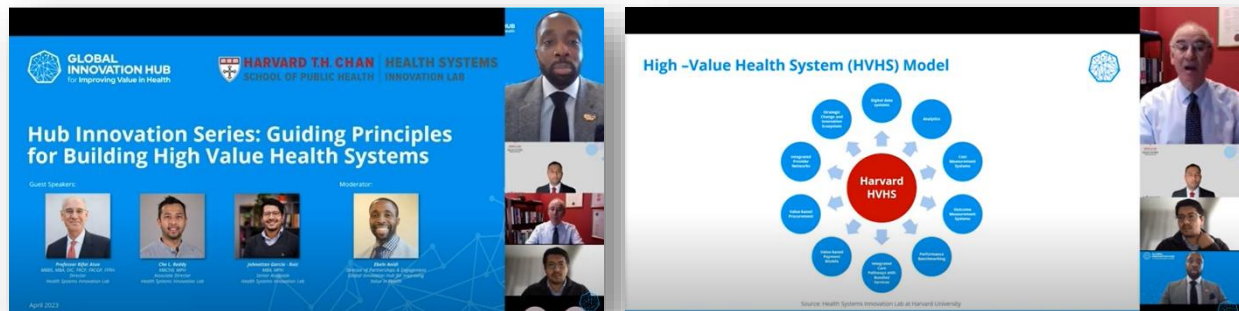


Building High-Value Health Systems with the Harvard Health Systems Innovation Lab

An interview with Professor Rifat Atun, Dr. Che Reddy & Johnattan Garcia Ruiz
Moderated by Ebele Anidi



The Global Innovation Hub's Innovation Series starts with a focus on building High-Value Health Systems. In this session, Professor Rifat Atun, Dr. Che Reddy, and Johnattan Garcia Ruiz from the Health Systems Innovation Lab at Harvard University present the findings from the collaborative study between Harvard and the Global Innovation Hub. The team discusses a new framework to examine G20+ countries' progress in transitioning to a high-value health system model. They highlight essential components and supportive conditions for this transition, emphasizing the need for digital data systems, analytics, cost and outcome measurement, integrated care pathways, value-based payment models, integrated provider networks, strategic change, and innovation.

Essential Components of High-Value Health Systems: A high-value health system is one that achieves effective, efficient, equitable, and responsive health services for individuals, sub-populations, and populations. It focuses on producing outcomes that matter to people while providing financial protection and ensuring user satisfaction. The ten critical components for transitioning to high-value health systems include digital data systems, analytics, cost and outcome measurement, integrated care pathways, value-based payment models, value-based procurement, integrated provider networks, strategic change, and an innovative ecosystem.

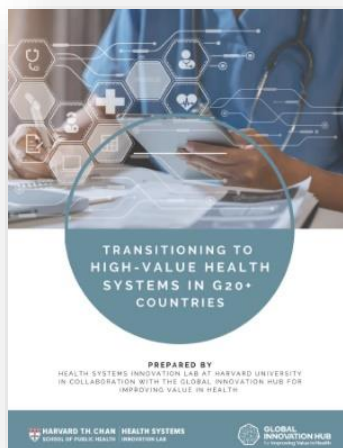
Promising Developments and Cross-Cutting Challenges: Research conducted for the joint collaboration between the Hub and the Health Systems Innovation Lab reveals promising developments and cross-cutting challenges in the transition to high-value health systems. While there is leadership and enthusiasm for value-based



healthcare, there is a gap between ideas and implementation. Countries show progress in using digital technologies, but unified health records and advanced analytics remain areas for improvement. Cross-learning and scaling up successful implementations of value-based payment models and cost measurement systems can accelerate progress.

Enablers to Accelerate the Transition: To accelerate the transition to high-value health systems, countries should prioritize five critical enabling factors: national strategy, leadership, financing, data, and innovation. Developing a national transition strategy engages stakeholders, identifies priorities, and generates political commitment. Collaboration and distributed leadership among stakeholders are crucial for success. For initial investments, data systems, and operational reorganization, adequate financing is required. A consolidated data platform facilitates cross-country comparison and informs policy and practice. Finally, innovation in products, delivery mechanisms, policies, and institutions are necessary for large-scale impact.

