

The Global Debate About Universal Coverage:

How Can Our Health Systems Deliver Health Outcomes?

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Five thought-starters...

1

If lifespan keeps rising at the same rate, **most children born today could live to 100** in some countries

2

Healthcare costs have grown **2% faster than GDP for over 40 years** in the OECD, exacerbating fiscal crisis

3

Changing demographics and epidemiology will put further **pressure on health systems** and households

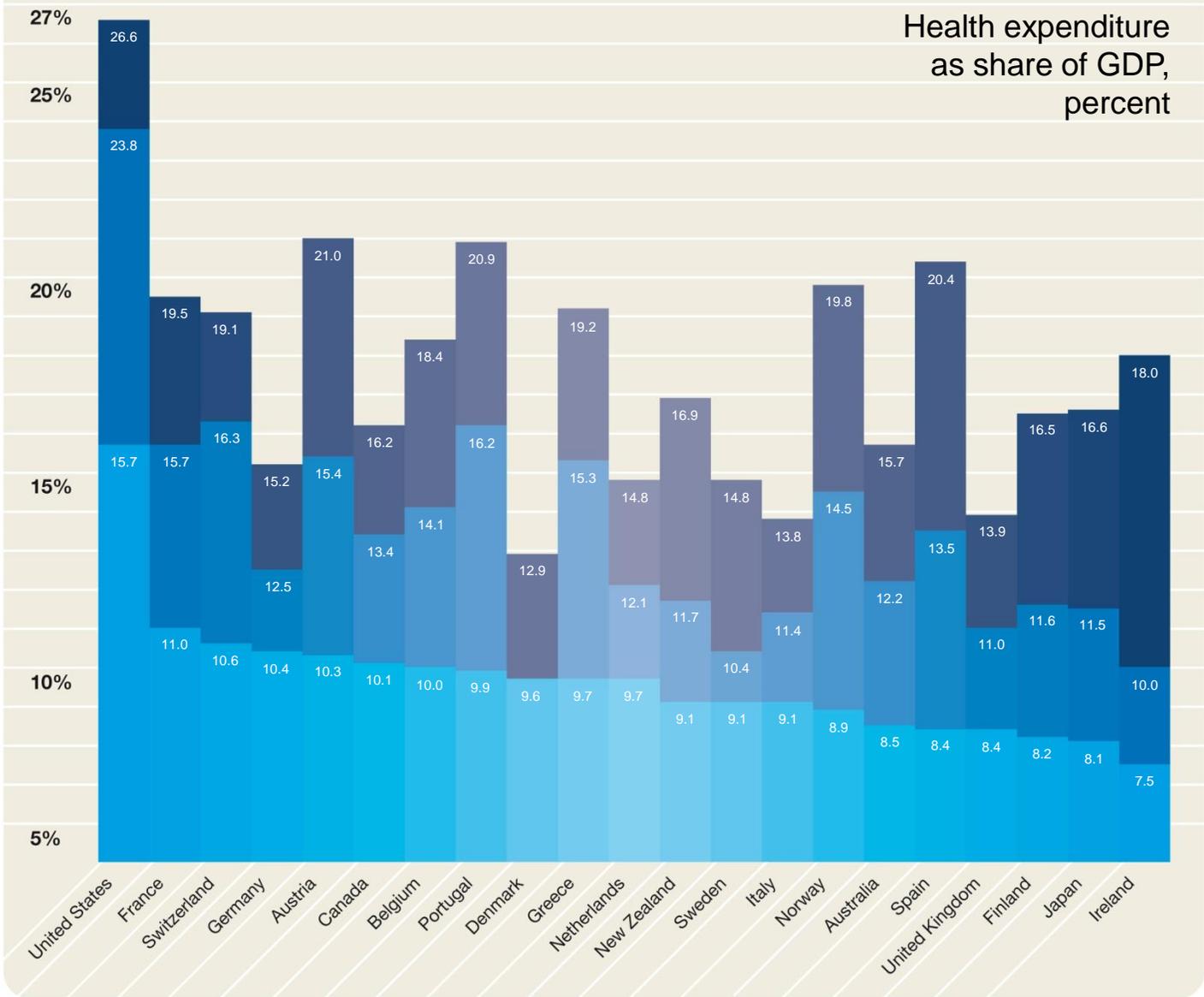
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Improving population health status and financial protection yields **substantial economic benefits**

