

A Guide to Implementing High-Value Healthcare Delivery in Your Organization

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This is a concise and practical guide to help organizations get on the path toward delivering high value care. It offers a set of key recommendations that are fundamental to becoming an organization that can take on accountability for the healthcare it delivers.

Goal:

- **High value healthcare**
 - Focus on bringing the maximum amount of value to patients.
 - Value = (Patient outcomes, * Safety, Service)/Cost over time.^{1,2}

Data analysis and planning:

- **Population**
 - Identify and understand your target population.
 - Stratify the patient population into cohorts by patient status, medical condition, and/or cost (e.g. the sickest patients, those with specific medical conditions, the most expensive patients,).
 - Understand the clinical, socioeconomic and behavioral aspects of your population.
 - Define specific outcome metrics for each population of interest and medical condition.
- **Business model**
 - Operate upon the foundation of a sustainable business model.
 - A minimum margin of 2-4% is necessary, even for non-profit organizations, for organizational viability.
 - Accept the responsibility and accountability for the outcomes, costs, and health status of the population served.
 - Create dynamic financial models to help predict the impact of healthcare innovations.
 - Establish appropriate financial metrics (including cost, revenue, and profitability) so that the financial state of the organization can be analyzed in the context of patient outcomes achieved (i.e. a balanced scorecard).

* May include measures of productivity/readiness/functionality

Implementation:

- **Leadership**
 - Strong leadership,[†] courage, and the will to change are paramount to producing high value patient-centered healthcare.
 - Adopt a shared vision and mission.
 - Align the organizational structure with the vision and mission, and in support of the business model.
- **Clinical delivery model design**
 - Design innovative delivery models that produce better quality and lower costs so that patients get the right care at the right time.
 - The provision of superior preventative care, particularly tertiary and quaternary prevention, should shape the design of delivery models in the early stages of new care design.[‡]
 - Integrate and coordinate care around the needs of the patient with providers (including generalists, specialists, nurses, pharmacists, community workers and others), and payers working seamlessly together to provide a “coordinated continuum of services”³ to the patient.
 - Implement a tailored approach to patient treatment that focuses on the needs and best interests of the individual. Designing individual and specific plans for each member of a given population is often necessary to improve the health of a defined population.
 - This will frequently require addressing relevant socio-economic and behavioral factors and engaging the patient as a partner in care decisions.
 - When possible and appropriate leverage technological advances in genomics and proteomics.
 - If required, develop new models of payment and structure reimbursements in order to support models of care that maximize value for patients (i.e. link payments to outcomes, safety, service and costs over time). This may require new collaborations and partnerships or even the creation of self-owned insurance plans.
- **Learning healthcare system**
 - Become a system "in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience."⁴

[†] Leadership spans 3 domains: organizational, operational and people. Organizational leadership includes creating a vision, aligning the institution with this vision and promoting your ideas. Operational leadership includes the planning, organizing, and measuring. People leadership includes selecting the right people, explaining and defining what you want done and motivating and mentoring.

[‡] Tertiary prevention is used to prevent individuals with chronic conditions from gaining additional impairments and disabilities. Quaternary prevention ensures that the care a patient receives is the right care at the right time and is performed safely to avoid complications.

- Collect timely, accurate and reliable data and information to support patient care decisions.
- The data and information should be transparent internally to measure, evaluate and analyze all components of organizational performance.
- These measures must be reviewed and acted upon internally on an ongoing basis to support clinical improvement activities.
- The results and costs should be reported externally to foster transparency and public confidence.
- Support the continuing education of providers with emphasis on interdisciplinary team-based training and leadership training.

Post-implementation:

- **Post-implementation review (PIR)**
 - Determine the success of the healthcare delivery innovation by assessing timeline, costs, risk, performance, goals and objectives against established baseline metrics.
 - Incorporate any lessons learned from the PIR into the project going forward.

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