

IBM Global Business Services

IBM Institute for Business Value

Healthcare 2015: Win-win or lose-lose?

A portrait and a path to successful transformation

Presented at Disease Management Colloquium May 19, 2008

Jim Adams, IBM Center for Healthcare Management

ibm.com/healthcare/hc2015

Agenda

Agenda

- Issue The Case for Change
- Analysis Emerging Challenges
- Moving Forward
- Conclusion



Issue



Despite having many fine care delivery organizations and caregivers, the US healthcare system is badly broken. Is it sustainable?

High, rapidly rising costs

\$2.1 trillion (16% of GDP) was spent in 2006

-\$4.0 trillion (20% of GDP) will be spent in 2015

- Highest per capita spend among OECD countries in 2005
 - -46% more than Norway, which spends the third-most
 - -2.3x the OECD average per capita spend

No link between higher costs and quality or safety

- 98,000 to 195,000 people killed per year by medical mistakes
- 57,000+ dying from inadequate care
- 2 million hospital-acquired infections with 90,000 dying per year
- 4-fold variation in costs with similar quality
- Ranked 37th in overall health system performance by WHO
- 22nd in life expectancy, 28th in infant mortality and 30th in obesity among the 30 OECD countries

Access issues

- 47 million uninsured
- 15+ million under-insured, most who are working



If the US spent at the OECD per capita average, we would spend over \$1 trillion less per year.



Analysis



The growth in healthcare spending, combined with healthcare drivers will continue to have major impacts

Healthcare 2015 Drivers

Globalization

Consumerism

Changing demographics and lifestyles

Diseases that are expensive to treat

New technologies and treatments

Impacts

Continued shift from employer-based insurance

Increasing focus on value

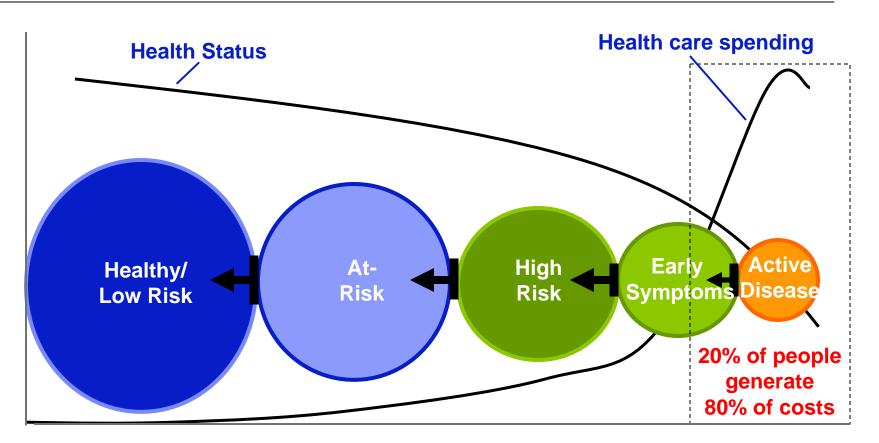
Increase in consumer responsibility

New approaches to promoting health and delivering care

Growing resource challenges



A proactive, value-based health system should help move people from right to left – and keep them there

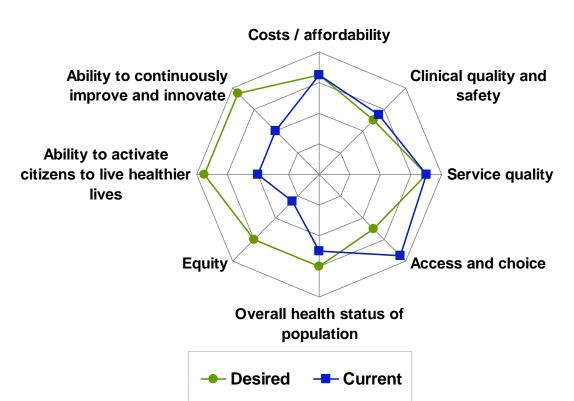


A value-based health care system



Defining value for a healthcare system means balancing emphasis and decisions across multiple, possibly redefined dimensions

