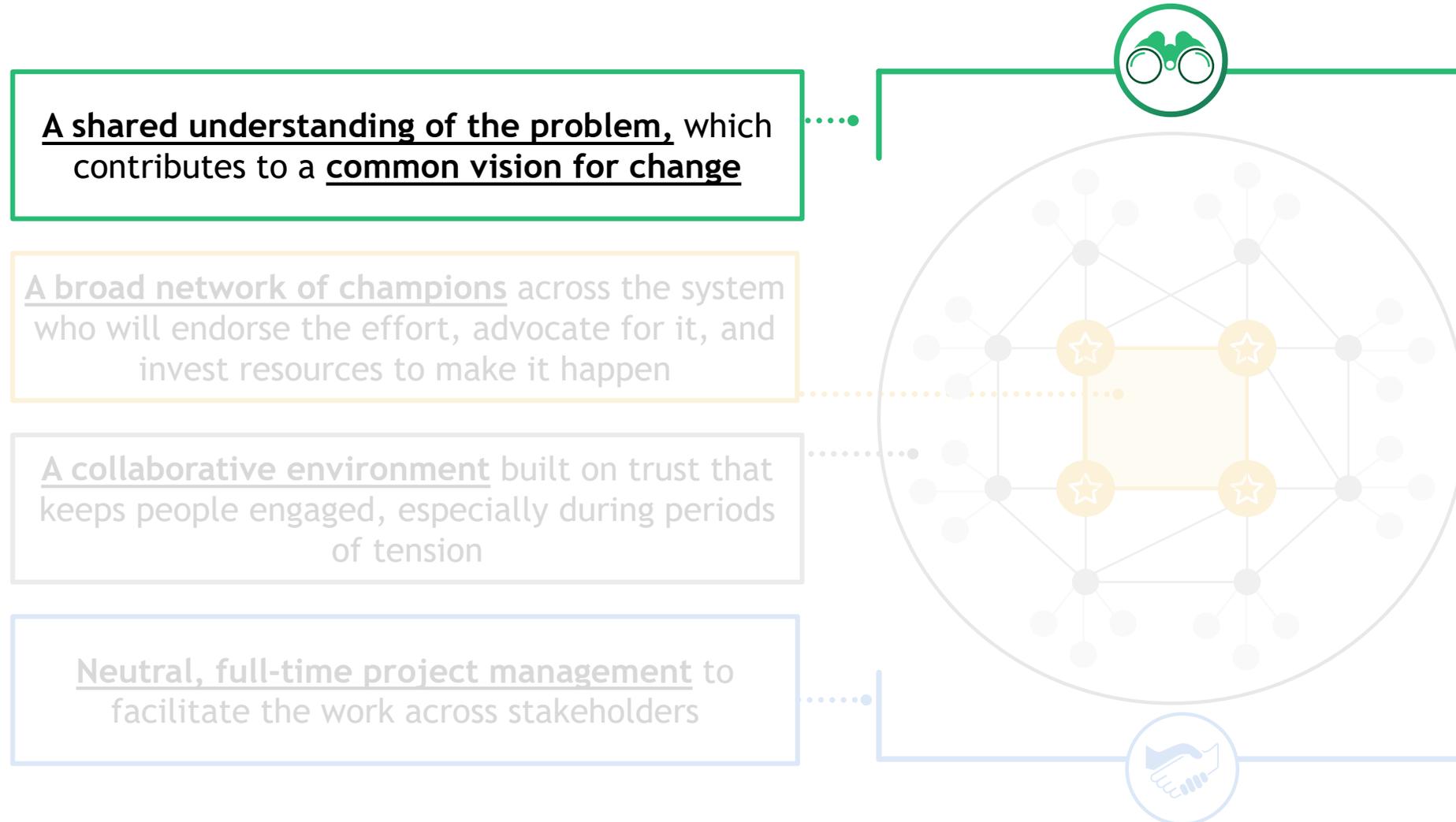
- Review external benchmarks, internal variations in performance, research literature, and other sources to determine whether there is an opportunity to improve value for this population segment

1.3

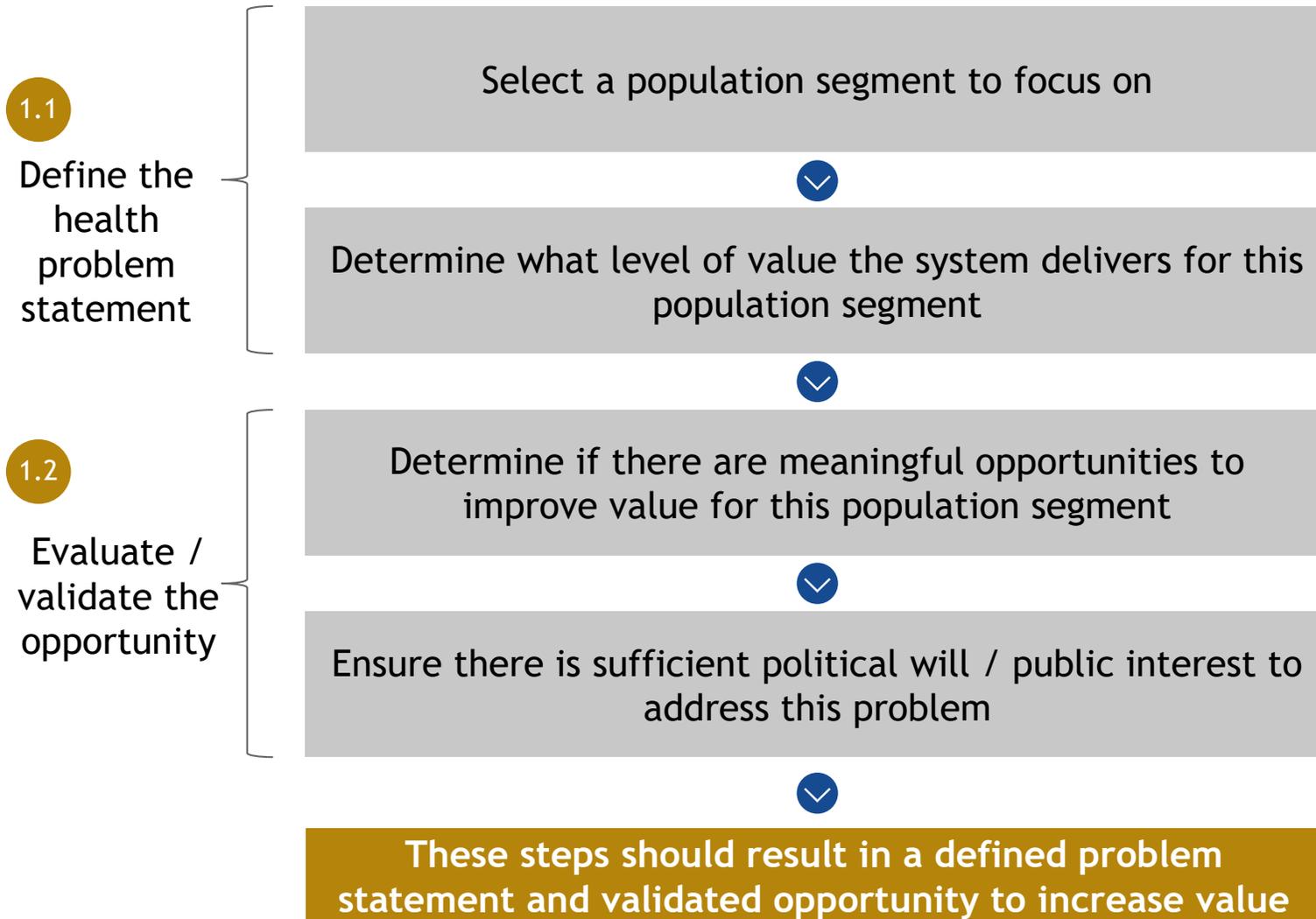
Make a case for change

- To convince other stakeholders to address this issue in a collaborative way, articulate why there is a problem for a specific population, what are the opportunities for improvement, and how these opportunities could be realized

# Recall: A shared understanding of the problem and a common vision for change is critical for multi-stakeholder collaboration



# Defining a problem statement and validating the opportunity requires four steps



This process may not happen in a completely linear fashion - It may arise more organically

However, it is critical to ensure that all four steps are covered before finalizing the problem statement

## Selecting a population segment defines who the problem statement will apply to

Population segments can be defined based on:

- Patients with a specific diagnosis or medical condition, e.g.:
  - Patients with Type 2 Diabetes
  - Patients with lower back pain
  - Pregnant women
- Sociodemographic factors, e.g.:
  - Elderly populations
  - A specific racial or ethnic minority group
- People at risk for a disease, e.g.:
  - Individuals with a genetic predisposition
  - Individuals who had a specific environmental exposure

Stakeholders looking  
to launch an initiative  
of this type likely  
already have a  
population segment  
in mind

For example, a  
patient advocacy  
organization focused  
on a specific disease  
area would focus  
their initiative on  
patients with that  
disease

# The problem statement should define the current level of value the system delivers for the population segment, using outcomes and costs metrics

## The value equation

**Outcomes** achieved at the patient and population levels...

...Divided by **costs** to deliver those outcomes

What level of value does the system currently deliver?

- What are the outcomes (clinical and patient-reported) that matter to this population segment?
- • What is the current status of outcomes for this patient population (compared to benchmarks)?

- • What is the per patient cost to deliver these outcomes (compared to benchmarks)?
- What is the total system cost to deliver these outcomes for the population segment?

