An Assessment of Value-based Healthcare Alignment

Information about an Economist Intelligence Unit study

June 8, 2016

Dear *Minister Name*,

The Economist Intelligence Unit (EIU) is pleased to inform you about a research programme we have conducted titled "An Assessment of Value-based Healthcare Alignment" that explores the enabling environment for Value-based Healthcare (VBH)". The EIU[1] is the research and analysis division of The Economist Group, the sister company to *The Economist* newspaper. The EIU conducts objective and independent bespoke analyses on a wide range of topics in public policy, healthcare, and economics.

The study, commissioned by Medtronic, evaluates important components in 25 countries, including *country name*, that enable Value-based Healthcare. We researched policy and institutions to understand countries' progress towards the adoption of VBH. This study does not rank countries on the level of adoption of VBH, rather, it makes an initial assessment of a non-standard model that varies across countries in an attempt to fit key elements into a consistent framework.

The EIU defines Value-based Healthcare as: "The creation and operation of a health system that explicitly prioritises health outcomes that matter to patients relative to the cost of achieving those outcomes." The EIU will publish the research results, country-level case studies, and additional content in September 2016 on a website dedicated to this research program (website URL to be determined). The EIU will highlight this study through various channels, including the *EIU Perspectives* website[2], a press release, social media, and through direct outreach to healthcare organisations such as the American Medical Association.

Background of the study:
The objective of this initiative is to build understanding, produce original research, support thought leadership and construct an analytical tool to assess critical factors in health systems that must be considered as they move toward a value-based model.

Research design involving international experts:
The conceptual framework for evaluating countries was developed through a process of desk research and literature review, expert interviews, and a one-day workshop with an international advisory panel of healthcare experts. Experts on our advisory panel represent a diverse knowledge base on patient outcomes, health system reform, and strategy. Our panel includes Dr. Christina Akerman, President of the International Consortium for Health Outcomes Management (ICHOM), Dr. Rifat Atun, Professor of Global Health Systems at Harvard University, Dr. Ana Maria Malik, Professor at Fundação Getulio Vargas São Paulo School of Management, and others. The panel advised on the definition of VBH, the structure of the research framework, research priorities, the scope of indicators and countries to include, methodology and approach, best practices and examples for

[1] www.eiu.com
[2] www.eiuperspectives.economist.com

case studies. The international experts provided input on the research results and remain as advisors to the programme.

Conceptual framework and indicators:
The structure we have for evaluating Value-based Healthcare is a four-part conceptual framework that encompasses important (but not all) components of value-based healthcare:
i) Enabling context, policy and institutions for value in healthcare (8 indicators)
ii) Measuring outcomes and costs (5 indicators)
iii) Integrated and patient-focused care (2 indicators)
iv) Outcome-based payment approach (2 indicators)

The indicators in this study are qualitative and have been assigned scores by the Economist Intelligence Unit based on primary and secondary research. The indicators are scored on a variety of scales including yes/no, 0-2, 0-3, or 0-4 range. All country scores will be published in a data matrix format and countries will not be ranked. The data will be published on a publicly available digital hub built for this research programme.

We would like to share with you the results for *Country name* below, in advance of the public release of the study. The results are for your information and we ask that they not be shared before the study is published in September 2016.

Please send any questions or comments you have to the EIU by June 30, 2016 to Atefa Shah, Project Manager, email address: atefashah@eiu.com.

Best regards,

The EIU Healthcare team
The Economist Intelligence Unit

***Netherlands* Results:**

Domain	*Indicator*	*Indicator name*	*Scoring guideline*	*Final Score*
Enabling context, policy and institutions for value in healthcare	1.1	Health coverage of the population	0 = Less than 25% (<25%) of the population is covered by public or private health insurance; 1 = 25-50% of the population is covered by public or private health insurance; 2 = 51-75% of the population is covered by public or private health insurance; 3 = 76-90% of the population is covered by public or private health insurance; 4 = Universal health coverage (or 90-100% of the population is covered by public or private health insurance)	4 = Universal health coverage (or 90-100% of the population is covered by public or private health insurance)
Enabling context, policy and institutions for value in healthcare	1.2	High-level policy or plan	Yes, if there is an explicit strategy or plan either published or expressed by the government or health ministry to move away from a fee for service payment system towards a health system that is organised around the patient. Plan can include fee for performance, value-based payment schemes, and/or a focus on outcomes-based care. No, if there is no explicit strategy or plan.	No
Enabling context, policy and institutions for value in healthcare	1.3	Presence of enabling elements for value-based healthcare	0 = The government or major provider(s) has implemented none of the VBH elements below; 1 = The government or major provider(s) has implemented one of the VBH elements below; 2 = The government or major provider(s) has implemented two of the VBH elements below; 3 = The government or major provider(s) has implemented three of the VBH elements below: (A) Outcomes-based care / patient-centred care; (B) Bundled / block payments; payment for performance / linked to quality; (C) Quality standardisation	3 = The government or major provider(s) has implemented three of the VBH elements below: (A) Outcomes-based care / patient-centred care; (B) Bundled / block payments; payment for performance / linked to quality; (C) Quality standardisation
Enabling context, policy and institutions for value in healthcare	1.4	Other stakeholder support	Yes, if one or more stakeholders (for example physicians' associations, other health professional associations, private insurers/payers) exhibit support for value-based healthcare. “Support” includes signs of endorsement of outcome-based, patient-centred care, including bundled payments and quality standardisation. No, if other stakeholder support does not exist.	Yes
Enabling context, policy and institutions for value in healthcare	1.5	Health professional education and training in VBH	0 = No training in value-based healthcare; 1 = Some/minimal training (less than 10 hours) in value-based healthcare; 2 = Substantial training in value-based healthcare (Such as a dedicated course of more than 10 hours on value in health or similar)	1 = Some/minimal training (less than 10 hours)
Enabling context, policy and institutions for value in healthcare	1.6	Existence and independence of health technology assessment (HTA) organisation(s)	0 = No recognised HTA organisation(s); 1 = HTA organisation(s) exist but without clear independence from providers; 2 = HTA organisation(s) exist with clear independence from providers	2 = HTA organisation(s) exist with clear independence from providers

