



Collaborative for  
Health Sector Strategy



Rotman School of Management  
UNIVERSITY OF TORONTO

# Creating Value in Canadian Healthcare: More, Better Care for the Dollars We Spend

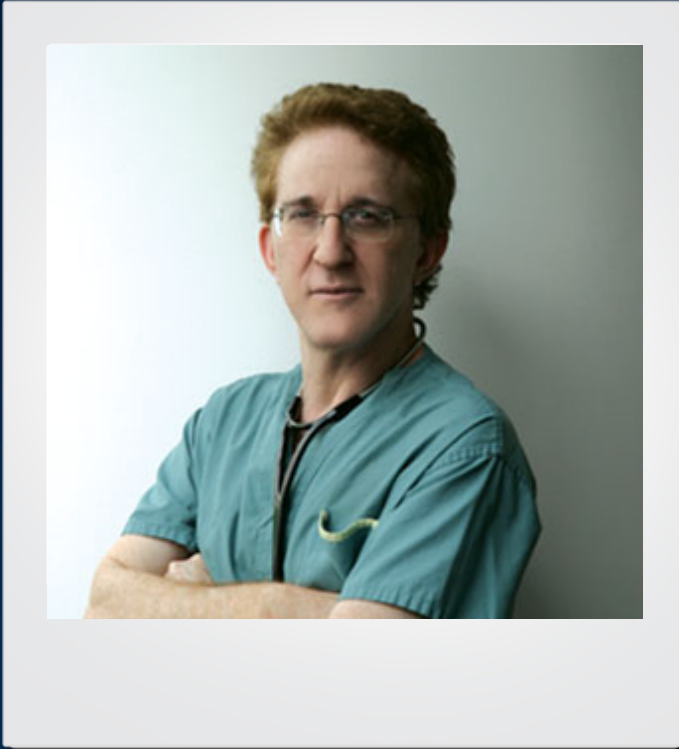
Breakfast with the Chiefs, Rotman School of Management  
June 10<sup>th</sup> 2010

**BRIAN R. GOLDEN, PhD**

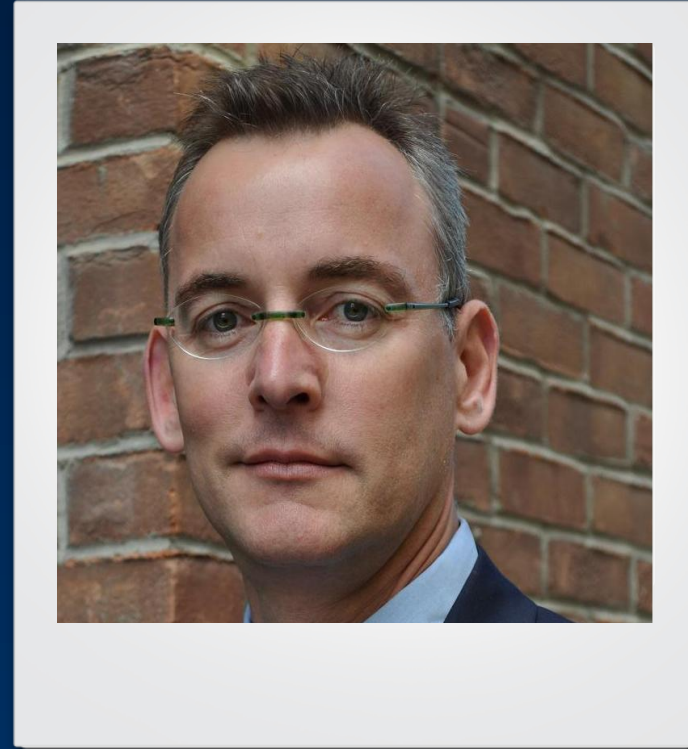
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Dr. Brian Goldman  
Mt. Sinai Emergency Physician  
Host: CBC's *"White Coat, Black Art"*



Dr. Brian Golden  
University of Toronto

*"Not the kind of doctor who can help you"*

# Outline

- I. Value in Healthcare
- II. Ontario's Experience in Home Care
- III. A View from the Field: Shirlee Sharkey