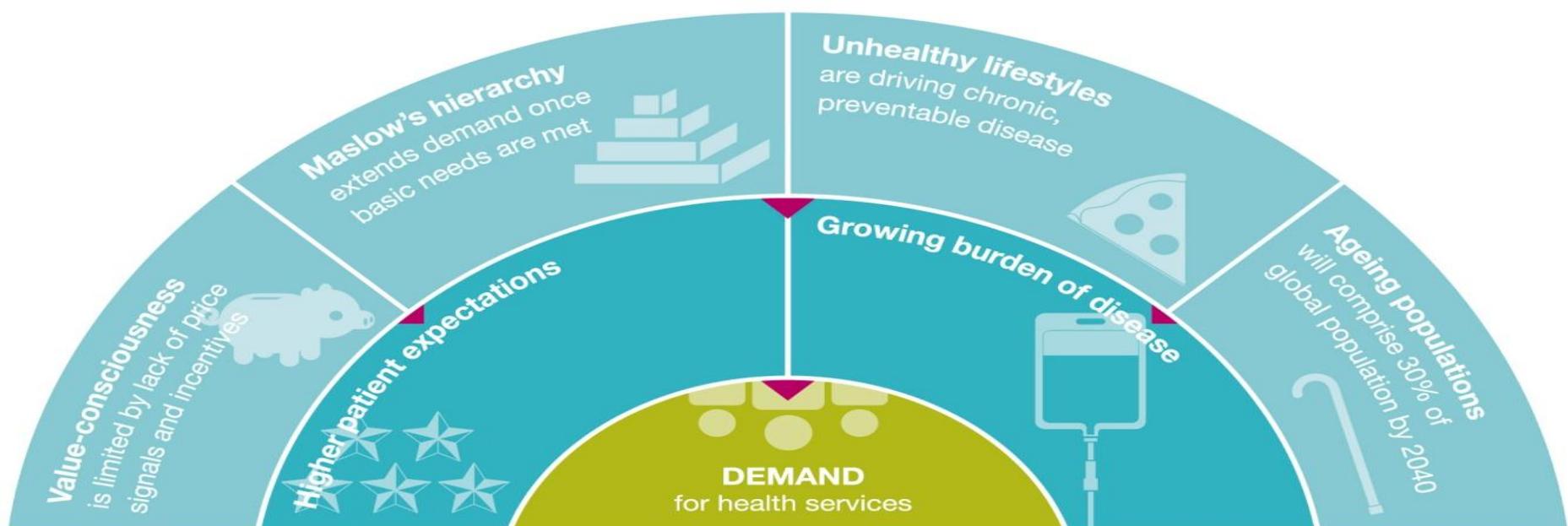
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Healthcare projected to be the **largest source of job creation** in many OECD countries in the next decade