Value Dimensions of healthcare systems Example

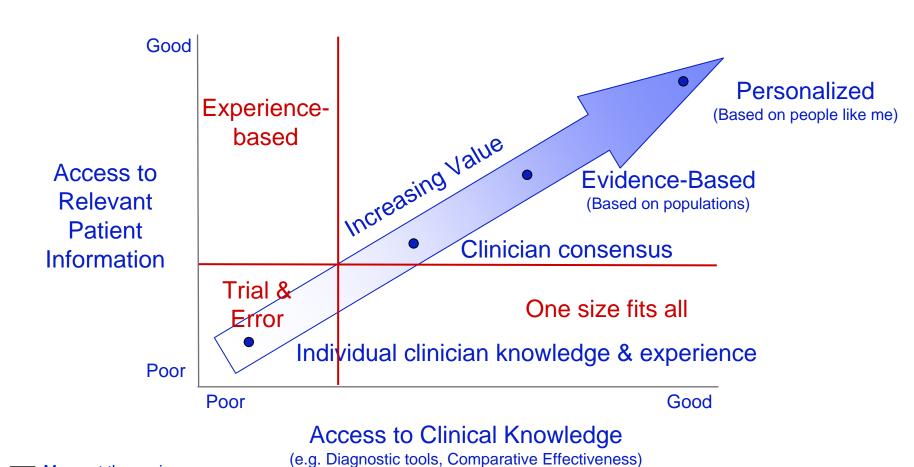


How will quality be defined?

- Generally focuses on areas such as:
 - Evidence-based treatment approaches
- Clinical & patient-reported outcomes
- Also could and should include:
 - Prediction / Prevention / Early detection and intervention.
 - Time and resources expended for a correct diagnosis
 - Communication with patients (comprehension, compliance, recall)
 - Responsiveness to patient preferences and values
 - Ability of patient / consumer to manage medical conditions & health
 - Care coordination



The ability to deliver value improves with access to relevant patient information and knowledge of what works for that patient



More art than scienceMore science than art





We are currently experimenting in many areas to get to a more valuebased healthcare environment

Benefits

Value-based insurance design

Tiered networks

Higher co-pays or co-insurance

Full coverage for preventive care

Reimbursement

Pay for Performance

Bundled payments, Care coordination

Pay for ePrescribing, eVisits

Gainsharing

Consumer Incentives

Healthy lifestyles

Health Risk Assessments

Body Mass Index (BMI) or other indicators

Gainsharing



In assuming more responsibility for their healthcare, consumers must make wiser health and financial decisions as patients and purchasers

Make better health-related choices

Receive personalized high-value care Improve financial planning for healthcare

"Health Coach"

- Prediction and risk
- Healthy lifestyles
- Behavioral change
- Live with disease

"Value Coach"

- Benefits selection
- Provider selection
- Comparative value
- Coordinate care

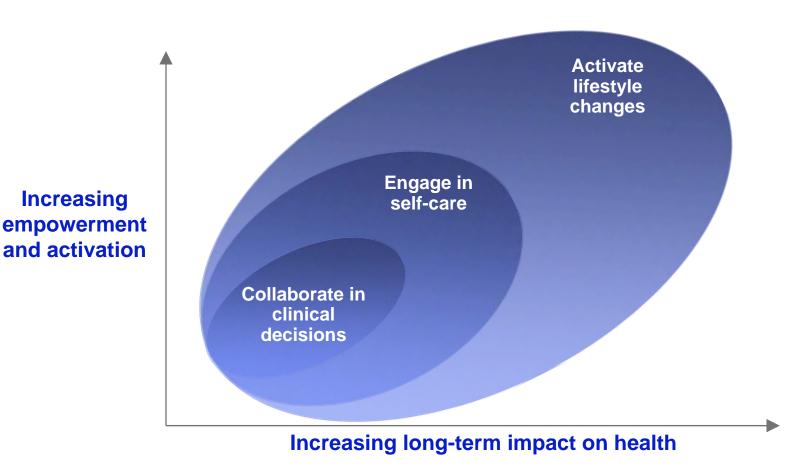
"Wealth Coach"