# Value



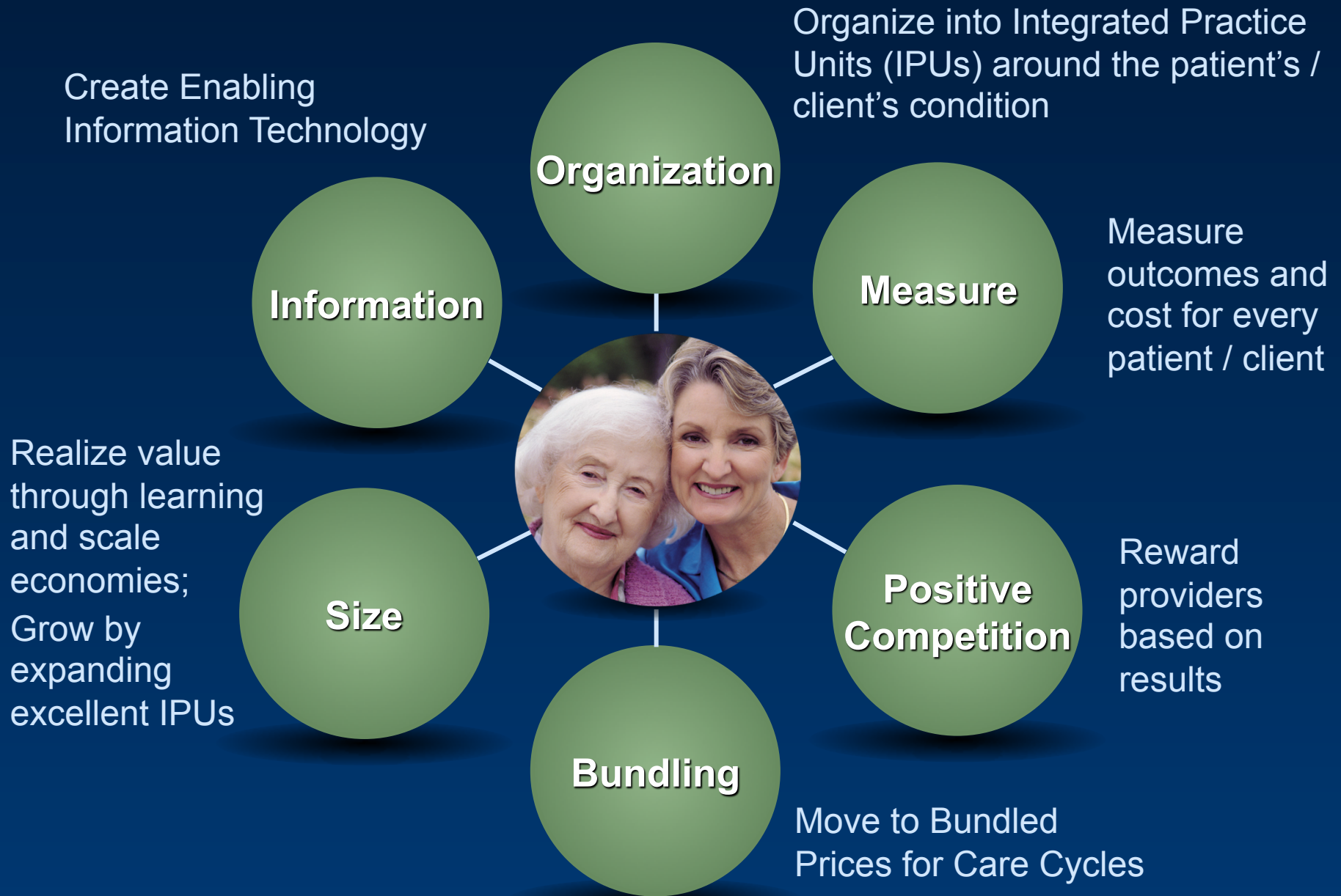
**Quality of the  
person's experience**

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**Dollars spent**

- For the full cycle of care
- Quality includes clinical outcomes and the person's experience

# Principles of Value



# The Person's Condition



**A person's condition is an interrelated set of clinical or social circumstances best addressed in an integrated way**

- Defined from that person's perspective
- Including the most common co-occurring conditions and complications
- Involving multiple specialties and services

**The person's condition is the  
unit of value creation in health care  
delivery**

# Driving Improvement

Broad expertise develops over the care cycle for the patient.

Attention to results enables and encourages improvement.



Adapted from: Michael E. Porter and Elizabeth O. Teisberg (2006)