Building high-value health systems requires a comprehensive approach encompassing essential components and supportive conditions. Countries must focus on digitalization, measurement, integrated care, value-based models, integrated networks, strategic change, and fostering an innovative ecosystem. Promising developments exist, but challenges persist. By prioritizing national strategies, leadership, financing, data, and innovation, countries can accelerate their transition to high-value health systems and deliver better value for individuals, populations, and economies.



Watch the full interview [here](#)

Find the paper on the Hub's [website](#)



Transcript of interview

Ebele: Hello and welcome to the Hub Innovation Series. Today's session will focus on “Guiding Principles for Building High Value Health Systems”. My name is Ebele Anidi, and I am the Director of Partnerships and engagement for the Global Innovation Hub for Improving Value in Health. I will be the moderator for today's session. Established in 2020 is an outcome of the G20 Health Working Group, the Hub's mission centers on accelerating a global transformation towards value-based care through producing new knowledge, fostering collaboration, and facilitating unique experiences like today's session with Professor Rifat Atun, Dr Che Reddy and Johnattan Garcia-Ruiz from the Health Systems Innovation Lab at Harvard University. Since our inception, the Hub has maintained a very fruitful partnership with Professor Atun and his great team at Harvard. During the session, Rifat and Johnattan will present a new framework to examine a country's progress in transitioning to a High Value Health System model. They'll share insights on the progress to date across the select G20 plus countries and spotlight specific strategies, enabling conditions, and guiding principles to accelerate the transition to a High Value Health System model. But, before we move forward, I want to provide an initial overview of the Hub Innovation Series.

The Hub is launching this new series to support innovation across our membership of G20 nations by hosting an engaging discussion series with pioneers from across the global health ecosystem the series will spotlight cutting-edge research impactful programs unique partnerships and meaningful policies that are moving the needle and accelerating progress towards a new paradigm of high value resilient health systems. Guest speakers from around the world will share their experiences and expertise while touching on key insights, challenges and advice for accelerating innovation in different contexts in 2023.

The Innovation Series will touch on critically important topics at the center of ensuring that health systems create value and deliver outcomes that matter to people. We'll be exploring innovations in the areas of digital health, facilitating Universal Health Coverage as well as the interconnection between climate change and health equity. But, for today, we're kicking off the Hub Innovation Series with a focus on building High-Value Health Systems. Now I would like to provide a warm welcome to Rifat Atun, Che Reddy and Johnattan Garcia-Ruiz from the Health System Innovation Lab based out of the Harvard T.H. Chan School of Public Health. The Health Systems Innovation Lab is a global research and training lab that specializes in creating High-Value Health Systems through targeted innovations. Led by Professor Atun, the lab uses its research education, innovation and translation activities to work with students, governments the private sector, multilateral entities,



and civil society to promote policy and practice and accelerate the diffusion of Health System Innovations. Through a collaboration with the Hub and the Health System Innovation Lab we will be publishing a new landmark study on the essential components and supportive conditions for a transition to a high-value health system in the G20 plus Nations welcome Rifat Che and Johnattan.

Thank you, everybody. Let's start with you, Rifat. The session and our upcoming joint publication focus on this concept of high value health systems, a concept that might not be familiar to different folks in the audience today. So, just to begin, set, set the stage for the rest of this conversation. What are the essential components of a high value health system and why should country leaders, especially the leaders across the G20 plus Nations prioritize a transition to the High Value Health System model?

Rifat: Thanks to the Global Innovation Hub for this Innovation Series and for inviting us and for the really excellent collaboration that we've had before focusing on the components it might be instructive to review what a high value health system is because this is very important for all countries to achieve value for their citizens and for their economies. So, in our model again we've been looking at health system performance over many years and the fruits of this work have led us to develop a model where we consider a high value health system as a system that is able to achieve outputs. This is health services for individuals between the Hub and the Health System Innovation Lab but really the direction of this work and the application and public health services for individuals, sub-populations, and populations services that are effective, that are delivered in an efficient way, that are equitable but to change in context for example a pandemic or responsive to expectations of citizens and the society at large. In doing so , one can achieve both value for money by developing , creating, and producing effective output services delivered efficiently. Still, very importantly, value for many, so these services are delivered in a way that is Equitable and responsive. These outputs are then used to produce population-level outcomes while providing financial protection and ensuring user satisfaction. So, we're interested in improving both the average level but very importantly the distribution of these benefits that the system produces now over the last eight years we've been looking at how do we get there in terms of what are the components that need to be in place to design and develop a high value health system and during the pandemic.

