Patients as partners: Renewable energy for healthcare

Dr Mark Britnell
Chairman and Partner
KPMG’s Global Health Practice

@markbritnell
Member of the World Economic Forum Global Agenda Council
60 countries, 200 occasions.
Global Conference: 65 senior healthcare leaders from 30 countries

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Global Conference: 65 senior healthcare leaders from 30 countries

<table>
<thead>
<tr>
<th>Organization</th>
<th>Country</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Achmea</td>
<td>The Netherlands</td>
<td>Mr. Roelof Konterman, CEO</td>
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<td>Faculty Hospital Brno</td>
<td>The Netherlands</td>
<td>Dr. Roman Kraus, CEO</td>
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<td>Foundation Hospital St Joseph</td>
<td>Switzerland</td>
<td>Mr. Jean-Patrick Lajonchere, CEO</td>
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<td>Hygeia Group</td>
<td>Italy</td>
<td>Ms. Fola Laoye, Chairwoman</td>
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<td>United Family Healthcare</td>
<td>China</td>
<td>Ms. Roberta Lipson, Chairwoman</td>
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<td>NHS Leadership Academy</td>
<td>United Kingdom</td>
<td>Ms. Karen Lynas, Deputy Managing Director</td>
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<td>Health and Social Care Board Northern Ireland</td>
<td>United Kingdom</td>
<td>Pamela McCready, Director</td>
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<td>The Economist</td>
<td>United Kingdom</td>
<td>Ms. Anne McElvoy, Editor</td>
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<tr>
<td>Health Service Journal</td>
<td>United Kingdom</td>
<td>Mr. Alastair McClelan, Editor</td>
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<td>Espria</td>
<td>South Africa</td>
<td>Mr. Marco Meerdink, CEO</td>
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<td>CZ</td>
<td>The Netherlands</td>
<td>Mr. Wim van der Meeren, CEO</td>
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<tr>
<td>Department of Health of the Canton Zurich</td>
<td>Switzerland</td>
<td>Mr. Hansjörg Lehmann, Head of Health Planning and Control</td>
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<td>Peking University</td>
<td>China</td>
<td>Prof. Ling Li, Professor</td>
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<tr>
<td>United Family Healthcare</td>
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<td>Sir Robert Naylor, CEO</td>
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<td>Singapore Health Services</td>
<td>Singapore</td>
<td>Prof. Ivy Ng, Group CEO</td>
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<td>NHS England</td>
<td>United Kingdom</td>
<td>Sir David Nicholson, Former CEO</td>
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<td>Department of Health</td>
<td>United Kingdom</td>
<td>Ms Una O’Brien, Permanent Secretary</td>
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<td>The Royal Marsden NHS Foundation Trust</td>
<td>United Kingdom</td>
<td>Ms Cally Palmer, CEO</td>
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<td>Narayana Health</td>
<td>India</td>
<td>Dr. Ashutosh Raghuvanshi, Vice Chair, Group CEO</td>
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<td>Life Healthcare South Africa</td>
<td>South Africa</td>
<td>Mr. Andre Meyer, CEO</td>
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<td>Humanitas</td>
<td>The Netherlands</td>
<td>Mr. Luciano Ravera, CEO</td>
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<td>Ministry of Health</td>
<td>The Netherlands</td>
<td>Prof. Josef Vymazal, First Deputy Minister</td>
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<td>Public Health Foundation of India</td>
<td>India</td>
<td>Prof. K. Srinath Reddy, President</td>
</tr>
<tr>
<td>NSW Ministry of Health</td>
<td>Australia</td>
<td>Mr. Ken Whelan, Deputy Director General</td>
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</table>
#1 Organisations and health systems are not aligned for sustainable transformation

72% think existing hospital business models are sustainable but 98% expect moderate or major change to their health systems

Do they believe change starts with someone else?

“The current business models operated by hospitals in my system are...”

<table>
<thead>
<tr>
<th>sustainability level</th>
<th>Rome 2012</th>
<th>London 2014</th>
</tr>
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<tbody>
<tr>
<td>Not at all sustainable</td>
<td>4%</td>
<td>16%</td>
</tr>
<tr>
<td>Not very sustainable</td>
<td>16%</td>
<td>37%</td>
</tr>
<tr>
<td>Somewhat sustainable</td>
<td>30%</td>
<td>53%</td>
</tr>
<tr>
<td>Very sustainable</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Extremely sustainable</td>
<td>11%</td>
<td>3%</td>
</tr>
</tbody>
</table>

How much change do you expect in the shape of the provider system and their business models in the next 5 years?

