

# Value-Based Competition in Health Care

Professor Michael E. Porter

Leonard Davis Institute of Health Economics  
University of Pennsylvania  
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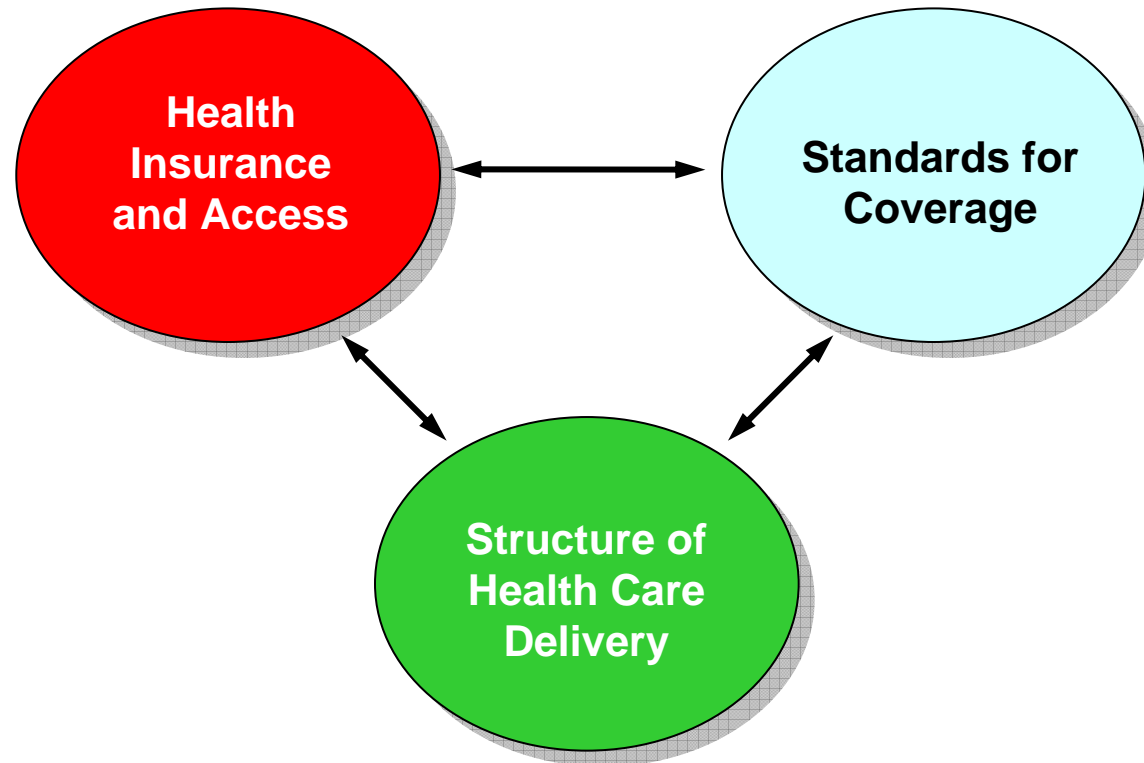
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This presentation draws on a forthcoming book with Elizabeth Olmsted Teisberg ([Redefining Health Care: Creating Value-Based Competition on Results](#), Harvard Business School Press). Earlier publications about the work include the *Harvard Business Review* article "Redefining Competition in Health Care". No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means — electronic, mechanical, photocopying, recording, or otherwise — without the permission of Michael E. Porter and Elizabeth Olmsted Teisberg.

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# Issues in Health Care Reform



# The Paradox of U.S. Health Care

The United States has a private system with intense competition

## But

- Costs are **high** and **rising**
- Services are **restricted** and fall well short of recommended care
- In other services, there is **overuse** of care
- Standards of care often **lag** and fail to follow accepted benchmarks
- **Diagnosis errors** are common
- Preventable **treatment errors** are common
- Huge **quality** and **cost differences** persist across **providers**
- Huge **quality** and **cost differences** persist across **geographic areas**
- Best practices are **slow** to spread
- Innovation is **resisted**



- Competition is **not** working
- How is this state of affairs possible?