Illustrative example of measuring value for diabetes patients

- % of patients with well-controlled blood glucose
- % of patients diagnosed with retinopathy or blindness
- % of patients satisfied with their overall health

- Total \$ per patient spent on direct care for diabetes
- Total \$ per patient spent on indirect care for diabetes patients
- Aggregate \$ spent by the health system on diabetes

## Key message

In order to keep patients at the center of the initiative and focus on value, define the problem statement based on outcomes and costs delivered for specific population segments

Clear problem statements will state both the population segment and the problems with the value that the system delivers for that segment

### Illustrative examples of problem statements

<b>Population segment</b>	<b>Current level of value (or lack thereof) delivered by the system</b>
Patients with Type 2 Diabetes...	...Experience high rates of complications such as retinopathy and diabetic foot ulcer, despite high per patient spend on diabetes
Patients with lower back pain...	...Report an inability to return to work and resulting financial burden from their condition
Pregnant women of certain racial minorities, especially in rural areas...	...Experience high rates of complications, which result in high costs to the patient and the system, and high maternal mortality

## Data and health system benchmarks can help determine if there is potential to deliver better value for this population segment

### The value equation

**Outcomes** achieved at the patient and population levels...



Is there an opportunity to deliver better value for this population segment?

- Does the health system have high degrees of internal variation in outcomes for this population?
- Do other health systems show better performance on outcomes for this population segment?

...Divided by **costs** to deliver those outcomes



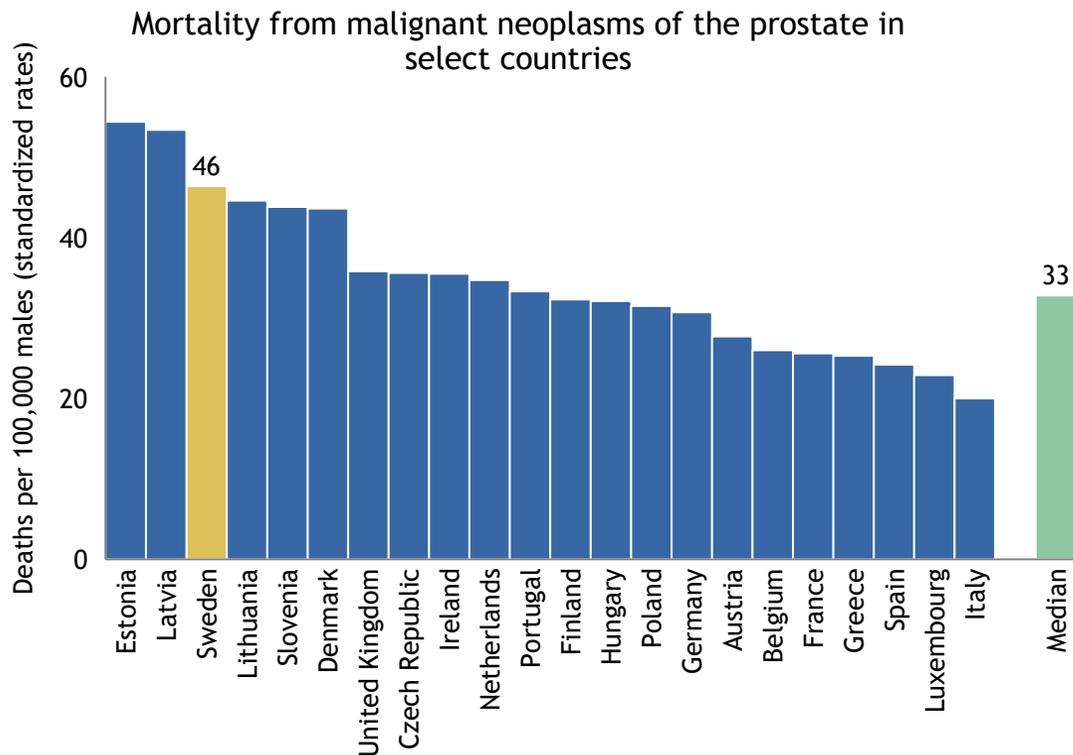
- Are specific providers in the health system delivering the same or better outcomes at a lower cost per patient?
- Do other health systems deliver the same or better outcomes at a lower cost per patient?



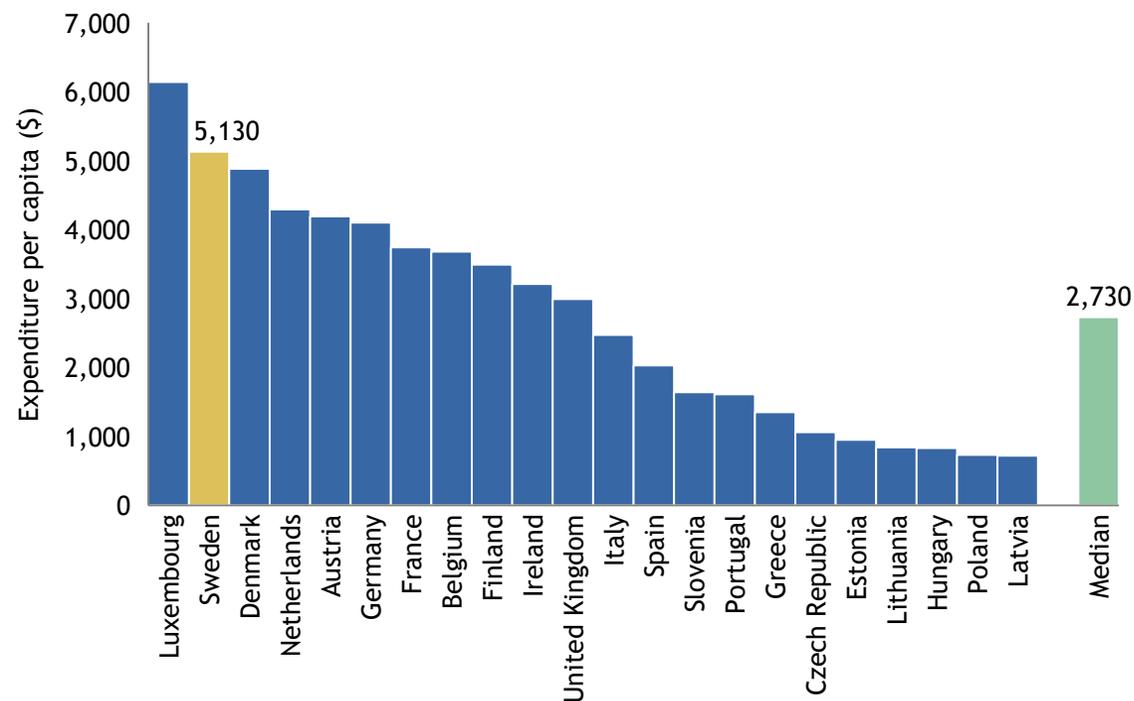
If the answer to one or more of these questions is yes, then there is likely an opportunity to improve value for patients in this population segment

# Illustrative example: Data suggests there is an opportunity to improve prostate cancer outcomes for patients in Sweden

Sweden has poor prostate cancer outcomes ...



... despite higher health expenditures on cancer



*Note that this graph shows spend per capita on all cancers in a given country. More granular analyses of value in health systems would typically use more specific metrics for costs (in this case, per capita expenditure on prostate cancer) from additional data sources.*

Critical to ensure there is enough support and interest in the system to address this problem

### Illustrative questions to consider

Are there patient advocacy groups active in the health system currently advocating for change on this problem?

Has this topic received significant media attention recently? Are politicians concerned with this problem?

Is there a broad base of research and evidence about how to address this problem?

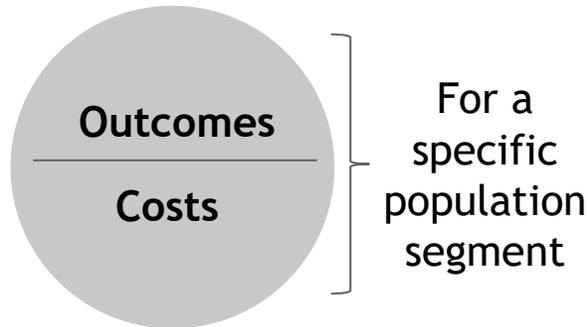
Have there been any recent setbacks in trying to address this problem that would make stakeholders reluctant to tackle it at this time?

Are there strong individual or institutional leaders with the political will to drive the effort forward?

Assessing a system's readiness for change will vary between contexts - Use local stakeholders who know the system well to test your approach

# In case for change, it is important to define the problem statement, opportunities for improvement, and key enablers to realize improvement

## Problem statement



Highlight why the current status of the situation is a problem for both aspects of the value equation, e.g.:

- Poor outcomes
- High / unsustainable costs

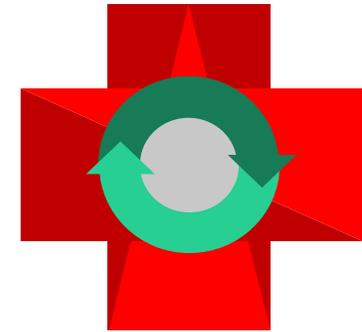
## Opportunities for improvement



Demonstrate that there are opportunities to improve both aspects of the value equation using:

- Benchmarks / best practices from other geographies
- Variation within selected geography
- Research / evidence base

## Enablers for improvement



Introduce value-based health system framework, beginning with focus on patients at the center, and moving to key enablers required to drive a value-based health system

## Turning a problem statement into a common vision can also help mobilize support for the effort

### Problem statement...

...defines the current state

...is critical for stakeholders to have a shared understanding of the how things exist today

Example: Patients in our health system experience higher rates of complications than benchmarks, despite high spend on care

### Vision statement...

...defines the aspirational future state

...is critical to mobilize support for the initiative's goals

Example: Our health system will provide superior outcomes to patients at competitive costs within 5 years



## For further reading

The materials listed below provide sources of global data that could be used for benchmarking of value and health system performance. Comprehensive analyses of health system performance and value delivered will likely require looking at data sources that are specific to individual countries / regions or population segments / disease areas, which are not listed here.

