

# UNIVANTS AS A DRIVING FORCE FOR VALUE-BASED HEALTHCARE



## WHY ACTIONABLE VALUE-BASED HEALTHCARE COULD BE THE KEY FOR THE FUTURE OF HEALTH SYSTEMS AND ORGANIZATIONS

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The paradigm of value-based healthcare (VBHC) was developed in 2006 by Porter and Teisberg and helped drawing back attention on the measurement of outcomes<sup>[1]</sup>. It also contributed to making the necessary changes to structurally and systematically improve the performance of health systems and organizations. Porter and Teisberg (2006) proposed strategic agenda for value transformation consists of six elements: 1) work in integrated practice units that provide patient-centred care, 2) measure outcomes and costs for every patient, 3) move to bundled payments for care cycles, 4) integrate care delivery systems, 5) expand geographic reach to serve patients over a wide geographic area, and 6) build an enabling information technology platform that supports integrated, multidisciplinary care.

Many of the problems in today's healthcare – including over- or under-treatment, over- or under-diagnosed conditions, uncontrolled costs and budgets, errors in medical practice, and ineffectively distributed incentives – can be addressed through the concepts, practices, and tools of value-based healthcare. To date, however, value-based healthcare implementation has been primarily discussed in technical term of measurements, organizational structure and competition. Change management practices have nevertheless repeatedly showed that a true shift from volume to patient value requires a change in culture and a different way of working of healthcare professionals.

Many healthcare providers are now working on the implementation of value-based healthcare by focusing on the measurement of outcomes. Organizations that have succeeded in measuring outcomes, however, are not widely disseminated in ways that improve service delivery and ensure evolution to become value-based care providers. To move from theory to practice, health organizations need best practices, clear direction and actionable guidance.

It is within this context that the UNIVANTS of Healthcare Excellence award was launched. The European Health Management Association joined this global award program as a founding partner, created in collaboration with leading healthcare organizations, to stimulate and celebrate healthcare excellence as well as disseminate best practices around the world.

## HOW UNIVANTS CAN ENHANCE VALUE-BASED HEALTHCARE

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Health systems and organizations face an increasingly complex and complicated context, which can be explained by two main reasons.

The first reason is the current trends in disease and care patterns. Health systems have faced a varying patient epidemiology caused by more critical and frail patients. Care patterns are also changing, with new therapeutic opportunities emerging thanks to novel technology and enhanced technical skills. There has also been a focus on optimizing patient flow logistics and quality of care designed by specific pathways, improving patient journey and experience, adopting evidence-based medicine, and focusing on outcomes assessed through specific metrics. While these changes are leading to positive patient outcomes, they are complex to introduce and implement.

The second reason is the Volatile, Uncertain, Complex and Ambiguous (VUCA) environment. VUCA environment means that health systems and organizations face several – often opposed – pressures (political, societal, professional, mediatic, etc.), while undergoing major transformation catalysed by disruptive innovation such as artificial intelligence, robots, precision medicine, and regenerative medicine.

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[1] Porter, Michael E., and Elizabeth O. Teisberg. *Redefining Health Care: Creating Value-Based Competition on Results*. Boston: Harvard Business School Press, 2006.

In this light, health organizations and systems must pay greater attention to changes that generate innovation and value in service delivery. Best practices and insights derived and/or associated with the UNIVANTS of Healthcare Excellence program can guide and present actions that health organisations can implement to transform into value-based outcomes. These actions can be divided into four major areas:

- a) **Focus on patient-centeredness and experience:** reorganise care on the conditions of the patient, promote the integration of specialties and professionals, and abolish the organisation in silos.
- b) **Pay for value:** adopt payment systems that incentivise cost reduction through more prudent spending, and improve health by enhancing the quality of stay at the healthcare facility.
- c) **Buy for value and value-based innovation:** conduct cost analyses to understand the value of the interventions delivered in view of the health outcomes achieved. This means using real-life health technology assessments for decision-making and cost-quality algorithms for purchasing.
- d) **Value-based people management:** engaging professionals is fundamental to achieving better performance. Generating skill mix, task shifting, multidisciplinary and multi-professional work is of paramount importance. Integrating engaged professionals, empowered patients and committed managers is what can help health organizations to make the leap to the next value level.

