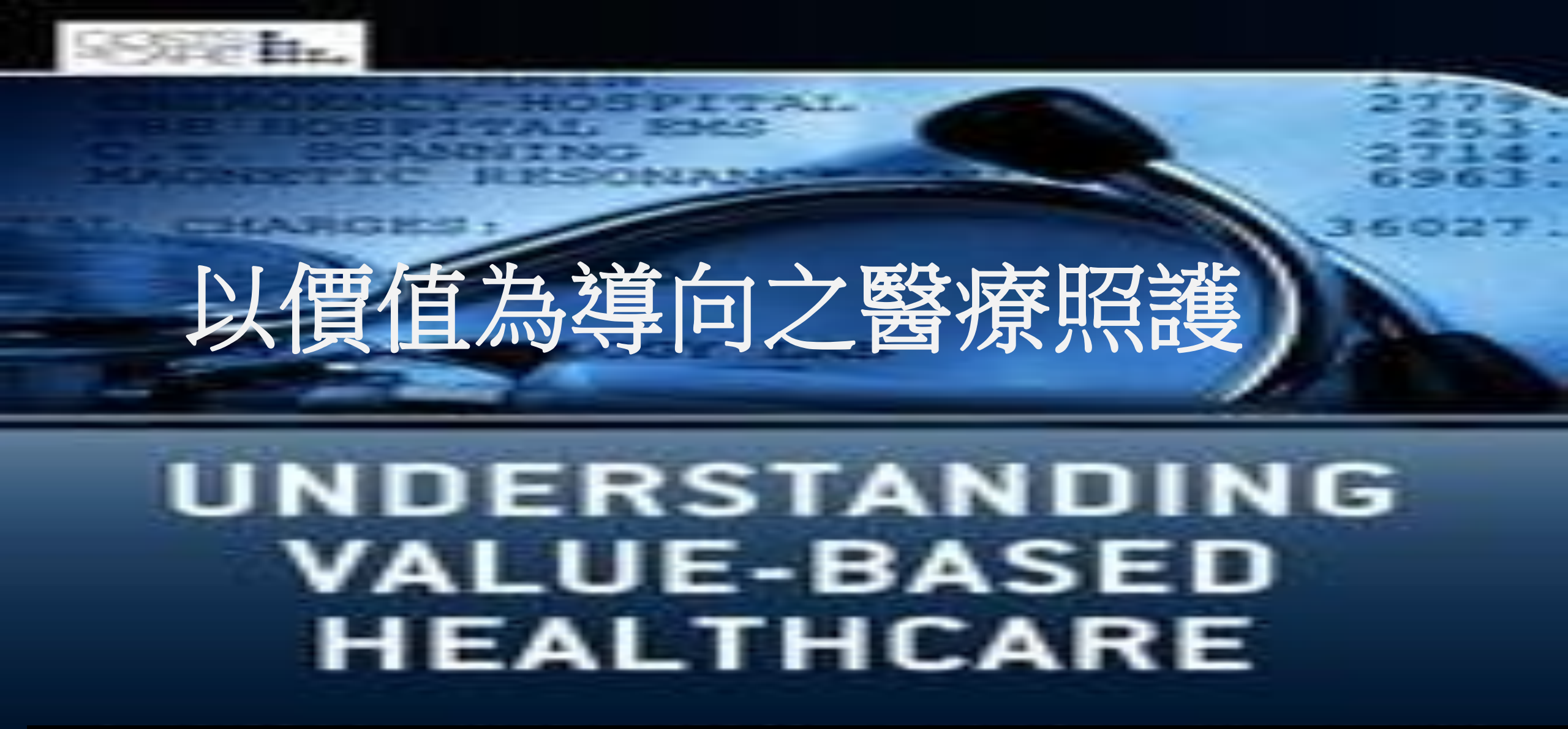


導讀人: 企劃組彭佳慧

報告大綱

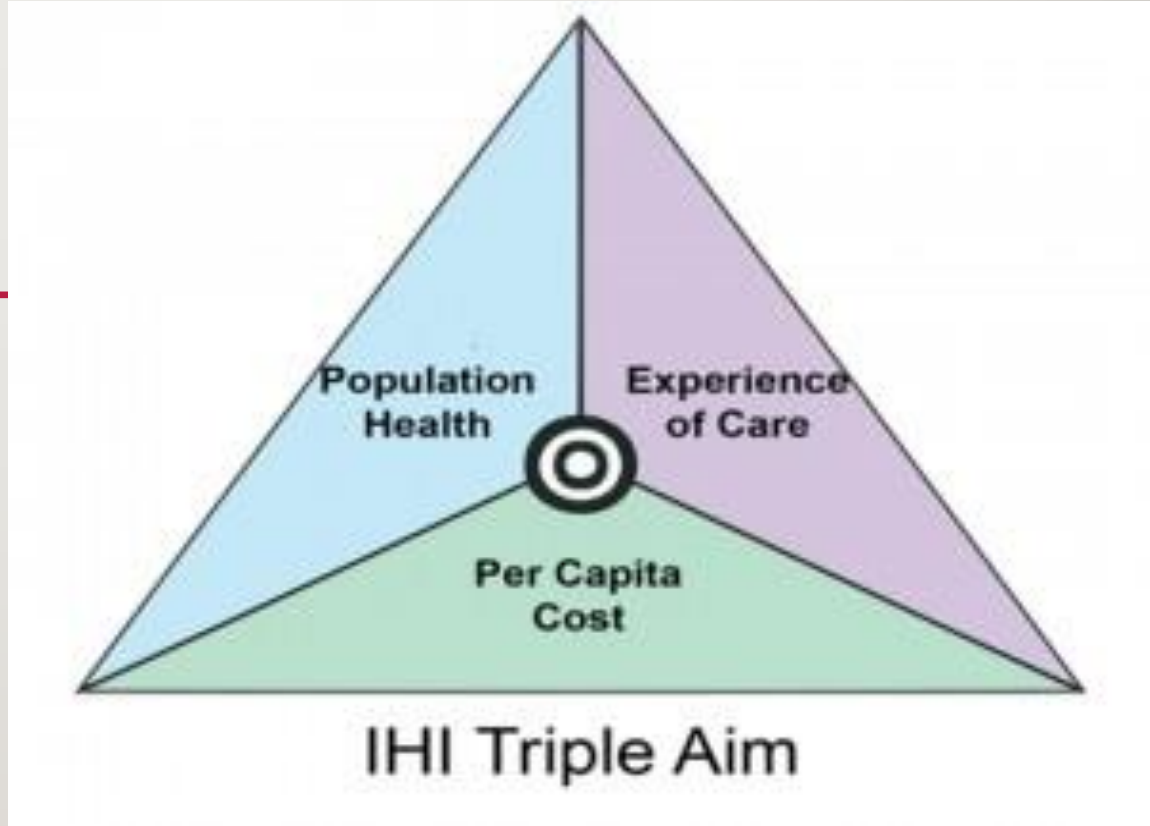
- 何謂以價值為導向的醫療照護?
- 為什麼要推動以價值為導向的醫療照護?
- 本書作者與目標讀者
- 如何提供以價值為導向的醫療照護?

何謂以價值為導向的醫療照護?

Michael Porter

IHI TRIPLE AIM

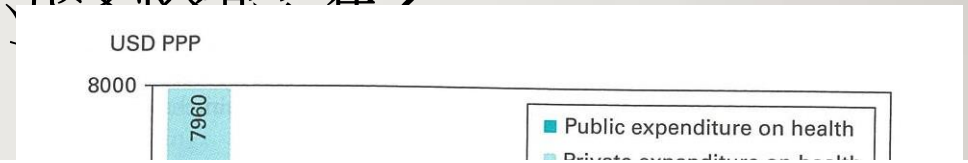
- Improve the experience of care
- Improve the health of populations
- Reduce per capita cost of healthcare