Source	Hyperlink (current as of end of 2018)
OECD indicators	<a href="https://read.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2017_health_glance-2017-en#page1">https://read.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2017_health_glance-2017-en#page1</a> <a href="https://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT">https://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT</a>
World Bank Open Data	<a href="https://data.worldbank.org/">https://data.worldbank.org/</a>
Institute for Health Metrics and Evaluation (IHME) Global Burden of Disease (GBD) study	<a href="http://www.healthdata.org/gbd">http://www.healthdata.org/gbd</a>
USAID Health Systems Benchmarking Tool (focus on low- and middle-income countries)	<a href="https://www.hfgproject.org/usaids-health-systems-benchmarking-tool/">https://www.hfgproject.org/usaids-health-systems-benchmarking-tool/</a>

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6. Learn from findings and scale up in the health system

Glossary of key terms and document authors

# Overview - Mobilize stakeholders across the system to address the problem

*It is critical to make significant progress on this step to achieve broad stakeholder buy-in for systems change before starting the initiative, and to keep stakeholders engaged during the process. This will increase the likelihood that stakeholders stay engaged during the difficult work of systems change*

By the end of this step, the initiative should have...

- A comprehensive set of stakeholders with the right level of expertise and authority to drive systems change
- Terms of reference with clear roles and responsibilities for all stakeholders
- Neutral project management to support the initiative

## How long will this step take?

- Gathering the right group of stakeholders to participate in the initiative and selecting project management will likely take several months; This step can be conducted in parallel with defining the problem
- Defining roles and responsibilities should be done upfront and agreed to by all stakeholders before launching the initiative

## What are the roles of key players in this step?

- Taking a grassroots approach, the stakeholder / organization initially driving the initiative will have to identify other stakeholders to participate in the initiative
- Stakeholders may be recruited on an ongoing basis to the initiative / added over time

Detailed guidelines in this section

2.1

Ensure broad support for the initiative

- Determine the key stakeholders needed to move the health system to a more value-based approach (for the relevant population segment)
- Recruit key leaders from these organizations to support and participate in the initiative

2.2

Define roles and responsibilities for stakeholders

- Set expectations for roles and deliverables
- Ensure that there is a clear understanding of the approach for the initiative / how each stakeholder will contribute
- Develop terms of reference (e.g. formal statement of roles) for all relevant groups

2.3

Select neutral project management for the initiative

- Identify a neutral organization that can provide project management for the initiative
  - This organization should have project management and health systems expertise, and should be able to manage multi-stakeholder collaboration

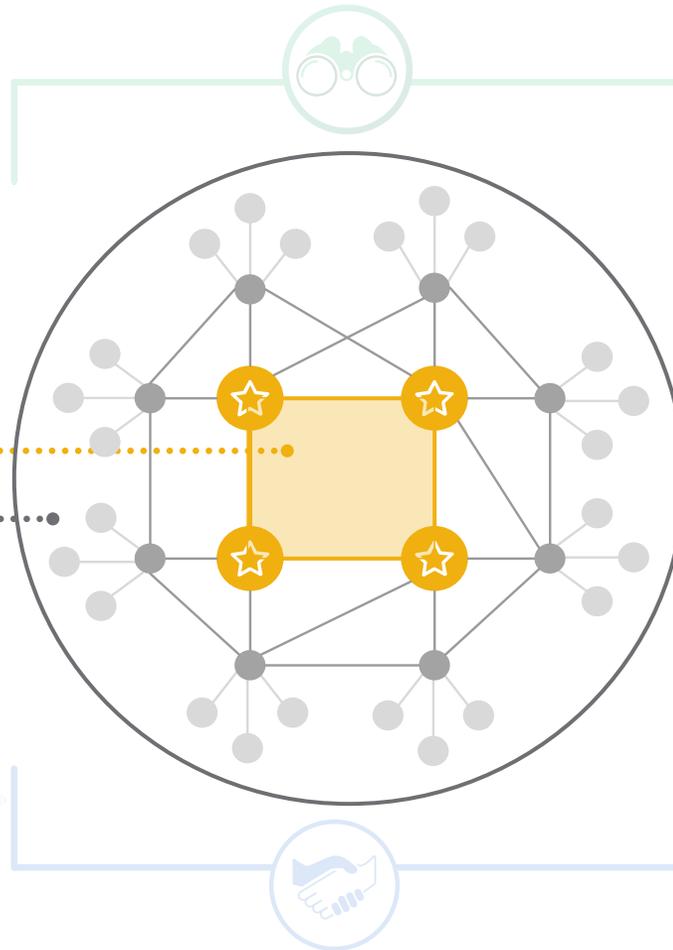
# Recall: Broad support for the initiative is critical for success

A shared understanding of the problem, which contributes to a common vision for change

A broad network of champions across the system who will endorse the effort, advocate for it, and invest resources to make it happen

A collaborative environment built on trust that keeps people engaged, especially during periods of tension

Neutral, full-time project management to facilitate the work across stakeholders



## Key message

Systems change is inherently difficult due to the multi-stakeholder nature of the work, and the risks that individual organizations face as result of systems change

Early engagement and co-creation of initiative by a broad group of stakeholders will help ensure greater buy-in for implementation

## Stakeholders involved in the initiative should include individuals / organizations with key health system roles

### Health system enabler

### Key health system roles that should be represented

Informatics	<ul style="list-style-type: none"> <li>• Provide informatics capabilities (e.g. EMRs and clinical decision support tools)</li> <li>• Capture clinical, cost, and other relevant forms of data</li> <li>• Use data for decision-making at policy, programmatic, and point-of-care levels</li> </ul>
Benchmarking, research, and tools	<ul style="list-style-type: none"> <li>• Research the causes of variation in clinical outcomes</li> <li>• Track, report, and benchmark health system performance</li> <li>• Aggregate relevant data (e.g. in registries and atlases) to support decision-making</li> <li>• Develop tools such as clinical decision support tools</li> </ul>
Delivery organization	<ul style="list-style-type: none"> <li>• Provide products and services (e.g. drugs and devices) used in care</li> <li>• Provide clinical care across the care continuum and in different care settings</li> <li>• Design organization of clinical care</li> <li>• Set standards for clinical care</li> </ul>
Payments	<ul style="list-style-type: none"> <li>• Reimburse / pay for care</li> <li>• Set reimbursement guidelines (e.g. formularies, reimbursement rates)</li> </ul>
Policy	<ul style="list-style-type: none"> <li>• Set policy across enablers</li> <li>• Advocate for policy changes on behalf of patients</li> </ul>

Patients / patient advocacy orgs will be relevant for informing the initiative across all these enablers

Because every health system is organized differently, the exact stakeholders who fill these roles will vary; Critical to ensure broad consultation in early stages of initiative to ensure all relevant groups represented

## Illustrative list of stakeholders fulfilling these roles

Health system enabler	Health system role	Stakeholders who may play these roles (Illustrative list)
Informatics	<ul style="list-style-type: none"> <li>• Capture clinical, cost, and other relevant forms of data</li> <li>• Use data for decision-making at policy, programmatic, and point-of-care levels</li> </ul>	<ul style="list-style-type: none"> <li>• Provider organizations</li> <li>• Data repositories / registries</li> <li>• EMR industry associations and vendors</li> <li>• Health IT companies</li> </ul>
Benchmarking, research, and tools	<ul style="list-style-type: none"> <li>• Research the causes of variation in clinical outcomes</li> <li>• Track, report, and benchmark health system performance</li> <li>• Aggregate relevant data (e.g. in registries and atlases) to support decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Academic researchers</li> <li>• Government agencies that track health system performance</li> <li>• Epidemiologists</li> <li>• Health IT companies</li> </ul>
Delivery organization	<ul style="list-style-type: none"> <li>• Provide clinical care</li> <li>• Design organization of clinical care</li> <li>• Set standards for clinical care</li> <li>• Provide products and services (e.g. drugs and devices) used in care</li> </ul>	<ul style="list-style-type: none"> <li>• Providers and professional organizations for providers</li> <li>• Regional health authorities / managers</li> <li>• Program planners</li> <li>• Pharma / medtech / other industry</li> <li>• Government agencies responsible for quality improvement and standard-setting</li> </ul>
Payments	<ul style="list-style-type: none"> <li>• Reimburse / pay for care</li> <li>• Set reimbursement guidelines (e.g. formularies, reimbursement rates)</li> </ul>	<ul style="list-style-type: none"> <li>• Government payers</li> <li>• Private insurers</li> <li>• Regulators</li> </ul>
Policy	<ul style="list-style-type: none"> <li>• Set policy across enablers</li> <li>• Advocate for policy changes on behalf of patients</li> </ul>	<ul style="list-style-type: none"> <li>• Government and government agencies</li> <li>• Regulators</li> </ul>

Patients / patient advocacy orgs will be relevant for informing the initiative across all these enablers

Patient voices and patient advocacy organizations are critical at every step of the process in order to...

...Define what outcomes matter to patients

...Identify patient pain points along the patient journey that must be addressed to increase value for patients

...Suggest solutions to create or strengthen a value-based health system

...Validate recommendations that are developed by stakeholders and ensure that those recommendations resonate with patients

...Mobilize citizen support for the initiative to put pressure on policymakers

## Four key stakeholder roles in initiative

Public sector organization  
that can convene others and  
champion the effort

Public Sector  
Champion

Steering  
Committee

Senior decision-makers from each  
organization represented

1-2 full-time employees  
(FTEs) for project  
management

Full-time project  
management team

Working Team (and  
Sub-Teams as  
needed)

Representatives from relevant organizations  
who can provide inputs and guide  
recommendations for Steering Committee

