





#### Value Based Care

#### Delivering Value in 90 minutes

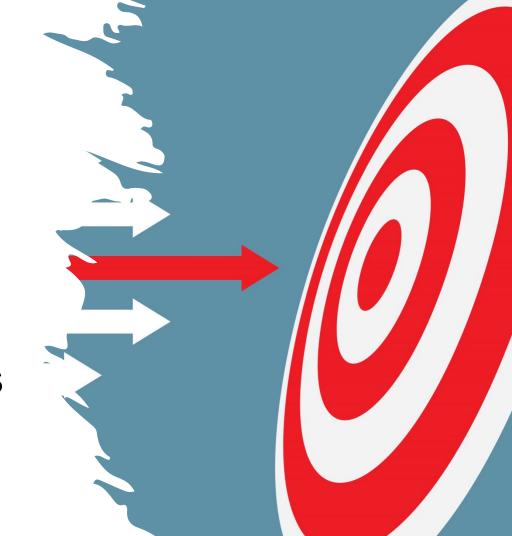
#### **Presenters:**

Trinh Luong, Director, Market Access and Government Affairs Canada, Edwards Lifesciences Sue Owen, CEO Impreza Consulting Dov Klein, Vice President, Value Based Care, Ontario Health





Welcome & Introductions



Personal Objectives





### Today's Objectives

- Introduction to value-based care
- Share our experience with value-based care & key concepts
- Highlight how Edwards builds value-based care into its innovations
- Walk participants through VBC exercise
  - Ideating on a common definition for VBC for Heart Valve Disease;
  - Discussing what structures and functions are required to enable Value-Based Care; and
  - How Leaders both Clinical and Administrative – can co-create the future of VBC.



Why Outcomes that Matter, Matters - Part 1

### Why Value-Based Care is Important to Heart Valve Disease: What is the greatest good for the greatest number? Some key concepts

DELIVERING CARE IN AN ERA OF HEIGHTENED ACCOUNTABILITY AND FISCAL RESTRAINT REQUIRES A CRISP AND ENTIRELY NEW PARADIGM FOR MANAGING CLINICAL OUTCOMES

NEW PARADIGM MUST TAKE INTO CONSIDERATION THAT ENSURING "HIGH-QUALITY OUTCOMES" IS NOT THE RESULT OF A LINEAR SET OF ACTIONS SAFEGUARDING OUTCOMES
REQUIRES LEADERS TO MAKE
DIFFICULT CHOICES – CHOICES
REGARDING WHICH PROGRAMS
TO FUND, GROW AND
POTENTIALLY SUNSET

CHOOSING BETWEEN EQUALLY
ATTRACTIVE ALTERNATIVES
REQUIRES DECISION-MAKERS TO
LEAN INTO A COMMON, YET ILLDEFINED ADAGE: WHAT IS THE
GREATEST GOOD FOR THE
GREATEST NUMBER?

LEADERS MUST CONSIDER THE
IMPACT OF NEW INTERVENTIONS —
FOR EXAMPLE HOW THEY MIGHT
IMPACT PROFESSIONAL PRACTICE,
IMPROVE OUTCOMES OR
ULTIMATELY ENHANCE THE
SYSTEM OF CARE

### **VBC: Providing Greater Value for Patients**

- Organizing care delivery around patients' medical conditions or specific population segments
- Measuring outcomes and cost for every patient
- Setting in place reimbursement models that reward better outcomes and the efficiency of care
- Integration at the systems level i.e. regional delivery of care organized around matching the correct provider with the correct treatment in the correct setting
- Creating National Centres of Excellence that provide care for the most complex patients
- Setting in place an information technology system designed to support the delivery of care

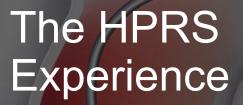
### Our Working Definition for VBC

Value =

Health outcomes that matter to patients

Costs of delivering the outcomes

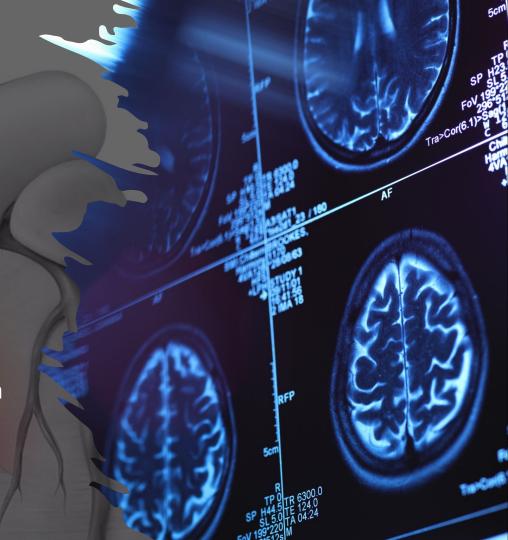
Source: Porter et al., Redefining Health care: Creating Value-Based Results