# Breast Cancer Care in Taiwan



## The Sun Yat-Sen Cancer Center (SYS)

NT\$



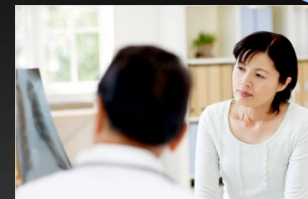
Screening



Diagnosis & Staging



Treatment

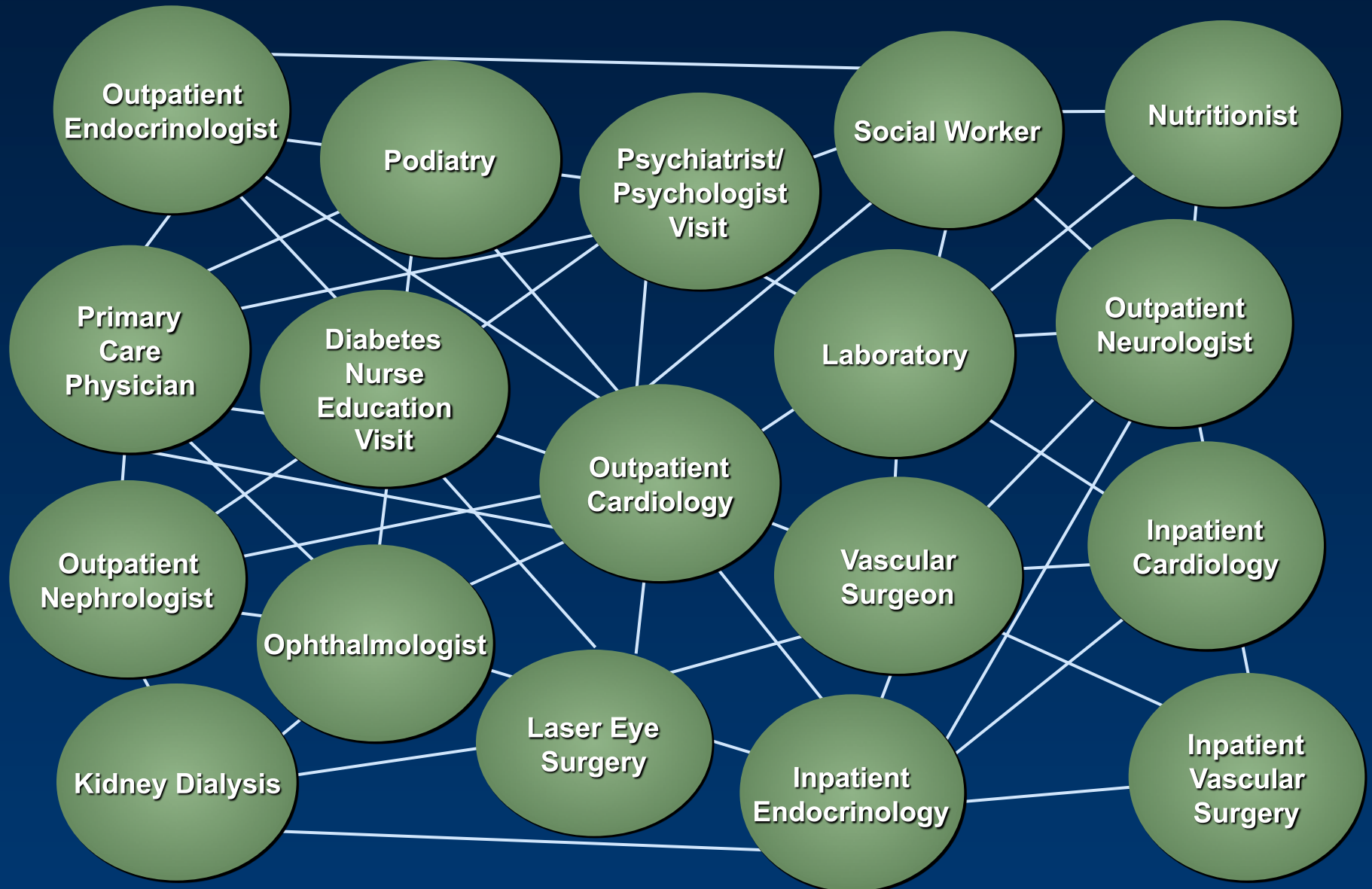


Follow-up

### SYS vs. Taiwan Breast Cancer Patient Survival Trend Over Time, 