# Competition on the Wrong Things

## Zero-Sum Competition in U.S. Health Care

- Competition to **shift costs**
- Competition to **increase bargaining power**
- Competition to **capture patients** and **restrict choice**
- Competition to **restrict services** in order to reduce costs



- None of these forms of competition **increases value for patients**

# Competition at the Wrong Levels

## Too Broad

- Between broad line hospitals, networks, and health plans

## Too Narrow

- Performing discrete services or interventions

## Too Local

- Focused on serving the local community



- Market definition is misaligned with patient value

# Principles of Value-Based Competition

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  - Results vs. supply control
  - Results vs. process compliance
  - Reward results vs. “lift all boats”

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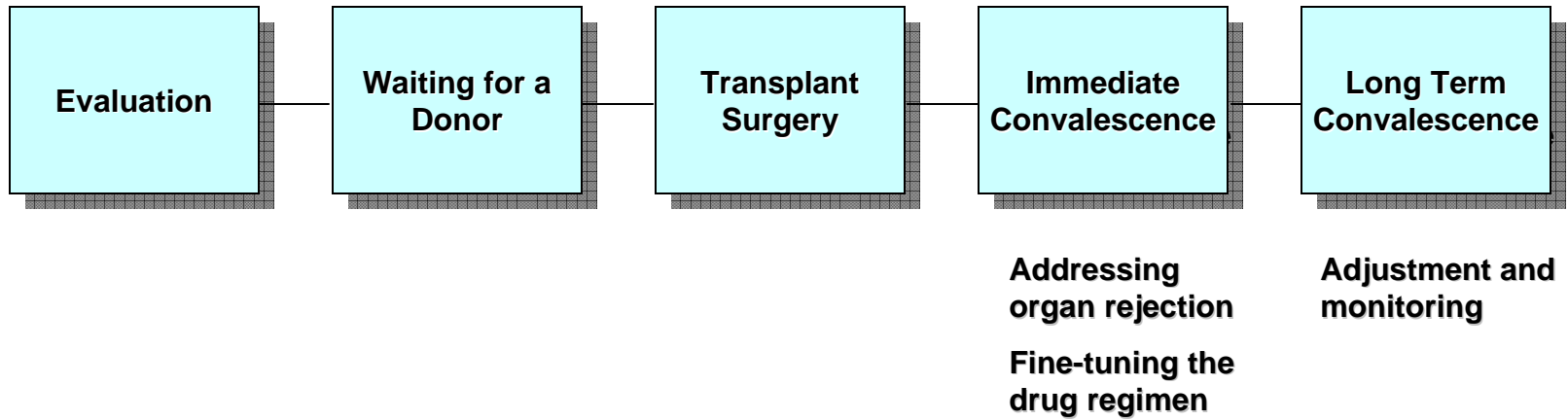
# What Businesses Are We In?