Projected expenditure to 2040



- Key**
- 2040 High*
 - 2040 Baseline
 - 2007

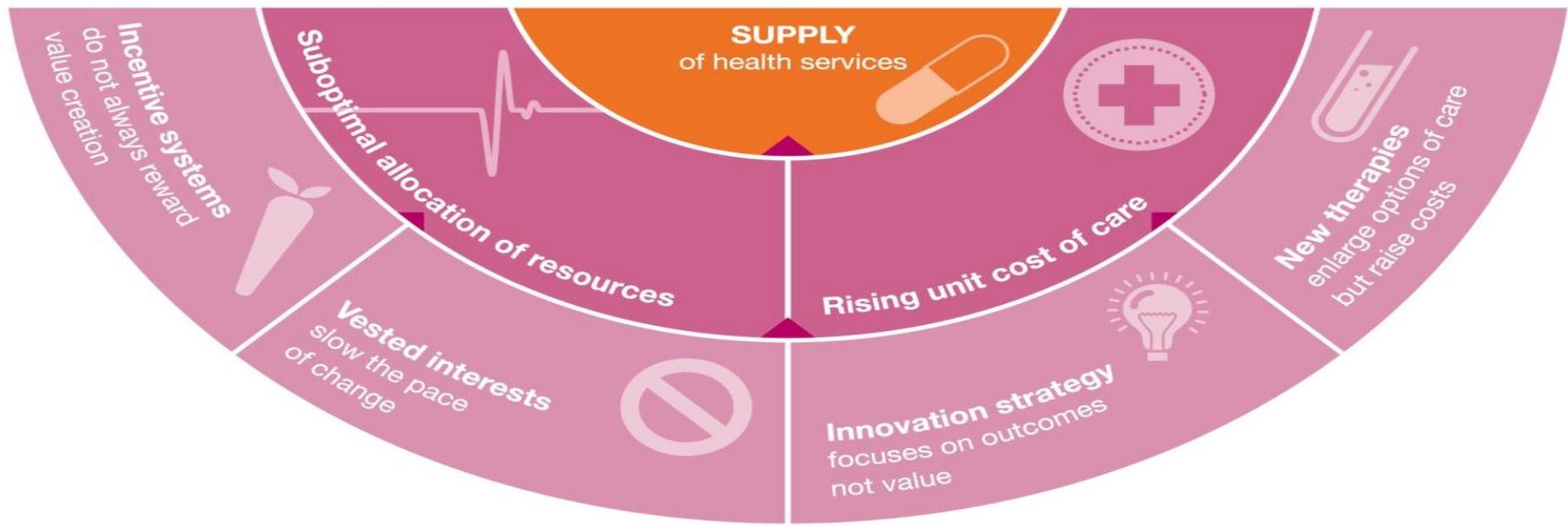


Payment systems offer little financial incentive for patient to minimise cost