1990-2006

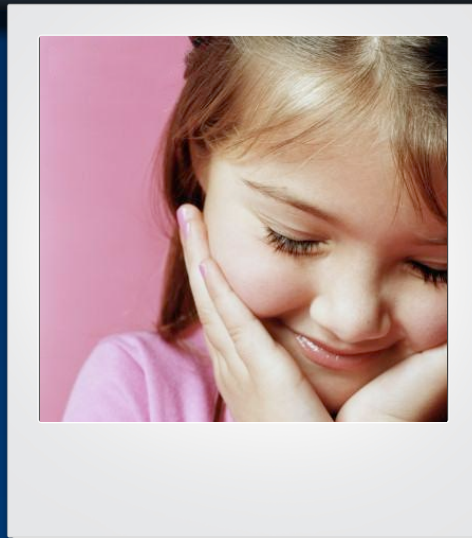
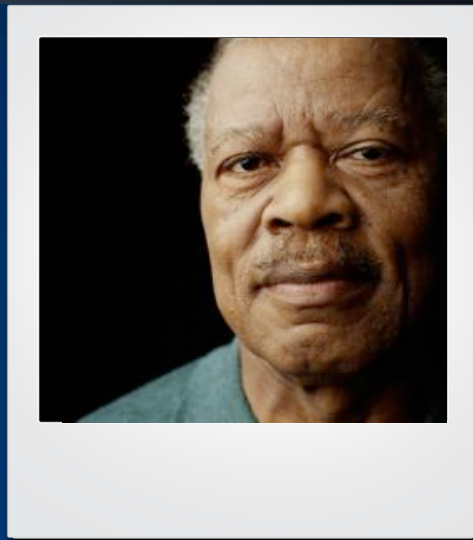
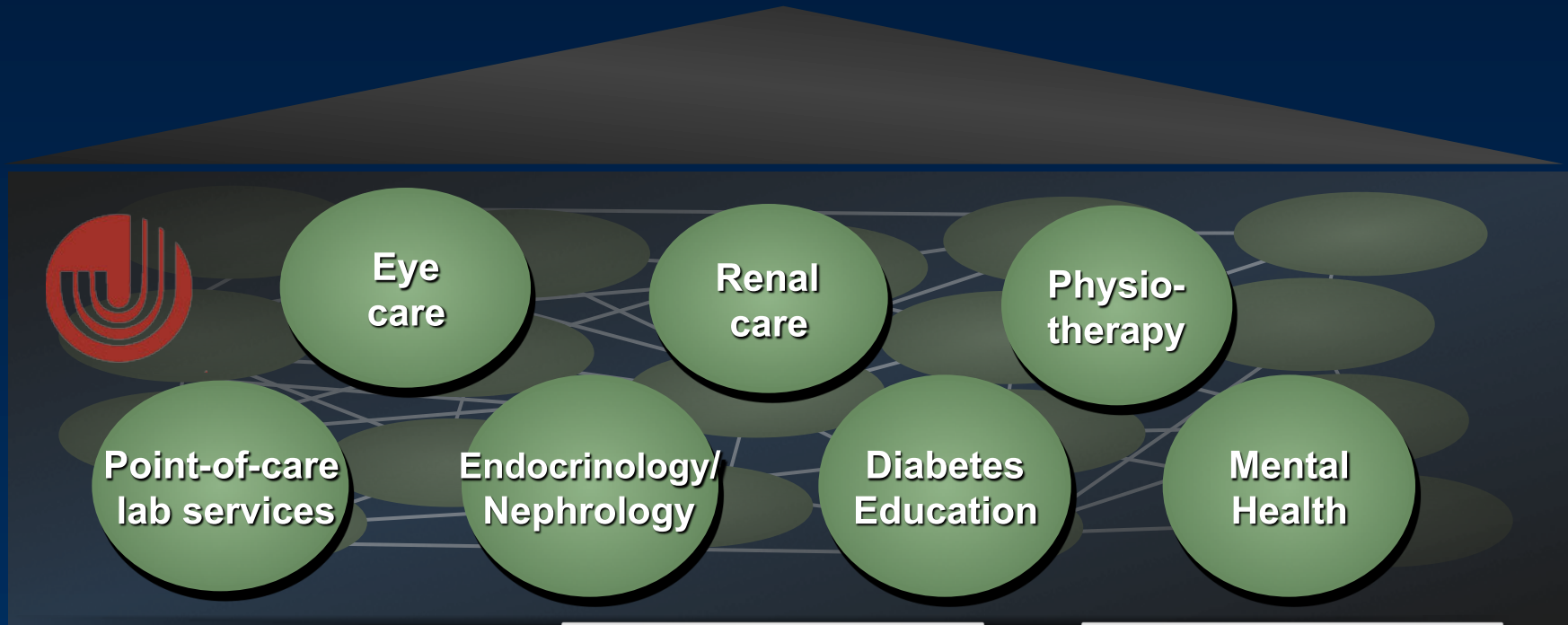
	Stage I	Stage II	Stage III
SYS, '90-'97	93.0%	88.7%	60.8%
SYS, '98-'02	97.0%	90.6%	69.4%
SYS, '03-'05	96.9%	95.5%	80.5%
All Taiwan, '02-'06	93.4%	86.7%	61.9%