Nephrology practice



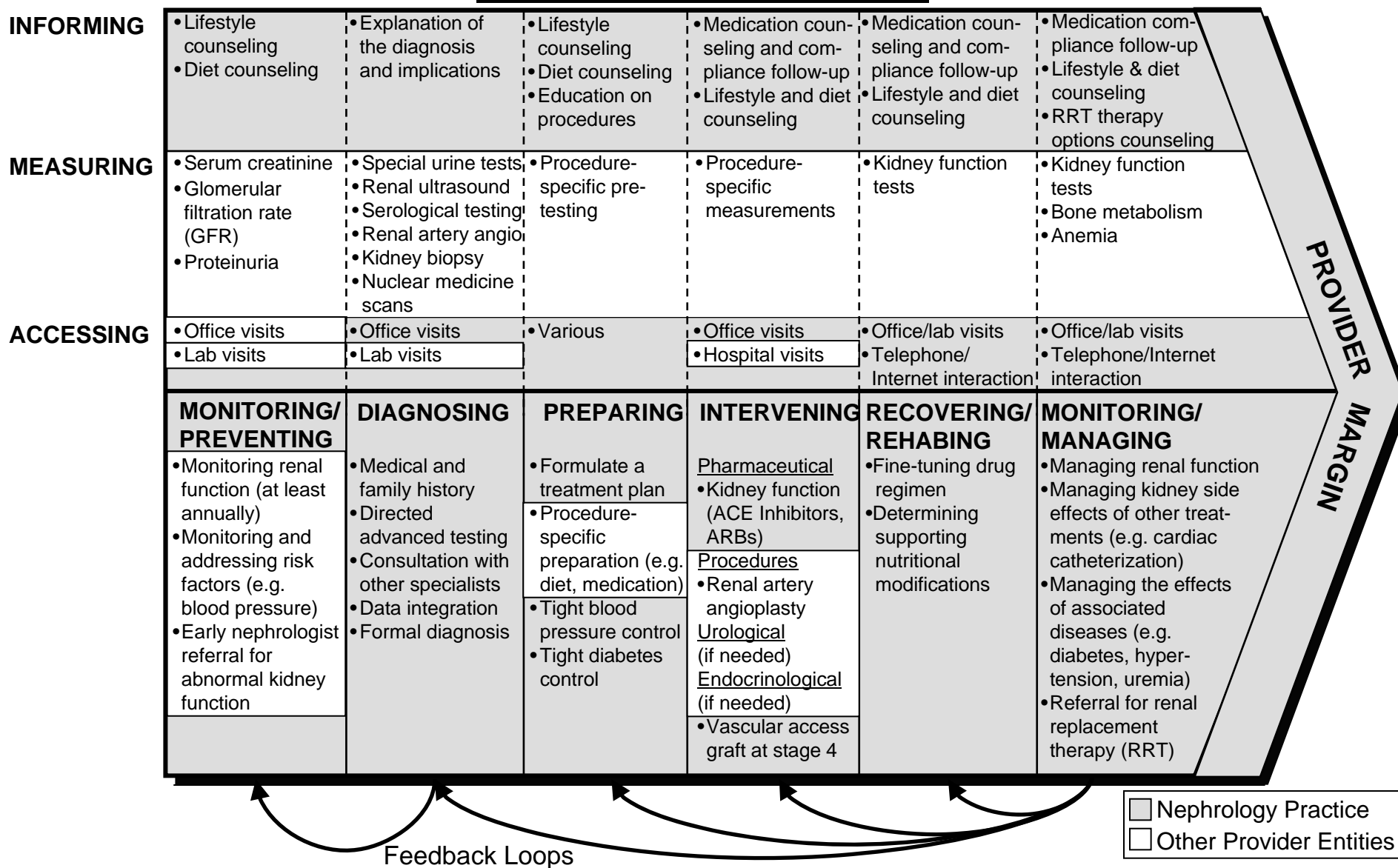
- Hypertension Management
- Chronic Kidney Disease
- End-Stage Renal Disease
- Kidney Transplants