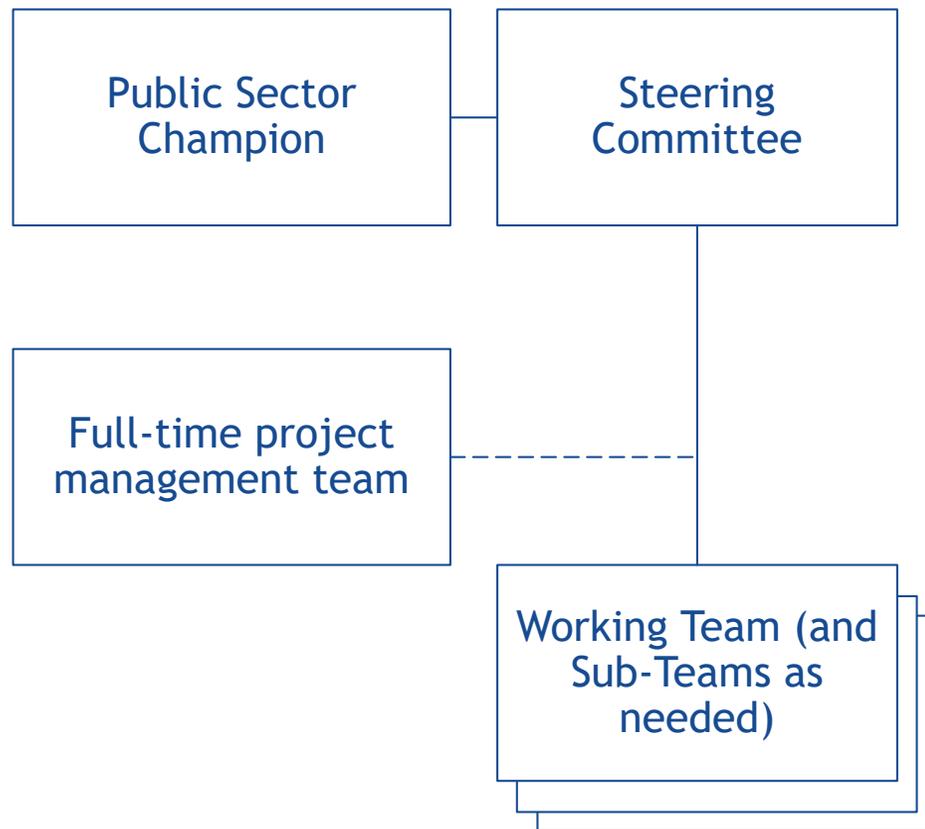
- Combination of clinicians, managerial-level representatives, technical experts, and patients
- Sub-teams can be used to design specific solutions

## Detailed roles and responsibilities for each stakeholder group

### Illustrative list of roles and responsibilities

- Champion the initiative publicly and among the Steering Committee
- Facilitate coordination with other government stakeholders as needed
- Bring in other key organizations as needed

- Coordinate Steering Committee and Working Team activities
- Facilitate Working Team process for making recommendations to Steering Committee
- Synthesize input and conduct analyses for Working Team



- Set the overall strategic direction of the initiative
- Take key decisions based on recommendations from the Working Team
- Lead the initiative in terms of setting priorities, ensuring sufficient stakeholder buy-in, and communicating / managing change across the health system
- Bring in other key organizations as needed

- Make recommendations about priorities to the Steering Committee
- Provide inputs to relevant analyses
- Prioritize relevant root causes and solutions
- Develop detailed implementation plans
- Participate in weekly or bi-weekly working calls to review progress
- Bring in other key organizations as needed
- Sub-teams can be used to design specific solutions, as needed

## Critical to manage tradeoffs between large, inclusive SteerCo, and more targeted group that can take decisions

### A large SteerCo...

...will help ensure that all relevant organizations are represented in the effort and feel included in the process

...may make decision-making / achieving consensus difficult



### A smaller SteerCo

...may not bring in all the relevant perspectives or leaders needed for change

...may make decision-making / achieving consensus easier because there are fewer stakeholders to manage



### Potential approach to manage this tradeoff



Create an Executive Committee of 10-15 SteerCo members with formal authority to take decisions

- Ensure that cross-section of relevant stakeholder groups (e.g. payers, providers, government, and patient advocacy orgs) are represented

Use a broader Steering Committee with leaders from as many organizations as necessary to advise the Executive Committee and provide input

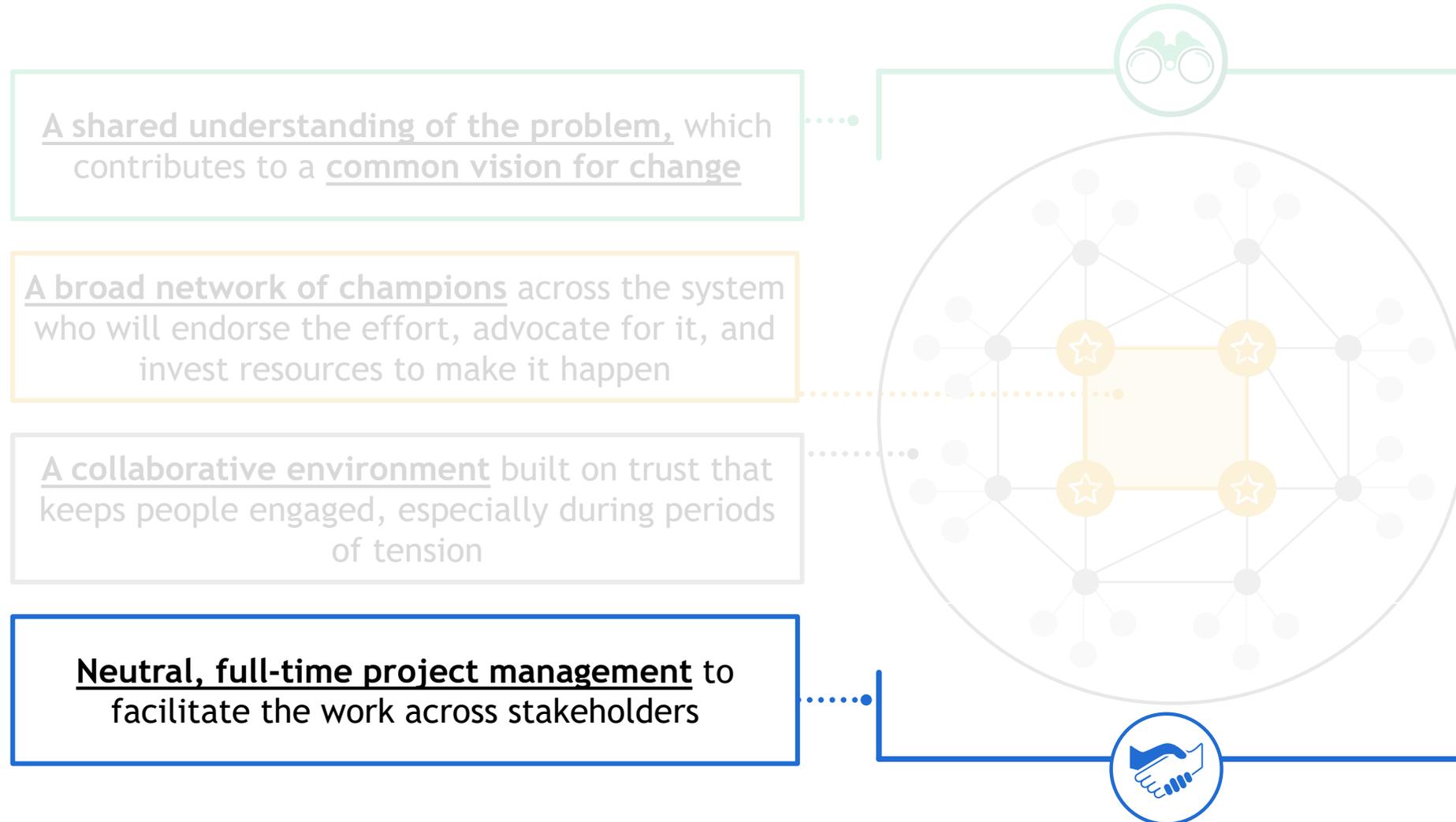
Feasibility of this approach will vary based on the unique needs of the initiative and health system context

## Developing terms of reference / role charters upfront can help manage expectations over the course of the project

Potentially relevant domains to address in terms of reference / role charters for the initiative:

- Overall objective for groups
- Roles and responsibilities for groups
- Criteria for selecting individuals / organizations represented on the groups
- Individual / organizations represented on the groups
- Roles and responsibilities for individuals / individual organizations represented on the groups
- Frequency of meetings
- Processes for taking decisions and escalating issues
- Key milestones
- Rules of engagement (e.g. commitment required to participate, take decisions, etc.)

# Recall: Neutral, full-time project management critical for initiative success



## Use transparent criteria to identify an appropriate neutral facilitation / project management team

**Has formal mandate to improve health system performance**

- Does this group have the formal authority to lead systems change?
- If not, is there another group that does? Has the organization with the authority to lead systems change endorsed this organization?

**Has no conflicts of interest**

- Does this organization have financial or other conflicts of interest that would prevent it from acting in a neutral manner?

**Has experience convening multi-stakeholder groups**

- Has this organization previously worked in cross-stakeholder, systems change efforts?

**Has established history working in health system**

- Does this organization have a strong reputation, network, and set of relationships within the health system?

**Has successful experience with project management**

- Does the organization have expertise in how to manage complex projects with multiple timelines, milestones, and resources?

**Has resources in-place, or can easily recruit resources, to manage initiative**

- Does the organization have resources in place (e.g. FTEs) to undertake necessary project management?

**Has experience with value-based health care, health systems, or related topics**

- Is the organization knowledgeable about relevant topics for the initiative? Does the organization have access to experts who can help guide the work?

**Could help support scaling of the initiative (e.g. to other geographies or population segments)**

- Does the organization have the scale or network to bring the initiative's impact to other geographies or population segments?

## For further reading

The article below provides additional information on the roles that governments and cross-sector coordination can play in driving impact. These approaches complement the multi-stakeholder approach recommended in this Guide to drive systems change.

Topic	Title	Authors (Source)	Hyperlink (current as of end of 2018)
How can governments improve results achieved for citizens?	The Public Impact Fundamentals: Helping governments progress from idea to impact	The Center for Public Impact	<a href="https://resources.centreforpublicimpact.org/production/2018/09/CPI-Public-Impact-Fundamentals-Report-English.pdf">https://resources.centreforpublicimpact.org/production/2018/09/CPI-Public-Impact-Fundamentals-Report-English.pdf</a>

## Summary of this Guide

A) What: Value-based health systems

B) Who: Multi-stakeholder cooperation for systems change

C) How: Roadmap for a health system transformation initiative

Structure for this section

1. Identify a health value problem for a specific population segment
2. Mobilize stakeholders across the systems to address this problem
- 3. Understand the root causes of the problem
4. Design solutions to address these root causes
5. Develop a workplan and implement the solutions
6. Learn from findings and scale up in the health system

Glossary of key terms and document authors

# Overview - Understand the root causes of the problem

By the end of this step, the initiative should have...