I wrote a book on building High Value Health Systems which enabled me to really reflect on these issues and years of work and work with several countries around the world. We have identified 10 critical components that need to be in place for countries to transition to High Value Health Systems. The first and foremost of this is



digital data systems [are] critically important really to be able to collect data in a timely manner but very importantly data alone are not enough we need to have analytics we need to be able to analyze these data to provide intelligence and insights into what's happening in countries. We need to also be able to analyze how a country or a system or a subsystem or an institution is doing in relation to the outputs and also in relation to what is being achieved by others so longitudinal benchmarking is important. looking at performance of return policy, comparative benchmarking and comparing what countries are achieving. Then we also need to put in place cost measurement systems we need to understand how much it costs to produce these outputs and outcome measurement systems - what are we getting out of the system in terms of Effectiveness, efficiency responsiveness and equity. All this needs to be considered outcomes that matter to individuals and patients. The sixth component is integrated care pathways with bundle services. This is very important to use this digital capabilities to look at the care process horizontally to ensure that these are delivered to the individuals as and when they need them consistently in an effective efficient.

[An] equitable and responsive way to transition the high value health system needs to transition to value-based payment models that rewards achievement of value rather than payment for inputs that characterize for many health systems around the world and create barriers to creational value. Of course, in systems where the transactions are based on procurement, one must develop value-based procurements. Rather than buying commodities or paying for technologies, one develops system to procure solutions that generate value and then the benefits are shared by those producing the solution but also those that are benefiting from the solution. The eighth component is integrated provider networks. That's critically important to be able to provide services across the care continuum from health education, awareness screening, prevention, early diagnosis treatment care and post care follow-up again with integrated provider networks. We don't necessarily mean structural integration we want to achieve operational integration through the use of pathways.

It's very important to develop a strategic change and an innovative ecosystem that is a critical component that cuts across every single component. Without the strategic change, [it] will be very difficult to introduce any of these Innovations and scale them up at systems level.

Ebele: Thank you so much Rifat. That's incredibly insightful and I think to your points and as you also reference within your book that came out a few years ago, these are



the foundational building blocks of trying to transition to a model that is better suited to take on the challenges of today but also the challenges of the future so it's really helpful to see a comprehensive display and an approach for developing and cultivating a truly high value system that delivers again not just value for money but good value for many.

Now let's bring Jonattan into the conversation. Jonattan Garcia Ruiz is a senior associate with the Health Systems Innovation lab. Jonattan - you and I had the pleasure of working together on the new study that will be coming out as a joint collaboration between the Hub and the Health System Innovation Lab. You were at the forefront of leading secondary research and interviews with technical experts from across the G20+. So, from your perspective, in thinking about your work, were there any promising developments or cross-cutting challenges that you noticed as you were conducting the research for this new study?

Jonatthan: Yes, absolutely the first thing is that we're very excited that there are so many things happening around the world and especially within the G20+ Community. regarding moving to a high value health system, there's a lot of leadership and enthusiasm into promoting a value-based healthcare. Nevertheless, we also found that there is a gap between the ideas and the implementation of those ideas. for instance, our survey identified that every single country that participated in the study has a lot of Health Providers using digital Technologies, so that's a given we know that people are using digital Technologies within the Healthcare System. However, when we asked about the unified health records there was a disparity, and we didn't find those systems in place or in some cases data is scattered. As Professor Atun mentioned, it's not only the use of data but also how we can take analytics and then transform those Health Systems. So those were the things that we saw.

