HIMSS

How Asia-Pacific countries are meeting the challenge of value-based care

Five key takeaways from a HIMSS APAC virtual government roundtable

Overview

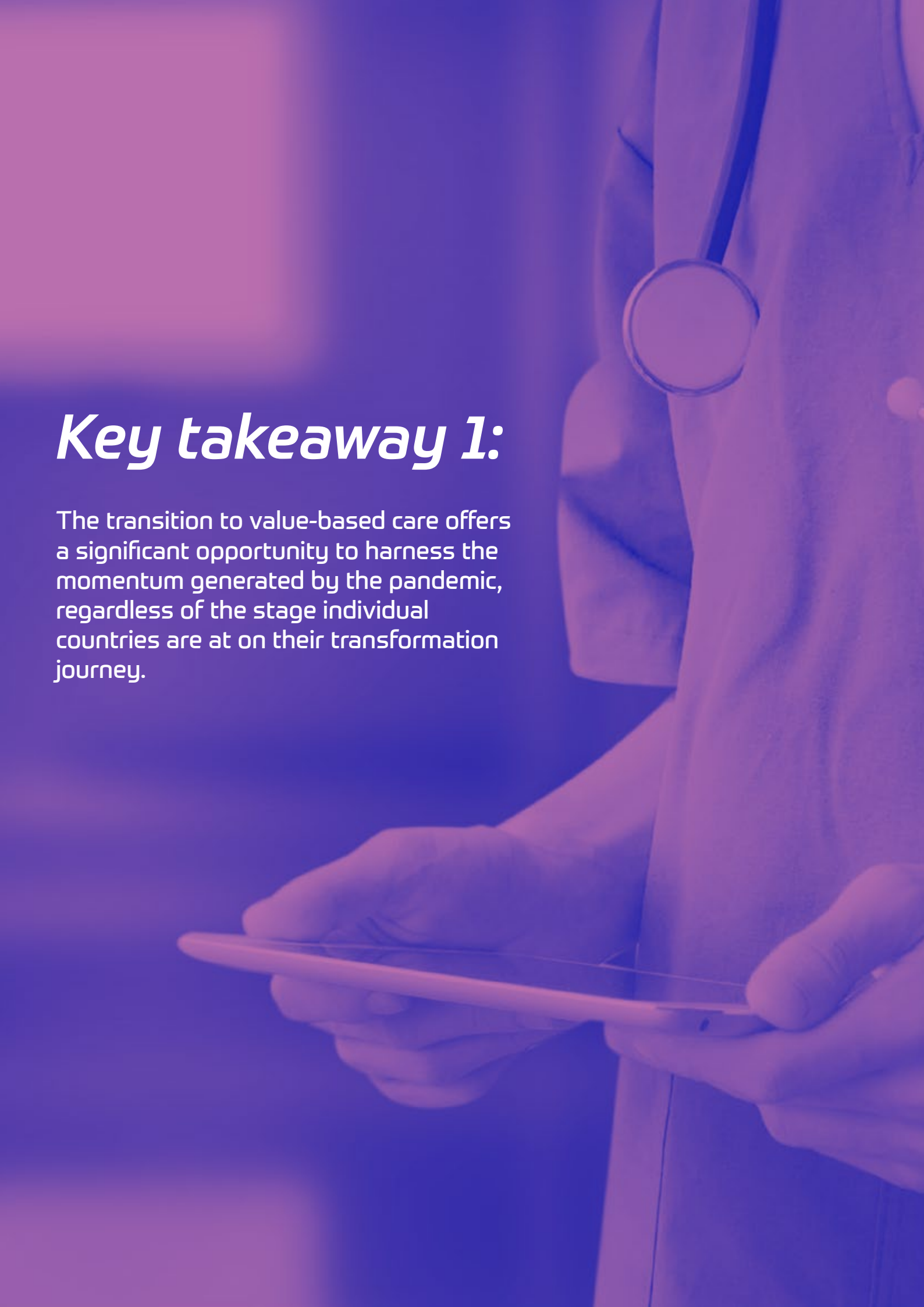
The transition to value-based care models is generating some of the most urgent and exciting conversations on the global digital health landscape. Every country has unique circumstances and legacy health systems that will influence how it navigates the shift to patient-centric models that focus on the quality of care delivered rather than the volume. The experiences of APAC countries, whether they are just setting out on this journey or have already achieved a degree of success, show that while contexts vary, they share many of the same challenges in realizing their value-based care ambitions.

HIMSS presented a set of policy recommendations for advancing value-based care at a virtual roundtable held on 17 November 2021. This discussion was attended by representatives from governments and regional health authorities from nine Asia-Pacific countries: Australia, Bhutan, Cambodia, India, Japan, Pakistan, the Philippines, Taiwan and Thailand. As the roundtable was held under the Chatham House Rule, the participants quoted in this report have been de-identified.