 Porter's model articulates the 'what' of VBC

 Measuring VBC ('the how') outcomes is less straightforward

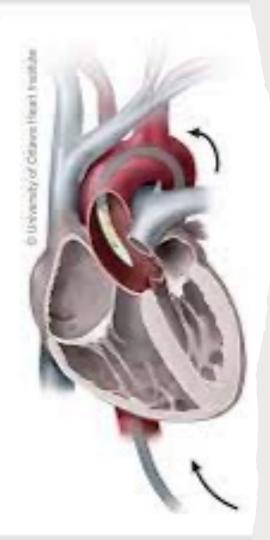
 Our challenge: discuss a common definition for VBC for Heart Valve Disease





# Why does this outcome matter?

- Currently no working definition for VBC for Heart Valve Disease
- Yet...
- Our system is serving an aging, increasingly chronic population
  - 2.5% of the population <65 has Heart Valve Disease
  - 13% of the population >75 has Heart Valve Disease
  - By 2040, over 1.5M persons will have Heart Valve Disease

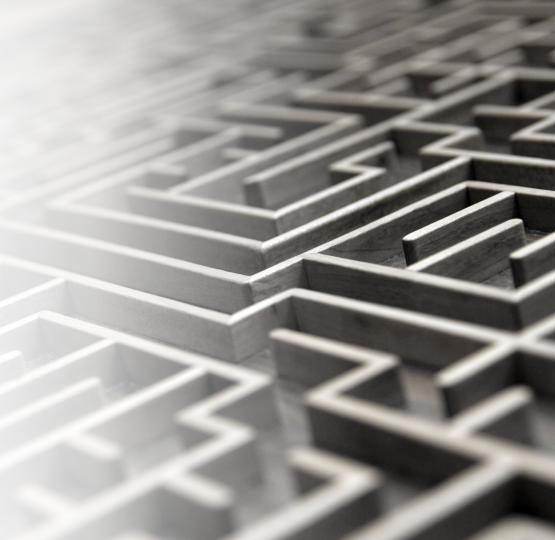


# Why does this outcome matter? *Additional data points*

- Recently developed medical technologies have been designed to address HVD
- Transcatheter aortic valve implantation (TAVI), while higher cost (as compared to surgical valves), has a significant impact on morbidity and mortality, promotes shorter lengths of stay and lower rates of recurrent hospitalization
- Yet, Provincial policies and funding restrictions limit more widespread uptake of the TAVI procedure
- This results in a practice paradox: the system as a whole would benefit from increased use of TAVI, yet providers are unable to do so

## A single definition: some challenges

- Stakeholder misalignment
- Path from treatment to outcomes is not linear
- Funding decisions have not kept pace with real-time costs
- Identifying the costs associated with achieving outcomes that matter is not straightforward
- Incentives are not well aligned with VBC



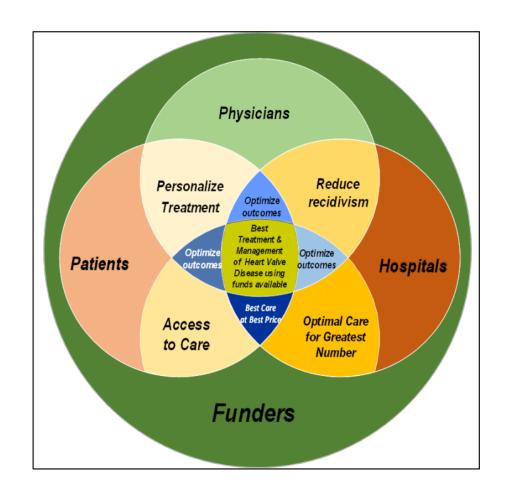
#### But What We Do Know...The Must Haves

- Common agreement on how Heart Valve Disease will be measured
- Outcomes that matter and the cost of funding those outcomes and achievement of those outcomes is likely to result in a reduction in waste and improvement in efficiency
- Stakeholder interests must be in balance
- Alignment priorities, vision, measurement
- Building in opportunity costs
- Alternative payment models that are flexible and values-based