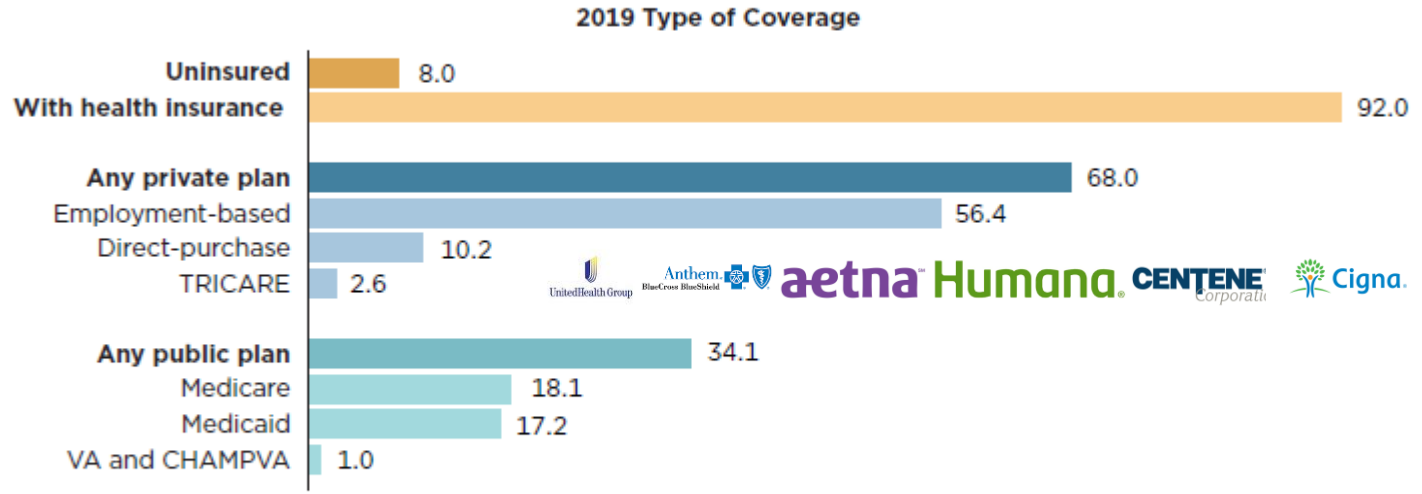
Input → Process → Outputs → Outcomes

為什麼要推動以價值為導向的醫療照護?

- 美國醫療服務不連續、無法預測
- 價格高昂
- 整體國民健康狀況在先進國家排名不佳



Percentage of People by Type of Health Insurance Coverage: 2019
(Population as of March 2020)



Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar20.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2020 Annual Social and Economic Supplement (CPS ASEC).

OECD Publishing; 2011. http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2011/health-expenditure-per-capita_health_glance-2011-60-en. Accessed January 3, 2013.)

有關作者們

COSTS of CARE

Christopher Moriates

Vineet Arora

Neel Shah

本書目標讀者

- 在第一線提供醫療服務的醫事人員。
- 機構、系統的規劃者

Table 16-3 A CEO checklist for high-value healthcare

Category	Item
Foundational elements	Governance priority—visible and determined by leadership by CEO and board
	Culture of continuous improvement—commitment to ongoing real-time learning
Infrastructure fundamentals	Information Technology best practices—automated, reliable information to and from the point of care
	Evidence protocols—effective, efficient, and consistent care
	Resource use—optimized use of personnel, physical space, and other resources
Care delivery priorities	Integrated care—right care, right setting, right providers, right teamwork
	Shared decision making—patient-clinician collaboration on care plans
	Targeted services—tailored community and clinic interventions for resource-intensive patients
Reliability and feedback	Embedded safeguards—supports and prompts to reduce injury and infection
	Internal transparency—visible progress in performance, outcomes, and costs

Source: Reproduced, with permission of the National Academy of Sciences. From Cosgrove D, Fisher M, Gabow P, et al. A CEO checklist for high-value health care. In: *Institute of Medicine*; 2012. http://www.iom.edu/Global/Perspectives/2012/CEOChecklist.aspx. Washington, DC.: National Academies Press.