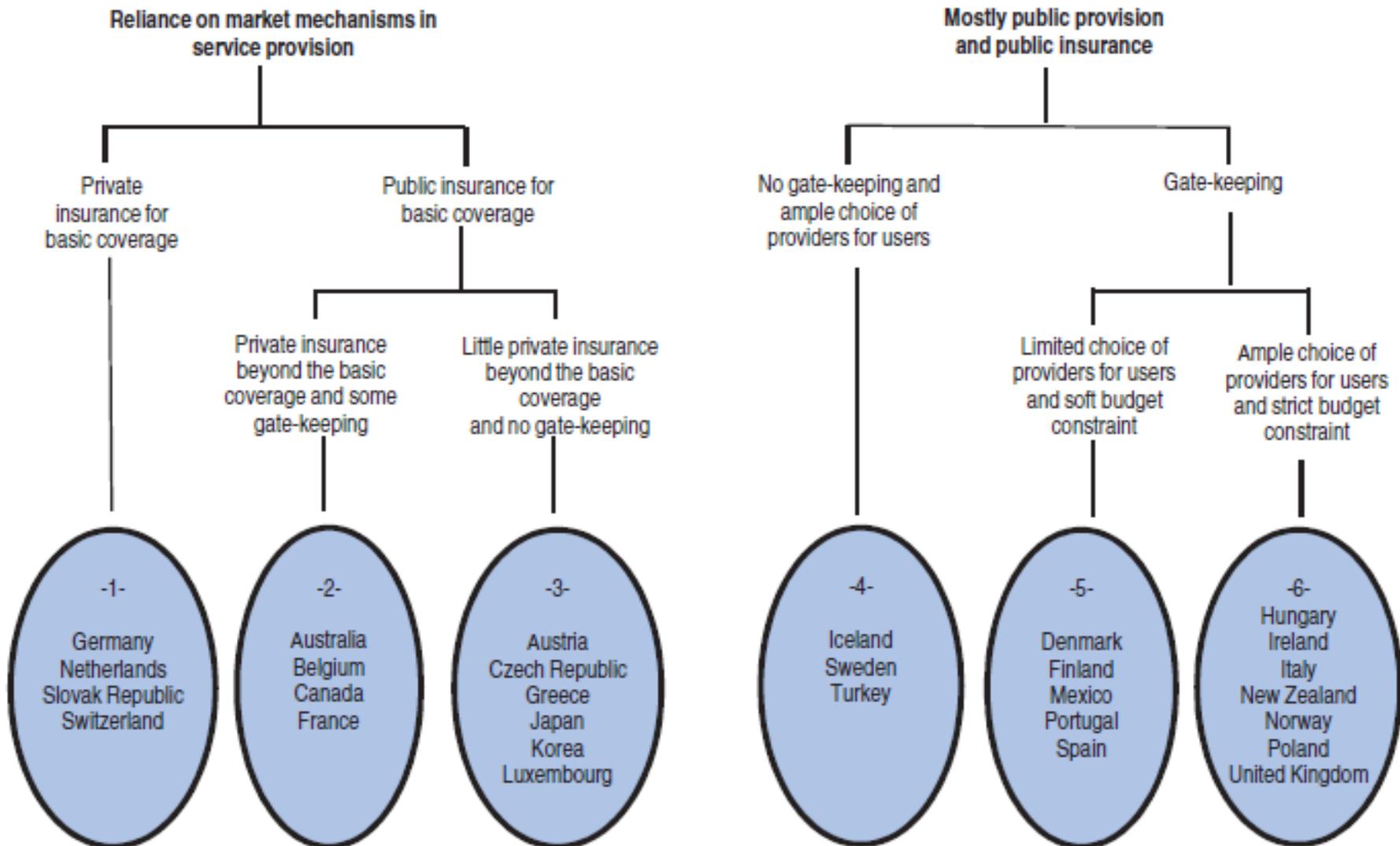
Increasing capacity induces demand

Lack of performance transparency prevents matching demand to the most productive supply