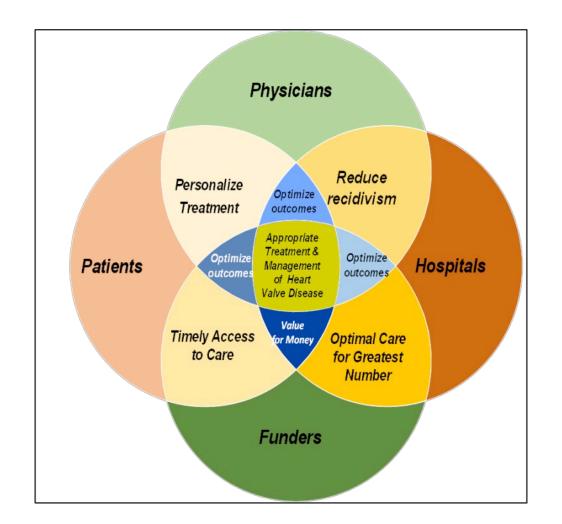




### Our Current State



# Our Future State?





# Getting there...some key recommendations

- Identify a single National body that will serve as Secretariat
- Develop a common framework (for VBC) including:
  - Common definition for the entire experience of care
  - Definitions for VBC across discreet episodes of care
  - "Appropriateness"
  - Opportunity costs
  - Common metrics
  - Funding for each episode
  - Clinical Governance Structure



Value Based Innovation

#### **Patient-Focused Innovation Strategy**



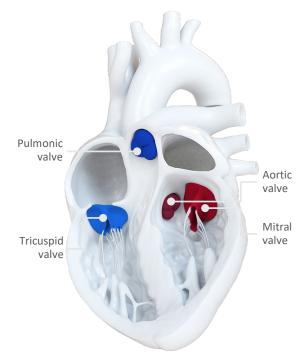
Pioneer breakthrough technologies with compelling evidence Lead groundbreaking standards of care through trusted relationships Singular focus on the large unmet needs of structural heart and critically ill patients



Edwards

**Create Meaningful Value by Transforming Patient Care** 

### Edwards Lifesciences innovates transformative therapies for structural heart disease and critical care monitoring



### Our Mission: Helping patients live longer, healthier and more productive lives



Aortic valve disease







Mitral valve disease







Tricuspid valve disease





Critical care monitoring





20

### **COVID-19** pandemic revealed the cracks in health systems

- **50,000** deaths due to COVID-19 in Canada<sup>1</sup>
- Considerable disruption in delivery of health services <sup>2</sup>



## Key impact of workforce shortages highlighted during the pandemic

- **36%** of the surveyed countries reported lack of health care resources as a reason for service disruption<sup>3</sup>
- **50%** of the surveyed countries responded health workforce shortages had a key impact on their capacity to deal with the pandemic<sup>4</sup>

https://health-infobase.canada.ca/covid-19

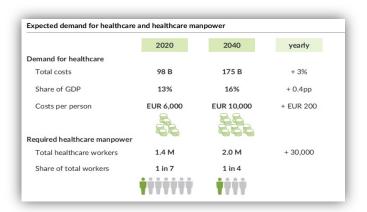
<sup>2.</sup> https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS\_continuity-survey-2022

<sup>3.</sup> https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS continuity-survey-2022

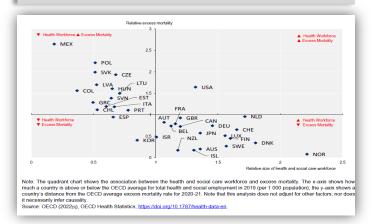
<sup>4.</sup> OECD (2023), Ready for the Next Crisis? Investing in Health System Resilience, OECD Health Policy Studies, OECD Publishing, Paris3.

#### Urgent need to build resilience in the health systems

With rapidly growing demand for care, by 2040, 1 in 4 workers will have to be healthcare workers to meet demand<sup>1</sup>



Higher numbers of health and social care providers are associated with better outcomes such as, lower mortality<sup>2</sup>





- Build leadership capacity for workforce governance and planning<sup>3</sup>
- Optimize the use of funds through innovative workforce policies<sup>3</sup>

<sup>1:</sup> https://gupta-strategists.nl/storage/files/Prevent-the-next-wave.pdf

<sup>2:</sup> OECD (2023), Ready for the Next Crisis? Investing in Health System Resilience, OECD Health Policy Studies, OECD Publishing, Paris

<sup>3:</sup> https://www.who.int/europe/publications/i/item/9789289058339

## Capacity-Enhancing Innovation: a solution to the issues of workforce capacity and health system inefficiencies

"Innovations can increase the efficiency of healthcare processes, enabling employees to actually provide more care with the same effort."

