Background

INNOVATIVE FUNDING MODELS

Innovative funding models are being adopted across health care sectors in order to:

- Improve patient outcomes and experience
- Enhance access to services across the care continuum
- Improve the value of health care services and dollars

WHY CHANGE NEEDED?

- Current reimbursement approach constrains the hospitals’ ability to provide Transcatheter Aortic Valve Implantation (TAVI) resulting in longer wait times (Figure 1)
- Aortic stenosis (AS) patients have a 4.3% risk of mortality and 38.8% risk of hospitalization while on the waitlist for a TAVI procedure
- Rapidly evolving evidence for TAVI indicating non-inferiority to surgical aortic valve replacement (SAVR) in intermediate and low surgical risk population will lead to further TAVI demand (Figure 2)
- Ministry of Health (MOH), CorHealth Ontario and clinic leaders conceptualized a disease reimbursement model for the management of patients with AS

Methods

- Provincial Advisory/Governance structure established to oversee the project (Figure 3)
- Provincial AVI Model of Care Change Management Forum and Local Internal Change Management Working Groups (Figure 4)
- Brings together key stakeholders and clinical experts to define, design and inform the development of a procedure-agnostic model of care for AVI procedure
- Facilitates mutual support (i.e. sharing strategies and lessons learned) and local change management as hospitals align themselves with the new model
- Allows for collective identification of key system enablers that could contribute to successful and sustainable implementation of the new model (i.e. funding, performance measurement and monitoring, procurement)

Results

CONCEPTUAL MODEL FOR AVI

- Improved access to TAVI, which would reduce patient deterioration and mortality while waiting for treatment
- Align AVI treatment options with current evidence; facilitate inclusion of intermediate and low risk TAVI patients
- Enable the Interdisciplinary Heart Team to consider patients equally for TAVI and SAVR, thereby improving access to most appropriate procedure and patient role in informed decision making

CLINICAL BENEFITS

- Improved patient and caregiver experience
- Improved access to TAVI using current funding envelope
- Help to address provincial bed crisis by reducing AVI patient length of stay for more patients are shifted to TAVI
- Start shift towards more accountable disease-based funding models

References


Acknowledgements

The authors would like to acknowledge the contributions to the poorer by:

- Dana Lian, Strategist, CorHealth Ontario
- Amy Burke, Clinical Specialist, CorHealth Ontario
- Jennifer Leung, Clinical Specialist, CorHealth Ontario

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