- A clear understanding of patient pain points along the patient journey, and how these contribute to the overall problem statement
- List of root causes contributing to these pain points and the overall problem statement A prioritized list of which root causes to address with solutions

## How long will this step take?

- 2-3 months

## What are the roles of key players in this step?

- The project management team should drive this activity and should gather input via interviews, surveys, and workshop sessions from the Working Team, with additional research as needed
- The role of the project management team is not to make decisions for the Working Team, but rather to aggregate inputs and facilitate a process so that the Working Team has a shared understanding of the current state and can take decisions collectively

Detailed guidelines in this section

### 3.1 Understand the patient journey and pain points

- Interview patients, caretakers, and providers to understand the patients' points along the patient journey
- Supplement interviews with additional research to validate the key interview themes

### 3.2 Determine the health system root causes of the problem

- Interview patients and a broad spectrum of health system stakeholders (e.g. those represented on the Working Team) to understand the health system root causes of these pain points
- Supplement interviews with additional research to validate the key interview themes

### 3.3 Prioritize these health system root causes

- Conduct a survey with the Working Team to prioritize these root causes based on importance and addressability

# Understanding root causes of the problem will help the initiative identify a broad set of solutions

Many stakeholders will have pre-conceived ideas about solutions they want to recommend

- For example, providers may want to focus on changes to service delivery, payers may want to restructure payment models, pharma / medtech may want to deploy new drugs and devices which can drive value, etc.

These solutions are not necessarily "wrong," but may be limited by the stakeholder's unique perspective on the system

Rigorously defining a comprehensive list of root causes of the problem before settling on solutions can help bring out more holistic thinking about solutions later

- For example, if payers see all the challenges that providers face, they may be more inclined to think about how changes to payments can address provider challenges

It will also allow stakeholders to see challenges across the whole health system, which will make it easier for them to collaborate on the design of these solutions

- For example, if all stakeholders identify their lack of access to data about health outcomes as a challenge, they may want to collaborate on an initiative to systematically capture or share outcomes data

Therefore, it is critical to make sure that the Working Team accurately defines the root causes of the problem, and does not define the solution into the root cause of the problem

- See the next page for examples

# Examples of why it is critical to avoid pre-defining solutions for the initiative

## Example 1 - Access to services

## Example 2 - Monitoring patients

Problems that have pre-defined solutions



"We do not have enough nurses to deliver care in community health centers" pre-defines that the solution to this problem would be to hire more nurses

"The government does not reimburse for remote monitoring devices after patient discharge" pre-specifies that the solution to this problem would be to reimburse for remote monitoring

Alternative articulation of the problem



An alternative articulation of the root cause that does not pre-define the solution might say "patients have to wait several months before they can get an appointment at a community health center"

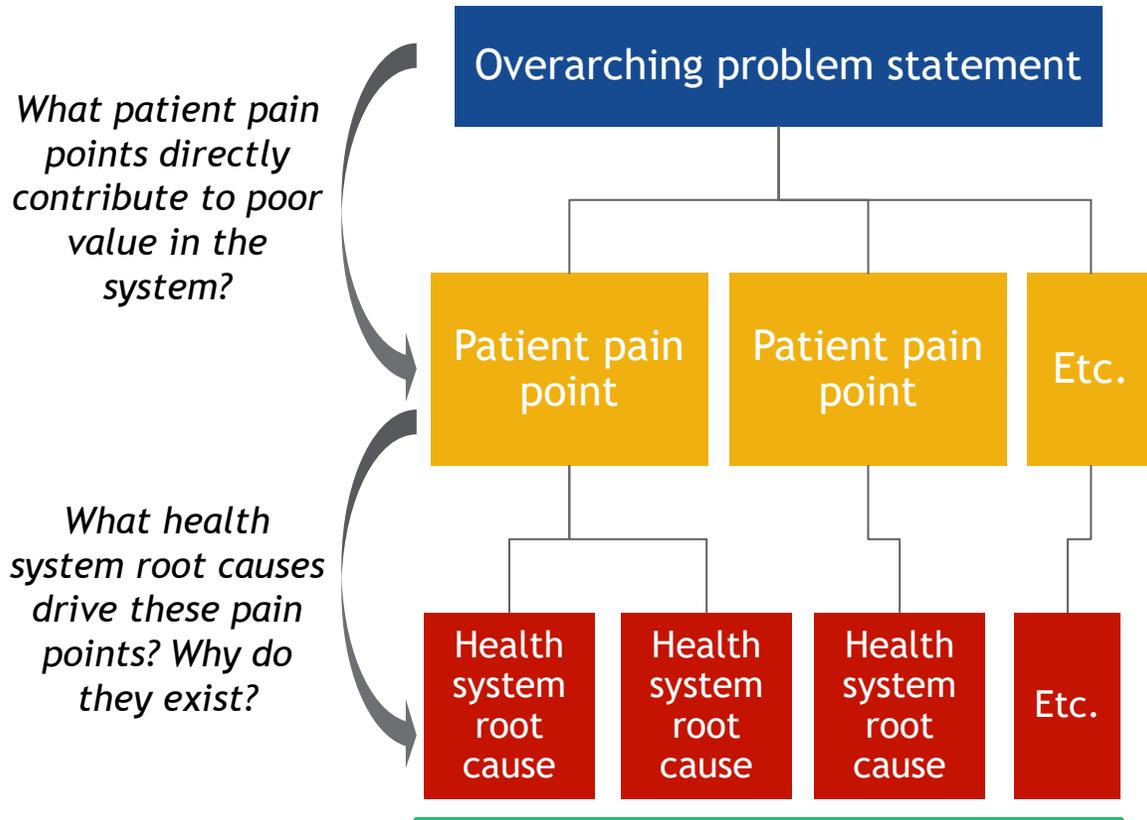
An alternative articulation of the root cause might say "clinicians are not able to easily track patient outcomes after discharge"

Benefits of this alternative articulation of the problem

This opens up potential solutions other than hiring more nurses, such as hiring other types of health workers, telemedicine, or better triaging of patients into appropriate care

This articulation opens up potential solutions other than remote monitoring devices, such as checking of vitals by home health workers or segmenting high-risk patients that require more intensive observation

# The goal of this section is to understand the root causes of the overarching problem statement



## Description

- Defined at outset of initiative
- Describes a problem in terms of patient outcomes and costs for a specific population segment

## Example

- Patients with a specific chronic disease have high rates of complications / early mortality (especially compared from patients with same diagnosis in other systems)

- Describe more detailed problems / factors that contribute to the overarching problem
- Often described from the patient's perspective, using qualitative and quantitative data

- After initial diagnosis, patients often do not see a specialist until serious complications arise

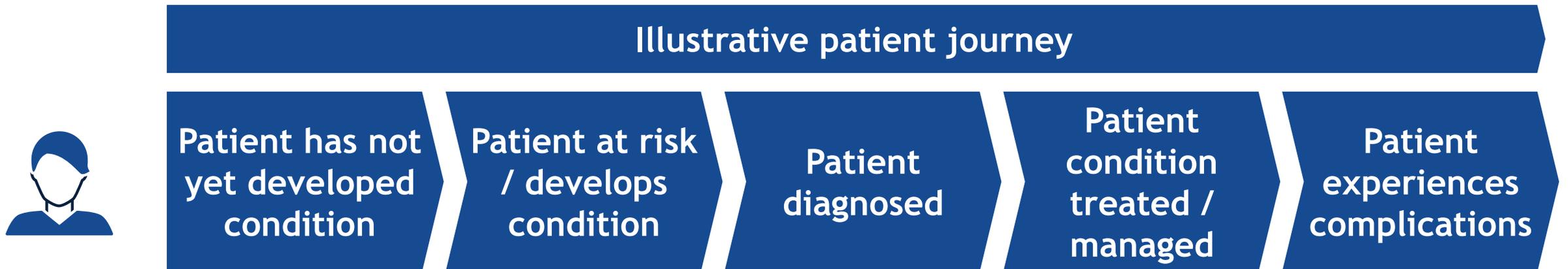
- Describe the root causes driving these contributing factors / problem from a health system perspective, using qualitative and quantitative data

- Patients would have had to travel far to see specialist, and do not have time in schedule
- No clinician in system has financial incentive to prevent complications