- Preventing the next wave, Gupta Strategists



"Technology solutions that help to coordinate the multidisciplinary needs of patients and, separately and in addition, help to exercise preventive or curative interventions, are needed."

- Integrating Care in Health Systems The role of technology in transforming care pathways and achieving the Triple Aim, London School of Economics





Consensus among multiple stakeholders on the need to improve efficiency and resilience of health systems internationally

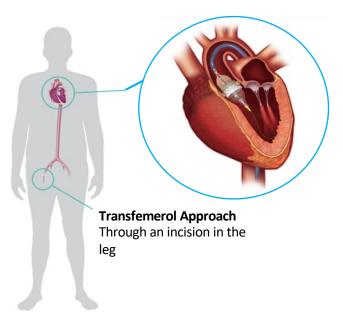




### Illustration of capacity-enhancing innovations (1)

**VS** 

Transcatheter Aortic
Valve Implantation (TAVI)



Valve Replacement (SAVR)

**Surgical Aortic** 



### TAVI is a capacity-enhancing innovation that increases labor productivity and lowers costs per case



<sup>\*</sup>PARTNER 3 Trial. \*\*FY2021 MedPAR (median LOS)

### Illustration of capacity-enhancing innovation (2)

#### **Predictive Minimally-invasive monitoring**



Reduced hospital stay



Postoperative length of stay shorter than 2 days<sup>1</sup>

Lower complications



Significantly lower mean number of complications (0.88 vs. 0.46)<sup>1</sup>

<sup>1:</sup> Solares GJ et al., Real-World Outcomes of the Hypotension Prediction Index in the Management of Intraoperative Hypotension during Non Cardiac Surgery: A Retrospective Clinical Study. J Clin Monit Comput. Published online June 2, 2022

#### **Edwards Lifesciences' Call to Action**



Prioritize
innovative
health
technologies in
health policies



Reward
efficient health
technologies in
HTAs and
public
procurement



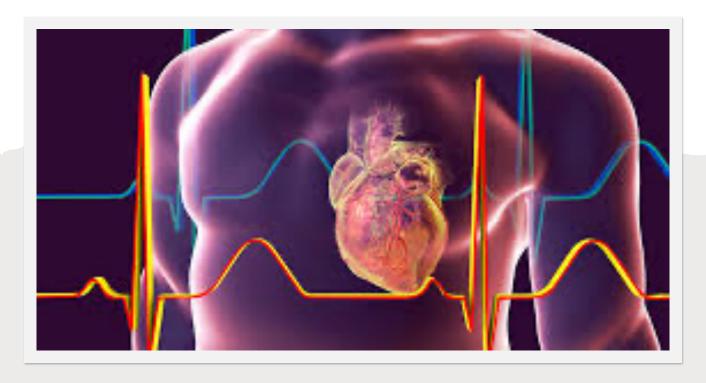
Mobilize
public funding
and implement
public-private
partnerships



Build
an agile
regulatory
system for
breakthrough
health
technologies



Why Outcomes that Matter, Matters – Part 2



Bringing our concepts to life

### **Group Activity**

- Ideating and confirming on a common definition for VBC for Heart Valve Disease
- 2. Discussing what structures and functions are required to enable the implementation of this definition
- 3. How Leaders both Clinical and Administrative can co-create the future of VBC

Ideating and confirming on a common definition for **VBC** for Heart Valve Disease

- Based on concepts presented in the session :
  - What should be measured?
  - How a VBC approach will optimize resource utilization – how can this be measured?
  - How can/should stakeholder interests be incorporated?

0

+

What structures and functions are required to enable the implementation of this definition?

- If we have common agreement on a definition, how can we implement it? What structures are required? What partners are required?
- What national or provincial body should have oversight for implementation of VBC for Heart Valve Disease?

C

How can
Leaders – both
Clinical and
Administrative
– co-create the
future of VBC?

 Knowing what we know now, how can VBC become better integrated into all we do – what are the barriers? What are the opportunities?



Trinh Luong: trinh luong@edwards.com; 905-819-6936

Sue Owen: sowen@imprezaconsulting.ca; 416-726-4504

Dov Klein: <a href="mailto:dov.klein@ontariohealth.ca">dov.klein@ontariohealth.ca</a>;