Improved survival rates imply more years of treatment

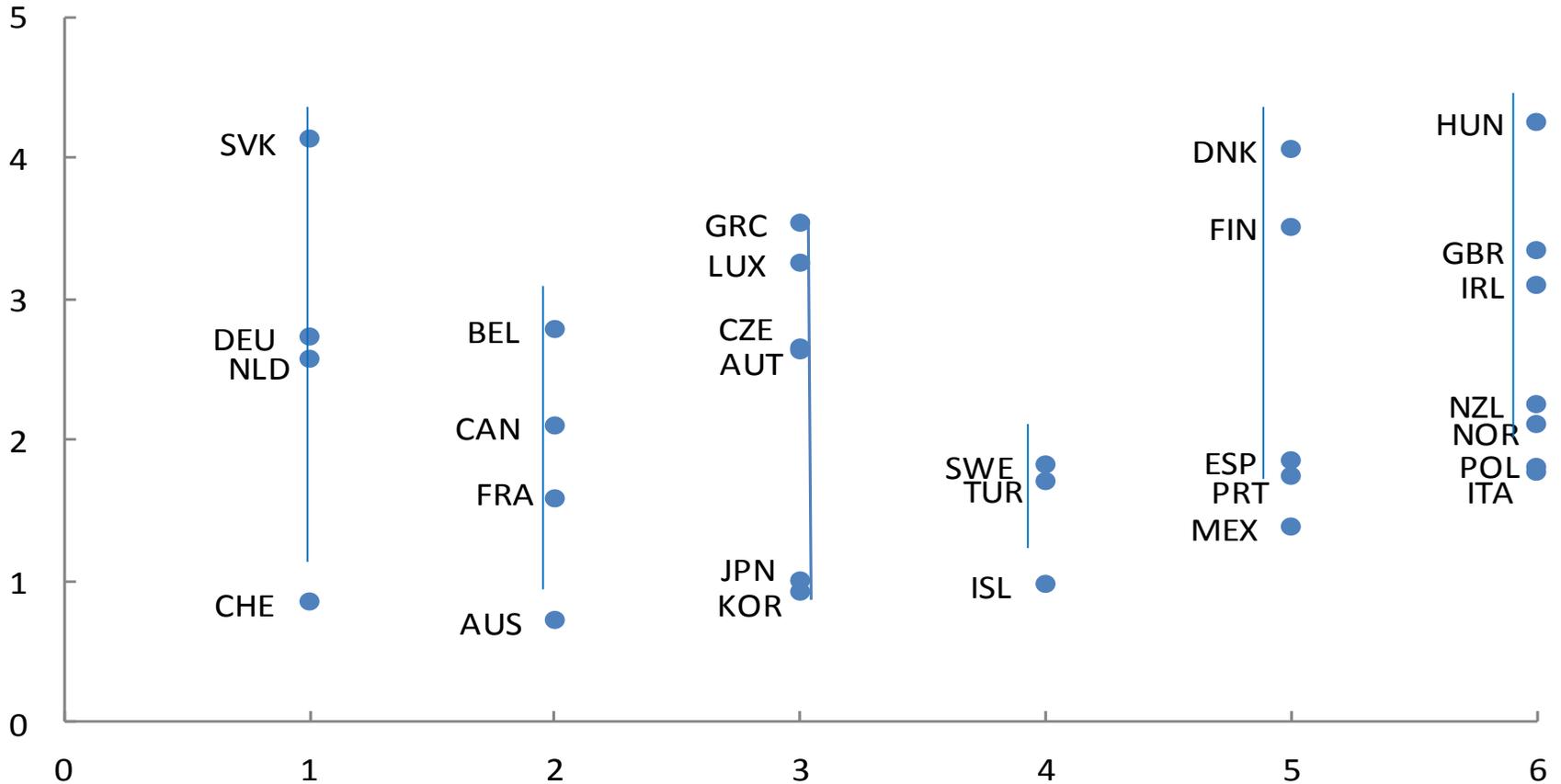


Which Model Performs Best in the OECD?



Performance and efficiency varies more within groups of countries than across them...

Potential gains in life expectancy (years, DEA)



Why are we interested in Science of Delivery?

Despite technology available to address most health problems, delivery challenges may prevent/impede the right technologies from reaching the right people at the right time.

