

## **VALUE-BASED HEALTH CARE:**

Create value by measuring patient-perceived outcomes

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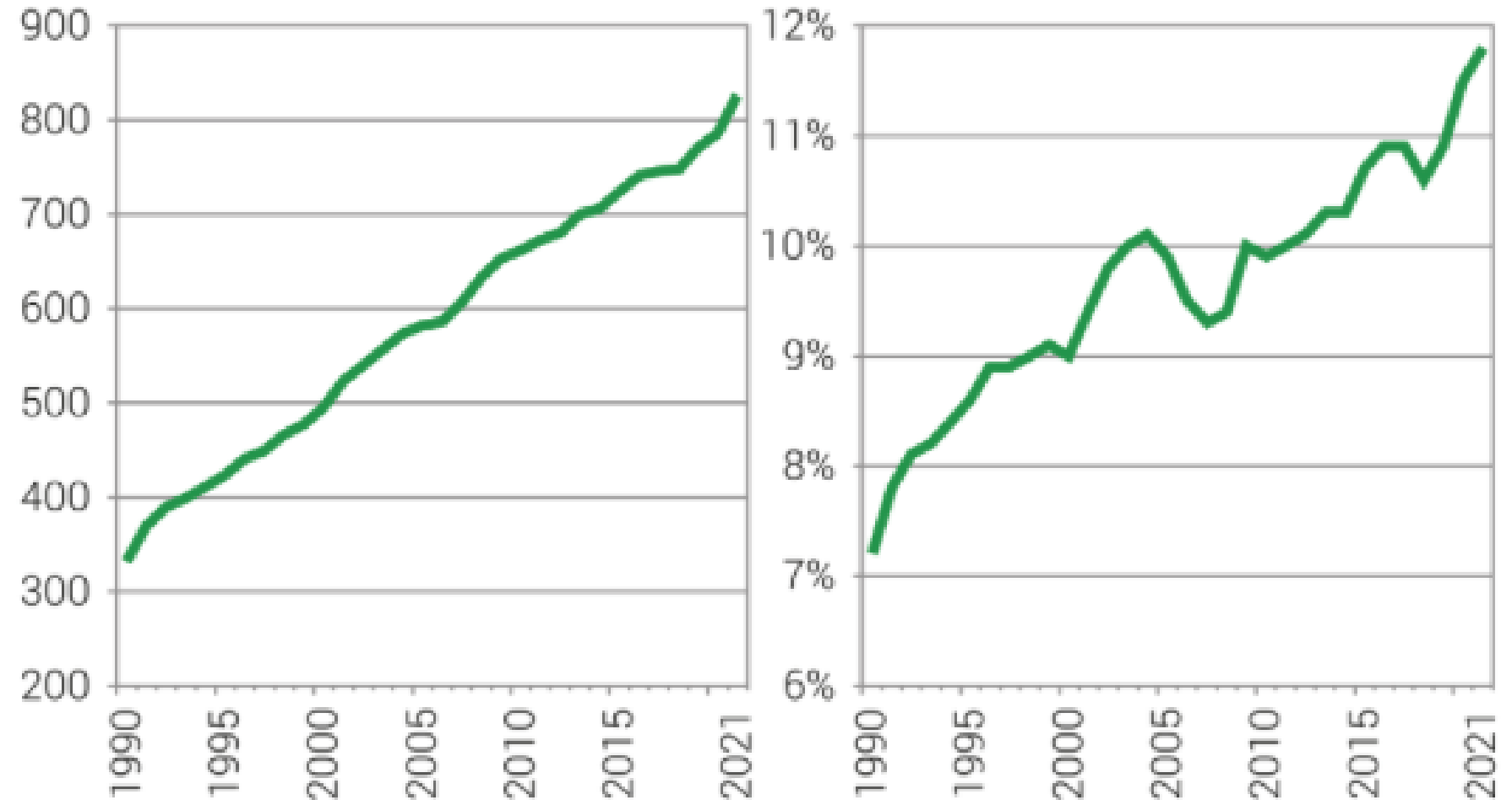