Moderators:

Dr Charles Alessi, Chief Clinical Officer, HIMSS

Jeff Coughlin, Senior Director, Government Relations, HIMSS



Key takeaway 1:

The transition to value-based care offers a significant opportunity to harness the momentum generated by the pandemic, regardless of the stage individual countries are at on their transformation journey.

The challenge of how to move health and care systems from volume to value is a hot topic in every country across the Asia-Pacific region. Every turn in these conversations raises important questions: who defines 'value' and the metrics needed to measure it? Is it the government, the healthcare provider, the patient or the citizen? What factors are driving the shift to a more preventative agenda? How can you imbue the concept of prevention in health and care systems without the data to support it? How can you manage new models of value-based health and care unless you are able to measure progress towards the population health targets that will define its success?

As Dr Charles Alessi, Chief Clinical Officer at HIMSS, suggested at the start of the roundtable, there are no universal answers to these questions. How they are interpreted and resolved will always depend on the unique situation of a country's health system. But there is a recurring theme of ageing populations across the entire region. The pandemic has shone a light on the need to manage the associated rising incidence of non-communicable disease, chronic conditions and lifestyle impacts with value-based, preventative health and care models.

"Covid has put healthcare institutions under a significant strain. But if there is one thing that has happened as a result, it is a renewed focus on the management of that non-Covid population, which sadly has suffered even more during the pandemic – not only because their mortality was greater, people with non-communicable diseases in particular, but also because their care was compromised, inevitably, as health and care systems were not concentrated on them."

As the U.S. experience demonstrates, the journey to value-based care can be a long and arduous one that depends at every stage on the participation of everyone in the health system.

Dr Alessi's co-presenter, Jeff Coughlin, Senior Director, Government Relations at HIMSS, described how that journey has arrived at its current, critical, stage since the Medicare Improvements for Patients and Providers Act (MIPPA) was passed in 2008. It is, he said, a case study in terms of some of the "fits and starts" the country has experienced related to value-based healthcare delivery.

"What we talk about when we discuss value-based care in the United States is about reimbursement based on the quality of care that's provided instead of the volume of services," he explained. "The idea is trying to make healthcare more efficient and effective for patients, providers, payers and the broader healthcare system in general."

Coughlin said that various upside/downside (incentive and risk-based) models are under discussion and being implemented, emphasizing the benefits of using performance and quality measures to improve long-term outcomes.

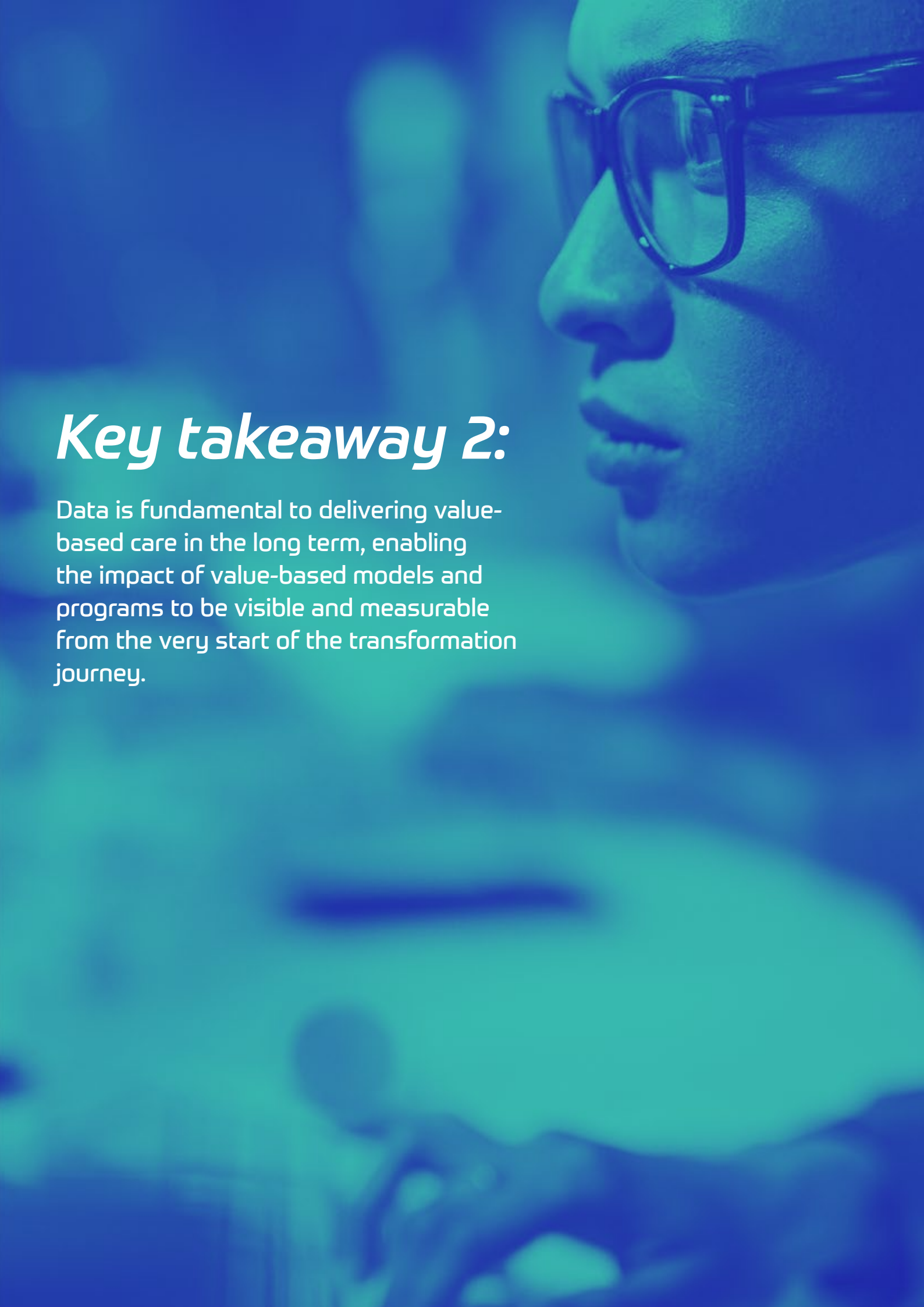
"Health IT is obviously a big part of this," he added. "It can give providers the insights to make better informed decisions alongside their patients."

