The world is a book and be who does not travel

he who does not travel reads only one page St Augustine

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### 63 Countries, 250 Occasions





## KPMG

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## Same policies, Different flags

Prevention and promotion across public and private sectors

Population and patient **segmentation** and **stratification** 

Scaled-up primary care

Centralised and localised clinical services as necessary Clinical pathways supported by improvement science

Workforce development and motivation

Hospitals as health systems

Medical home as a hub for aged care

Community-based mental health services

Patients as **partners**. Communities as **carers**. A **dignified death**.

## **KPING** Same policies, Different flags

ET US IMPLEMENT THE PUBLIC HEALTH LAW TO THE LETTER

PYONGYANG, KOREA JUCHE 104 (2015) All countries are thinking the same things, but few seem to succeed in achieving them:

"Concentrating efforts on inpatients is an outmoded model"

"We must look to strengthen preventative medicine"

"We must devote our great energy to a technological revolution in healthcare"

"Services must suit the characteristics of each section of the population"

## **KPING** Five examples of large scale change



## KPING 1. Care System Redesign



The Vanguards: 50 English regions working as blueprints for new care models:

9 integrating primary and acute care

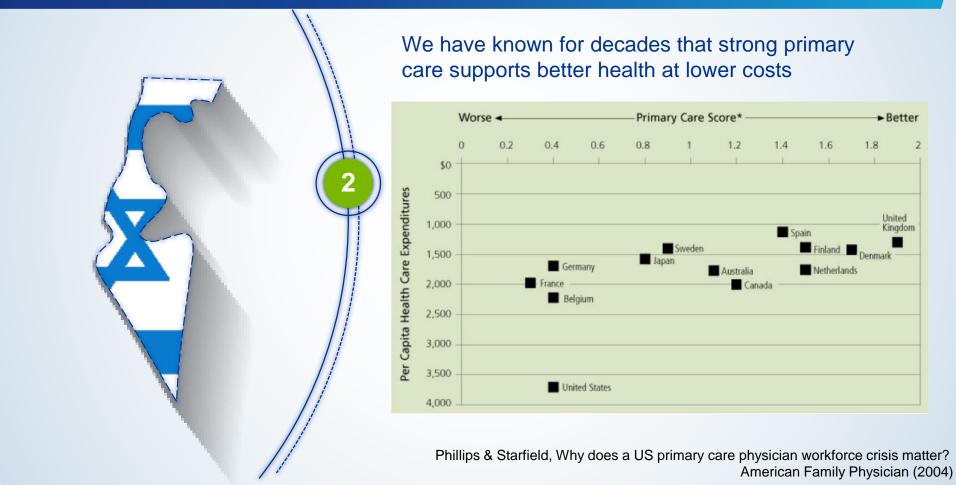
**14** moving specialist care out of hospitals

6 enhancing health in care homes

8 developing new approaches to emergency care

13 linking small hospitals that aren't viable alone

## **KPIMG** 2. Strengthened Primary Care



## **KPING** 2. Strengthened Primary Care



# Israel: A truly primary care led health system

Spends 1/5 less on healthcare than OECD but people live three years longer

#### Action

Clalit introduced predictive algorithm for all hospital admissions to estimate readmission risk

List of 'high risk' patients built into EHR so primary or hospital doctor can can phone up post-discharge.

#### Outcome

After three months, **4% reduction** in readmission rates for high risk patients

## ид 3. Workforce redesign



## Japan: Mastering the 'whole of society approach to aged care.

World's oldest society, with >25% over 65

Postal workers look in on older residents on their rounds

Huge effort to mobilize volunteerism among older generation e.g. 'dementia friends' and 'silver resource centers'

Services and tech sectors see ageing as an opportunity, not a cost

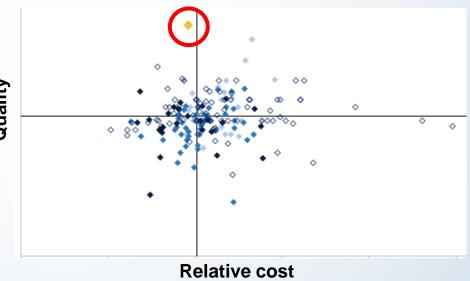
## **KPMG** 3. Workforce redesign



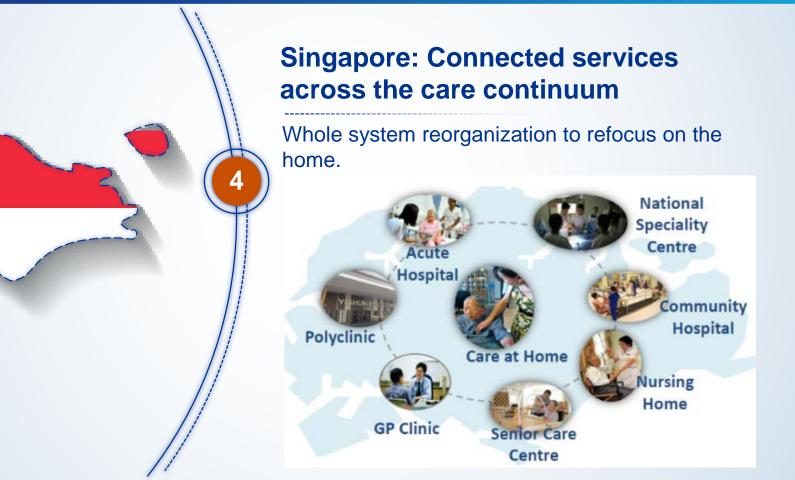
## **Buurtzorg**, Netherlands

Self-managing neighborhood teams held to account on outcomes: 8,000 nurses, no managers.