# The crisis of health care

# Health care spending trends in Switzerland

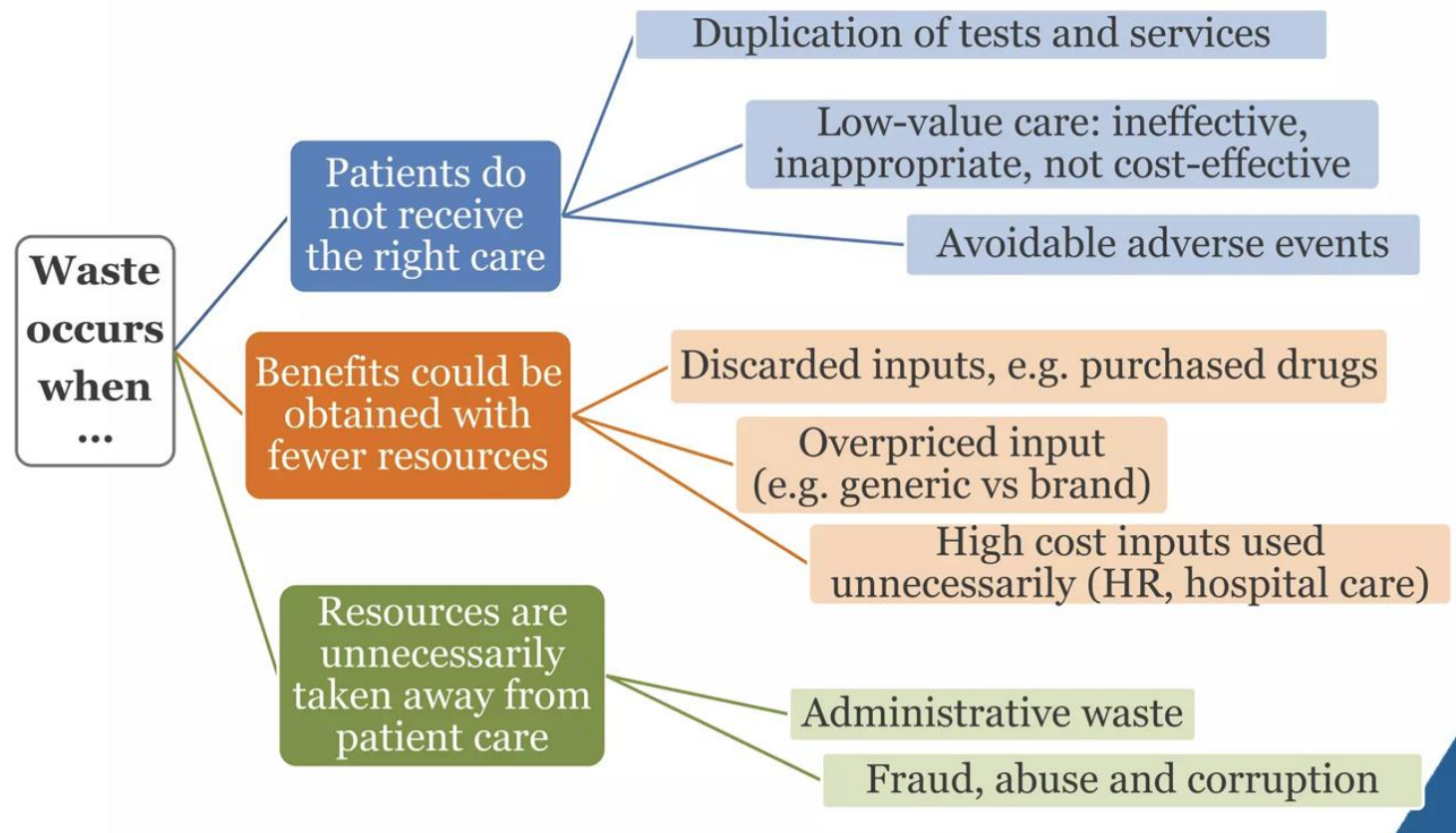
Monthly per capita (CHF)