In 2010, MIPPA was followed by the Affordable Care Act (ACA), which Coughlin credited with providing broader coverage across the healthcare system, and generating a number of programs focused on reducing readmissions and hospital-acquired conditions.

The next important milestone came in 2015, when the Medicare Access and CHIP Reauthorization Act (MACRA) was passed, leading to the establishment of a streamlined quality payment program that gives clinicians the choice between two models: the Merit-based Incentive Payment System (MIPS) and the Advanced Alternative Payment System (APMS).

Coughlin emphasized the importance of value-based care delivery to America's healthcare transformation ambitions. Maturing programs have attracted greater participation from clinicians, and the argument that higher quality care will deliver better outcomes and greater value in the future has a lot of traction – both political parties support value-based care. However, the clock is ticking and Medicare itself is under immense financial stress.

"When the Medicare Program sneezes, our healthcare system catches a cold," said Coughlin. The race is on to implement mandatory participation and drive the Biden administration's blueprint for taking value-based care forward, incorporating the Center for Medicare and Medicaid Innovation's five-point vision for system transformation. Those five points are: to drive accountable care; to advance health equity; to support innovation; to address affordability; and to partner in order to achieve transformation.



Key takeaway 2:

Data is fundamental to delivering value-based care in the long term, enabling the impact of value-based models and programs to be visible and measurable from the very start of the transformation journey.

The maturity of patient and health data collection, and the building of registries, varies greatly across the Asia-Pacific region. Dr Alessi drew particular attention to Taiwan for its relatively advanced approach to data collection, laying the foundation for a precision health approach based on mining rich and consistently updated data sets – "the essence of prevention".

A participant from Taiwan described how the principle of collecting and sharing patient data has been well-established since the country adopted a national health insurance system in 1995, which now covers 99% of its citizens. The availability of this data is not only enabling predictive model decisions for disease – including pandemics – but is also allowing the impact of value-based outcomes to be compared between different hospitals or across a period of time.

"In Taiwan, many hospitals are building so-called biobanks for research and study, and the government is also building MediCloud for hospitals to share patients' clinical data, and My Health Bank for individual patients to download their clinical data for health management purposes," they explained.

A more far-reaching benefit is that international partners can apply to use Taiwan's health data for research purposes.

India is also moving towards universal health insurance coverage with the Ayushman Bharat program launched in 2018, at the same time as trying to restructure its care delivery system.

"The overall aim is to build a national digital platform for health data exchange, and the different building blocks which are essential," said a participant from India. "The health identifier, the provider registry, the practitioner registry and the health data standard, which are essential for having data in one place for analysis, are all going at pace and have been implemented across India."

Key takeaway 3:

Digital health tools and standards are essential to support the transition to value-based care – even nations with a higher level of digital maturity have work to do in building better connected systems.

Australia enjoys a rich technology infrastructure, and has health identifiers that are well controlled and utilized – according to one Australian participant – by both public sector organizations and private sector practitioners and hospital systems, in the way that they share information. "But we do need better use of technology, and more consistent use of technology and better structured data would benefit the system," they said.