# Organ Transplant Care Cycle



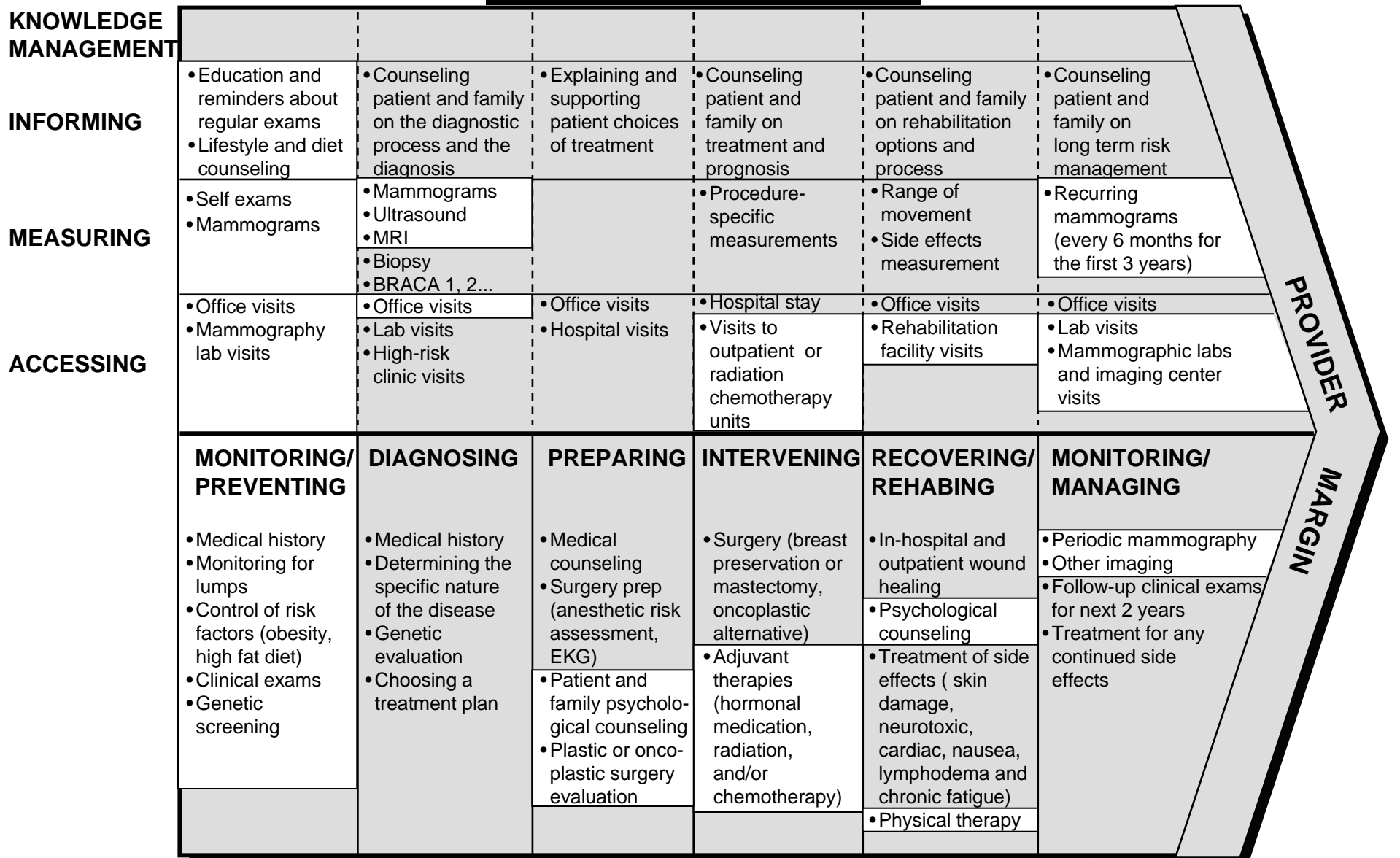
# The Care Delivery Value Chain

## Chronic Kidney Disease



# The Care Delivery Value Chain

## Breast Cancer Care



**PROVIDER MARGIN**

Breast Cancer Specialist  
 Other Provider Entities

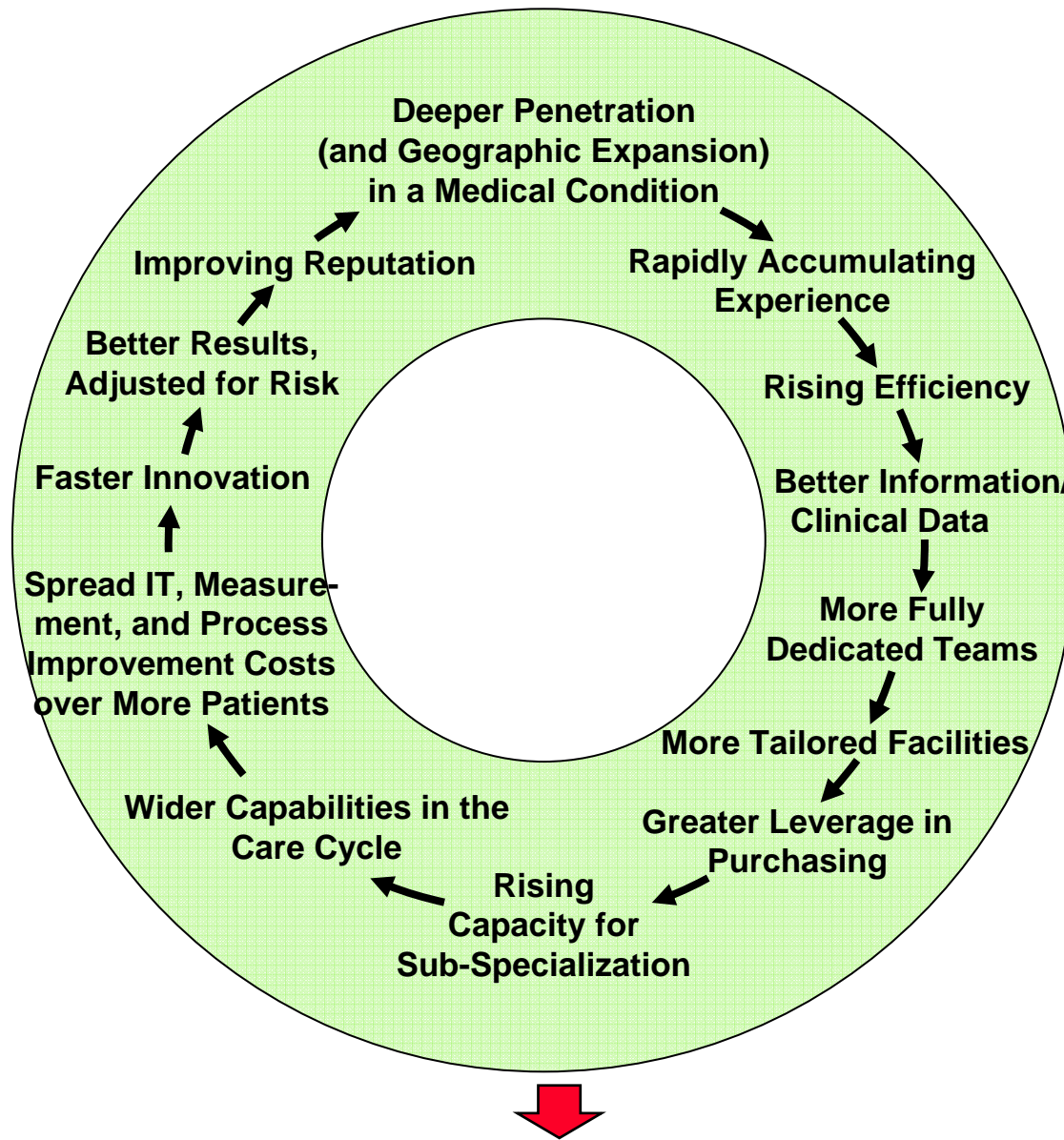
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4. High quality care should be **less** costly.
  - Right diagnosis
  - Right treatment to the right patients
  - Fewer mistakes and repeats in treatment
  - Faster recovery
  - Less invasive treatment methods
  - Less disability
  - Less long term care
  - Prevention
  - Treatment earlier in causal chain
  - Slower disease progression
  - Better health is inherently less expensive than worse health

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5. Value is driven by provider **experience**, **scale**, and **learning** at the **medical condition level**.