% of GDP

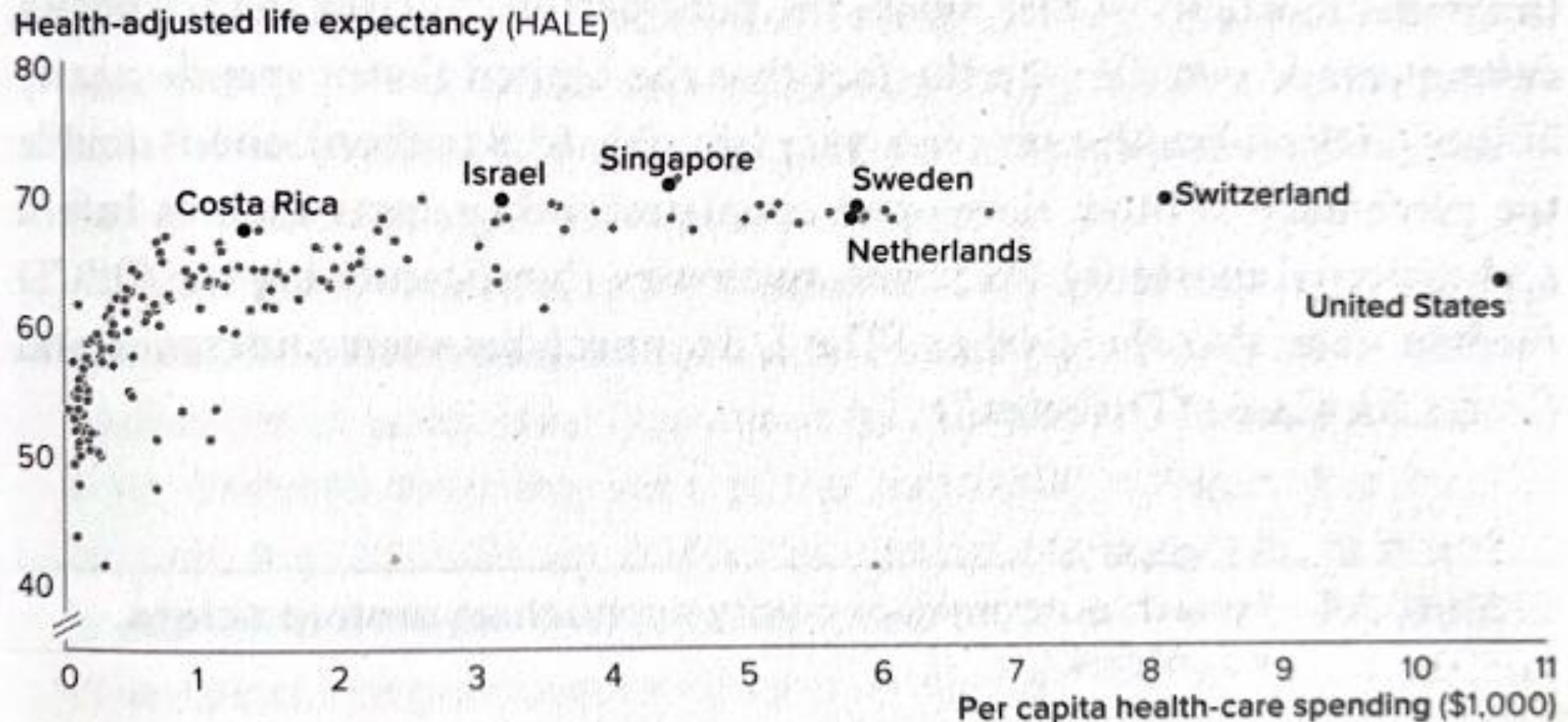


# 20-30% of waste on low-value & inappropriate care

OECD 2017



# Health care spending and returns on population health



# Variability of outcomes

Differences in hospital outcomes<sup>[7-16]</sup>

Country	Variation	
	2x	in one-year survival rates for lung-cancer treatment in England* <sup>[7]</sup>
	3x	in complications after colon cancer surgery in the Netherlands* <sup>[8]</sup>
	5x	in reoperations due to complications after knee replacement in Germany* <sup>[9]</sup>
	6x	in reoperations within two years after total hip replacement in Sweden <sup>[10]</sup>
	7x	in percentage of complications after colon cancer surgery in Sweden <sup>[11]</sup>
	7x	in mortality rate after rectal cancer surgery in Belgium* <sup>[12]</sup>
	8x	in reoperations following coronary artery bypass grafts in the UK <sup>[13]</sup>
	11x	in severe incontinence after radical prostatectomy in Germany <sup>[14]</sup>
	15x	in 30-day mortality rates after emergency hospital admissions for COPD in England <sup>[15]</sup>
	31x	in capsule complications after cataract surgery in Sweden <sup>[16]</sup>

\*Risk-adjusted

Source : EIT Health, *Implementing Value-Based Health Care in Europe: Handbook for Pioneers* (Director: Gregory Katz), 2020.



**“Health care professionals are not the problem.**

**It’s not a problem of resilience.**

**It is a moral injury: a disconnect between the burden vs purpose of their work”**

*Pr K Bozic, Dell Med School, Harvard Business School*

# What really matters?





« A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. »

**« Health is a state of complete physical, mental and social well-being... »**



# What are we measuring?



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Autre facture		No GLR(B)	10200000000000	CANINE DES MEDICINS	Tél: 022.006.18.00
		No RCC(B)		RUE DES DEUX-PORTES 10 - 1203 GENÈVE	Fax: 022.006.18.01
Four de réévaluation		No GLR(P)	75000000000000	DR MARIE EXEMPLE	Tél:
		No RCC(P)	0000010	- 1203 GENÈVE	Fax:
<b>Patient</b>					
Nom		EXEMPLE MAURICE			
Prénom		MAURICE			
Rue		RUE DE GENÈVE 1			
PPA		1203			
Localité		GENÈVE			
Date de naissance		26.03.1950			
Sexe		M			
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Canton		GE			
Outil					
Type de remb.		TG			
Loi		LAMal			
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Traitements		Date/Ho GdPCh			
No/Rom entreprise		Date/Ho facture			
Rôla/localité		Date/Ho rappel			
		Motif traitement			
		MALADIE			
		HÉMOCCIN/CABINET MEDICAL			
<b>Mandataire</b>					
No GLR/B NO RCC					
<b>Diagnostic</b>					
Liste GLR		1/76000000000000 2/76000000000001			

**Groupeur**

- Traitements
- Poids à la naissance
- Durée du séjour
- Type de sortie
- Sexe
- Diagnostic principal
- Diagnostic supplémentaire + complications
- Age