# Typical Care Structure: Diabetes



Adapted from: Michael E. Porter and Elizabeth O. Teisberg (2006)

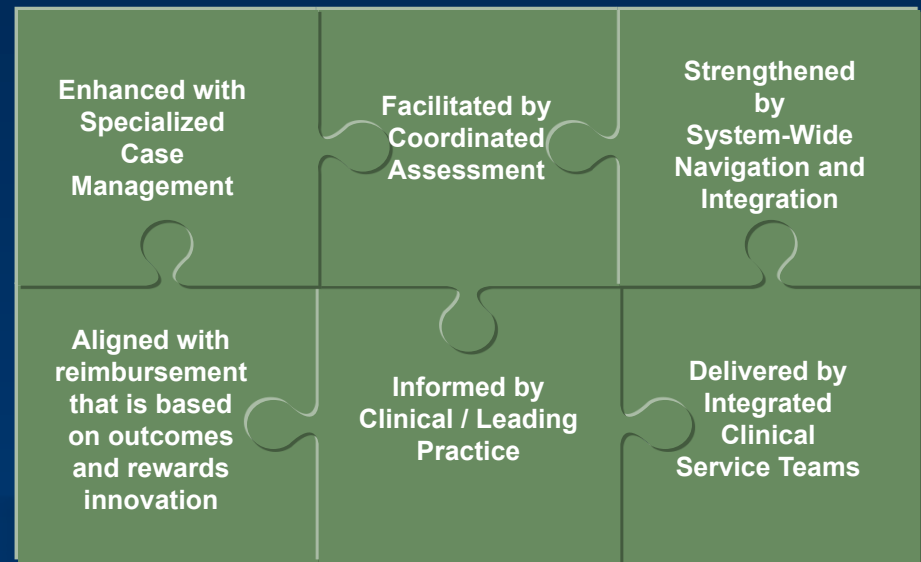
# The Joslin Diabetes Center



# From Principles to Practice



## Integrated Client Care Project

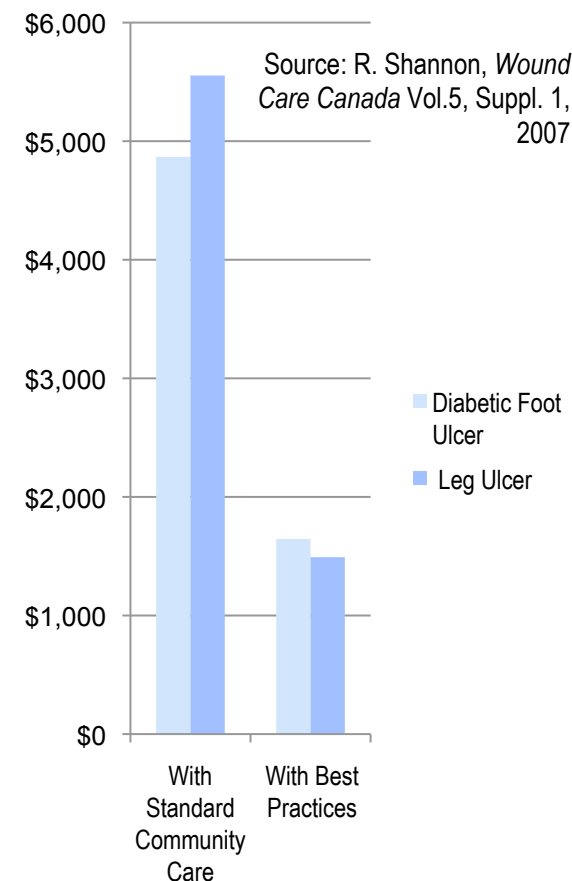


# Wound Care: An Opportunity to Enhance Value

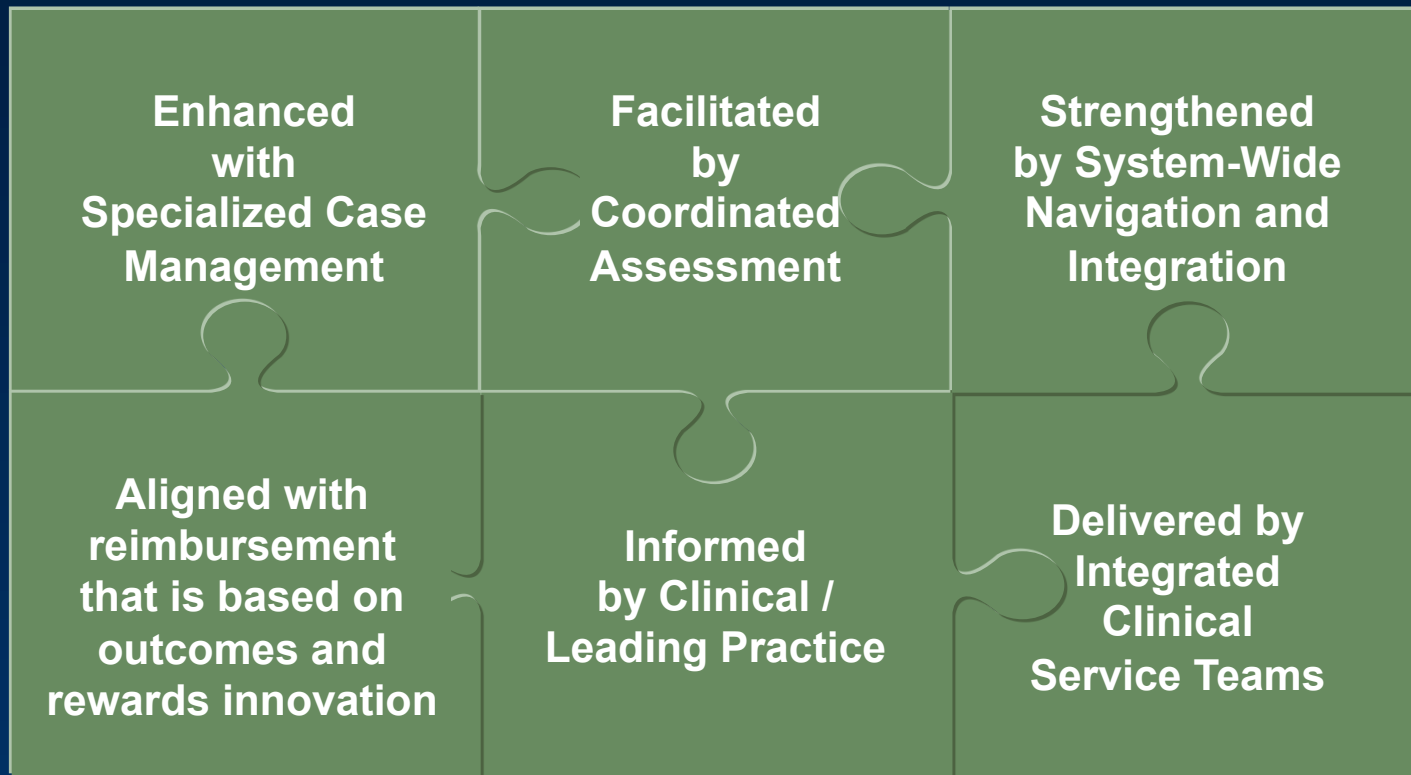
## Costs by Wound Type

- Consistent application of “best practices” reduces per client costs (R. Shannon, 2007)
- Sixty-six percent cost savings for leg and diabetic foot ulcers