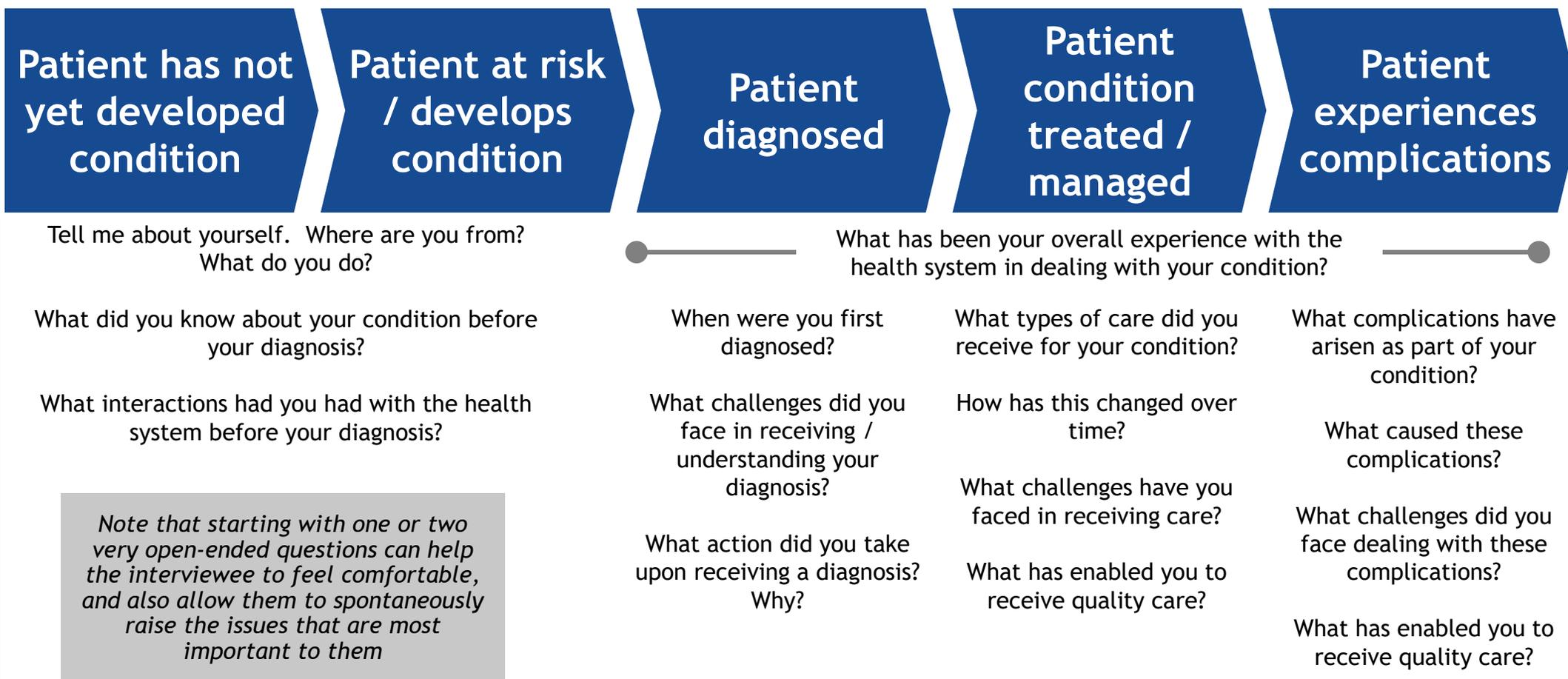
## Key message

Identifying root causes of the problem will allow the initiative to design targeted solutions that address these root causes, rather than addressing more superficial challenges in the system

The "patient journey" provides a useful starting point to understand problems in the health system



Interviews with a broad array of patients (and their caretakers - e.g. family members) will reveal how they experience care in the current system



## These interviews should highlight patient pain points driving the overarching problem listed in the problem statement

Illustrative  
problem  
statement

Patients with a specific chronic disease experience high rates of complications and early mortality (especially when compared to benchmarks from patients with the same diagnosis from other systems)

Patient has not  
yet developed  
condition

Patient at risk  
/ develops  
condition

Patient  
diagnosed

Patient  
condition  
treated /  
managed

Patient  
experiences  
complications

Illustrative  
list of  
patient pain  
points  
contributing  
to the  
overall  
problem  
statement

Low patient awareness / education meant that patient did not realize s/he was at risk; Diagnosis occurred late

Provider did not proactively screen for condition

After initial diagnosis, patient did not see specialist until serious complication arose

Poor care coordination between primary care and specialists

High out-of-pocket costs for critical drugs / devices limits access to treatments

## Research from secondary sources can validate these findings

### Illustrative list of patient pain points contributing to the overall problem statement

Low patient awareness / education meant that patient did not realize s/he was at risk; Diagnosis occurred late

Provider did not proactively screen for condition

After initial diagnosis, patient did not see specialist until serious complication arose

Poor care coordination between primary care and specialists

High out-of-pocket costs for critical drugs / devices limits access to treatments

### Potential research from secondary sources to validate patient pain points

- What is the current awareness level about the disease in the health system (i.e. based on survey data)?

- What is the screening rate for the condition?

- What is the hospitalization rate for a specific complication? Is this higher or lower than benchmarks in other health systems?

- What percent of providers work in a practice unit that includes key types of clinicians that need to work together to treat the patient (e.g. primary care, specialists, select allied health professionals relevant for the condition, etc.)?

- What is the out-of-pocket price of the drug?
- What percent of patients have insurance that covers this drug?

After identifying contributing factors to the overall problem, understand what health system factors are driving them

## Illustrative questions to consider



### Informatics

- Is a lack of data contributing to the problem?
- At the point of care? At the policy / management levels?



### Benchmarking research & tools

- Is there enough evidence about how to improve outcomes?
- Do stakeholders have the right tools they need to take decisions and serve patients?



### Delivery organization

- Do clinicians provide patient-centered care?
- Do patients have access to the right clinicians, drugs, devices, and treatments?



### Payments

- Are clinicians incentivized to provide patient-centered care across the care continuum?
- Are they incentivized to provide quality and coordinated care?



### Policy

- Do policies support or hinder the other four enablers?
- Are policymakers able to coordinate to develop the right policies, or do they work in siloes?

# Illustrative list of health system root causes explaining the overarching problem

Overarching problem statement

Patients with a specific chronic disease experience high rates of complications and early mortality

Patient pain points

After initial diagnosis, patient did not see specialist until serious complication arose

High out-of-pocket costs for critical drugs sometimes leads to skipping doses

Health system root causes

-  Limited EMR interoperability meant that primary care provider could not follow up with specialist to see if patient went to appointment
-  Patient would have had to travel far to see specialist, and did not have time in schedule
-  No individual in system has financial incentive to prevent complications by ensuring that patient follows care regimen

-  Health Technology Assessment has not made recommendation on reimbursement due to lack of sufficient data / evidence
-  No reimbursement for new drug
-  Process for adding drugs to public formulary can take up to three years

**Legend**

-  Informatics
-  Benchmarking research & tools
-  Delivery organization
-  Payments
-  Policy

## Categorize health system root causes into 3 groups based on their importance and addressability

Root causes rated on two dimensions...

**Importance:** How critical is the root cause to overcome in order to achieve a value-based health system for the health issue?

- Categorize as high, medium, and low

**Addressability:** What resourcing levels are needed to address this root cause? Can this barrier be addressed by the organizations represented on this Working Team?

- Categorize as high, medium, and low

...to create three groups based on priority

### **High priority root causes**

- Important and feasible to address
- Working Team will propose solutions to address these

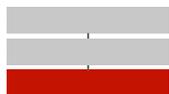
### **Medium root causes**

- Somewhat important and/or somewhat addressable
- Working Team may propose solutions that opportunistically address these

### **Low priority root causes**

- Either low importance or addressability
- Working Team will not propose solutions to address these





## Use a survey among initiative stakeholders to quantitatively assess the importance and addressability of each root cause

Survey will allow participants to quantify the importance and addressability of each root cause

### Importance

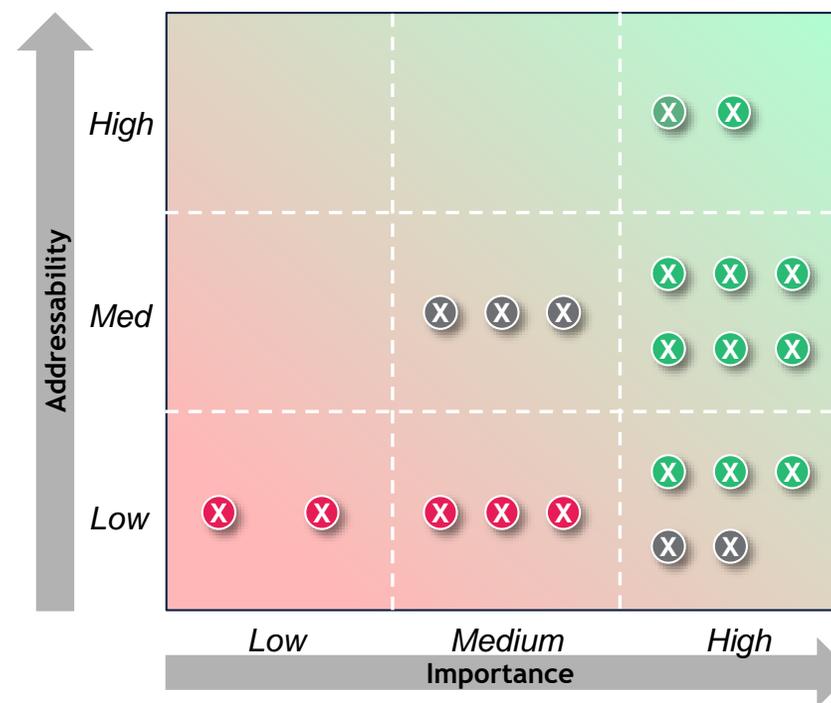
1. **Low importance:** Addressing this root cause would have a minimal impact on improving health outcomes and/ or reducing costs
2. **Medium importance:** Addressing this root cause would have a material impact on improving outcomes and/ or reducing costs
3. **High importance:** Addressing this root cause is critical to the success of value-based healthcare in our health system and without being addressed the initiative is unlikely to improve outcomes or reduce costs

### Addressability:

1. **Low addressability:** Addressing this root cause is a significant challenge requiring a major time/ resource investment and participation of a much broader range of stakeholders than is represented on this initiative
2. **Medium addressability:** Addressing this root cause is a non-trivial effort requiring serious investment of time / resources, which may require a small number of additional stakeholder not currently represented on this initiative
3. **High addressability:** Addressing this root cause would take a manageable investment of time / resources and can be addressed by the people on this initiative

Numbers 1-3 can be used to quantitatively score root causes by Working Team members

Average survey results can be plotted on grid to visualize relative importance and addressability of each root cause



X High priority    
 X Medium priority    
 X Low priority

## For further reading

There are many ways to identify the root causes of problems. The sources below provide additional tools which can be useful for identifying root causes, and which can complement the approach taken in this Guide.