Montant

15.81

15.81

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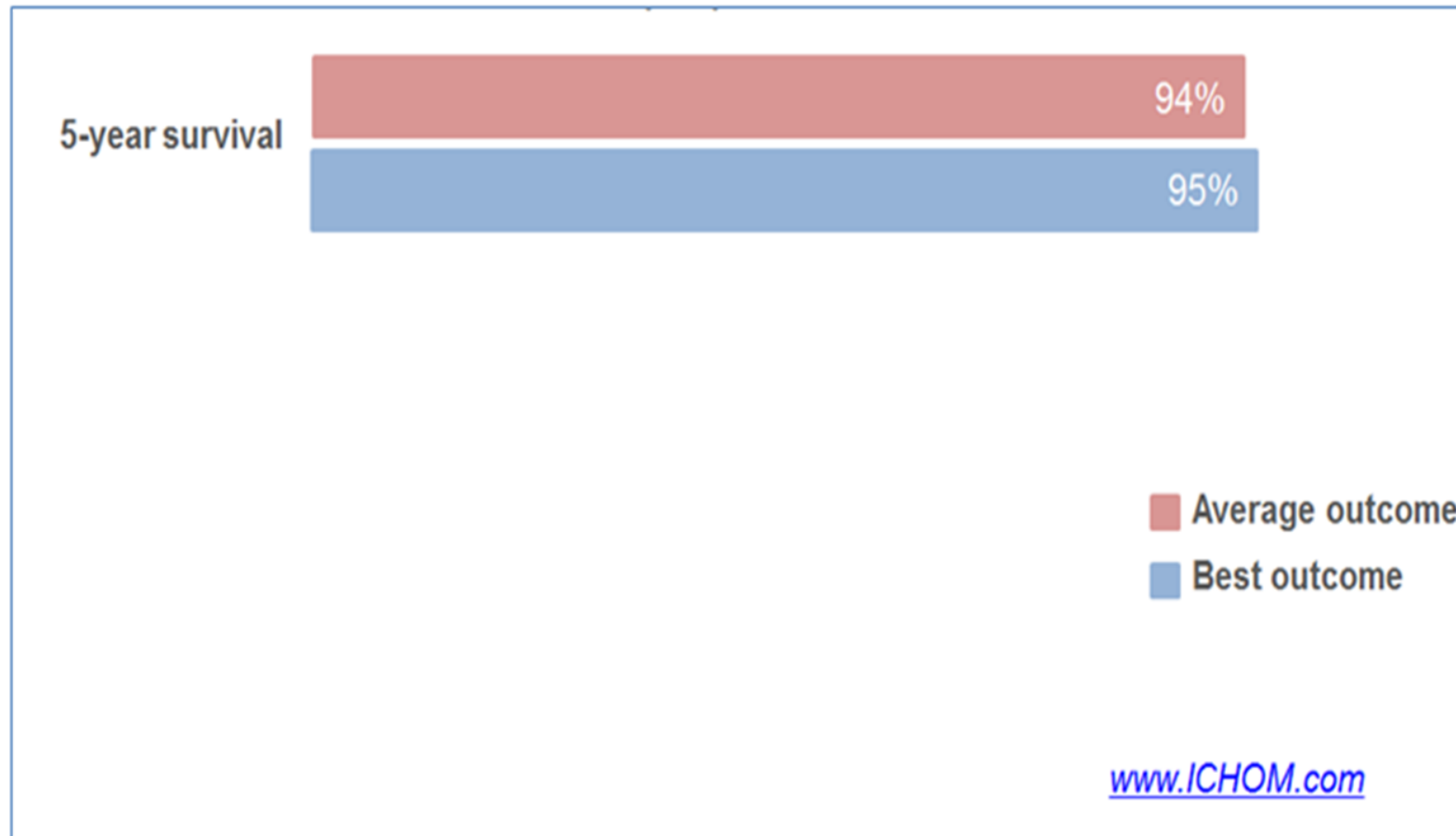
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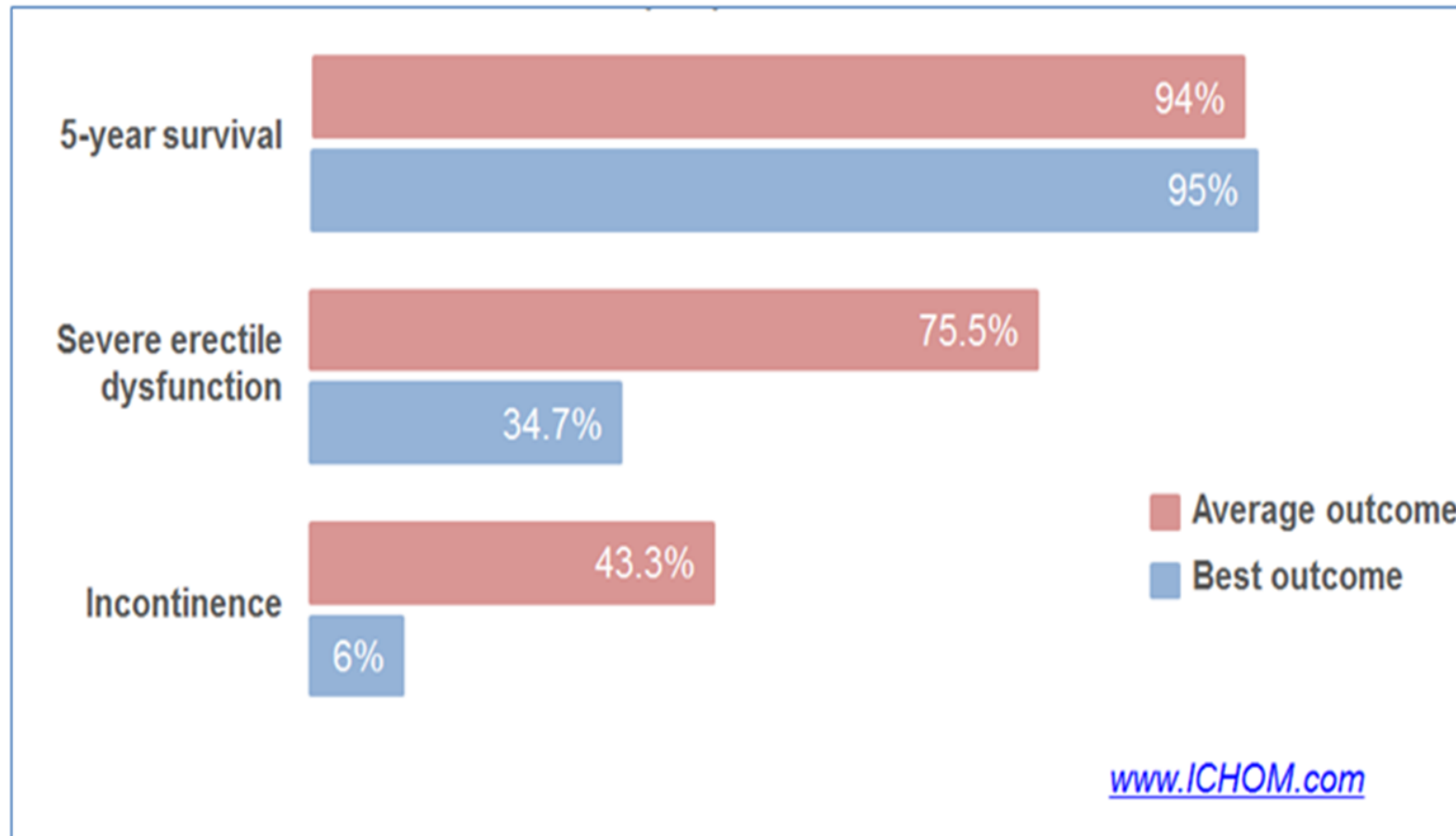


# Mesurer les résultats qui comptent pour les patients



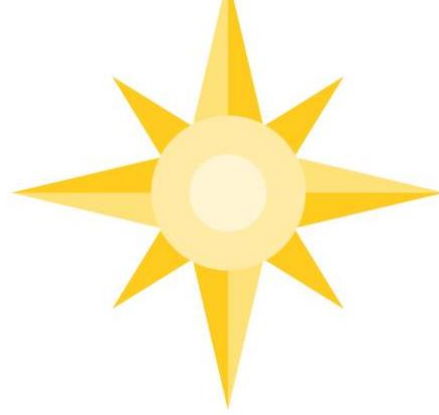
*Differences in quality of care for prostate cancer become apparent only when patient-reported outcomes such as incontinence or sexual function are examined.*