Domain	*Indicator*	*Indicator name*	*Scoring guideline*	*Final Score*
Enabling context, policy and institutions for value in healthcare	1.7	Evidence-based guidelines for healthcare	0 = Country does not have an established evidence-based guideline producing organisation / is not a member of a regional or international guideline producing organisation; 1 = Member of or has established a national guideline producing organisation or participates in a regional or international guideline producing organisation; 2 = Country has established an evidence-based guideline producing organisation, and guidelines include general care of patients; 3 = Country has established an evidence-based guideline producing organisation, and guidelines contain a grading system that grades evidence; 4 = Country has established an evidence-based guideline producing organisation, and guidelines contain a grading system that grades evidence and include a move towards outcomes-based healthcare	2 = Country has established an evidence-based guideline producing organisation, and guidelines include general care of patients
Enabling context, policy and institutions for value in healthcare	1.8	Support for addressing knowledge gaps	0 = No health-related research funding organisation exists; 1 = Dedicated health-related research funding organisation; 2 = Dedicated health-related research funding organisation exists and has clear mandate to identify health-related knowledge gaps	2 = Dedicated health-related research funding organisation exists and has clear mandate to identify health-related knowledge gaps
Measuring outcomes and costs	2.1	National disease registries	0 = No national disease registry exists; 1 = National disease registries exist in the country; 2 = Multiple diseases are covered in national disease registries; 3 = Multiple diseases are covered and registry data are regularly updated and accessible to healthcare stakeholders; 4 = A comprehensive system consolidates existing disease registries and data is regularly updated and accessible to healthcare stakeholders	3 = Multiple diseases are covered and registry data are regularly updated and accessible to healthcare stakeholders
Measuring outcomes and costs	2.2	Patient outcomes data accessibility	0 = No disease registries exist; 1 = Disease registries exist, but there is limited accessibility to outcomes data for research purposes; 2 = Disease registries exist, and there is broad accessibility to outcomes data for research purposes	2 = Disease registries exist, and there is broad accessibility to outcomes data for research purposes
Measuring outcomes and costs	2.3	Patient outcomes data standardisation	0 = No standardised disease registries exist; 1 = Data in disease registries is standardised, but not linked; 2 = Data in disease registries is standardised and linked	1 = Data in disease registries is standardised, but not linked

Domain	*Indicator*	*Indicator name*	*Scoring guideline*	*Final Score*
Measuring outcomes and costs	2.4	Data collection on patient treatment costs	0 = No broad policy or effort to collect data on patient treatment costs (ie what the payer(s) is paying to the provider); 1 = Government and/or major payer(s) has a policy or plan to collect patient treatment cost data; 2 = Government and/or major payer(s) are actively collecting patient treatment cost data in some areas; 3 = Government and/or major payer(s) are actively collecting comprehensive patient treatment cost data	2 = Government and/or major payer(s) are actively collecting patient treatment cost data in some areas
Measuring outcomes and costs	2.5	Development of interoperable Electronic Health Records (EHRs)	Yes, if there is an effort on the part of the government and/or major health provider(s) to develop interoperable EHRs. No, if there is no stated or apparent major effort.	Yes
Integrated and patient-focused care	3.1	National policy that supports organising health delivery into integrated and/or patient-focused units	Yes, if there is a national policy in place that supports organising health delivery into integrated and/or patient-focused units. This also includes a national policy that encourages a management system to follow a patient through the entire multi-step episode of care. No, if neither of these two policies exists.	Yes
Integrated and patient-focused care	3.2	Care pathway focus	0 = No established coordinated care services for any of the below therapy areas; 1 = One to two (1-2) of the below therapy areas have coordinated care services; 2 = Three or more (3+) of the below therapy areas have coordinated care services - Therapy areas: Mental health; Diabetes; HIV; Maternal health; Elderly care	0 = No established coordinated care services for any of these therapy areas
Outcome-based payment approach	4.1	Major system payer(s) promotes bundled payments	0 = No efforts towards bundled payments - the payment system is mainly fee-for-service; 1 = Capitation system is used by one or more major payers; 2 = National/regional initiative to develop bundled payment system; 3 = Bundled payment system implemented by one or more major payers	2 = National/regional initiative to develop bundled payment system
Outcome-based payment approach	4.2	Existence of mechanism(s) for identifying interventions for de-adoption (disinvestment)	Yes, if the government or major provider(s)/payer(s) has a mechanism (committee, agency) for identifying less effective interventions for de-adoption (disinvestment) in treatment plans. No, if such a mechanism does not exist	Yes