# The Virtuous Circle in a Medical Condition



- Feed virtuous circles vs. institutionalize fragmentation

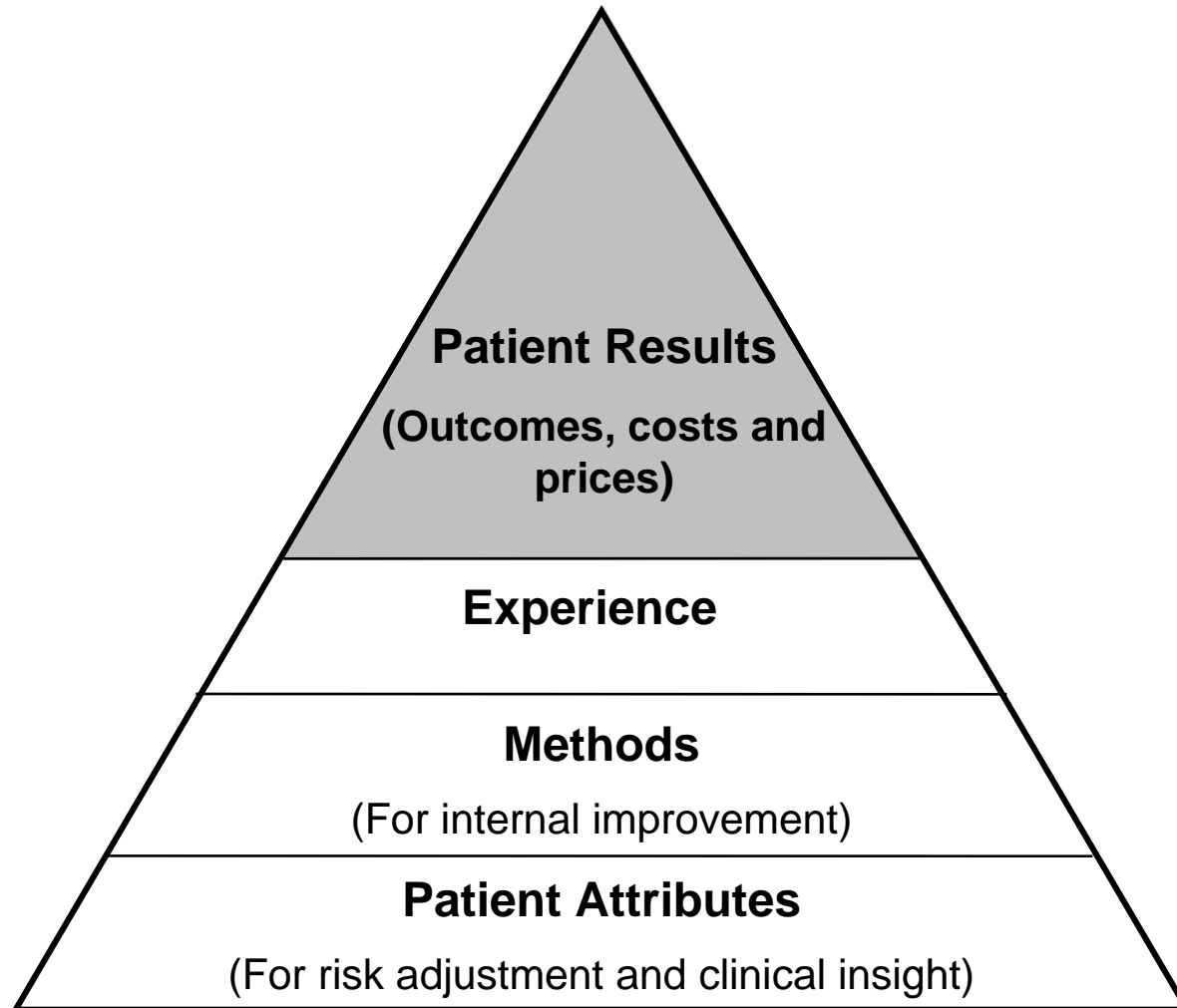
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6. Competition should be **regional** and **national**, not just local.
  - Virtuous circles extend across geography
  - Management integration across geography
  - Partnerships and inter-organizational integration

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7. **Information** on results and prices needed for value-based competition must be widely available.

# The Information Hierarchy



# Boston Spine Group

## Clinical and Outcome Information Collected and Analyzed

### OUTCOMES

#### **Patient Outcomes**

*(before and after treatment, multiple times)*

Visual Analog Scale (pain)

Owestry Disability Index, 10 questions (functional ability)

SF-36 Questionnaire, 36 questions (burden of disease)

Length of hospital stay

Time to return to work or normal activity

#### **Service Satisfaction**

*(periodic)*

Office visit satisfaction metrics (10 questions)

#### **Overall medical satisfaction**

("Would you have surgery again for the same problem?")