# Mesurer les résultats qui comptent pour les patients

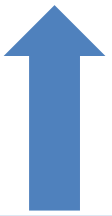


*Differences in quality of care for prostate cancer become apparent only when patient-reported outcomes such as incontinence or sexual function are examined.*

**The shift  
that changes  
everything**



$$\text{VALUE in Health} = \frac{\text{Outcomes that matter}}{\text{Total costs}}$$



**Organisation**



**Measures**



**Funding**



# MEASURES

# What matters to patients?

*Adapted from Porter ME. What is value in health care? N Eng J Med 2010; 363:247*

## How to measure it ?

### Priority level

### Examples of Measures

#### Level 1

Health status achieved or retained

Mortality rate  
Functional level achieved  
Pain achieved  
Extent to return to physical activities  
...

#### Level 2

Process of recovery

Time to begin treatment  
Delays  
Time to return to physical activity  
Pain during treatment  
LOW VALUE CARE  
....

#### Level 3

Sustainability of health

Maintaining functional level  
Ability to live independently  
Risk of recurrence  
Long term consequences of treatment  
....

#### **CROMs**

Clinician Reported Outcomes measures

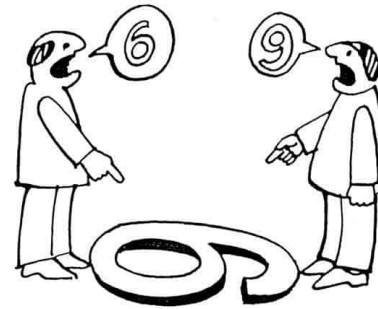
#### **PROMs**

Patient Reported outcomes measures

# PROMs and CROMs create a synergistic approach to measuring success in health care

## Clinician Reported Outcomes Measures (CROMs)

- ✓ Respiratory rate
- ✓ Body Mass Index
- ✓ Visual acuity
- ✓ Blood glucose under control



## Patient Reported Outcomes Measures (PROMs)

- « I cannot climb my stairs »
- « I can tie my shoes »
- « I can read my newspaper »
- « I am obsessed with my diet »



Nom :

Date :

21-May-2025

## Quel est l'état de votre BPCO ? Répondez au questionnaire CAT (COPD Assessment Test™) pour évaluer votre BPCO.

Ce questionnaire vous aidera, ainsi que votre médecin, à mesurer l'impact de la BPCO sur votre bien-être et votre vie au quotidien. Vous pourrez, ainsi que votre médecin, utiliser les réponses et scores du questionnaire pour mieux prendre soin de votre BPCO et obtenir le meilleur bénéfice de votre traitement.

Si vous souhaitez remplir le questionnaire à la main sur papier, **veuillez cliquer ici**, puis imprimer le questionnaire.

Pour chaque élément ci-dessous, veuillez indiquer d'un X la case qui correspond le mieux à votre état actuel. Prenez soin de ne sélectionner qu'une seule réponse par question.

**Exemple :** Je suis très heureux  
(heureuse)

☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Je suis très triste

		SCORE						
Je ne tousse jamais	0	1	2	3	4	5	Je tousse tout le temps	
Je n'ai pas du tout de glaire (mucus) dans les poumons	0	1	2	3	4	5	J'ai les poumons entièrement encombrés de glaire (mucus)	
Je n'ai pas du tout la poitrine oppressée	0	1	2	3	4	5	J'ai la poitrine très oppressée	
Quand je monte une côte ou une volée de marches, je ne suis pas essoufflé(e)	0	1	2	3	4	5	Quand je monte une côte ou une volée de marches, je suis très essoufflé(e)	
Je ne suis pas limité(e) dans mes activités chez moi	0	1	2	3	4	5	Je suis très limité(e) dans mes activités chez moi	
Je ne suis pas inquiet(e) quand je quitte la maison, en dépit de mes problèmes pulmonaires	0	1	2	3	4	5	Je suis très inquiet(e) quand je quitte la maison, en raison de mes problèmes pulmonaires	
Je dors bien	0	1	2	3	4	5	Je dors mal à cause de mes problèmes pulmonaires	
Je suis plein(e) d'énergie	0	1	2	3	4	5	Je n'ai pas d'énergie du tout	
							<b>SCORE TOTAL</b>	