There is a lot of support within the ministries of health and leadership of the health system to promote and improve digital. Still, we have to move towards an implementation phase in every country to take all these components to make sure that we can enhance the health systems capability to create value. Another things we saw is that some countries have had very successful implementations on value-based payment models or value-based procurement achievements. However, this is not the case for all countries, so we know there is a cross-learning opportunity within the countries to learn from each other to scale. There were interesting scenarios in which we have seen that local communities maybe and local governments things are being done, but they have not been scaled up. So, this is an interesting way to identify those cases and perhaps show how other countries can learn from each other.



Countries have also worked on the cost measurement systems, and that's amazing because we know that that's important for us to track all the Investments, we are making within the health system, but the outcome measurement system can definitely improve. We know that we can only improve though identifying which technologies and which Investments are creating value for patients for, providers, and for payers.

Ebele: Before we move on here, Johnattan, just a quick follow-up. I know that on the screen, we had an example of a chart, and I was curious if you could just provide a bit of context in terms of where this fits in the study and what this is intended to show.

Johnattan : Yes. We devised a methodology in which we wanted to keep track of each of the components within the health system. We used interview surveys and case studies as well as desk reviews to make sure that we have all the information on how countries are moving in these ten components. We measure them from one to three, where one means that there is like a slow progression, and then three shows that there's a more advanced progression. In each of these components and it's a graphic way in order to see how countries are moving towards value. Our idea was not to create a ranking. This is not like a contest in which countries are doing. This is an opportunity for us to first see the country and then find those opportunities for cross-learning and self-assessment. We know that there's leadership, and we know that this kind of initiative can help governments to identify where they have more opportunities to grow and improve.

Ebele: Perfect; thank you so much, Johnattan. To your point, this tool is something that again makes an initial introduction in the study itself, but it could also be a tool and a reference point for countries to think about where they currently sit in their progress toward this new model. I think you know what you just shared is incredibly insightful, especially the degree to which countries are already making progress towards the new model, and yet there are still real tangible opportunities to accelerate progress moving forward.

I'd love to bring in Dr. Che Reddy. Che is another member of the Health System Innovation Lab, where he serves as an associate director. Che, Johnattan , and I have been working together for quite some time now, especially within the context of study. In addition to introducing the essential components, the study also highlights the supportive conditions to drive a transition to this High-Value Health System



model. What are the critically important enablers to accelerate that transition to the proposed High-Value Health System model?

Che: Thank you, Ebele. Perhaps a caution, there's no magic pill⁰. Of course, as with everything, countries could choose to advance the transition, but as we note in the study, there are at least five major critical enabling factors uh that countries could prioritize and accelerate the transition. These include national strategy, leadership, financing, data, and Innovation. I'll go through each one individually.

First, the development of a national HVHS transition strategy really confers three benefits. The first is a process to engage the critical health system stakeholders that will be needed to develop a value agenda. The second is using this platform to identify the major priorities a country wants to pursue in relation to the high-Value Health System model. And third, it helps to generate the necessary political commitment and capital that will support this transition over a longer period of time.

Of course, it also helps to align this strategy with the developmental agenda of the state and various other considerations, political, economic, and social, that always impact health system reform. The second major factor is leadership, and here I can't emphasize this enough; countries have to move away from the current zero-sum game that characterizes stakeholder engagement. They need to move to a model where they are better able to work together. So based on this understanding and recognition that each stakeholder has a role to play based on their different capabilities, strengths, and aspirations, they have to find a way to advance the health transition strategy together.

The third component is financing. Huge amounts of financing may not be required, and the HVHS model will unleash value over the long term. certainly, there will be some funding required in the initial short-term to medium-term to fund demonstration projects and to develop minimal viable Innovations in relation to the National HVHS transition strategy. Funding will also be needed to provide initial capital costs to introduce the data systems to assist the operational reorganization of care around the patient and to develop new entities that might be involved in the regulation certification of new technologies, registries, and so on.

The fourth enabling factor is concerned with data, and here it really is imperative that a platform can consolidate country-level data into an integrated data set that will allow cross-country comparison analysis and research about what works and what doesn't work. At the system level, this could be a public good that could help to



inform policy and practice and could even inform insights in an annual publication that could be presented to member states and at other critical Global Health forums.