**Cost-Quality comparison of Dutch home care providers** 



## **KPING** 4. Connected Healthcare



## KPING 4. Connected Healthcare



#### Action

In 2009, Agency for Integrated Care created, with five provider clusters led by hospital CEOs

#### Outcome

SPICE: Community medical teams into nursing homes. *Halved A&E visits from care home residents* 

HOME: Advanced end of life care. 70% die in preferred place (up from 28%)

ACTION: Hospital-to-home transition teams. *Readmissions down 40% for this group.* 

### **PMG** 5. Patients as Partners



## Narayana Health System: Necessity the mother of innovation

Working towards a goal of \$800 heart surgeries

#### **Action**

Care Companion scheme is training caregivers as health workers on the ward

#### Outcome

Readmission rate **down 24%** and **36% fall** in complications, with near-perfect satisfaction scores.

Over **50,000 caregivers** now trained across 25 hospitals.

### **5.** Patients as Partners



## **Discovery Vitality: Sharing the savings from prevention**

#### **Action**

Discovery has created an incentive-based wellness insurance model

Savings from prevention used to fund discounts that incentivize behavior change

#### **Outcome**

Members show reduced care costs, healthier diet and better outcomes

The IoM has highlighted four key ingredients:



A sustainable vision



Designing care from patients' perspectives Systems, not organisations of care



Enabling regulatory and financial environment

## *KPMG* Three key barriers to change



## **KPIMG** Three key barriers to change

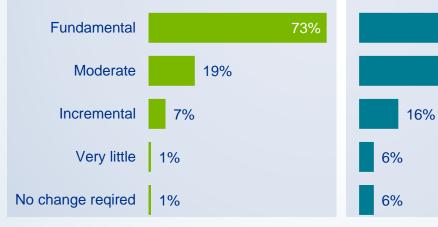


What is the scale of change required in the healthcare sector in your *country*?

What is the scale of change required in you *organisation*?

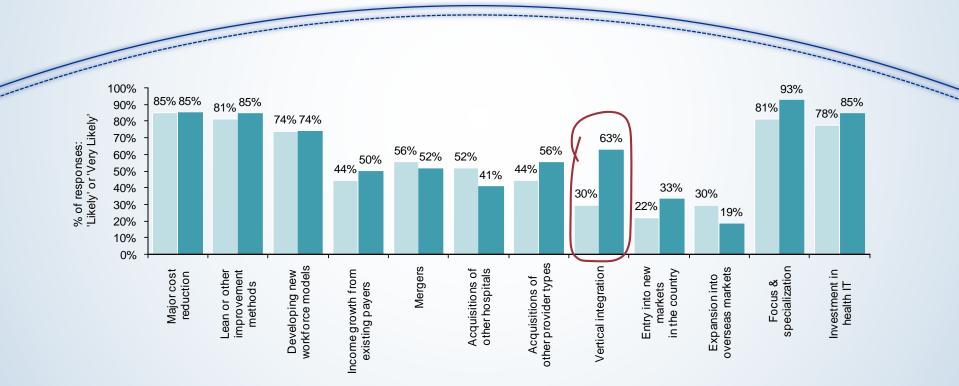
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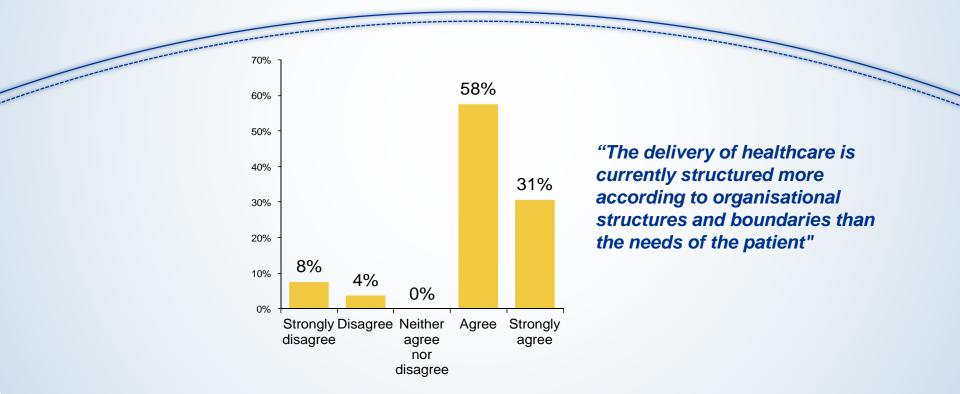
## *KPING* Three key barriers to change

## Transaction trumps 2



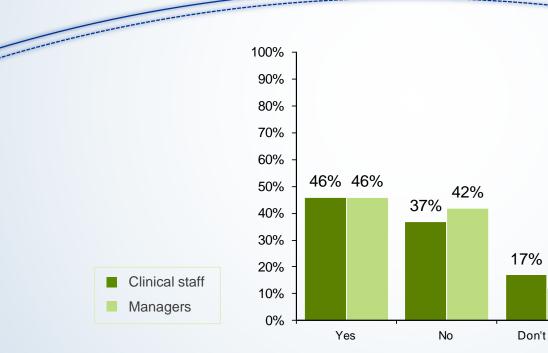
## **KPING** Three key barriers to change





#### Three key barriers to change РМĠ

Failure to engage the emotional side of change



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

12%

Don't know



Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less Marie Curie

