



Report Back from Value Based Health Care Summit March 19, 2018

This one-day Summit was hosted in Toronto by CADTH, CIHI, Amgen, Canada Infoway and Rotman School of Management. It brought together 125 attendees from a number of stakeholder groups to discuss the concept of Value Based Health Care (VBHC) as described in the Porter/Teisberg book "Redefining Health Care ". Attached is a Paper by the World Economic Forum outlining and endorsing this concept. It has also been endorsed by the OECD among others. The group also reviewed examples of best practices for VBHC internationally as well as work being done towards that end in Canada.

The day started with a very limited 5-minute description of the overarching aspects of value that matter to patients. I am attaching my remarks on this topic for your information.

This was followed by an overview of the principles of VBHC that have been developed and are being implemented to a greater or lesser extent in some international settings. These principles including:

1. A focus on value for patients, not just lowering prices
2. Competition for patient care delivery should be based on results
3. Care and competition for patient care delivery should centre on medical conditions over the full cycle of care
4. High quality care should be less costly
5. Value must be driven by provider experience, scale, and learning at the medical condition level
6. Competition for care delivery should be regional and national, not just local
7. Results information to support VB competition in health care delivery must be widely available
8. Innovations that increase value must be strongly rewarded

Separately and collectively each of these principles requires a plan to achieve the desired outcome which is health outcomes based on patient values. There are strategic implications for all stakeholders across the continuum from health care providers, public and private health plans, employers, patients, suppliers, caregivers and policy makers.

The next Panel reviewed some activities being undertaken in Canada that are intended to head in the direction of VBHC. While they were interesting projects, to my ears they didn't describe content that had enough of the basic value of being patient driven. Perhaps it was due to the shortness of time allotted that did not allow for as fulsome a description as I had hoped. In any case, it was conceded that VBHC is in its infancy in Canada and these group are early adopters so much will no doubt change with time, practice and broader implementation.

The next Panel, entitled "Integrating for Value" had a speaker with a very interesting example of VBHC from the Netherlands. He is a doctor who started VBHC health delivery approach to dealing with diabetes called Diabeter. I cannot do his talk justice but what struck me most is that the entire health care delivery system is based on patient reported health outcomes along the entire cycle of care. He started from the ground up rather than building on existing systems which I am sure helped as well. I am planning to contact him to see if we can get him here to speak at the Drug Pricing Policy Summit.

Following this was the inevitable discussion about funding models and the requirement for a move from the present siloed health care budget to a bundled system where the funding follows the patient and is used wherever it will create the best patient reported health outcome. This includes prevention, a part of the health care continuum often badly neglected. There are a few examples of moves by the Ontario government to look at bundled funding. One of the most interesting I am aware of is the work of the Association of Health Clinics. I have met with them and find their model of integrated care most appealing. It also has an implementation plan for care delivery that recognizes the impact of social determinants of health, *e.g.* education and training, employment, sex, race, housing, social networks, on people's ability to access health care. I am going to set up a webinar with them to share their work with us.

Data are at the crux of the tools required to implement VBHC. Without them, we cannot measure value, outcomes, standards of care, cost, or any other necessary information to develop, implement, monitor and evaluate and refine the VBHC continuum. There are numerous data collectors and users but there is not yet a common determination of what is required to be collected to create a VBHC system, even if we had an agreement to move in that direction, a central repository for that information or agreement on who can use it and how, among many decisions to be made.

There was a general agreement in the room that VBHC was worth pursuing in the Canadian context. There was also a recognition that much is require to get us there.

Angela Morin, patient partner at the Canadian Foundation for Healthcare Improvement, gave the closing remarks of the day. She returned to the themes of the opening, of the importance of patient values and patient reported health outcomes. She gave an impassioned call to action on VBHC in order to ensure optimal health care for Canadians.

The organizers of the event are going to bring together the Steering Committee members that planned the event to determine what concrete next steps to develop from the day.

Save Your Skin Foundation and its patient partners are going to do the following short term activities:

1. Through the Drug Pricing Policy Working groups, we are starting a virtual book club with the first book up for discussion the Porter/Teisberg seminal work on VBHC called “Redefining Health Care “. If you are interested in joining our book club please contact Leah Stephenson at leahstephenson@gmail.com.
2. Set up at least one webinar to provide further information about VBHC and some best practices in the Canadian context.
3. Engage speakers for the Drug Pricing Policy Summit in November to provide further information, best practices and guidance on this topic.

If you want more information about these activities, please contact me.