**Imprimez votre questionnaire CAT avant  
de consulter votre médecin**

# Value-based health care implemented at provider level



**Monitor outcomes  
At individual  
and cohort level**



**Improve**

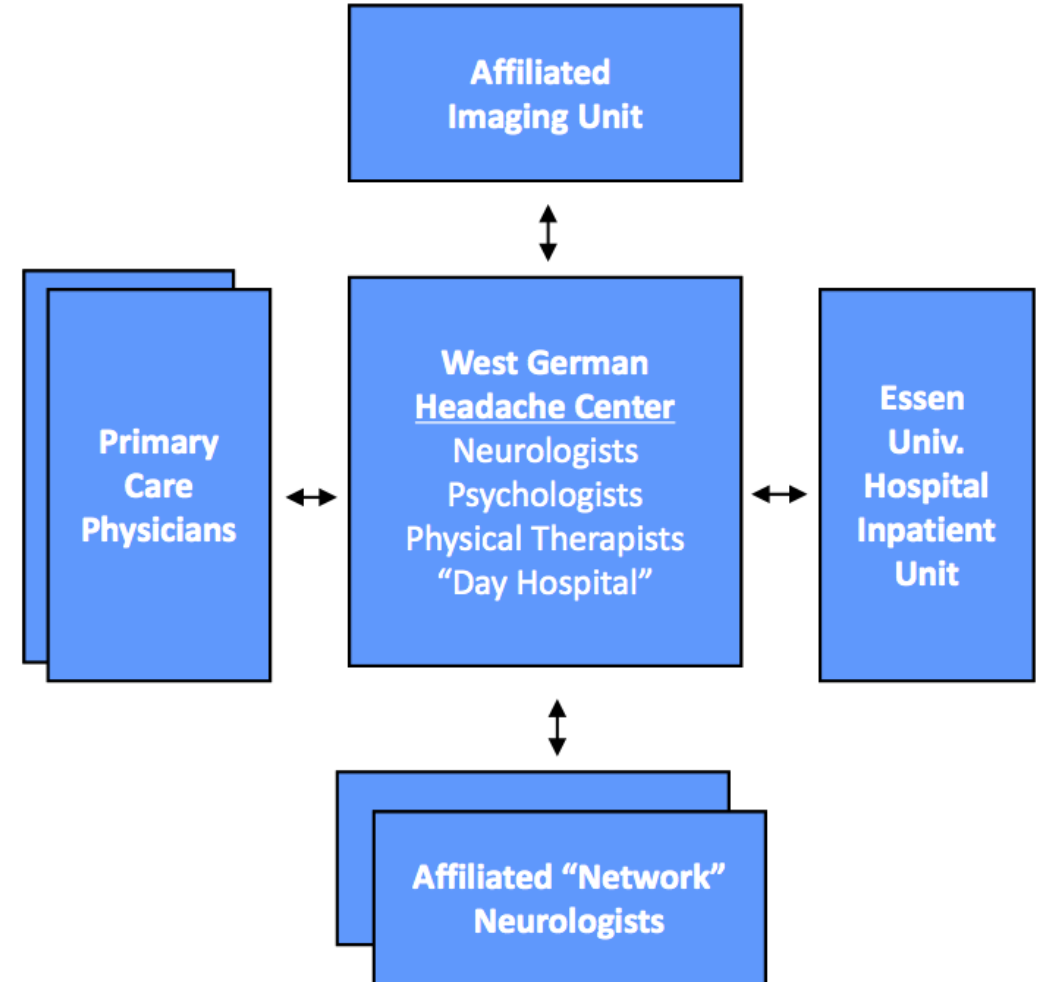
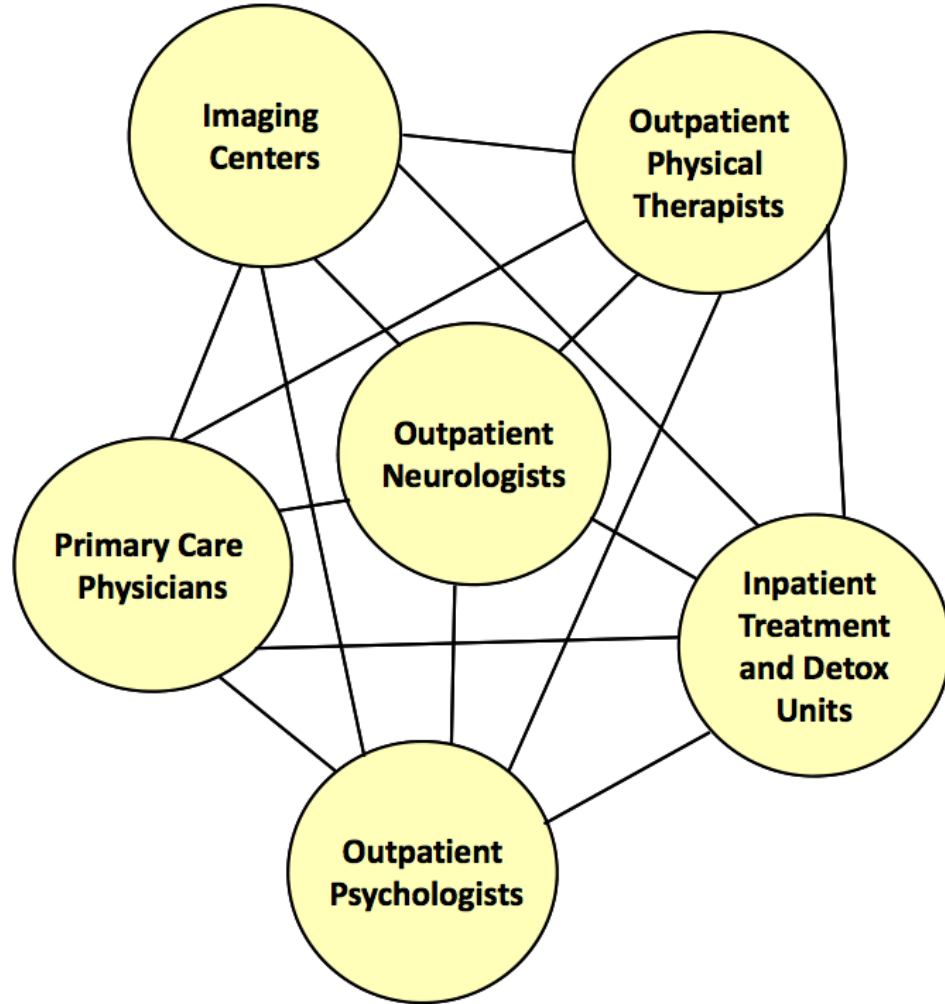


**Transparency  
and  
Benchmark**



# Organisation

# Migraine care in Germany





# Integrated Practice Unit

*Porter, Michael E., and Thomas H. Lee. "Integrated Practice Units: A Playbook for Health Care Leaders." NEJM Catalyst Innovations in Care Delivery, vol. 2, no. 1, 2021,*

- Organized around a **medical condition** or other group of people with **shared needs**
- A **dedicated, multidisciplinary team**
- Takes responsibility for the **entire care cycle**
- Includes **nonclinical support**
- Integrated **patient education, engagement, and follow-up**
- **Shared scheduling and management structure**
- **Colocated** (physically or virtually) to support collaboration
- Team leader or **care coordinator** oversees each patient's journey
- **Measures outcomes**, processes, and costs for each patient
- Regular **team meetings** to review data and improve care
- Accepts **joint accountability** for results and value delivered

# Funding

# From volume to value

Traditional Model:



## **Fee-for-Service**

- Providers are paid for *each test, visit, or procedure*
- Focus: quantity of care

VBHC Model:



## **Value-Based Payment**

- Providers are paid for *outcomes achieved*
- Focus: results that matter to patients

**Goal:**



Align incentives with **better outcomes**, not more activity.

