

# RITMOCORE

## 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.*

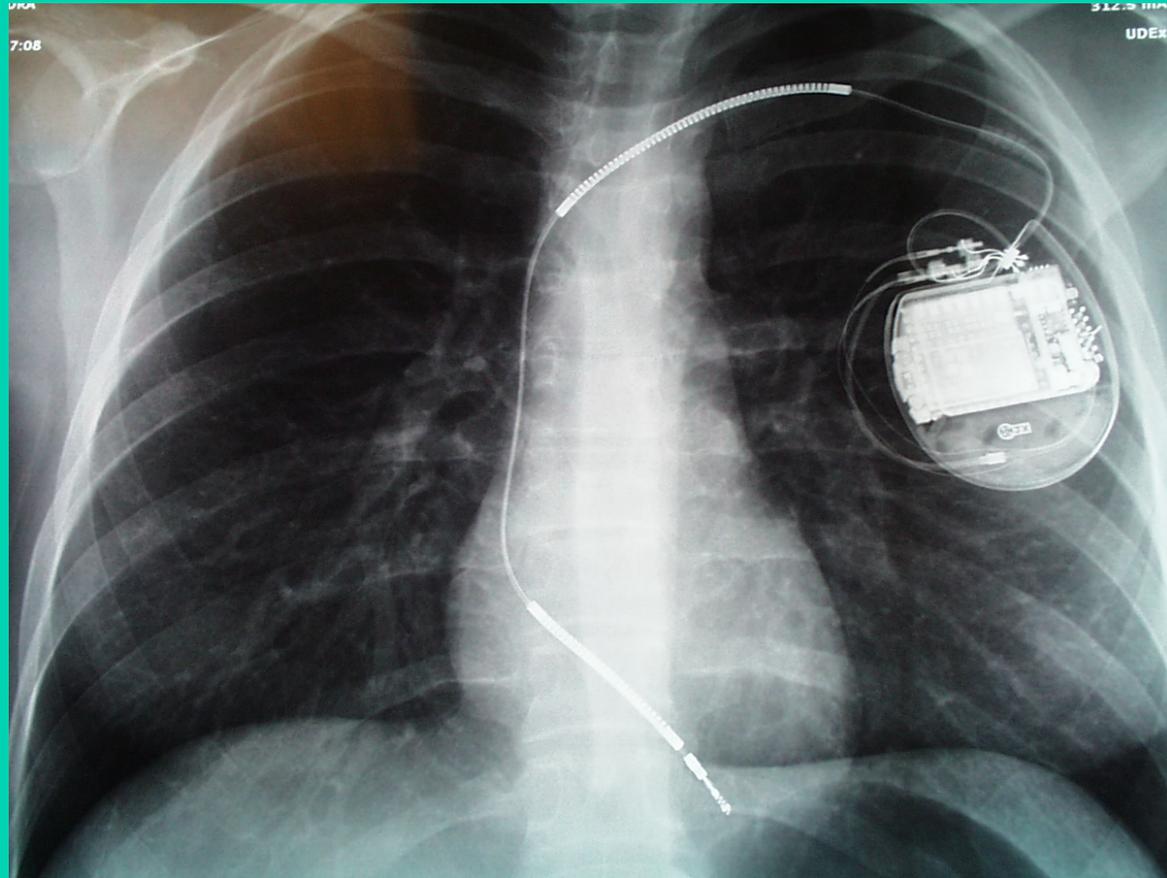
## What is the problem??

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

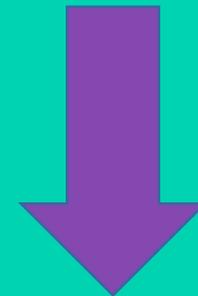
### Physicians

- “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

<p><b>CHOICE &amp; COMPETITION</b> for patients are powerful forces to encourage continuous improvement in value and restructuring of care.</p>	<p><b>VALUE = PATIENT HEALTH OUTCOMES PER DOLLAR SPENT</b></p>	<p><b>POSITIVE-SUM COMPETITION</b> on value for patients is fundamental to health care reform in every country.</p>
<p><b>CREATE INTEGRATED PRACTICE UNITS (IPUs)</b> Organize care around patient medical conditions and distinct patient segments.</p>	<p><b>MEASURE OUTCOMES</b> Measure health outcomes for every patient.</p>	<p><b>MEASURE COSTS</b> Measure the actual costs of patient care.</p>

# Partners

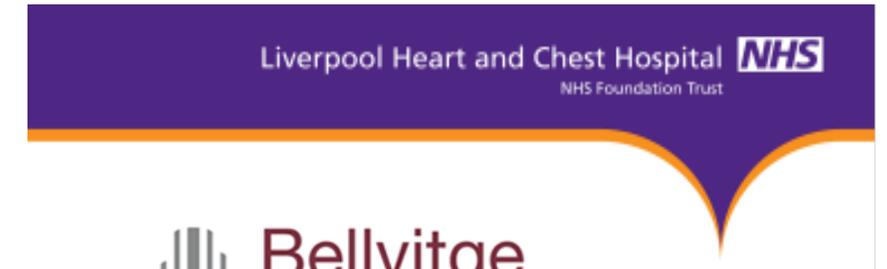
## Coordinador



## Knowledge partners



## Compradores públics (hospitals)



Thank you!

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