PART1: INTRODUCTION TO VALUE IN HEALTHCARE

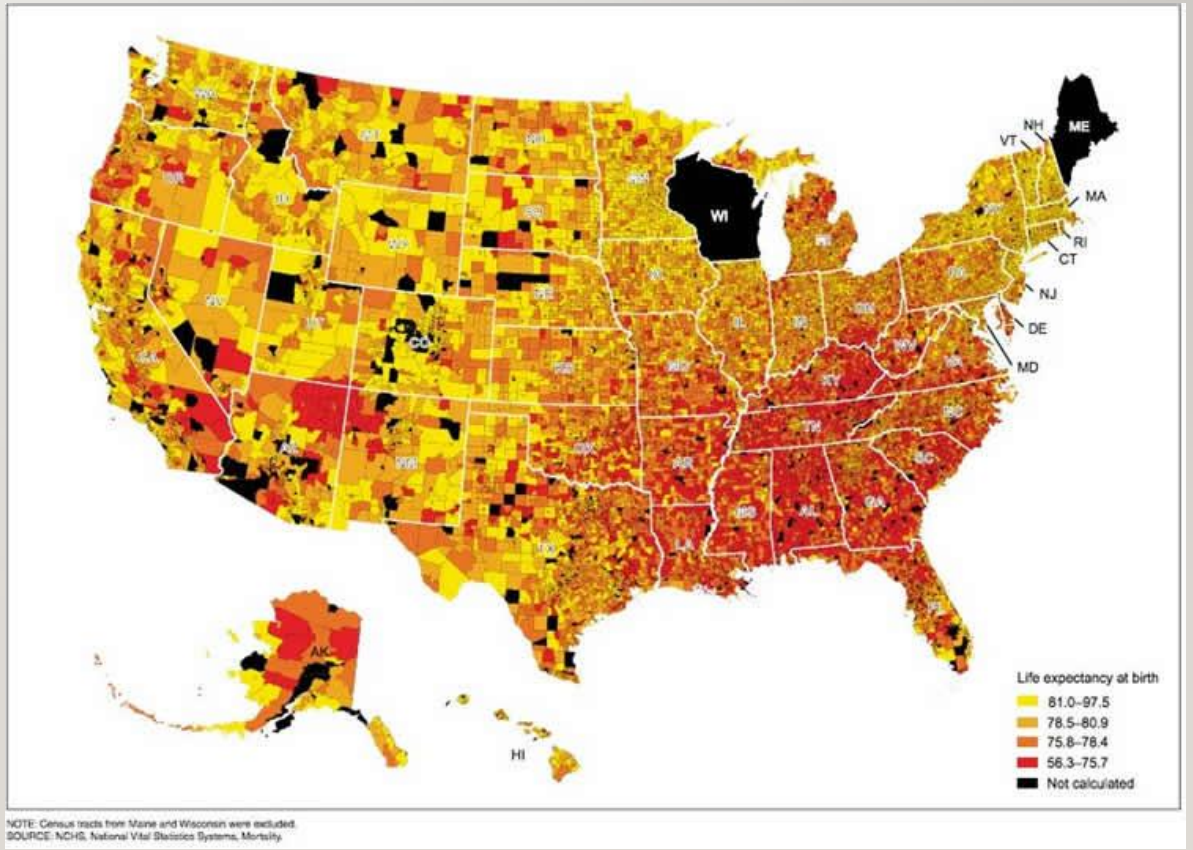
- 1 The Current State of Healthcare Costs and Waste in the United States
- 2 Paying for Healthcare in the United States
- 3 The Challenges of Understanding Healthcare Pricing
- 4 Defining Value: Connecting Quality and Safety to Costs of Care
- 5 A Changing Landscape: Cost Consciousness and Value in Healthcare Delivery
- 6 Ethics of Cost Conscious Care