# Does it work?

# Piedmont Healthcare Standardizing Pneumonia Care



## Challenge

Wide **variations** in pneumonia treatment led to **inconsistent outcomes** and **avoidable mortality**.

## Solution

Created an **inter-professional clinical committee** to implement **standardized, evidence-based care pathways** supported by **advanced analytics**

## Results

-  **56.5% reduction in mortality** among adult pneumonia patients
-  **9.3% decrease in length of stay**, saving **\$220,000** in one year

<https://www.healthcatalyst.com/learn/success-stories/pneumonia-mortality-piedmont>

# Singapore's National University Hospital

## Whole-of-Hospital Value-Based Approach to Sepsis

### Challenge

Sepsis was a leading cause of death and unplanned readmissions, with high variability in care and escalating hospital costs.

**Objective:** Improve outcomes & reduce hospitalization for community-acquired sepsis

### Intervention:

- Early Warning System
- Sepsis bundle Compliance
- Multidisciplinary Care Pathways
- Real-time data dashboards

### Results (2016-2020)

- **mortality 11-13%** vs 18.3% international benchmark
- **18%** decrease in **length of stay**,
- Perfect care rate (Clinical quality index): improved from **25% to 32%** of patients receiving all seven key process of care measures

# Value-Based Emergency Care: The Care One Clinic

*Borde, D., Agana-Norman, D., Leverence, R. et al. Outcomes of an integrated practice unit for vulnerable emergency department patients. BMC Health Serv Res***23**, 1449 (2023). <https://doi.org/10.1186/s12913-023-10067-9>

## The Problem

**Frequent ED users**, often **uninsured or publicly insured**, faced fragmented care, leading to **avoidable hospitalizations**, **high costs**, and **poor outcomes**.

**Objective** : Improve outcomes and reduce costs for high-risk ED patients




## Intervention

Creation of an **Integrated Practice Unit (IPU)** for vulnerable ED patients, offering:

- Primary and specialty care
- Behavioral health services
- Social work and care coordination,
- Navigation support for housing, insurance, and substance use

# Value-Based Emergency Care: The Care One Clinic

## Results

- ▼ **25% reduction in hospitalizations** ( $p < 0.001$ )
-  **26% lower hospitalization costs per patient** ( $p = 0.002$ )
-  **23% fewer hospital days** ( $p = 0.0045$ )
-  **28% fewer ED visits** among uninsured patients ( $p = 0.02$ )
- 💡 **49% drop in hospitalizations** for uninsured subgroup ( $p < 0.001$ )





# Réseau de l'Arc:

## Integrated Care in the Swiss Jura

The Réseau de l'Arc is Switzerland's first integrated care organization, created through a pioneering partnership between **Swiss Medical Network**, insurer **Visana**, and the **canton of Bern**.

- 🎯 Goal: improve outcomes and experience while controlling costs through prevention, coordination and person-centered care.
- ✅ **Full regional coverage**: hospitals, medical centers, home care, rehab, mental health
- ✅ **Personal health plan** "VIVA" approved by national authorities
- ✅ **Health managers** support patients and GPs across the care journey

**To follow:** evaluation by The Basel Center for Health Economics and Swiss Tropical and Public Health. A six-year study to evaluate the Réseau de l'Arc's impact on healthcare costs and outcomes