### Cost of Wound Care per Client by Wound Type



# Improved Value for the Client will be:

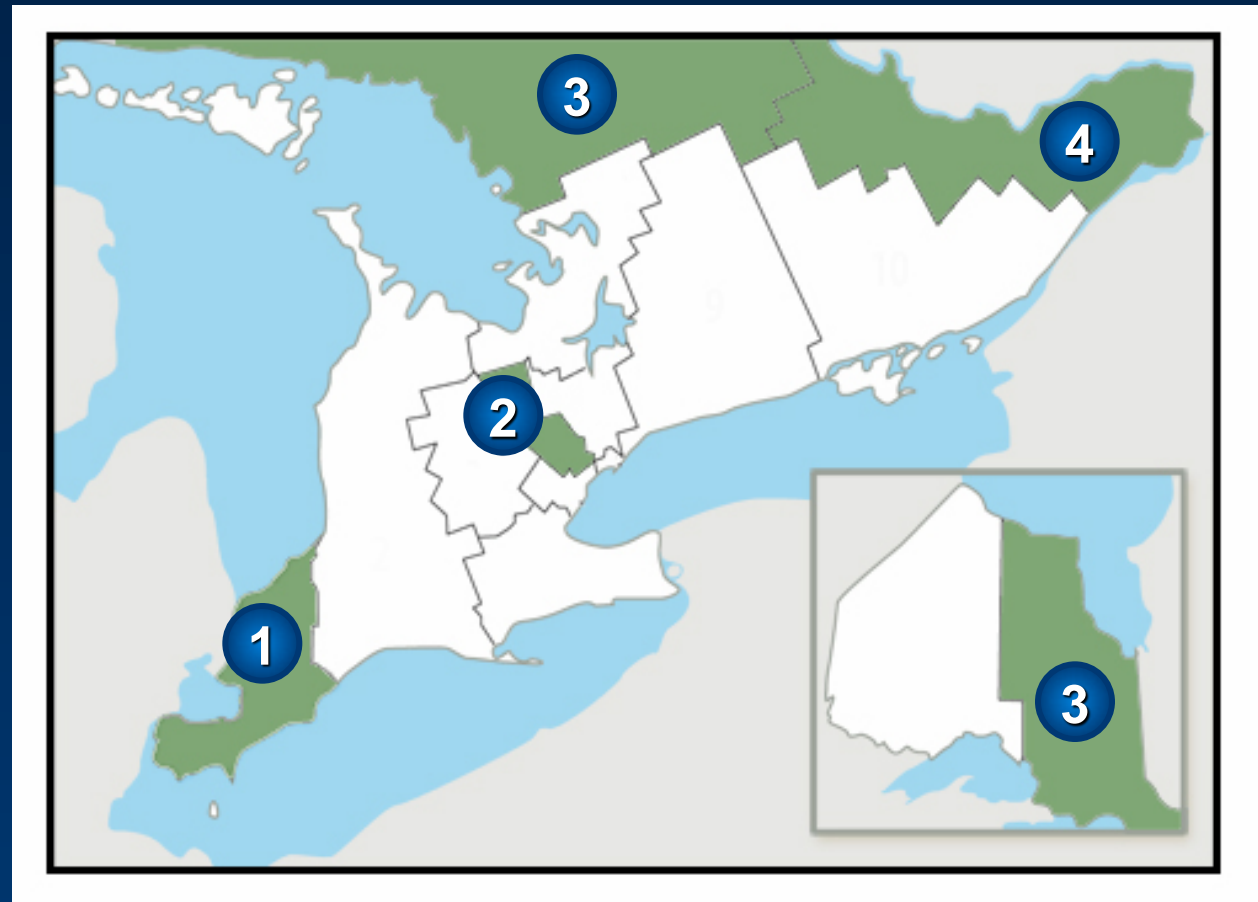


## Integrated Client Care Project

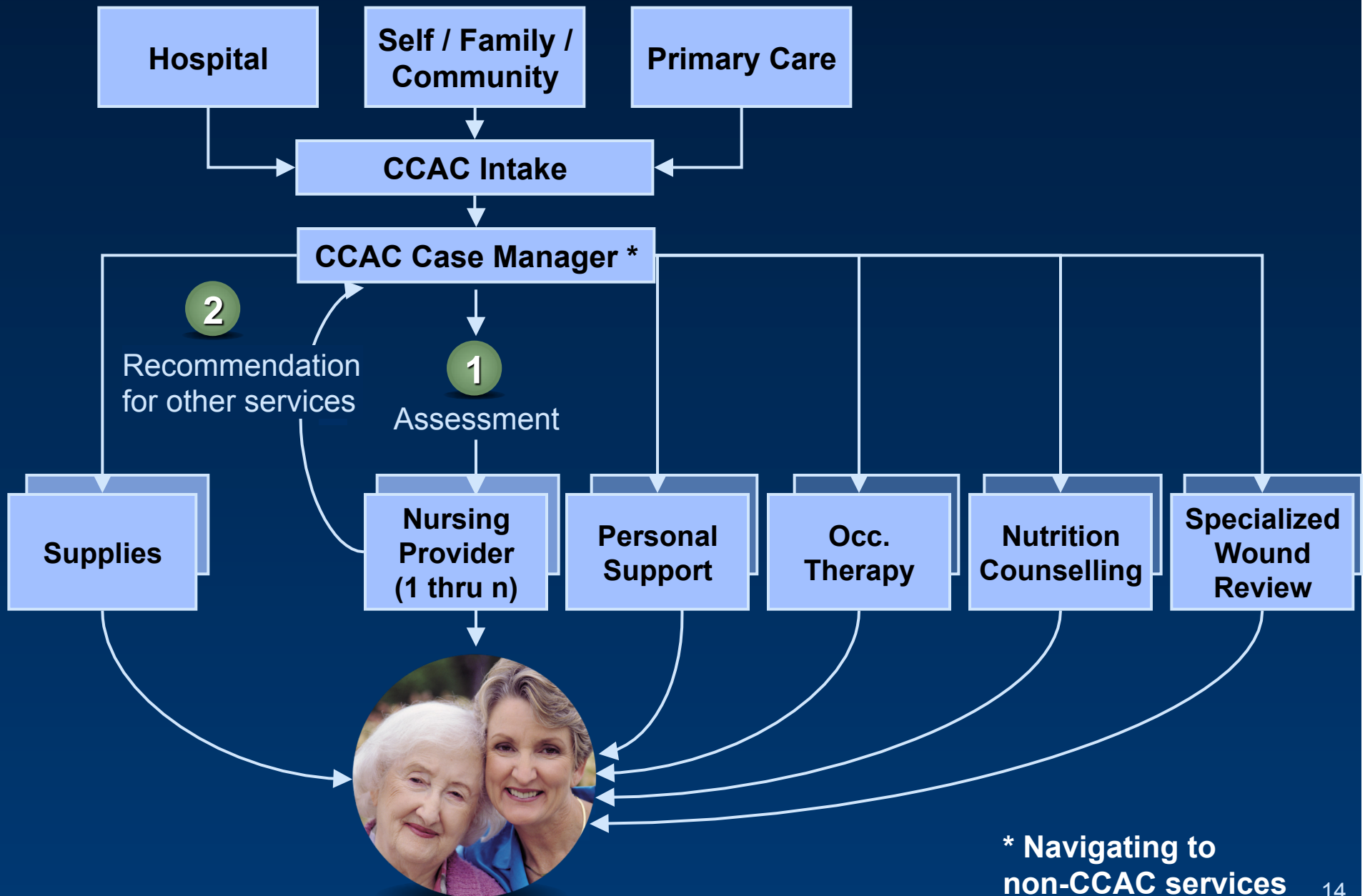


# Integrated Client Care Project (ICCP): Diabetic Foot Ulcers & Venous Leg Ulcers in the Home

- 1 Erie St. Clair CCAC and Saint Elizabeth Health Care
- 2 Central West CCAC and Saint Elizabeth Health Care
- 3 Northeast CCAC and Bayshore Home Health
- 4 Champlain CCAC and Carefor Health and Community Services