<table>
<thead>
<tr>
<th>change level</th>
<th>Rome 2012</th>
<th>London 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>No significant change</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Minor change</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Moderate changes</td>
<td>41%</td>
<td>61%</td>
</tr>
<tr>
<td>Major changes</td>
<td>52%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: KPMG pre-conference surveys: Rome 2012 and London 2014
What is the scale of change required in the healthcare sector in your country?

What is the scale of change required in your organisation?

Our crowd sourcing community revealed a major disconnect between their organisation and health system

Twice as many thought the wider system required fundamental change

Fundamental: 73%
Moderate: 19%
Incremental: 7%
Very little: 1%
No change is required: 1%

Sources: KPMG What Works Healthcare Insights global crowd sourcing community
While most strategic effort is focused on transactional – not transformative – changes, integration is much more prominent.

Which strategies are providers likely to adopt to respond to these changes?
#2 People believe that integration is critical for improved health system sustainability

82% of global respondents believed their health system will become more integrated over the next 5 years

"My health system is planning to redesign care within the next 5 years to create more integrated delivery"
80% of global respondents agreed that fragmented care hampered clinical effectiveness and operational efficiency

"Fragmented patient pathways – within my organisation and across my health system – compromise clinical effectiveness and operational efficiency"

Sources: KPMG Global Healthcare Conference 2014, pre-conference survey
People believe that integration is critical for improved health system sustainability

71% of global respondents believed that greater primary and secondary care integration was beneficial

" Bringing primary and secondary care together into the same organisation does not create sufficient additional value to justify the difficulty of doing so "

Sources: KPMG Global Healthcare Conference 2014, pre-conference survey
#3 Patients, when empowered, will create more value

72% of global leaders believe empowered patients create better value care

"With the right support and empowerment patients actively managing their own care creates better value care"

Sources: KPMG Global Healthcare Conference 2014, pre-conference survey
#3 Patients, when empowered, will create more value

However, 89% of leaders believe their health systems are designed around organisations’ – not patients’ – priorities and they are not very satisfied they are meeting patients’ needs.

“The delivery of healthcare is currently structured more according to organisational structures and boundaries than the needs of the patient”

How satisfied are you that your organisation is truly meeting the aspirations of your patients?

Source: KPMG Global Healthcare Conference 2014, pre-conference survey
#3 Patients, when empowered, will create more value

79% of our crowd sourcing community believed patient experience indicators are being more widely used; only 14% of global leaders thought their patients were becoming ‘active’

Is patient experience a key performance indicator for your organisation?

“In my organisation patients actively participate in managing their own care”

Sources: KPMG Global Healthcare Conference 2014, pre-conference survey
KPMG What Works Healthcare Insights global crowd sourcing community
Unique global insights from patient support and advocacy groups, representing millions of patients across 6 countries

Source: KPMG-commissioned global survey of patient representative and advocacy groups
Our global research suggests 5 dominant themes:

1. “See me – and support me – as a person, not a condition or an intervention site”

2. Patients want to be **informed** partners in care

3. Fragmented care is harmful and wasteful care. Patients can feel “abandoned” (especially after discharge)

4. Patients want to be **empowered** partners in care

5. In some countries securing responsive access to care is a fundamental priority

Source: KPMG-commissioned global survey of patient representative and advocacy groups
There is some distance between what patients want and what they get

While our crowd sourcing community overwhelmingly believed that patient experience is now a key performance indicator, more needs to be done on activation and empowerment

"Measurements of patient experience impact on how my organisation delivers care"

Are patient experience measures used in the performance appraisal of clinical staff and managers within your organisation?

Sources: KPMG What Works Healthcare Insights global crowd sourcing community
Many studies show that activated’ patients have better health outcomes at lower costs.

Patients with lower activation scores cost 8% to 21% more.

<table>
<thead>
<tr>
<th>2010 patient activation level</th>
<th>Predicted per capita billed costs ($)</th>
<th>Ratio of predicted costs relative to level 4 Patient Activation Measure (PAM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 (lowest)</td>
<td>966</td>
<td>1.21</td>
</tr>
<tr>
<td>Level 2</td>
<td>840</td>
<td>1.05</td>
</tr>
<tr>
<td>Level 3</td>
<td>783</td>
<td>0.97</td>
</tr>
<tr>
<td>Level 4 (highest)</td>
<td>799</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Source: Hibbard J H, Greene J, Overton V (2013) ‘Patients with lower activation associated with higher costs; delivery systems should know their patients’ “scores.”’ Health Affairs, 32, no (2013): 216-22. (Quoted in KPMG, ‘Creating new value with patients, carers and communities’)

www.kpmg.com/whatworks
We have developed a 9-point maturity matrix to help assess progress:

1. Work to create a new culture centred on the patient culture
2. Patient input into service design
3. Systems to support shared decision making
4. Models support self-care and help professionals adapt
5. Are patients' assets mobilized?
6. Can patients get and use information?
7. Are patients involved in teaching and research?
8. Are the assets that communities can contribute mobilized?
9. Are there measurement systems to support this?