## Arc jurassien



### Réseau de l'Arc

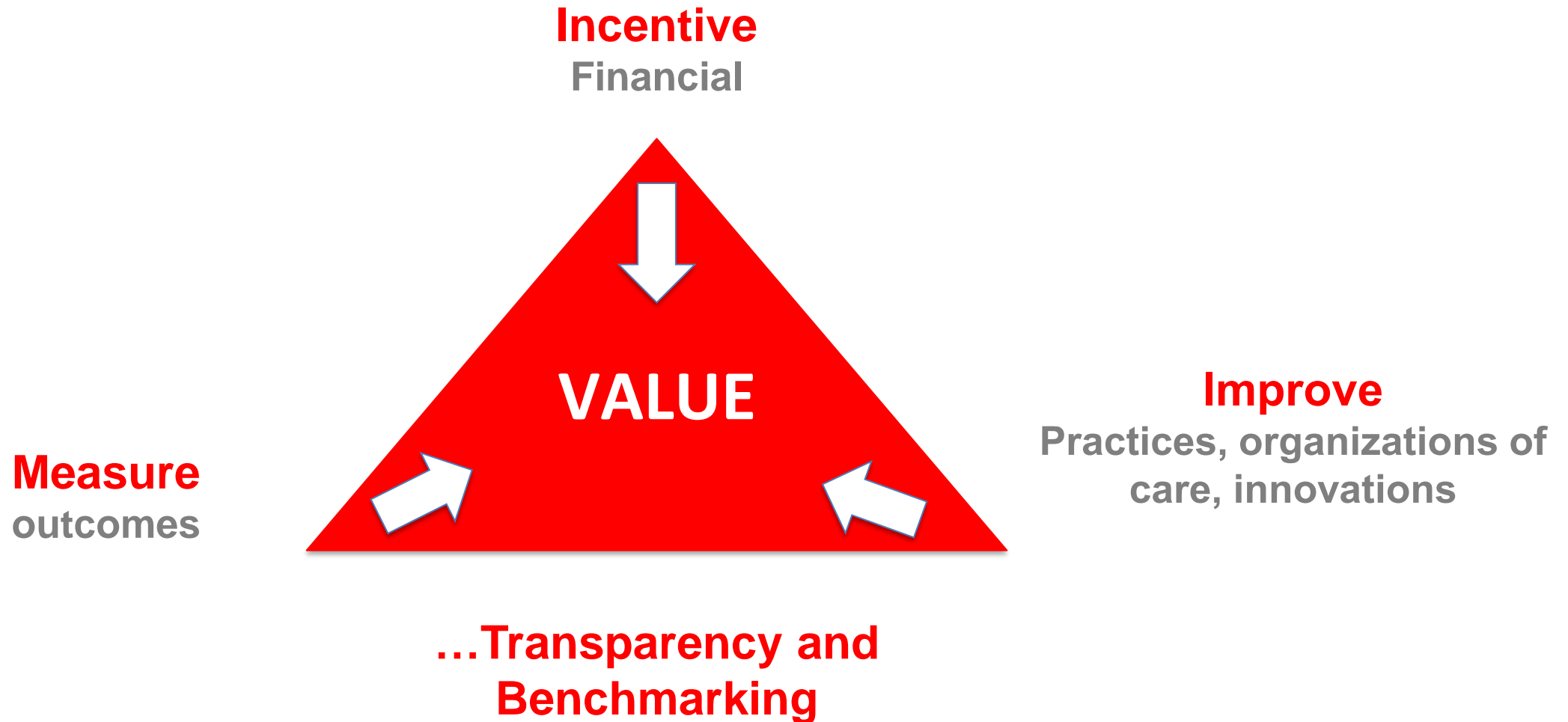
- Centre hospitalier/Clinique
- Centre ambulatoire/Medicentre
- Pôle santé mentale
- EMS
- Swiss Visio
- Hospitalisation à domicile
- Institut de radiologie
- \* Service d'ambulances
- ⊕ Pharmacie Interjurassienne
- △ Laboratoire

### Réseau partenaire

- Centre hospitalier /universitaire
- Centre de réadaptation
- Spitex/Aide et soins à domicile

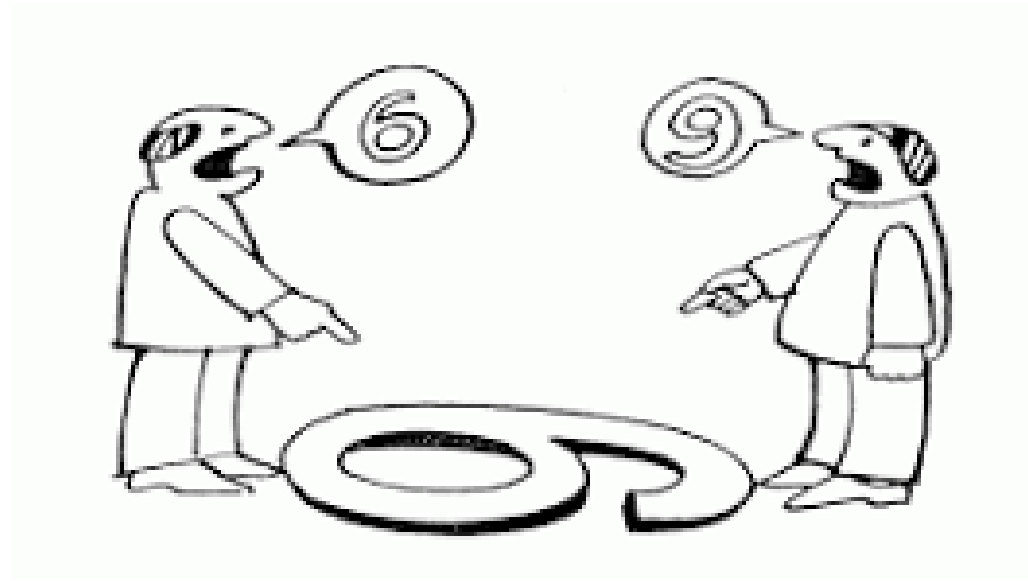
# How do I begin?

# From provider level to a VBHC system level



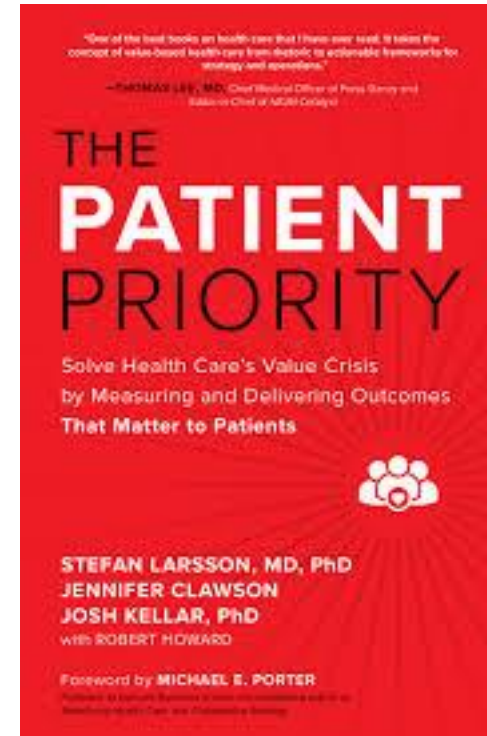
**Don't wait for the big bang,  
begin**

# WHAT MATTERS TO YOU?



# Thank you !

If you want to dive deeper



 Claire Chabloz