In other words, the gap between efficacy and effectiveness



Can be addressed by Science of Delivery

Delivery of Science

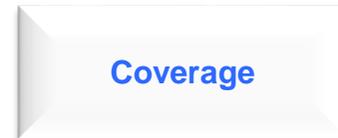
Science of Delivery



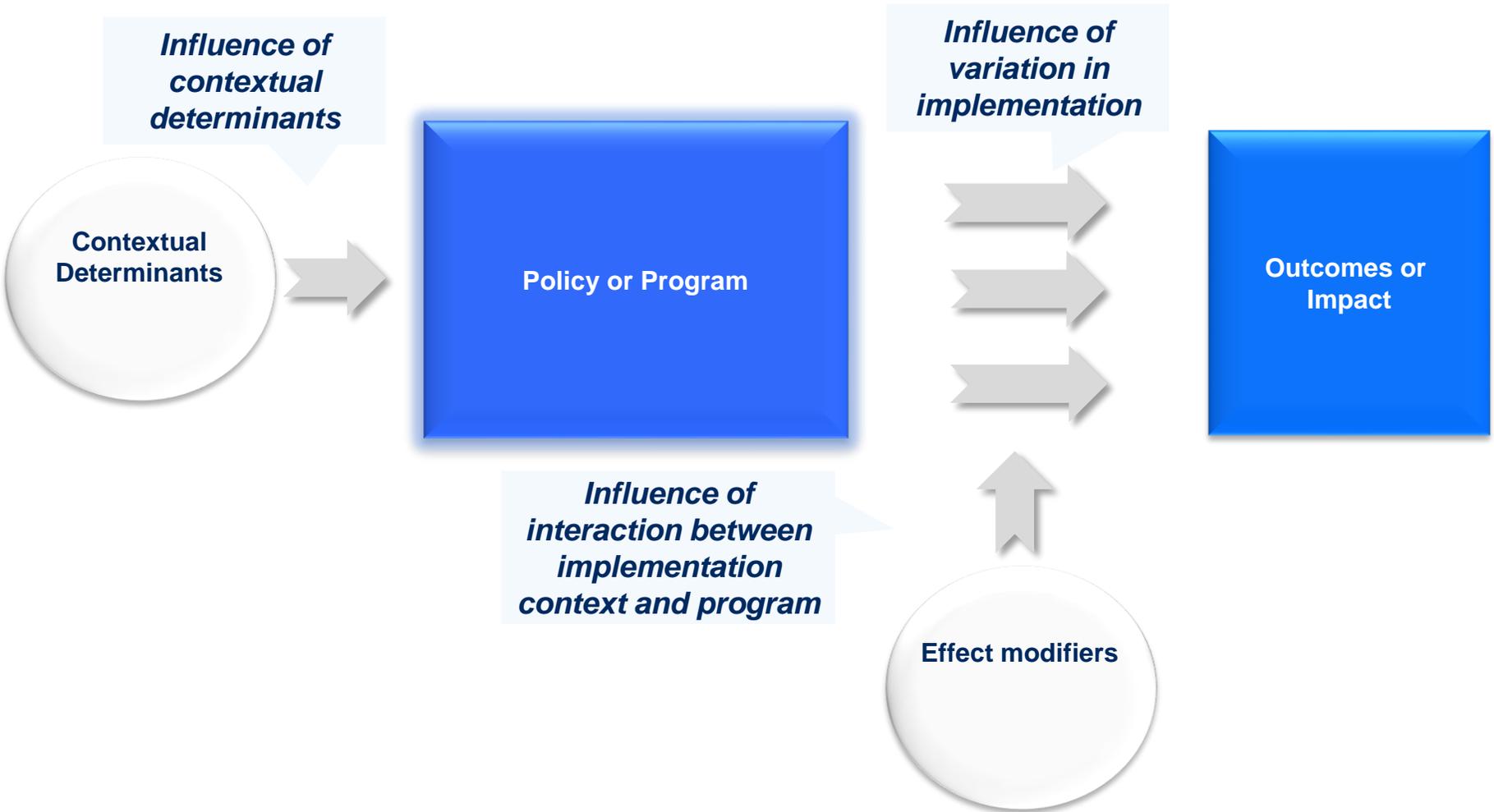
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Science of Delivery





Providing health insurance options

Developing plans

- Modeling costs
- Assessing Fiscal space
- Revenue raising
- Assessing supply and demand

Targeting

- Inclusion criteria
- Means testing
- Use of smart cards

Uptake

- Create demand
- Make benefit package explicit
- Enrollment
- Pooling
- Purchasing
- Paying

Stepping stone models

Goal

Example models

Benefit

Reduce fragmentation

- Franchises, provider networks, professional associations

- Increase transparency and make regulation less costly

Change incentives

- Network (MHO) models, accreditation, franchises, pay-for-performance

- Align provider incentives with patient need for quality, affordability, and access

Provide subsidies

- Insurance, vouchers, output-based aid

- Increase access to higher quality care for the poor and expand use of key interventions

Educate patients

- Social marketing, rural cooperatives, CCTs, consumer associations

- Increase demand for effective interventions

Leverage technology

- Telemedicine, call centers, cell phones, Electronic Med Records

- Increase efficiency, consistency, and quality

When does Science of Delivery work best?

- Understanding political economy
- Ensuring buy-in from clients
- Using multi disciplinary tools to understand local context and assess feasibility
- Foreseeing, preempting, controlling for variation in implementation
- Implementing real time evaluations

Big choices for governments and society as a whole:

DO LESS

- Ration access to care by restricting coverage or narrowing benefits
- Impose cash-limited budgets and allow wait times to rise
- Shift more of the burden to employers or households

DO MORE

- Increase financing to health by raising general taxation
- Boost health budget by prioritising over other publicly funded services

- Transform healthcare to radically raise productivity

7 Levers to Raise Productivity, Sustain Financing and Improve Outcomes

01 Measure value and invest for the greatest returns

02 Foster skills and will to create value conscious consumers

03 Pay for value not for volume or based on “norms”

04 Proactively reach out to predict and prevent ill health and manage disease

05 Reinvent the delivery system with evidence-based models of care

06 Invest in technology innovations that lower cost and raise quality of medical services

07 Implement modern management practices and focus on performance