

RISK SHARE AGREEMENT AS A MANAGEMENT TOOL FOR IMPROVING PATIENT OUTCOMES IN HEALTHCARE SYSTEMS UNDER FINANCIAL PRESSURE

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1. INTRODUCTION

Healthcare systems, especially in countries that are under financial pressure, have to aim in achieving value based clinical results and in so doing institute a strict yet flexible policy concerning the introduction of new technologies and innovation in clinical practice due to its high cost. We present the first case in Greece of a Risk Share Agreement (RSA) between a hospital and a healthcare technology provider based on monitored clinical outcome and clinical effectiveness through a rebate program.

2. MATERIALS AND METHODS

The clinical basis of the RSA was that Medtronic's INVOS cerebral oximetry monitoring and BIS brain monitoring technology coupled with training and adherence to the clinical protocols during certain types of Cardiovascular Procedures may reduce adverse events and total ICU length of stay. A rebate program equal to fifty percent (50%) of total net for purchasing these technologies was agreed for the measurement period. Moreover, a reduction in the average length of stay in ICU by 5% and a reduction in the number of specific adverse events by 10% was set, compared to a Baseline Metric that was set according to the Onassis Cardiac Surgery Center (OCSC) database.

Both parties agreed that during the measurement period all patients enrolled in the program will be monitored regarding specific adverse events and LOS in ICU along with compliance with the protocols and all other requirements. Prior to the measurement period, clinical protocols governing the appropriate use of INVOS and BIS technologies were adopted and all the clinical staff was adequately trained (mandatory). On a monthly basis, anonymized records and applicable clinical data are provided to Medtronic. A total sample of one thousand patients was agreed as the target of the agreement. If after the measurement period the OCSC complies with all the Program Requirements as agreed and Medtronic technology fails to achieve the targeted improvement, the rebate will be issued. All the monitors and additional devices for the monitoring were CE marked and were provided by Medtronic.

3. RESULTS AND DISCUSSION

OCSC strategic goal is to implement value-based health care solutions designed to improve the health outcomes, care experience and cost of health care for patients with cardiac diseases and Health Care providers in Greece. Implementing rather than just talking about value-based healthcare, is potentially the way forward but requires transforming both hospital management and market suppliers. The RSA helped our clinical teams to share goals and to focus on targeted progress. Even just by improving compliance to clinical protocols and shared reporting of adverse events helped clinical teams to improve their practice. In other words, a strategic partnership, as described above, assists managers to support the creation of a value based healthcare environment.

The foundation of such an approach is creating new models of care based on improved patient outcomes and willingness to share data. This RSA gave us also the opportunity to gain insight on our data and how we can use them in order to measure outcomes and track parameters that could enforce our analytic capabilities and focus on improving patient outcomes. This is in line with the growing trend to evaluate efficiency by applying suitable analytics to real-world patient data.

Moreover, this RSA is an innovating idea for introducing innovation in a cost-effective way by shared accountability, focusing on the clinical outcome. Healthcare costs globally are increasing and in many countries will exceed the 10 percent of the gross domestic product. The only way to limit this growth rate is by paying procedures and products that have the ability to improve patient outcomes relative to both to their cost and to the alternative treatment regimens.

In many countries, such as Greece, hospital managers focus on achieving a reduction of expenditures without accounting for the impact on the quality of care and/or the introduction of technological innovation. In most such cases the result is financial balance but with a rather slow penetration rate of innovative treatments.

In conclusion, risk share agreements may be used as an alternative and innovative management tool aiming towards delivering better patient outcomes and controlling overall costs of care.

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