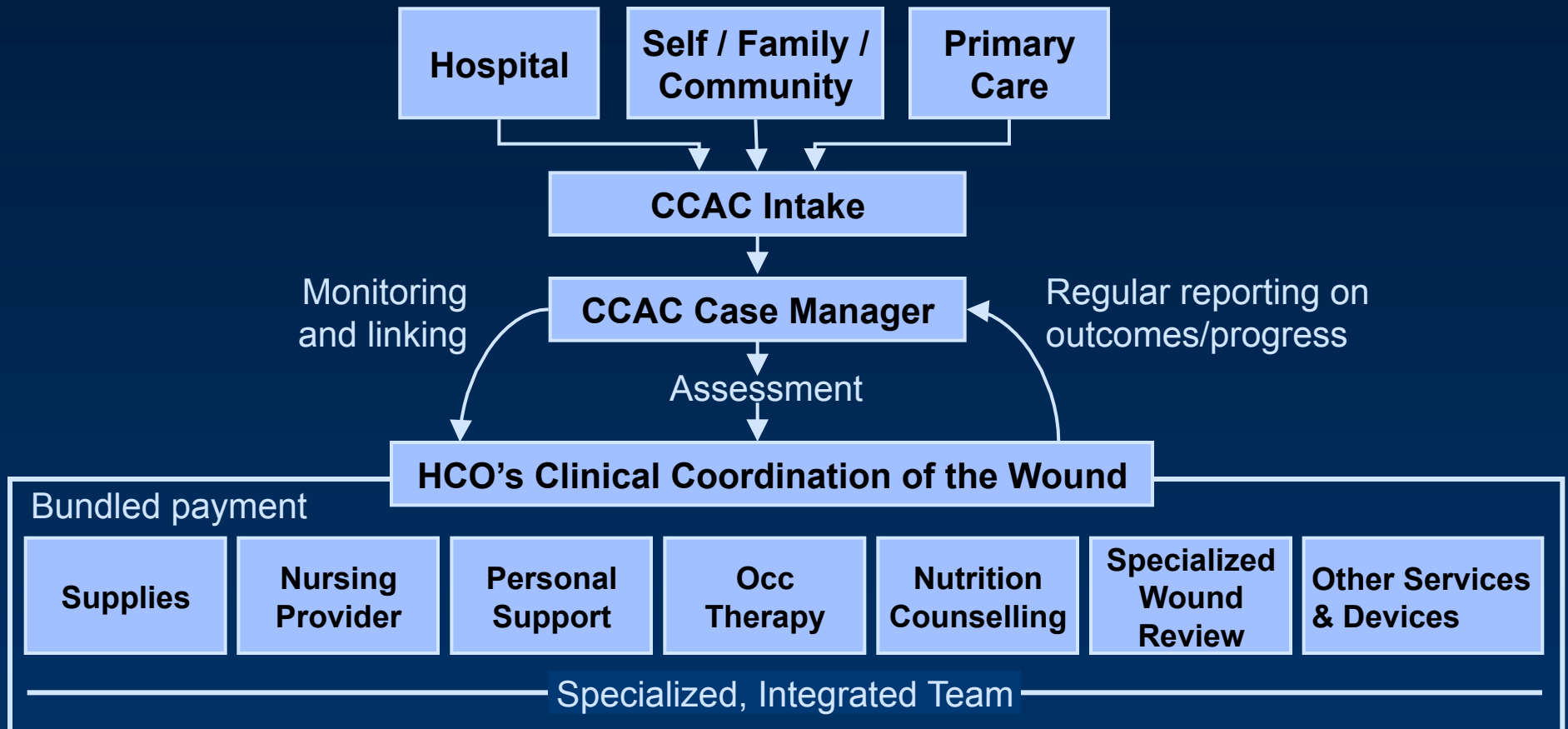


# Current State for Diabetic Foot Ulcer Clients



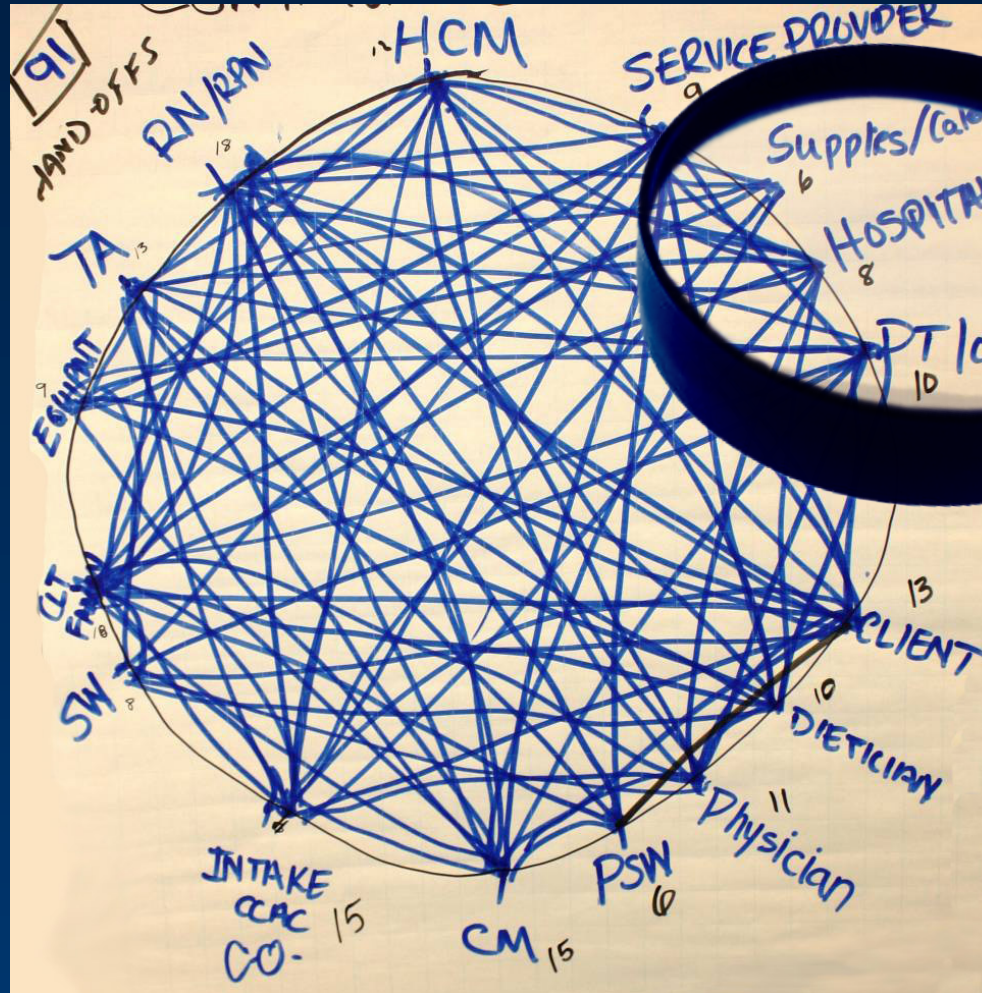
\* Navigating to non-CCAC services

# Future State for Diabetic Foot Ulcer Clients – Part One



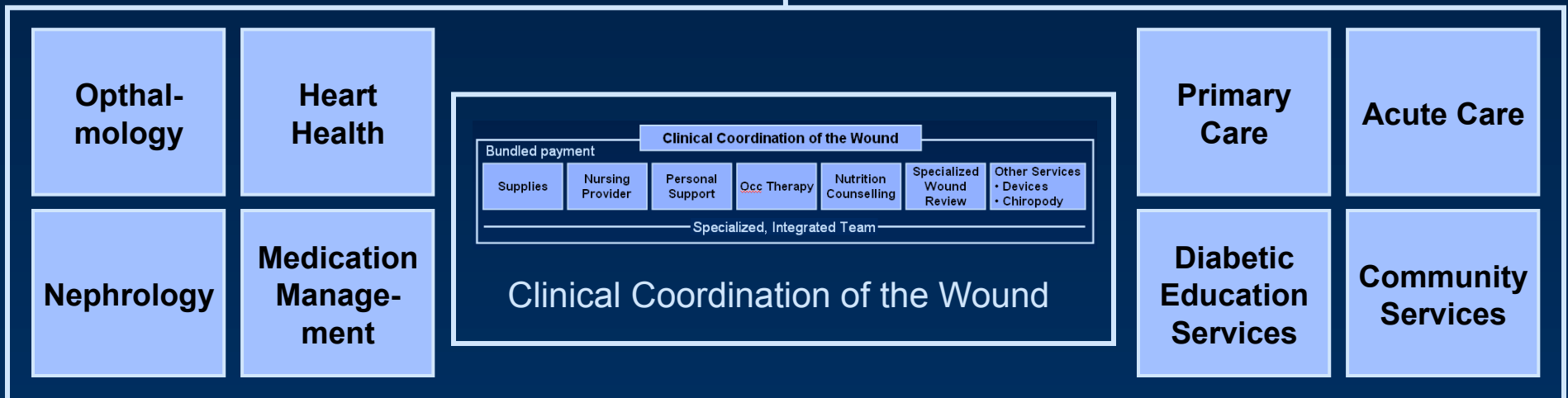


# New Opportunities to Examine the “System” of Care



# Future State for Diabetic Foot Ulcer Clients – Part Two

**CCAC Case Manager**  
(Intense System Navigation and Integration)



# Realigning Systems

(Golden & Martin, *Healthcare Quarterly*, 2004)



# Obstacles to Achieving Greater Value



- Policy and funding barriers
- Rural and urban differences (e.g., volumes of homogeneous clients, number of service providers)
- Identifying appropriate populations
- Incentive to protect proprietary advantages
- State of measures and IT
- Seeing the full person (from foot ulcers to the diabetic to the full person)
- Expanding to the larger system (e.g., acute care, primary care)



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# Thank you