<b>Topic</b>	<b>Title</b>	<b>Authors (Source)</b>	<b>Hyperlink (current as of end of 2018)</b>
Fishbone diagrams (Ishikawa diagram)	How to Use the Fishbone Tool for Root Cause Analysis	Centers for Medicare & Medicaid Services	<a href="https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/fishbonerevised.pdf">https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/fishbonerevised.pdf</a>
Five Whys	Five Whys Tool for Root Cause Analysis	Centers for Medicare & Medicaid Services	<a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FiveWhys.pdf">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FiveWhys.pdf</a>

## Summary of this Guide

A) What: Value-based health systems

B) Who: Multi-stakeholder cooperation for systems change

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Structure for this section

1. Identify a health value problem for a specific population segment
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3. Understand the root causes of the problem
- 4. **Design solutions to address these root causes**
5. Develop a workplan and implement the solutions
6. Learn from findings and scale up in the health system

Glossary of key terms and document authors

# Overview - Design solutions to address these root causes

By the end of this step, the initiative should have...

- A list of agreed-to solutions that the stakeholders involved in the initiative will undertake to address the root causes of the problem
- Buy-in from stakeholders to co-develop implementation roadmaps for solutions in the next phase of the initiative

How long will this step take?

- 1-3 months

What are the roles of key players in this step?

- The project management team should drive this activity and should gather input via interviews, surveys, and workshop sessions from the Working Team, with additional research as needed
- The role of the project management team is not to make decisions for the Working Team, but rather to aggregate inputs and facilitate a process so that the Working Team can take decisions collectively

Detailed guidelines in this section

4.1

Brainstorm solutions to these problems

- Develop a long list of potential solutions that would help address the health system root causes identified in the previous step

4.2

Select priority solutions

- Use a collaborative process to select which solutions to adopt / implement
- Solutions can fall into one of two broad categories:
  - Solutions that will result in direct improvements to patient outcomes
  - Solutions that focus on long-term strengthening of the system

## Solutions should focus on a mix of direct interventions to improve patient outcomes, and long-term strengthening of the system



### Direct improvements to patient outcomes

These activities will typically involve direct changes to patient care or the tools used by providers at point-of-care

These activities are more likely to have a demonstrable impact on patients' lives, but will be limited by the underlying infrastructure of the system



### Long-term strengthening of the system

These activities will more likely span multiple aspects of the health system, including areas that do not directly interface with patients

These activities are less likely to have a demonstrable impact on patients' lives in the short-term, but are essential to enable other interventions that do directly affect patients

Stakeholders will often have a bias to focus on activities that directly improve patient outcomes - While those activities are important, it is essential to also address underlying issues through long-term strengthening of the system

# Illustrative solutions for directly improving patient outcomes and for long-term strengthening of the system

## Illustrative problem statement

Patients with a specific chronic disease experience high rates of complications and early mortality (especially when compared to benchmarks from patients with the same diagnosis from other systems)

## Illustrative list of solutions



### Directly improve value for patients



### Long-term strengthening of the system

Informatics

Scale an evidence-based clinical decision support tool to help clinicians make better treatment decisions

Track and publicly report a standard set of outcomes for the population segment to benchmark health system performance and inform allocation of health system budgets

Benchmarking, research, and tools

Delivery organization

Implement and evaluate an innovative service delivery model to improve outcomes

Payments

Use the results of this evaluation to inform value-based payments and new clinical guidelines

Policy

# Five steps to effectively brainstorm solutions for key root causes





## At first, focus on quantity, not quality, of solutions



**Doubt:** Start out by encouraging all participants to challenge their assumptions about how to change the system - If you only stick with old approach, nothing is likely to change



**Explore:** Encourage participants to ask tough questions about each root cause - Why is this happening? Why has the system failed to address this problem so far? What could this group do differently?



**Diverge:** Generate as many ideas as possible, and hold off on evaluating them until later - "The best way to have a good idea is to have a lot of ideas"

Working Team can develop long-list of solutions in workshops / brainstorm solutions, online surveys, or other collaborative formats

In-person meetings typically generate more productive discussion, but may not always be feasible

## Generate a long list of solutions that address your prioritized root causes

Priority health system root cause



Priority health system root cause



Priority health system root cause



Long list of potential solutions to address these root causes

Solutions may address individual root causes, or cut across multiple root causes

Deprioritized root causes not addressed by solutions



## After generating long list of solutions, converge on the solutions that the Working Team will choose to implement

Long list of potential solutions



Assess and narrow list  
down using  
collaborative,  
consultative process



Finalized list of prioritized solutions

### Criteria for assessing solutions:

- Which solutions are organizations who are part of the initiative willing to implement?
- Are there key themes that emerged across multiple ideas?
  - If many people recommended similar solutions, that may indicate they are high-priority.
- Which solutions seem most feasible?
- Which solutions focus on which enablers of a value-based health system (informatics, benchmarking / research / tools, payments, delivery org, policy)?
  - Picking a set of solutions that cover all enablers will help keep a broad set of stakeholders engaged, and will help ensure that the initiative focuses on root causes that require collaboration across organizational siloes



### Key message

Avoid writing a set of "recommended actions" for others to execute.

Focus on solutions that organizations involved in the initiative are willing to implement themselves.



## Solutions can be prioritized based on impact and feasibility (using an approach similar to the one used to prioritize barriers)

Survey of Working Team will allow participants to quantify the impact and feasibility of each solution

### Impact

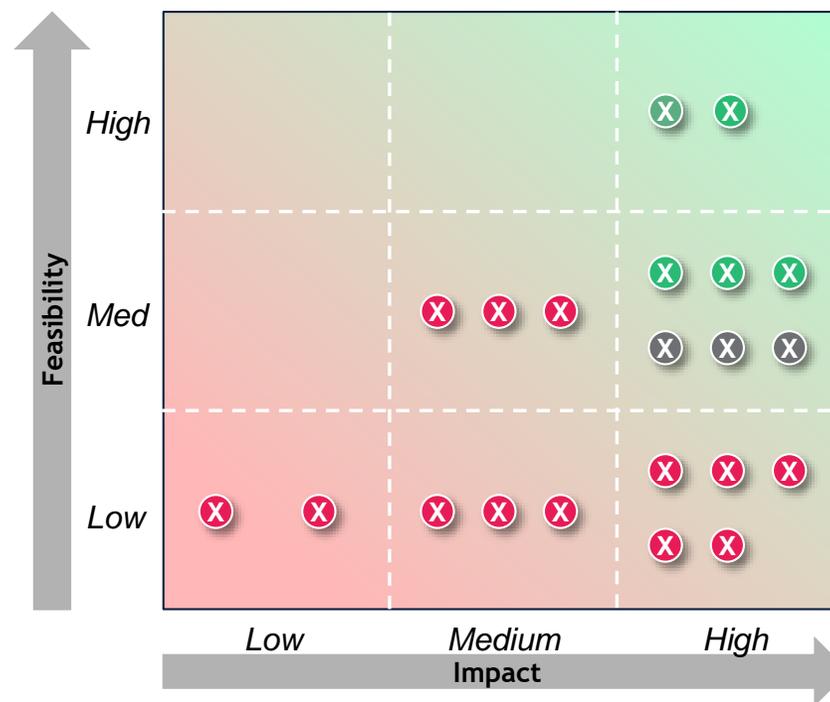
- Low impact:** This solution will not meaningfully improve value (outcomes for costs) for patients or strengthen the system
- Medium impact:**
  - This solution will lead to moderate improvements in value for patients or moderate improvements in the system's ability to use key enablers to deliver value for patients, OR
  - This solution will lead to major improvements in value but not for all groups in the focus population segment
- High impact:** This solution will lead to major improvements in value for patients, or major improvements in the system's ability to use key enablers to deliver value for patients

### Feasibility:

- Low feasibility:** Implementing this solution will take significant challenge requiring a major time/ resource investment and participation of a much broader range of stakeholders than is represented on this initiative
- Medium feasibility:** Implementing this solution will take a non-trivial effort requiring serious investment of time / resources to address from multiple stakeholders, which may require a small number of additional stakeholder not currently represented on this initiative
- High feasibility:** Implementing this solution will take a manageable investment of time / resources and can be addressed by the people on this initiative

Numbers 1-3 can be used to quantitatively score root causes by Working Team members

Average survey results can be plotted on grid to visualize relative impact and feasibility of each proposed solution



Priority solutions



Solutions opportunistically addressed



Low priority ideas

## For further reading

Effective brainstorming will be critical to identifying the right solutions for a health system initiative. The readings below provide additional approaches for developing effective brainstorms.

<b>Title</b>	<b>Authors</b>	<b>Hyperlink (current as of end of 2018)</b>
Five Ways to Nudge Your Brainstorm to Greatness	Iny and Fetherston	<a href="https://www.bcg.com/en-ca/publications/2018/five-ways-nudge-brainstorms-greatness.aspx">https://www.bcg.com/en-ca/publications/2018/five-ways-nudge-brainstorms-greatness.aspx</a>
Thinking in New Boxes	BCG	<a href="https://www.bcg.com/publications/collections/thinking-new-boxes.aspx">https://www.bcg.com/publications/collections/thinking-new-boxes.aspx</a>

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6. Learn from findings and scale up in the health system

Glossary of key terms and document authors

# Overview - Develop a workplan and implement the solutions

By the end of this step, the initiative should have...