PART 2: CAUSES OF WASTE

- 不必要的服務
- 因系統性錯誤或整合問題造成的醫療不足
- 過高的醫療服務價格
- 過高的行政費用
- 詐欺
- 錯失預防的機會

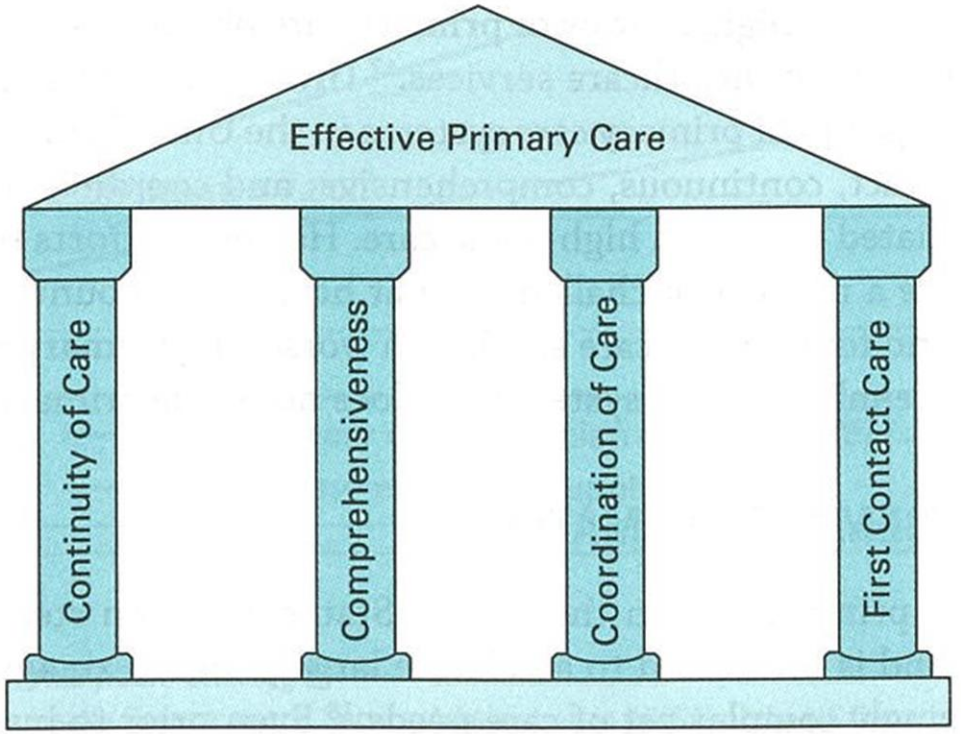
PART 2: CAUSES OF WASTE

- 7 The Importance of Zip Codes and Genetic Codes
- 8 Stents, Robots, and the Role of Technology Diffusion



PART 2: CAUSES OF WASTE

- 9 Primary Care Shortage Crisis: Lost Opportunities to Deliver Value



. The four pillars of effective primary care.

CAUSES OF WASTE

- 10 Barriers to Providing High-Val Care

Table 10-1 Barriers to high-value care

Barriers to High-Value Care	Examples
Misaligned financial incentives	A patient with viral pharyngitis is seen in the office because telephone care is not reimbursed.
Time pressure	A patient with a viral upper respiratory tract infection who asks for antibiotics is given a prescription because it takes less time than explaining why the patient does not need antibiotics.
Imprecise measurements	Insurance claims data do not account for clinical decision making based on individual patient characteristics, nor do they assess the quality of the patient experience.
Lack of education and training	Clinicians do not incorporate costs into decision making because they were not taught where to find costs of common tests and treatments.
Healthcare system fragmentation	A test done at another institution is repeated because the electronic medical records are not interoperable and the results are not available.
Local culture and hidden curriculum	The attending physician commends the medical student for working up a rare but unlikely diagnosis on his/her patient.
Discomfort with diagnostic uncertainty	Ordering the additional testing when the patient has a straightforward clinical diagnosis "just to be sure."
Fear of malpractice	Increased hospital admissions for atypical chest pain after a clinician was sued for a bad outcome when he/she sent a patient with chest pain home from the ED.
Patient expectations	A desire to please the patient by ordering advanced imaging for low back pain because the patient requests the study.

PART3: SOLUTIONS AND TOOLS

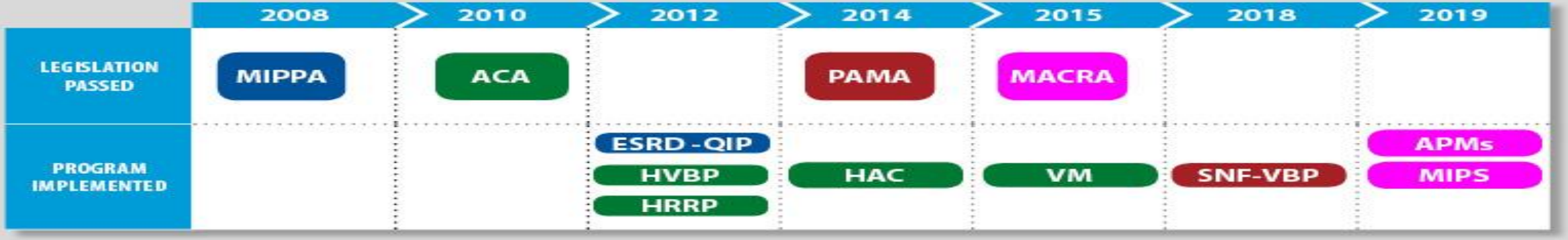
- 醫師養成訓練
- 病人角色
- 高成本效益的給藥行為
- 適當的篩檢
- 利用經濟動機改變醫療行為

PART3: SOLUTIONS AND TOOLS

- 11 Building A Pipeline of Change: **Teaching** About Cost Awareness and Evidence-Based Medicine
- 12 The Role of Patients: Shared Decision Making, **e-Patients**, and Consumer-Directed Healthcare.
- 13 **High-Value Medication Prescribing**
- 14 **Screening and Prevention** : Balancing Benefits with Harms and Coasts
- 15 Shifting Incentives : Moving Reimbursement **from Volume to Value**
- 16 Implementing Value-Based Initiatives : A New Challenge for Clinicians and Healthcare Systems