Are there measurement systems to support this?

5. Patient experience and outcome data embedded in all performance management & governance
4. Patient experience and outcome data embedded in performance management of medical staff
3. Real time collection data used at front line for improvement
2. Systematic collection of data reported to boards
1. Recognition that the collection of data on patient experience and outcomes will provide a basis for understanding progress and analysis
0. No data on patient experience or outcome data collected

Source: KPMG, ‘Creating new value with patients, carers and communities’ 2014
#5 There is an evidence base for patients creating value
#5 There is an evidence base for patients creating value

In summary, there is only so much more value we can get by continuing to focus on this

**Person-hours spent managing a chronic condition per year**

- Self care: 5,840 hours
- Professional care: 10 hours
So, how can it be done?

- Make wellness pay
- Empowered end of life
- Predict and target
- Support caregivers
- New partners
- New disruptors
Telco’s are moving into the healthcare sector, and have much to teach about consumer-centricity.

Telstra aim to go from $40m turnover in 2014 to $1 bn in 2020.

Telstra is Australia’s largest telecoms provider, and has big ambitions for healthcare.

Made 15 eHealth acquisitions worth AUS$250 million over past two years.

Investments into telemonitoring, e-bookings, mobile prescribing and digital consultations.
Telstra have identified six key challenges they aim to help health systems with:

1. Improve productivity
2. Integrated information systems
3. Increase specialist access
4. Safer, more efficient pharmacies
5. Coordinated care to reduce admissions
6. Consumer self-service

The secret is none of the solutions needed are that revolutionary – it’s putting them together and selling an ecosystem that is transformative.
#2 New disruptors

If healthcare organizations don’t empower patients soon, they will do it for themselves.

Start-ups touted as ‘Uber for healthcare’

**Doctor to your phone:**
- healthtap
- Dr DOCTOR ON DEMAND
- spruce

**Doctor to your door:**
- heal
- retracehealth
- MEDZED

Re-imagining the House Call
#2 New disruptors

We can’t even imagine the impact non-health players may have in the next decade if they work together
#2 New disruptors

Retail pharmacy in the US is gaining in scale and reach

![Graph showing the number of retail clinics in the United States](source: Merchant Medicine)
#3 Make wellness pay

Discovery Vitality in South Africa is turning the role of the payer on its head

Rewards members for lifestyle choices with food and entertainment discounts

Tracks patient satisfaction and pays bonuses direct to care staff
#4 Predict and target

There are many effective strategies to empower patients – but they’re only **cost**-effective if you know who to target.

As an HMO with comprehensive EMRs since 2000, they have the ability to segment their population, and the power act on the data.

Use predictive risk models across the care continuum. e.g. patients at risk of readmissions are called at home after discharge to check the right follow up is taking place.

Technologically savvy – 57% of paediatric consultations now via video through smartphones.
#5 Support caregivers

Narayana have found how training carers as health workers can deliver better health at lower cost.

Care Companion scheme trains carers on the ward while family members recover from surgery.

Patients can be released home earlier and carers better understand how to help their recovery.

The scheme producing high satisfaction and lower readmissions.

“Essentially, we’re taking the most passionate, most trustworthy person, and educating them by doing”

Dr Devi Shetty

80% of long term care in Canada is by unpaid carers.
#5 Support caregivers

This is just the start of India’s journey to improving access and empowerment

Small number of healthcare professionals highly leveraged using voice and video

Micro-insurers, telcos and healthcare providers coming together to ‘leapfrog’ traditional systems

Aim is reliable, convenient care provided profitably at scale
Why is empowerment at the end of life so important?

Look at this survey of 300+ Canadian doctors and nurses...

Mrs Murphy

- 84yrs old
- Living in a nursing home
- Has Alzheimer’s Disease for 7yrs
- Unable to recognise children, sometimes recognises wife
- Needs assistance with mobilising
- Incontinent

Mr Murphy is having episodes of hematemesis and is hypotensive. Unless treated she will most likely die. Her family are not available and there is no advance directive. What would you do?

#6 Empowerment at the end of life

If it was their patient...
If it was their father...
If it was *themselves*...
The UK has strong systems to promote dignity and shared decisions about death. UK the 2010 and 2015 world #1

Strong hospice networks linked closely to NHS

A clear business and quality case for helping people to die out of hospital

Attempts to systematize best practice have proved highly controversial, however
Lessons for Canada

Privacy and data laws are not an excuse. There is always a solution.

Reforming payment systems is worth the slog.

We have tried integrating around organizations. Now let’s integrate around the patient.

Stay locally led. Why move at the pace of the slowest?
Out Now

In Search of the Perfect Health System

Mark Britnell