Finally, innovation is going to be fundamental. Innovation will be needed in new product delivery mechanisms, policies, programs, and institutional Arrangements. Innovative health systems will need to reform themselves to enable rapid uptake and expansion of these Innovations to achieve large-scale population-level impact.

These are some of the five enabling factors in a transition strategy. Financing, distributed leadership, Innovations, and data. These enabling factors can advance and accelerate this transition to the HVHS model that's already underway in many countries.

Ebele: Thank you so much, Che. That was concise, insightful, incredibly effective, and conveyed the supportive conditions that can really help to accelerate the progress that's already unfolding with a specific strategic focus on where and how that country's going to be able to take that step forward towards more Comprehensive High-Value Health System model.

[Now,] let's bring back Rifat. I think as we look to the path forward, how can this model apply within their individual country context? I think maybe just two questions here as we look to the future. For stakeholders across the G20+ nations, what are some guiding principles that they should consider with the aspiration of pursuing this transition to a High Value Health System model? What are your own aspirations for this model and the new insights that are coming out from our joint study together? Where do you hope the work goes from here?

Rifat: We hope the study will give us really deep insights into what countries are doing. I think the operative words here are transition and at scale. This is the journey, and what we found during the study is that each country is in a different stage of evolution in their journey, in their transition to a high value health system.

And, in relation to the components used, the emphasis on the system components also varied from country to country. Just use some illustrative examples, including in Ontario, Canada at Salt Lake Hospital system they utilized a very innovative high-value procurement strategy. In the case of Catalunya, there was a really enabling ecosystem, including the enablers Che talked about. In the case of the UK, for example, "Getting it Right the First Time" initiative focused on orthopedic surgery procedures. Then that was scaled up to cover other procedures. It initially started with a few hospitals and now has been expanded to many hospitals. Similarly, in



Singapore, initial focus was starting with developing pathways for managing hip fractures. This was very important for a country like Singapore, that is an aging population, but those principles were then used to put in place those high-value components. However, there's not an express strategy of the country to transition to high value health system so these insights are integrally important and it's informing our work going forward. Coming back to your question, so where do we go from here?

First of all, the study and the case studies were very important in understanding what's happening across the G20+. As Che said, there is no one-size-fits all. There's no Magic Bullet. Different countries will transition to high value health systems over time using different approaches so one might start with a procedure or with an episode of care or with the disease. For example, in Saudi Arabia, efforts initially focused on introducing care for diabetes in one institution with many of these components put in place and this provided a really excellent learning environment to transition and replicate the model.

Countries will change the scope of what is provided but also the scale so one could start at a department level, at an Institute, at a hospital level, at an institution at a network, and then transition to the system level. The journey is going to be different in terms of scope and scale, but the direction is creating a high value health system. For that, cross learning is important so additional studies to provide greater insights will be critically important so following the publication of our initial study. We hope to replicate the study and working with you and others in doing regional studies.

The Hub has done some work in the Middle East, we hope to replicate the study folks around Latin America, where many innovations are taking place, but these are not captured in a systematic way to inform both Latin American countries and beyond. It's very important to not just to generate knowledge. Cross-learning is critically important and complementary activity to our strategy of generating new knowledge and training. We want to bring together key stakeholders and key players to learn from their experience. We hope to do this with the participation of the Global Innovation Hub, and we have been working with the Global Surgery Foundation, UNITAR and others. We had a very successful course on high value health systems that brought together participants from 30 countries and that was extremely informative because we're able to have immersion. Over 3 and a half days, we were able to really discuss in detail how things happen on the ground why and how and why not as the case might be. We also looked at what might be the direction of travel



given where a country is, so it was very important to discuss and learn in a safe environment while also creating a learning network.

The three elements for us include generation of new knowledge, cross applying this knowledge to inform key stakeholders and develop learning networks to have ongoing learning both within the countries and also across countries. Finally, it is very important to ensure that we learn not just from success stories but also stories where things have not worked. We really need to understand what these barriers are and how we can overcome them. As the saying goes, a journey of thousand miles starts with one step, and I think we've made those steps and look forward to a fruitful collaboration going forward.

Ebele: Thank you so much for your thoughts, the sage words of advice and really painting a wonderful picture of the future aspirations for this work.