## UNIVANTS IS A COMMUNITY OF PRACTICE AMONG THOSE PRACTICING VALUE-BASED HEALTHCARE

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Based on the principles described above, the UNIVANTS of Healthcare Excellence Award recognizes health organizations and their teams who collaborate across disciplines and professions to transform healthcare delivery, and ultimately improve patient lives. UNIVANTS is a driver for VBHC as it recognizes and promotes valued best practices of health organizations that are innovating and transforming their care delivery according to value-based principles.

Seven important dimensions were taken into account upon review of integrated clinical care initiatives which have made improvements and innovations worth investigation and dissemination. Those dimensions are listed here below:

- 1) **Improving systems and safety standards:** optimizing logistics and adopting improved and standardized quality systems to increase the output, efficiency, and quality of care.
- 2) **Multidisciplinary and multi-professional teams:** this horizontal and transversal recipe focuses on teamwork and its capacity to dramatically improve the appropriateness of decision-making and capacity to steer clinical governance.
- 3) **Less for more:** Improve processes to decrease the unnecessary use of resources that can then be reinvested into the health system.
- 4) **Leading research with new tests and models for better results:** adding new types of tests and integrate and embed specific tests in the care pathway and clinical practice. Using new clinical models to improve diagnosis, therapy, test uptake, thus enhancing patient safety and experience.
- 5) **New delivery models:** to achieve better patient safety, improve outcomes and performances, and increase efficiency and productivity.
- 6) **Better communication for stronger impact:** Using better communication, networking and marketing strategies to involve citizens, companies and organizations to increase the available resources in the laboratory and hospitals and decrease costs.
- 7) **Synergizing health organizations, physicians and patients to improve clinical governance:** teamwork, co-production and shared decision-making generate best conditions to achieve greater value in service delivery.

The best practices recognized by the UNIVANTS of Healthcare Excellence program were assessed against Key Performance Indicators (KPIs) that encompassed the above themes. The KPIs could benefit different stakeholders, thus generating measurable impacts and value-creation.

MEASURABLE IMPACT		
Stakeholders	Description	Examples of qualifying KPIs
Patient	This category can encompass either parts of or the entire population being served at your care facility	<ul style="list-style-type: none"> <li>• Reduced length of stay</li> <li>• Earlier patient diagnosis</li> <li>• Improved patient safety</li> <li>• Improved patient wellness</li> <li>• Decreased mortality rate</li> <li>• Improved patient experience</li> <li>• Increased patient satisfaction</li> <li>• Decreased wait time</li> </ul>
Clinician	This category can encompass specialized medical disciplines and/or all clinical staff involved with the direct care and treatment of the patients	<ul style="list-style-type: none"> <li>• Improved clinician confidence</li> <li>• Increased clinician satisfaction</li> <li>• Reduced litigation risk</li> </ul>
Administration	This category can encompass any or all components of the healthcare administration including leadership, management, public health systems, healthcare systems, hospitals, and hospital networks	<ul style="list-style-type: none"> <li>• Improved documentation</li> <li>• Reduced hospital admissions</li> <li>• Improved performance</li> <li>• Increased reimbursement</li> <li>• Improved reputation (index, ranking, award)</li> <li>• Improved employee engagement</li> <li>• Reduced readmission rates</li> <li>• Improved quality</li> </ul>
Payor	This category reflects beneficiaries and/or care providers outside of hospital systems such as trusts, insurance, reimbursement, and partner relations	<ul style="list-style-type: none"> <li>• Decreased healthcare costs</li> <li>• Improved partner relations</li> <li>• Improved outcomes</li> <li>• Increased revenue</li> </ul>

## INSIGHTS FROM UNIVANTS AWARDED PROJECTS

The best practices recognized by the UNIVANTS of Healthcare Excellence Award must have at least one measurable impact or KPI associated with each of the four stakeholders previously described.

Some examples of projects that showed great impact and value generation are presented here below:

### a) Reducing patient risk and enhancing care through the development and implementation of a new chest pain pathway, expedited by and for the COVID-19 era

*Canterbury District Health Board Christchurch, New Zealand*

The best practice relates to how an integrated care team optimized pathways for patients with suspected heart attacks in the Emergency Department (ED), leading to:

- **Improved patient diagnosis:** 55% increase in patients safety ruled-out for a heart attack using a single troponin result in hospital;
- **Increased clinician confidence:** 60% reduction in the need for supplemental testing for crucial decision-making and differential diagnosis. Collectively, these support strong physician acceptance of and activation to the clinical pathways, driving accurate, confident and standardized triage;
- **Reduced unnecessary admissions:** it has been shown that for every hour in the ED, risk of adverse events and mortality increases regardless of the presenting symptom, with risks further compounded by COVID-19. For this reason, the total time spent in the ED for patients who were not diagnosed an MI was reduced by 30 minutes;
- **Lowered healthcare costs:** reduced costs with primary savings of 73.5% attributed to hospital bed utilization, whereas incremental outpatient costs, coupled with ED resource savings account for the remaining 26.5%.