- Financial planning
- Financing options
- Insurance options

Improved access to relevant information



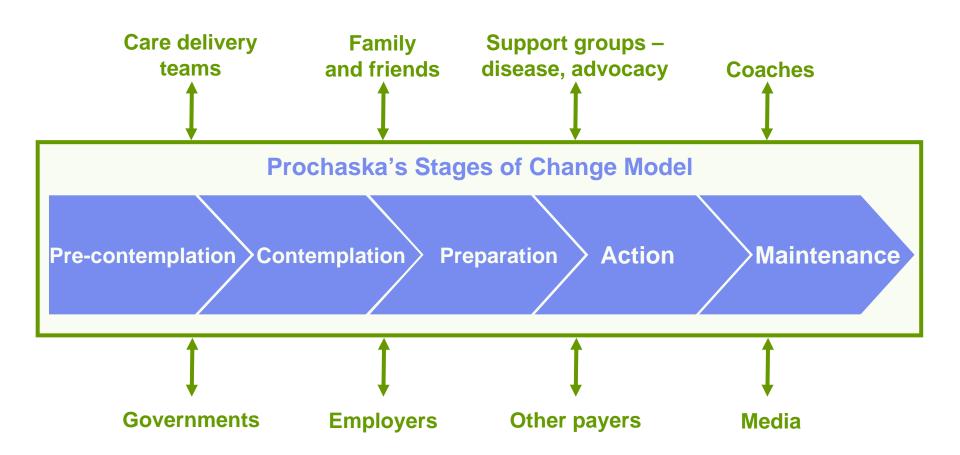
With help from CDOs and other entities, consumers can play a pivotal role in their health and healthcare



Source: Adapted from WHO Health Promoting Hospitals and Bridgepoint Health



Changing consumer behaviors requires different efforts from different entities, depending on the individual and the stage of change





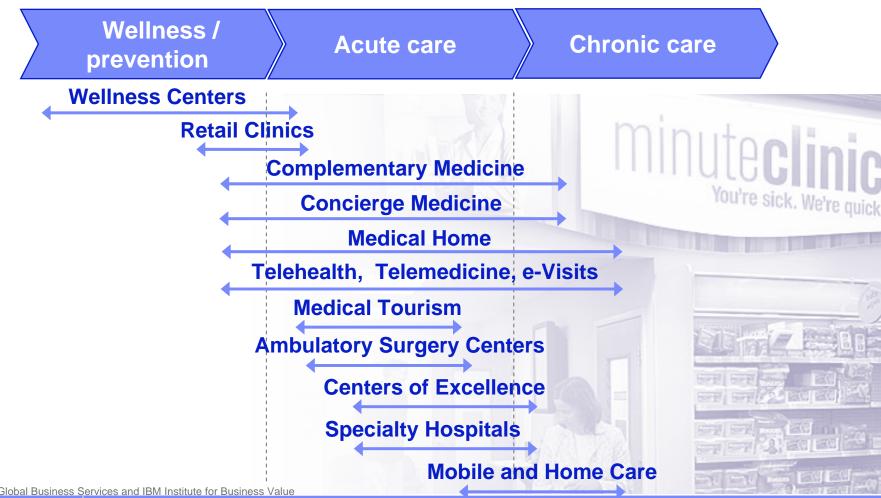
Roles and responsibilities in helping consumers will need to be clearly defined to avoid confusing overlaps or gaps

	Purchaser / Health Plan	Care Delivery Team (typically led by a doctor)	Hospitals	Other Entities or Associations That Could Provide Help
Personalized Health-related information for better choices	 Healthy lifestyles education / coaching Prediction of health problems / status Behavioral change Appropriately self- manage disease 	 Healthy lifestyles education / coaching Prediction of health problems / status Behavioral change Appropriately self- manage disease 	 Prediction of health problems / status Appropriately self-manage disease 	 Independent health infomediaries Genetic testing labs Support groups (e.g., ADA, AA) Web 2.0 (social networks, blogs, wikis, etc.) Family and friends
Receive personalized high-value health services	 Benefits selection Provider selection Comparative effectiveness Care coordination Help with compliance 	 Provider selection Comparative effectiveness Care coordination Help with compliance 	 Care coordination Comparative effectiveness Help with compliance 	 Independent health infomediaries Support groups or associations (e.g., AARP, ADA) Disease mgmt co. Family and friends
Financial planning	 Insurance options (e.g., LTC, disability) Cost comparisons "As is" vs. predictive models 	 Cost options with health planning 	 Financing plans for consumer portion of payment 	 Financial institutions Independent financial planners Independent health infomediaries Family and friends



Analysis » New approaches to promoting health and delivering care

Healthcare models and approaches will need to be coordinated or integrated to meet changing requirements