- Clear implementation roadmaps, including resourcing / funding requirements, timelines and milestones, roles / responsibilities, decisions / design choices, and communication plans
- A clear process and metrics for monitoring and tracking progress
- Updated governance structure to support implementation phase of work

## How long will this step take?

- 1-3 months to develop roadmaps and monitoring approach
- Ongoing execution timelines will vary by initiative

## What are the roles of key players in this step?

- Project management should develop project plans and tracking tools, which the Working Team provides ongoing input for
- Project management should ensure proactive participation in the design of the project plans by the Working Team that will be implementing the solutions in order to ensure buy-in

Detailed guidelines in this section

5.1

Design implementation plans for these solutions

- Understand the key activities needed to undertake each solution
- Develop detailed roadmaps which can guide the implementation of these solutions

5.2

Monitor and evaluate progress

- Develop and agree on clear tools and metrics that will be used to monitor and communicate on implementation progress

## Five key areas to consider when developing implementation plans



Governance, roles, and responsibilities



Timelines, milestones, and tracking metrics



Financial and other resourcing requirements



Communications plan



Key decisions / design choices

# Five key areas to consider when developing implementation plans - Details



## Governance, roles, and responsibilities

- Defined and agreed-on operating model with clear processes in place (including issue escalation)
- Defined governance structure, with terms of reference
- Clearly defined roles and responsibilities for all individuals and organizations involved



## Timelines, milestones, and tracking metrics

- Key deadlines and milestones for each solution
- Risk factors that could significantly delay or impact success of the solution
- Timeline, goals and key milestones
- Cadence of meetings with objectives, attendees and frequency



## Financial and other resourcing requirements

- Funding requirements for each solution
- Human resources, FTEs, technical experts, other non-financial resources required to implement each of the solutions
- Potential funding sources (e.g. private funding, government resources, research grants, etc.), including in-kind contributions



## Key decisions / design choices

- Key decisions that will have to be taken during the implementation phase
- Possible scenarios for what the outcomes of these decisions could look like



## Communications plan

- Master communication plan to inform Steering Committee and other relevant stakeholders of progress
- Briefing materials that can be used to inform individuals / organizations who are new to the initiative about its objectives, timelines, etc.

## Key message

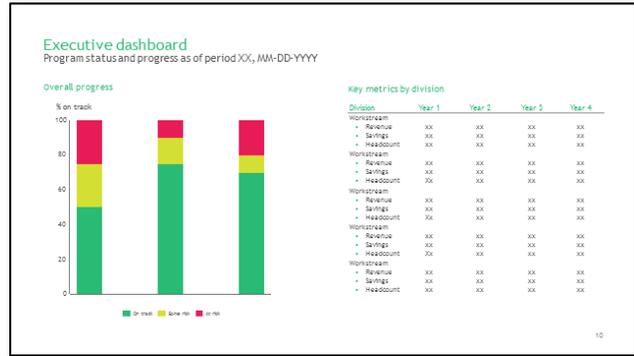
In systems change initiatives, communicating progress and engaging stakeholders is as essential as making progress on the actual implementation of the solutions

Ensure that project management tools are used to keep relevant stakeholders engaged and informed about progress

# Dashboards can help monitor progress during the initiative, and formal evaluation at the end of initiative can help document impact and learnings

## During the initiative (Illustrative ideas)

### Steering Committee dashboard



### Project management dashboard

**Project management dashboard**

Responsible	Roadmap(s)	Traffic light status	Impact			Phase	Comments and key actions	Last check-in	
			P	O	A				
Initiative (Approver)	O: Owner 1.5.7.a RM	●●●	"12	xx	xx	xx	Planning	+ xxxxxxxx	<Date>
O: Owner	1.5.7.f RM	●●●	I	xx	xx	xx	Implementation	+ xxxxxxxx	<Date>
Initiative (Approver)	O: Owner <Roadmap Name>	●●●	"12	xx	xx	xx	<Roadmap stage>	+ xxxxxxxx	<Date>
O: Owner	<Roadmap Name>	●●●	I	xx	xx	xx	<Roadmap stage>	+ xxxxxxxx	<Date>
O: Owner	<Roadmap Name>	●●●	"12	xx	xx	xx	<Roadmap stage>	+ xxxxxxxx	<Date>
O: Owner	<Roadmap Name>	●●●	I	xx	xx	xx	<Roadmap stage>	+ xxxxxxxx	<Date>
Initiative (Approver)	O: Owner <Roadmap Name>	●●●	"12	xx	xx	xx	<Roadmap stage>	+ xxxxxxxx	<Date>
O: Owner	<Roadmap Name>	●●●	I	xx	xx	xx	<Roadmap stage>	+ xxxxxxxx	<Date>
Initiative (Approver)	O: Owner <Roadmap Name>	●●●	"12	xx	xx	xx	<Roadmap stage>	+ xxxxxxxx	<Date>
O: Owner	<Roadmap Name>	●●●	I	xx	xx	xx	<Roadmap stage>	+ xxxxxxxx	<Date>

## After the initiative

Formal evaluation of the initiative using rigorous evaluation methods, such as health economics and outcomes research (HEOR), can help document its impact

Recipients

Steering Committee (e.g., mgmt team)

Project management team

Example cadence

Quarterly

Weekly

Contents

Program status, key areas for intervention

Off-track projects, plans to course-correct

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A) What: Value-based health systems

B) Who: Multi-stakeholder cooperation for systems change

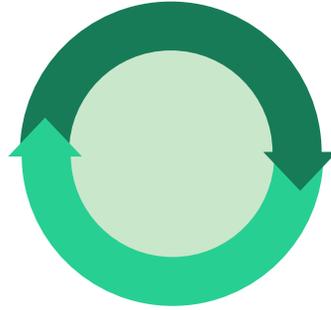
C) How: Roadmap for a health system transformation initiative

Structure for this section

1. Identify a health value problem for a specific population segment
2. Mobilize stakeholders across the systems to address this problem
3. Understand the root causes of the problem
4. Design solutions to address these root causes
5. Develop a workplan and implement the solutions
- 6. Learn from findings and scale up in the health system

Glossary of key terms and document authors

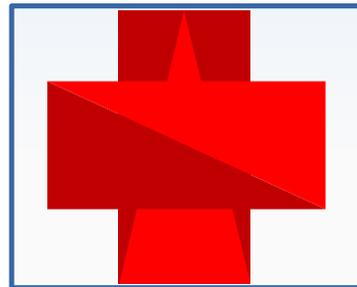
Based on  
successes and  
learnings from  
initiative,  
multiple possible  
directions for  
scale-up



New population segments



New organizations or  
geographies



Institutionalization of  
practices and policies

# Based on successes and learnings from initiative, multiple possible directions for scale-up



## New population segments

Initiatives structured to improve outcomes for a specific population segment often have relevant learnings and approaches for other population segments

For example, an initiative focused on a specific chronic disease (e.g. diabetes) will likely have relevant applications to other chronic diseases (e.g. heart failure, COPD)

Even though every patient journey is different, stakeholders can often adapt key aspects of one initiative to other population segments in the same health system

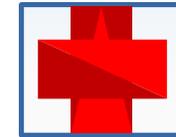


## New organizations or geographies

These initiatives may start with limited geographic scope, especially if a health system has had limited experience with VBHC

Learnings and approaches from the initiative can be scaled to new geographies, either:

- Within the same health system (e.g. having new hospitals or payers adopt practices)
- In other health systems (e.g. sharing and disseminating best practices to leaders from other areas)



## Institutionalization of practices and policies

Many initiatives will "test out" new approaches to managing their health system, such as:

- Piloting new service delivery models
- Experimenting with different payment structures
- Collecting or analyzing data in novel ways

However, it is important that after these new approaches are proven, they should be formalized and sustained through actions such as:

- Writing them into policy / regulation
- Ensuring key stakeholders are trained on new approaches
- Investing in resources to sustain efforts

# Scale-up should help drive progress along journey to value-based system

Less mature value-based system

More mature value-based system

Phases of transformation toward a value-based system

Phase 1: Internal performance improvement

Phase 2: System learning and performance

Phase 3: Transparency and value competition

Phase 4: A continuously improving VBHC



Informatics

Data collection by individual stakeholders



Standardized measurement of value



Interoperable IT systems with risk-adjusted outcomes



Increased patient data collection and ownership



Benchmarking research & tools

Comparisons within organizations only



Anonymized benchmarking among organizations



Competition based on public reporting; data available for research



Decision support tools and new clinical guidelines



Delivery organization

Increasing clinician engagement and ownership of value



Coordinated care across care chain



Quality improvement programs



Reorganization around population segments



Payments

Experimentation with new reimbursement models



Shift away from fee-for-service; outcomes based payments



Quality improvement efforts with bundled payments & capitation



Value-based payments, optimized by patient group



Policy

Policies will typically support the stage of maturity level that the system is currently at

## Summary of this Guide

A) What: Value-based health systems

B) Who: Multi-stakeholder cooperation for systems change

C) How: Roadmap for a health system transformation initiative

Structure for this section

1. Identify a health value problem for a specific population segment
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➤ Glossary of key terms and document authors

# Glossary of key terms in User Guide

## Measuring value

**Value:** Fundamental principle that aligns health sector stakeholders around the shared objective of improving health outcomes delivered to patients at a given cost

**Outcomes:** Outcomes are the results of treatment that patients care about most

**Costs (as part of the value equation):** Costs on a per patient basis expended to achieve health outcomes

**Population segments:** The group individuals suffering from the same disease or condition or sharing similar risk profiles, and which can serve as the key unit of analysis for assessing value

**Segment-specific interventions:** The interventions used to treat individuals in a given population segment; These interventions may include clinical, behavioral, or social interventions

## Enablers of a value-based health system

**Informatics:** The infrastructure for the routine collection, sharing and analysis of outcomes data and other relevant information for each population segment along the full cycle of care

**Benchmarking, research, and tools:** Uses of informatics that can enable value-based health systems through applications such as identification of variations in outcomes across clinical sites, research to understand the causes of this variation, and decision-support tools to improve clinical practice

**Delivery organization:** The organization of providers and provider networks along the entire continuum of care (e.g. home and community care, primary care, second / tertiary / quaternary care, etc.)

**Payments:** Methods for paying for and reimbursing care

**Policy:** Laws, regulations, guidance, and other inputs from the public sector that impact the other enablers

This document was produced by the World Economic Forum, in collaboration with Boston Consulting Group (BCG), as part of the Value in Healthcare project

#### BCG co-authors

- Gabriel Seidman, Project Leader (Seconded to the World Economic Forum)
- Stefan Larsson, Senior Partner & Managing Director
- Jennifer Clawson, Associate Director
- Mathieu Lamiaux, Senior Partner & Managing Director

#### World Economic Forum co-authors

- Vanessa Candeias, Head of Global Health and Healthcare
- Emmanuel Akpakwu, Practice Lead - Value-based healthcare

#### Other BCG contributors

- Ovid Amadi, Principal
- Jonathan Lim, Principal