### b) Kidney check: the next generation of surveillance for hypertension, diabetes and chronic kidney disease

*University of Manitoba, Chronic Disease Innovation Center at Seven Oaks General Hospital Manitoba, Canada*

The best practice relates to how an integrated care team activated point-of-care to improve Chronic Kidney Disease in remote areas throughout Canada, leading to:

- **Increased patient awareness:** 68% of screened patients were identified as high-risk for diabetes or cardiovascular or kidney disease. 100% of these patients were provided education, counselling and subsequently linked to appropriate care;
- **Increased clinician satisfaction:** a professor of medicine reported his testimony that he chose this profession to improve the lives of patients, and because of this program they would never have access to the best care for their conditions;
- **Enhanced hospital reputation:** indigenous population and communities often have a mistrust in the healthcare system, however with Kidney Check, 100% of patients were referred for follow-up care;
- **Mitigated risks:** 21.8% of First Nation children had at least one risk factor identified, suggestive of early kidney disease. Risk mitigation with earlier and accurate diagnosis and treatment, reduces risk of long-term complications.

## c) Early diagnosis and improved management of patients with diabetes through strategic and automated test algorithms via primary care

*Hospital Universitari Sant Joan d'Alacant San Juan de Alicante, Spain*

The best practice relates to how a multidisciplinary care team uncovered previously undiagnosed patients with diabetes and pre-diabetes through strategic reflex testing, leading to:

- **Improved diagnosis:** in total, 229 patients with undiagnosed and untreated diabetes were identified and subsequently put on treatment plans and 3,347 patients with previously unrecognised pre-diabetes were identified and targeted for risk reduction strategies.
- **Increased confidence amongst clinicians:** general practitioners reported that laboratory guided diagnosis and monitoring provided critical information for optimising treatment of their patients.
- **Enhanced resource utilisation:** additional testing and phlebotomy was avoided in 14.4% of diabetic patients.
- **Reduced costs:** while screening for diabetes and prediabetes costs respectively between 5.5€-15.7€ and 0.9€-1€, the annual cost for a diabetic patient in Spain is approximately 1,660€ for direct costs and 916€ in productivity loss.

## d) Reducing catastrophic adverse events in patients with hemorrhagic shock through early recognition of risk and system-wide automatic alerts

*Hospital Israelita Albert Einstein, Sao Paulo, Brazil*

The best practice relates to how an integrated clinical team improved patient outcomes by reducing the number of catastrophic adverse events related to hemorrhagic shock, both through the reduction of barriers for risk identification and through the enhancement of the management strategy for patients with severe bleeding. This led to:

- **Increased safety for patients:** mitigated catastrophic adverse events in 88.5% of Code Yellow patients and average time to transfusion for decompensating critical patients with active bleeding was reduced by 1.25 hours.
- **Decreased mortality:** mortality related to bleeding management failure was reduced from 29.3% (2013-2015) to 4.3% (2016-2020).
- **Increased satisfaction and confidence amongst clinicians:** better teamworking and confidence in the established protocol of automated alerts when a patient continues to decompensate.
- **Resource optimisation:** the number of transfusions associated with patients with active bleeding was reduced by 7.5%.
- **Reduced costs:** the urgent care provided to patients resulted in faster recovery, less time in the ICU, and less long-term complications, thus saving substantial costs to the patient, administration and healthcare system.

## FUTURE OUTLOOK

The UNIVANTS of Healthcare Excellence Award has been created to not only recognize teams that have made substantial contributions to transforming healthcare delivery, but also to disseminate their best initiatives emerging from their efforts in order to inspire more projects of similar merit across the globe. The UNIVANTS program can inspire and/or partner with health organizations and systems that are trying to develop a strategic agenda to sustain their search for the next level of performance and value-creation. The UNIVANTS program contributes to the generation and connectedness of a community of practice among health professionals and innovators that want to change the way healthcare is practiced.

Unifying for something greater is really what we need for the future of health.