Analysis » Global resource shortages

Longer term solutions to global resource shortages may be painful but must address both the supply and demand and be made in context of desired value dimensions for the healthcare system

SupplyOptimizing limited resources

- Conduct population-based planning
- Develop more of the desired types of clinicians and facilities
- Base care decisions on evidence of clinical effectiveness when it exists and patient preference, not on availability of resources
- Standardize and streamline, automate, delegate and coordinate to improve efficiencies
- Extend capabilities and access through non-traditional delivery channels (e.g. evisits or telemedicine)

Demand

Addressing the need for healthcare resources

- Activate consumers
- Focus on prediction; prevention; early detection and treatment; and care coordination
- Make rational coverage decisions based on the total costs of prevention or care
- Know what works and properly incent it
- Recognize that some conditions can not be cured regardless of resources applied
- Minimize medical errors and the practice of defensive medicine
- Address the demand holistically by addressing other interdependent factors



Moving Forward

CDOs may choose among a variety of service delivery models, placing different emphasis on value dimensions such as access, clinical quality, service quality and costs

Factors

Increasing Focus on Value

Changing
Citizen
Responsibilities

Changing Delivery Requirements

Alternative Service Delivery Models

Community Health Network

Center of Excellence

Medical Concierge

Price Leader

Focus

Optimize access across a defined geography

Optimize safety and clinical quality for specific medical conditions

Optimize the consumer / patient relationship or experience

Optimize productivity and workflows



Moving Forward

Although the value dimensions are not new, the focus or emphasis will continue to change

	Historical	Current and Future	
Community Health Network	 Traditional, typically fragmented, physical locations and services 	 Integrated, non-traditional locations (e.g. home) and services (e.g. prevention / wellness / health promotion) Electronic access and new channels (e.g. remote monitoring, telemedicine) 	
Center of Excellence	 Focus on treating medical conditions at a specific care venue Compete primarily on reputation 	 Focus on prediction, prevention, diagnosis, treatment and rehabilitation, and ongoing management of certain medical conditions Compete on documented quality and safety Change the definition of and raise the bar for quality through data-driven improvements and innovation 	
Medical Concierge	Plush, amenity-rich facilitiesFriendly staff	 Comforting, safe, preference-sensitive facilities for patient and families Friendly, empowered (IT-enabled) staff Convenient, electronic access (e.g. registration, e-visits) Patient-friendly administrative processes 	
Price Leader	 Streamlined processes Services centralized for economies of scale Focus on individual productivity 	 Evidence-based, standardized processes Services performed at most cost-effective setting, fully exploiting IT-enabled capabilities Focus team productivity and on activating patients 	



Moving Forward

Health plans may choose one or several of these new roles but may struggle if they try to be all things to all people

Factors

"Retailization" of healthcare

New consumer responsibilities

Changing provider needs

Roles

Health / Wealth Service Advisor

Health Services
Optimizer

Applied Research Advisor

Transaction Processor

Focus

Service excellence, consumer health and financial products and services

Effective / efficient utilization of healthcare systems

Clinical decisions, cross-enterprise process and value improvement

Transaction efficiencies and flexibility



Conclusion

A transformation framework, implemented through strong leadership and a clear vision, is needed to affect major change.





Conclusion



We must challenge our fundamental beliefs about the US healthcare system

Truisms?

It's someone else's problem to. I'll "protect my turf" while they fix it.

More money will fix the problem

IT will fix the problem

Benefits for IT-related investments accrue to other stakeholders

The solution to the problem is consistent, high-value care delivery

Everyone should get all the care that he or she wants or needs

All healthcare is local

It's about value, not costs

Market forces don't work in healthcare This, too, shall pass

Our Perspective

All stakeholders need to be more accountable and work together If more money were the answer, we would have solved it by now

We can't fix the problem without IT

That may be true when rewards are based on volumes, not value.

Yes and we also must change consumer expectations and behaviors

We do not have unlimited funding. We must make tough, informed decisions.

Solutions and much of the care will remain local. Competition won't.

Not if you can't afford it

They do – but they are poorly structured

This time, the world is fundamentally different



IBM Global Business Services

IBM Institute for Business Value

Thank you!

Jim Adams, Executive Director IBM Center for Healthcare Management jim.adams@us.ibm.com

ibm.com/healthcare/hc2015