



Fakeeh Care, Driving the Value Based Healthcare in Saudi Arabia

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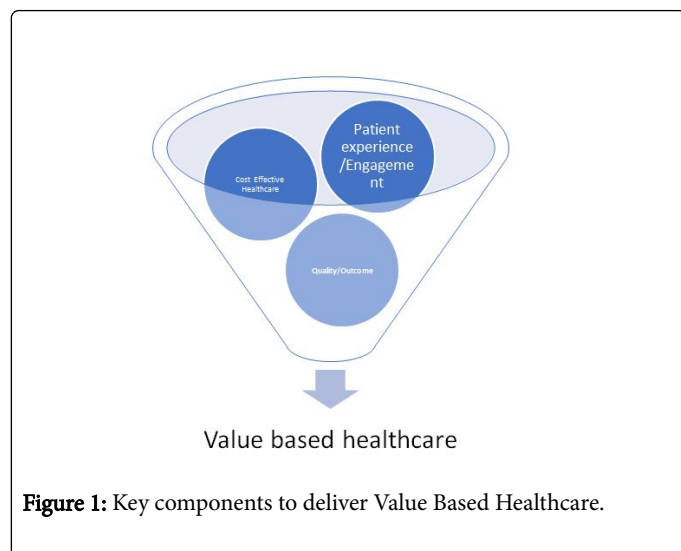
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Introduction

With ever rising cost of care, regulatory changes and changing insurance reimbursement guidelines, there cannot be a better time than today to align with the Value Based Healthcare commonly known as Value Based Care (VBC). Institute of Healthcare Improvement (IHI) suggested a similar model “Triple Aim” focused on Cost, Quality and Patient Experience [1]. Innovative healthcare leaders have added another pillar “Clinician Experience/Satisfaction” making it Quadruple Aim which is closely aligned to the expected outcome from the Value Based Care.

The Soliman Fakeeh Hospital (Fakeeh Care) has always been on the forefront of healthcare innovation and leads the healthcare delivery model in the Saudi Arabia and Gulf cooperation Council (GCC) region.

Center for Medicare and Medicaid Services (CMS) currently defines Value Based Care as paying for healthcare services in a manner that directly links performance on cost, quality and the patient's experience of care (Figure 1) [2].



Cost Effective Healthcare

According to the Center for Medicare and Medicaid (CMS) the healthcare spending in US will reach \$6 trillion by 2027 [3]. Considering the steep rise in cost of healthcare delivery, the value based healthcare has gained significant momentum. The concept of value based healthcare focuses on achieving the best possible clinical outcome for the patient at the lowest possible cost while maintaining

the highest possible quality standards. The concept carries a reasonable similarity with Cost Effective Analysis (CEA) that offers a framework to compare a relative value of different diagnostic and therapeutic services [4]. As per a report by HIMSS Analytics in 2012, financial decision support system had a higher adoption in US with 82% and 70% adoption for budgeting and cost accounting system respectively [5]. Most of the hospitals outside the US are still employing a basic cost accounting model like Ratio of Cost to Charge (RCC). The model of RCC promises less reliability in cost accuracy than other advanced hybrid methods like Activity Based Costing (ABC), Service level costing, Patient level costing and DRG Level costing. In order to deliver a cost effective healthcare service, the hospitals need to evaluate and implement a “Financial Decision Support System (FDSS). This will help the hospitals to identify the near accurate cost of each activity/service provided to the patient. The solution can help them to move further to analyze the cost at the following levels.

- Activity based cost.
- Patient level cost to analyze the cost variances between 2 or more patients with a similar ICD code (Diagnosis code).
- A DRG level cost to analyze the cost variance among multiple patients within the same DRG.

Quality Outcome

The quality parameters in value based healthcare are the key having a direct impact on the cost and patient experience. Analyzing Quality Indicators (QI's) against standard care protocols and order sets can both reduce costs and improve quality. The Center for Medicare and Medicaid (CMS) used outcome weighted measure to define hospital star rating [6]. The CMS has classified these measures into 7 weightage categories based on gravity [7]. These categories are

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Mortality (22%)

Safety of care (22%)

Readmission (22%)

Patient experience (22%)

Effectiveness of care (4%)

Timeliness of care (4%)

Efficient use of medical imaging (4%)

Patient Experience/Engagement

Though patient satisfaction is commonly used to describe patient's experience with their journey with the healthcare provider. The patient satisfaction is more to define his expectations and personal experience with the care provider including institution. The term “Patient Experience/Engagement” defines a step further by focusing on patient care access and care continuity, care management; care coordination, patient and caregiver engagement including his satisfaction from the services availed. The patient engagement offers tools to patient and his family to be engaged with the care provider, access to his health record and ability to schedule own appointment. There are several frameworks to assess the patient experience/engagement with the healthcare providers. The two most common surveys used to assess

patient's experience and his engagement are HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems and Patient Reported Outcomes Measures in Healthcare).

Conclusion

When the regional healthcare is moving from social healthcare to insurance driven healthcare, Value Based Care model is the key to strike the right balance among cost, quality and patient satisfaction. The hospitals need to strategies to have a robust costing solution in place along with a quantitative KPI based analytics to measure the performance of quality indicators and patient satisfaction score. The hospital must develop an accountable care model at the department level and at the service level to ensure the effectiveness of care delivery.

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