#### **Medical Complications**

Cardiac

Myocardial infarction

Arrhythmias

Congestive heart failure

Vascular deep venous thrombosis

Urinary infections

Pneumonia

Post-operative delirium

Drug interactions

#### **Surgery Complications**

Patient returns to the operating room

Infection

Nerve injury

Sentinel events (wrong site surgeries)

Hardware failure

### METHODS

#### **Surgery Process Metrics**

Operative time

Blood loss

Devices or products used

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8. **Innovations** that increase value must be strongly rewarded.

# Moving to Value-Based Competition

## Providers

### Defining the Right Goals

- Superior **patient value**

### Strategic and Organizational Imperatives

- Redefine the business around **medical conditions**
- Choose the **range and types of services provided**
- Organize around **medically integrated practice units**
- Create a **distinctive strategy** in each practice unit
- Measure **results, experience, methods, and patient attributes** by practice unit
- Move to **single bills** and new approaches to **pricing**
- **Market** services based on excellence, uniqueness, and results
- Grow locally and geographically in **areas of strength**

### Enabling Conditions

- Analyzing the **care delivery value chain**
- Harnessing the power of **Information Technology**
- Systematizing **knowledge development**

# Analyzing the Care Delivery Value Chain

1. Is the **set and sequence** of activities in the CDVC aligned with value?
2. Is the appropriate **mix of skills** brought to bear on each activity and across activities, and do individuals work as a **team**?
3. Is there **appropriate coordination** across the discrete activities in the care cycle, and are handoffs seamless?
4. Is care structured to **harness linkages** across different parts of the care cycle?
5. Is the **right information** collected, integrated, and utilized across the care cycle?
6. Are the activities in the CDVC performed in **appropriate facilities and locations**?
7. What provider departments, units and groups are involved in the care cycle? Is the provider's **organizational structure** aligned with value?
8. What are the **independent entities** involved in the care cycle, and what are the relationships among them? Should a provider's **scope of services** in the care cycle be expanded or contracted?