Other countries are combining technology catch-up with the need to address practical challenges. A participant from Bhutan explained how a growing emphasis on more personalized care is driving change within the health system.

" Our information system was previously manual but we now have a national person information system which provides more accurate and timely data," they said. "Many of our populations are in hard-to-reach areas, and in Bhutan providing healthcare can be difficult. We hold camps with specialized doctors – sometimes from other countries – and for emergencies we have helicopter services.

"At the same time, our hypertension rate is very high, diabetes is catching up and we also have rising incidence of cancer. Antimicrobial resistance is also a challenge, and mental health too after the pandemic. So we are very aware of the main global health challenges."

In the Philippines, the government recently passed two laws which included specific sections on computerizing healthcare facilities and systems, which a participant from the country said should act as a stimulus for the government and private sectors to start investing in health IT.

"Having said that, there is still a gap," they added. "The whole of society and government enterprise architecture is still up in the air. But the idea of standards-based systems is percolating, so I'm sure HSO, ISO and DICOM will be talked about much more frequently.

" I'm really excited, actually. The technologists in the Philippines have been ready for the longest time but the governance environment was not here, so even if you were an IT advocate in your hospital and you wanted to standardize, you were on your own and had to make do with the predominant technology. If the governance mechanism matures, the standards will become government level and that will increase the ecosystem in the marketplace for technologies and services."

Key takeaway 4:

The success of value-based care depends on the participation of every stakeholder in a connected health system, which could be a challenge when it comes to mandatory models (particularly for the clinical workforce) and population engagement.

Dr Alessi observed that while all the countries represented at the roundtable care are clearly moving towards value-based care systems, they are necessarily pursuing the same goal in their different ways.

However, there are also common barriers mentioned by many participants, particularly with regard to a workforce which may be subject to burnout in the wake of the pandemic – and sceptical that new digital health technology can ease their workflow rather than adding to it. Population engagement is perhaps the greatest challenge, in relation to both consent to data sharing – the frequency of breaches does not help – and the acceptance of digital health services.

"Unless we get the populations engaged in their health and care, we have very little chance of achieving anything," he said. Dr Alessi also pointed out that physicians themselves are both the greatest advocates and biggest obstacles when it comes to driving digital health adoption – they can accelerate it if they are engaged and block it if they are sceptical about its benefits.

A participant from Pakistan explained how the challenges of population and clinician buy-in have been addressed during the digital transformation journey experienced by the country throughout its response to Covid-19. The rapid creation of a central telemedicine platform pulled together thousands of doctors in Pakistan's public and private healthcare institutions as well as those working around the world, giving the country's dispersed population a simple three-step route to booking a video consultation with a health practitioner.

"The most valuable thing was the awareness of the people," they said. The service was promoted through media campaigns and driven by mobile phone rentals so that people could receive relevant communications and public health messages: 50 million texts were sent during the height of the pandemic. The platform is now the foundation for Pakistan's rapidly developing care model, with the accumulated data helping to build standardized responses to disease and quality of care improvement.

" We are also putting these tools into the medical education curriculum so that doctors who are coming from medical colleges and universities understand the value of digital healthcare and know how to use these telemedicine platforms," the participant said.

These challenges are not exclusive to developing countries like Pakistan – as a participant from Australia explained. "We do see that making any movement in value-based healthcare really requires all those stakeholders to come together consistently in their views about how we can actually make a difference," they said. "We still need a balance point at population health level – how do we engage all those facets? The design [of the value-based care model] might not be enough."

Key takeaway 5:

While the patient is the main focus of value-based care models, integrated design and governance are critical in enabling the data flows that will ultimately define success in the way outcome impacts and quality of care improvements are measured.

Countries that have a fragmented health system face particular challenges in digital transformation, including the lack of records that can indicate value-based outcomes and help to make the case for transition to new models.

A participant from Japan explained how the legacy of a fragmented infrastructure has slowed progress, and how this is now being addressed. "The issue for us is that there are too many initiatives!" they said. "Some of them succeed, some of them fail, but there has not been a good system nationwide. Recently, we have developed a new digital ministry and are now trying to move to data-driven healthcare, accumulating patient information in a national repository and making a nationwide comprehensive database."

A participant from India asked what kind of criteria might be used to measure the outcome of value-based care initiatives. Dr Alessi said the choice of what metrics to select is a difficult one, and that eventually they might transcend government. Coughlin also acknowledged the challenge – yet to be resolved in the U.S. in a standardized way.

"There's no silver bullet," he said. "We've looked at it in different care settings for different populations and in different conditions."

Ultimately, said a participant from Australia, health data has to follow the patient and their family. Translating health systems and adapting them to create a value-based health technology platform remains a major challenge, particularly when there are differing governmental structures for data exchange.

"We have to enable that flow and design," they said. "We can't have two universes."