PRESENTAZIONE DI MUIR GRAY

AL

11^ FORUM MERIDIANO SANITÀ

Palazzo Rospigliosi - Roma

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Questa documentazione costituisce la base sintetica di una presentazione, ed è incompleta senza i commenti e le integrazioni del relatore. Data la natura interattiva dell’iniziativa, è probabile che non tutti i lucidi qui previsti siano utilizzati nel corso delle presentazioni e/o che ne possano essere utilizzati altri, qui non contenuti.

Riprodotta da The European House - Ambrogetti, per gentile concessione dell’Autore, per esclusivo uso interno.
We have had 2 healthcare revolutions, with amazing impact

The First was the public health revolution

The Second has been the technological revolution supported by 50 years of increased investment & 20 years of evidence based medicine, quality and safety improvement e.g.

- Antibiotics
- MRI & CT
- Coronary artery bypass graft surgery
- Renal dialysis
- Transplantation
- Hip & knee replacement
- Chemotherapy
- Randomised controlled trials
- Systematic reviews

However after 50 years of progress all societies still face three massive problems. The first is unwarranted variation in expenditure, access, quality and outcome healthcare. Variation reveals the other two problems.
The first is overuse which always wastes resources and can cause harm.

- **ECONOMIC VALUE**
  - Higher
  - Lower
  - POINT OF OPTIMALITY

- **BENEFIT**
- **HARM**
- **Effect Size**
- **Resources**

The second is Underuse of high value interventions which results in:

1. Preventable disability and death, eg if we managed atrial fibrillation optimally there would be 5,000 fewer strokes and 10% reduction in vascular dementia, and
2. inequity

- **Provision less than expected**
- **Provision more than expected**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Provision less than expected</th>
<th>Provision more than expected</th>
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<tbody>
<tr>
<td>Hip replacement in most deprived populations compared with least derived populations</td>
<td>31</td>
<td>33</td>
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<tr>
<td>Knee replacement in most deprived populations compared with least derived populations</td>
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In the next decade need and demand will increase by at least 20% so what can we do?

Well, we need to continue to
1. Prevent disease, disability, dementia and frailty to reduce need
2. Improve outcome through by providing only effective, evidence based interventions based on best research
3. Improve outcome by increasing quality and safety of process
4. Increase productivity and efficiency by reducing cost

These measures reduce need and improve efficiency

BUT we also need to increase value

The Aim is **triple value**

- Allocative, determined by how well the assets are distributed to different sub groups in the population
  - Between programme
  - Between system
  - Within system
- Technical, determined by how well resources are used for outcomes for all the people in need in the population
- Personalised value, determined by how well the outcome relates to the values of each individual
The five new activities that need to be added are:

1. Ensuring that every individual receives high personal value by providing people with full information about the risks and benefits of the intervention being offered,
2. Reallocating resources from budgets where there is evidence of overuse, to budgets in which there is evidence of inequity
3. Ensuring that those people who will derive most value from the health service get access to the system
4. In each system
   1. ensuring implementation of high value innovation,
   2. increase rates of higher value intervention funded by reducing spending on lower value interventions,
Evidence, Derived from the study of groups of patients

The value this patient places on benefits & harms of the options and on risk taking

The clinical condition of this patient; other diagnoses, risk factors including genomic information and in particular their problem, what bothers them psychologically & socially

1. provide people with full information about risks & benefits of the intervention

We are now in the third healthcare revolution

The First

The Second

• Antibiotics
• MRI
• CT
• Ultrasound
• Stents
• Hip and knee replacement
• Chemotherapy
• Radiotherapy
• RCTs
• Systematic reviews

the Third

Citizens
Knowledge
Smart Phone
2. Shifting resource from budgets where there is evidence from unwarranted variation of overuse or lower value to budgets for populations in which there is evidence of underuse and inequity

Cancer €6Bn

Respiratory @7Bn

Gastro-Intestinal €7Bn

Mental Health €13Bn
3. Ensuring that those people in the population who will derive most from a service are in receipt of that service if necessary by reducing the number of people seen by that service directly.

4. In each system ensure implementation of high value innovation,
5. In each system increase rates of higher value intervention funded by reducing spending on lower value interventions.
The Healthcare Archipelago

- General Practice
- Mental Health
- Private Physiotherapy, Osteopathy, Chiropractic
- Hospital Services

Self Care

Informal Care

Generalist

Specialist
<table>
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<tr>
<th>PROGRAMMES</th>
<th>SELF CARE</th>
<th>INFORMAL CARE</th>
<th>GENERALIST CARE</th>
<th>SPECIALIST CARE</th>
<th>SUPERSPECIALIST CARE</th>
<th>PEOPLE WITH MULTIPLE MORBIDITY</th>
<th>PEOPLE WITH MENTAL ILLNESS</th>
<th>PEOPLE WITH CANCER</th>
<th>CHILDREN</th>
<th>PEOPLE WITH MUSCULO SKELETAL PROBLEMS</th>
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**We need a new culture & a new set of tools**

what is the relationship between value and efficiency?
What is the relationship between value and quality?
what is meant by the optimal use of resources?
How would you assess the culture of an organisation?
What is a system and what is a network?
What is the relationship between a system and a service?