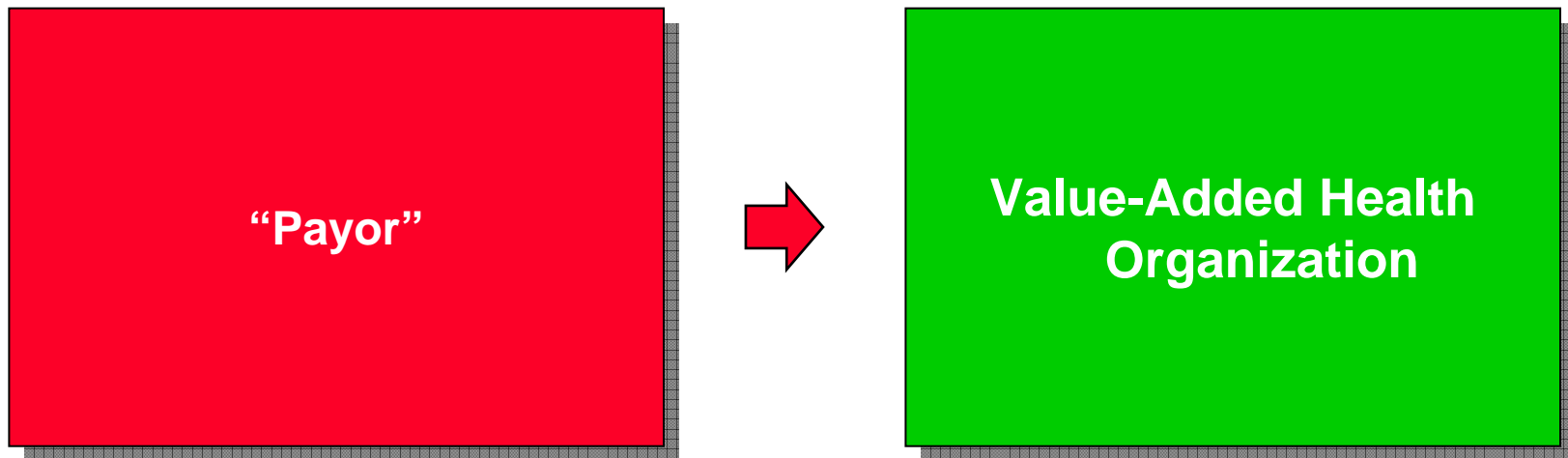
# Moving to Value-Based Competition

## Suppliers

- Compete on delivering **unique value** over the **full care cycle**
- **Demonstrate value** based on careful study of long term costs and results versus alternative therapies
- Ensure that the products are **used by the right patients**
- Ensure that drugs/devices are embedded in the **right care delivery processes**
- Market based on **value, information, and customer support**
- Offer support services that **contribute to value** rather than reinforce cost shifting

# Moving to Value-Based Competition

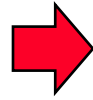
## Health Plans



# Transforming the Roles of Health Plans

## Old Role: culture of denial

- Restrict patient choice of providers and treatment
- Micromanage provider processes and choices
- Minimize the cost of each service or treatment
- Engage in complex paperwork and administrative transactions with providers and subscribers to control costs and settle bills
- Compete on minimizing premium increases



## New Role: enable value-based competition on results

- Enable informed patient and physician **choice** and patient **management** of their health
- Measure and reward providers based on **results**
- Maximize the value of care over the **full care cycle**
- **Minimize** the need for administrative transactions and simplify billing
- Compete on subscriber **health results**

# Moving to Value-Based Competition

## Health Plans

### Provide Health Information and Support to Patients and Physicians

1. Organize around **medical conditions**, not geography or administrative functions
2. Develop measures and assemble results **information** on providers and treatments
3. Actively **support provider** and **treatment choice** with information and unbiased counseling
4. Organize information and patient support around the **full cycle of care**
5. Provide comprehensive **disease management** and **prevention** services to all members, even healthy ones

### Restructure the Health Plan-Provider Relationship

6. Shift the nature of **information sharing** with providers
7. Reward provider **excellence** and value-enhancing **innovation** for patients
8. Move to **single bills** for episodes and cycles of care, and **single prices**
9. Simplify, standardize, and eliminate **paperwork** and **transactions**

### Redefine the Health Plan-Subscriber Relationship

10. Move to **multi-year subscriber contracts** and shift the nature of plan contracting
11. **End cost shifting practices**, such as re-underwriting, that erode trust in health plans and breed cynicism
12. Assist in managing **members' medical records**

# Moving to Value-Based Competition

## Employers

- Set the goal of increasing **health value**, not minimizing health benefit costs
- Set new expectations for health plans, including **self-insured** plans
- Provide for health plan **continuity** for employees, rather than plan churning
- Enhance provider competition on **results**
- Support and motivate employees to **make good health care choices** and **manage their own health**
- Find ways to **expand insurance coverage** and advocate reform of the insurance system
- Measure and hold employee benefit staff accountable for the company's **health value received**

# Moving to Value-Based Competition

## Consumers

- Participate actively in **managing personal health**
- Expect **relevant information** and seek advice
- Make treatment and provider **choices** based on **excellent results** and **personal values**, not convenience or amenities
- Choose a health plan based on **value added**
- Build a **long-term relationship** with an excellent health plan
- Act **responsibly**



- Consumers cannot (and should not) be the **only** drivers

# Roles of Government in Value-Based Competition

- Require the collection and dissemination of the **risk-adjusted outcome information**
- Open up **value-based competition** at the right level
- Enable bundled prices and price **transparency**
- Limit or eliminate **price discrimination**
- Develop information technology standards and rules to enable **interoperability** and **information sharing**
- Invest in medical and clinical **research**

## How Will Redefining Health Care Begin?

- It is **already happening!**
- Each **system** participant can take **voluntary** steps in these directions, and will **benefit** irrespective of other changes.
- The changes are **mutually reinforcing**.
- Once competition begins working, value improvement will **no longer be discretionary** or **optional**
- Those organizations that **move early** will gain major benefits.