



# RITMOCORE Innovation for a healthy heartbeat

*How to integrate **more** edge innovations with less money??*

**Symposium: Developing Digital Transformation of Health and Care for an Ageing Society - The Education Perspective.**



# EDUCATING POLICY MAKERS

*GENERATING EVIDENCES*  
*REDUCING RISKS*

POLICY MAKERS are in need of PROOFS beyond pilots and studies.  
REAL LIFE EVIDENCES ARE NEEDED  
to foster a real MINDSET CHANGE

- Evidences
- Guidelines



Einstein's definition of insanity:

*Doing the same thing over and over but  
expecting different results.*

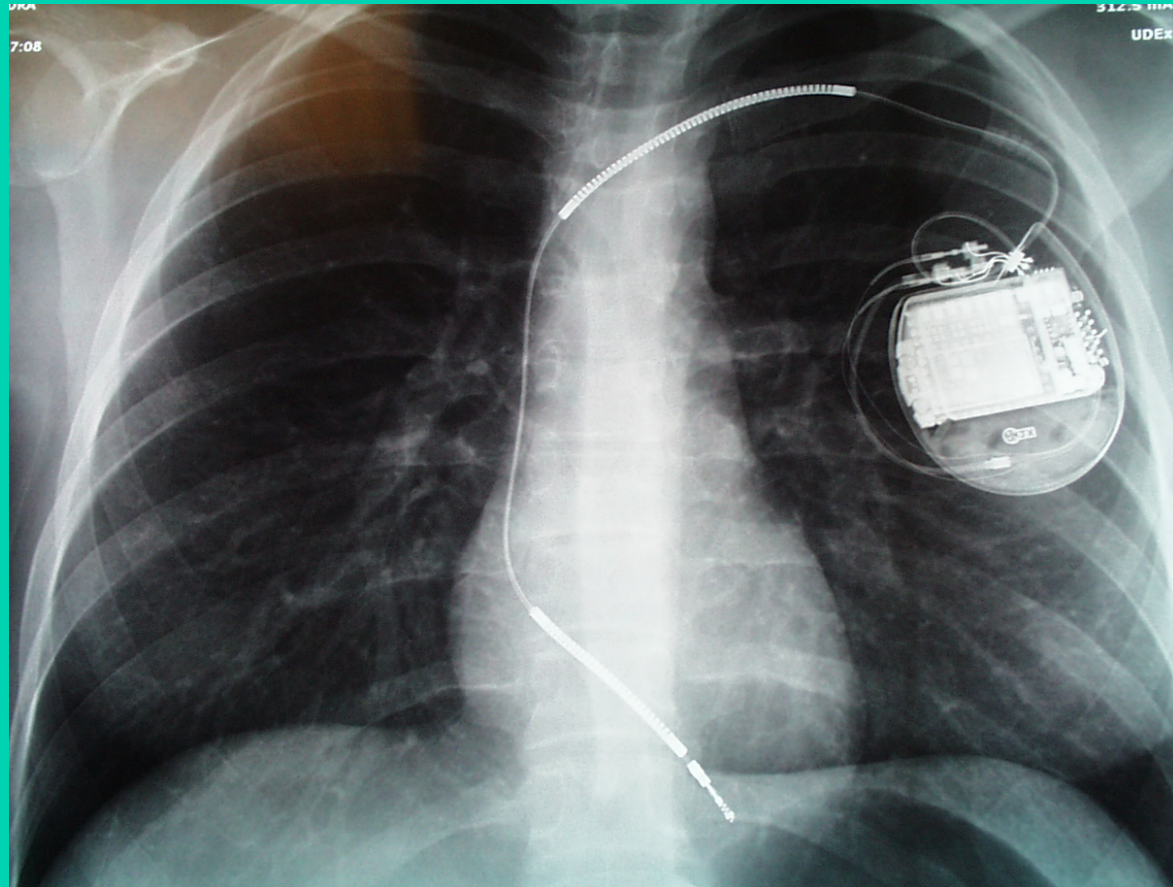
What is the problem??

Aging population → Patients



Economical difficulties → Resources



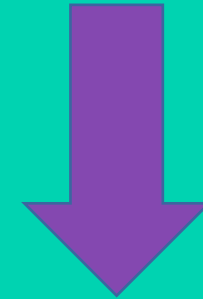


## SOLUTION 1

Aggregating  
purchases



Prize



## Industry

- “Push” to increase implants
- Longevity of devices was not a priority.
- Try to do not assume cost of complications (“recall”).
- If price decreases they try to decrease the service offered.

## Hospital administration

- Global tenders to decrease prices
- Try to limit the number of implants
- Not very interested in “last generation” devices.
- Try to avoid new techniques

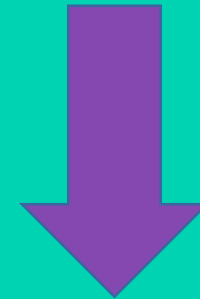
## Physicians

- “Pressure” from community hospitals and patients.
- try to push the administration for more devices
- try to push industry to maintain the services offered (technical support, education etc..)

Misalignment of  
interests



Care  
quality





## SOLUTION 2

New purchasing  
mechanism



Stakeholders  
alignment

# Value-based procurement approach adopted:

**Shifting from device-based to service-based procurement.**

**Risk-sharing**

**Initiate some Payment for outcomes**



## **RISK SHARING**

A win-win purchasing model able to align all stakeholders' interests with the best and sustainable care for citizens with a long term view.

- Cost effective innovations available for citizens
- Guarantee quality
- Force multi-brand cooperation to avoid any vendor locking
- Strengthen mutual learning

Population based payment for all the interventions in the care pathway of ICD patients (related to the pacemakers implant and follow up)



*Everybody is crazy except me?????*

# We are not so alone...

HARVARD | BUSINESS | SCHOOL

INSTITUTE FOR STRATEGY & COMPETITIVENESS

ABOUT THE INSTITUTE
RESEARCH AREAS
RESOUR

HEALTH CARE
COMPETITIVENESS & ECONOMIC DEVELOPMENT
CREATING SHARED VALUE
STRATEGY
ABOUT MICHAEL

HBS → ISC → Health Care → Value-Based Health Care ...

Email

## Value-Based Health Care Delivery

Based on the research of Professor Michael Porter, **Value-Based Health Care Delivery** is a framework for restructuring health care systems around the globe with the overarching goal of value for patients—not access, cost containment, convenience, or customer service.

### Key Concepts

#### CHOICE & COMPETITION

for patients are powerful forces to encourage continuous improvement in value and restructuring of care.

#### VALUE = PATIENT HEALTH OUTCOMES PER DOLLAR SPENT

#### POSITIVE-SUM COMPETITION

on value for patients is fundamental to health care reform in every country.



#### CREATE INTEGRATED PRACTICE UNITS (IPUs)

Organize care around patient medical conditions and distinct patient segments.



#### MEASURE OUTCOMES

Measure health outcomes for every patient.



#### MEASURE COSTS

Measure the actual costs of patient care.

# Partners

## Coordinador



## Knowledge partners



## Compradores públicos (hospitals)



Thank you!

Sofía Moreno

VALDE

sofiamorenoperez@gmail.com

[www.ritmocore-ppi.eu](http://www.ritmocore-ppi.eu)