CMS.gov
Centers for Medicare & Medicaid Services

VALUE-BASED PROGRAMS



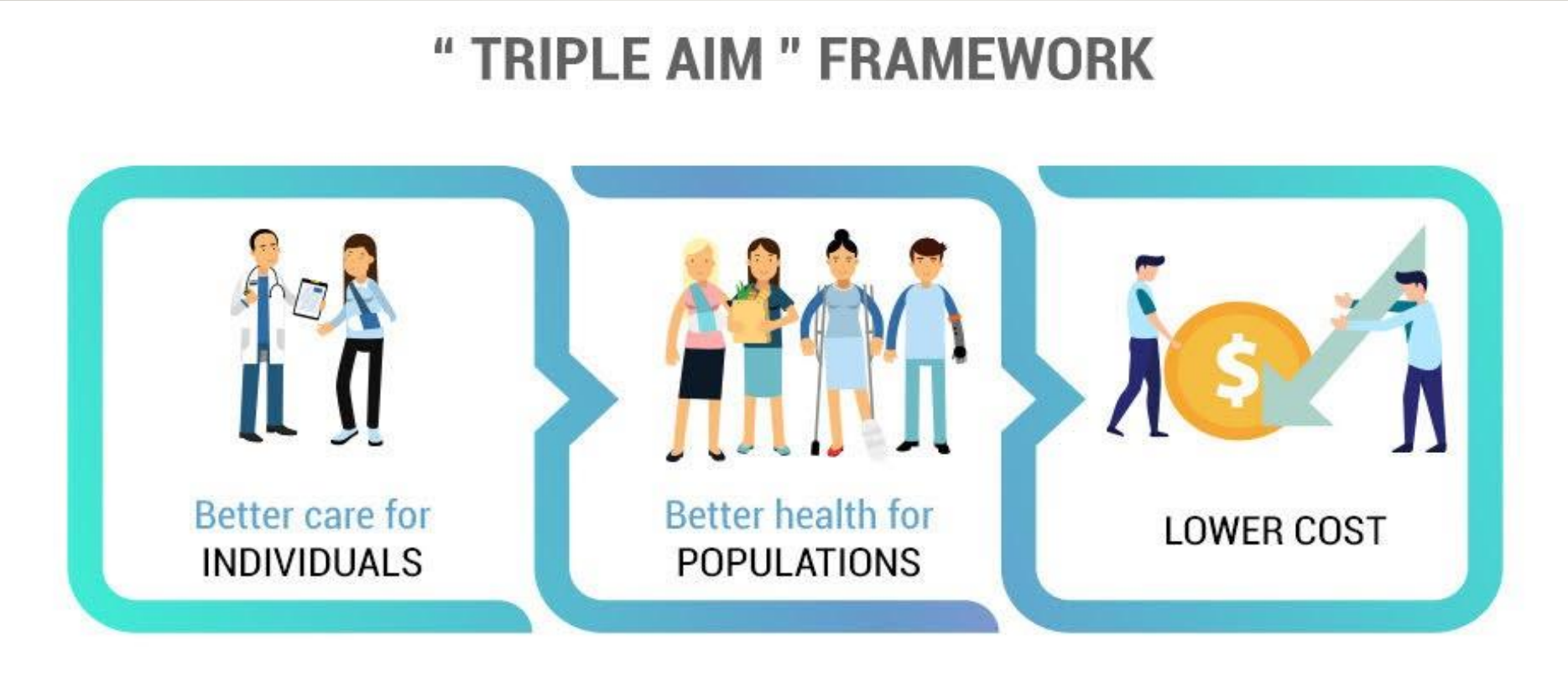
LEGISLATION

ACA: Affordable Care Act
MACRA: the Medicare Access & CHIP Reauthorization Act of 2015
MIPPA: Medicare Improvements for Patients & Providers Act
PAMA: Protecting Access to Medicare Act

PROGRAM

APMs: Alternative Payment Models
ESRD-QIP: End-Stage Renal Disease Quality Incentive Program
HACRP: Hospital-Acquired Condition Reduction Program
HRRP: Hospital Readmissions Reduction Program
HVBP: Hospital Value-Based Purchasing Program
MIPS: Merit-Based Incentive Payment System
VM: Value Modifier or Physician Value-Based Modifier (PVBM)
SNFVBP: Skilled Nursing Facility Value-Based Purchasing Program

THANK YOU


" TRIPLE AIM " FRAMEWORK
Better care for
INDIVIDUALS
Better health for
POPULATIONS
LOWER COST