Integrated Care Initiatives and Its Effectiveness - The Disease-specific Care Certification Experiences



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QUALITY, WE TOGETHER!





Trend in Global Healthcare

09-12



Necessity for Integrated Care

13-20



03-08

Disease-specific Care in Taiwan-An Integrated Care Model



Future

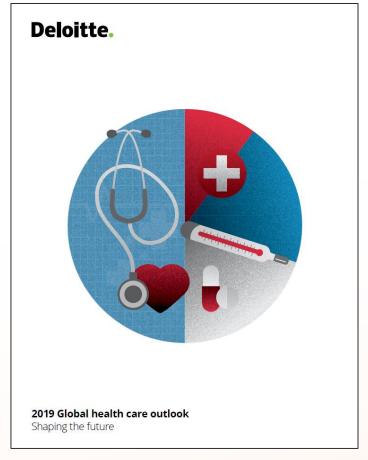
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Trend in Global Healthcare

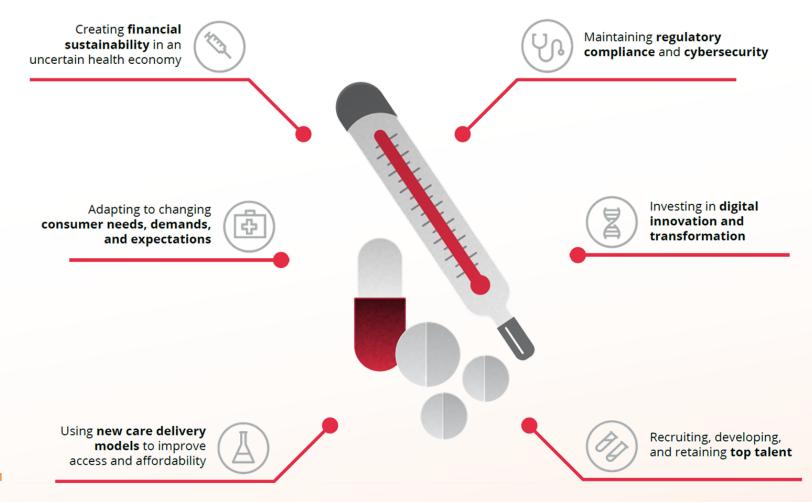
Global Healthcare



- Global health care spending is projected to increase at an annual rate of 5.4% in 2018-2022, a considerable rise from 2.9% in 2013-2017.
- Life expectancy appears to continue to climb. It is projected to increase from 73.5 years in 2018 to 74.4 in 2022.
- Bringing the number of people aged over 65 globally to more than 668 million, or 11.6% of the total global population.

QUALITY, WE TOGETHER! Source: Stephanie Allen. Global Health care Outlook. Deloitte. 2019

Trend in Global Healthcare



QUALITY, WE TOGETHER! Source: Stephanie Allen. Global Health care Outlook. Deloitte. 2019

Population Health Problem

Aging population



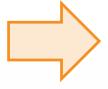
Multiple comorbidities

Rise in medical expenditure



Payment System Problem

Volume



Value

The shift to "value of healthcare" is the centerpiece of our strategy.

Source: David L. Longworth. The Cleveland Clinic's Journey from Volume to Value in the Era of Healthcare Reform. Cleveland Clinic.

The Need for Integrated Care

Healthcare services are fragmented, no continuity

Need for multidiscipline integration

Care process needs standardization

03



Necessity for Integrated Care

Definition of Integrated Care



- Alignment and collaboration
- A set of interconnecting processes

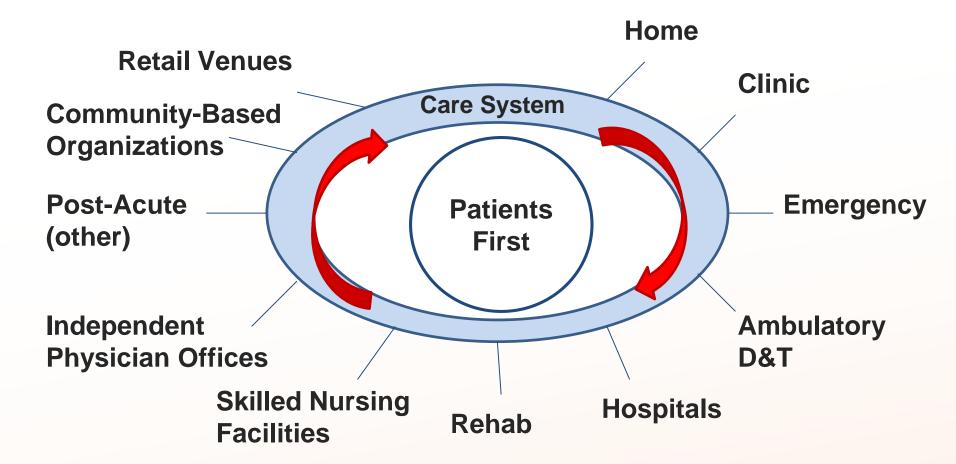


- Quality of care
- Quality of life
- Consumer satisfaction
- System efficiency
- Outcome experienced



Source: David L. Longworth. The Cleveland Clinic's Journey from Volume to Value in the Era of Healthcare Reform. Cleveland Clinic.

Ideal Model of Integrated Care





Source: David L. Longworth. The Cleveland Clinic's Journey from Volume to Value in the Era of Healthcare Reform. Cleveland Clinic.

Target Diseases

Chronic diseases

High-risk diseases



Severe complications illness

Teamwork

Case management

Self-management support





Disease-specific Care in Taiwan-An Integrated Care Model

Disease-Specific Care (DSC)



Launched in 2009

Forward-thinking, paradigm-shifted care process, better choice for the public

Self pay, voluntary involvement



Enhance public awareness of individual hospital competency

Patient-centered approach

Standard level of excellent care Multi-discipline, continuous care



追求品質

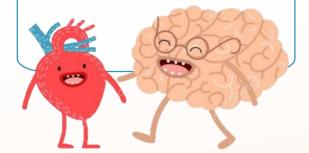
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History of Taiwan DSC

2009

- Coronary Artery Disease
- Acute Coronary Syndrome
- Acute Myocardial Infarction

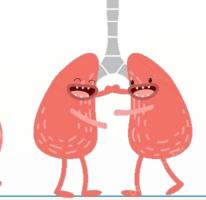


2017

- Heart Failure
- Kidney Disease
- Diabetes Mellitus
- Cerebrovascular Accident
- Chronic
 Obstructive
 Pulmonary
 Disease

2018

- Joint Replacement
- Asthma
- Pain Management
- Traumatic Brain Injury





Rationale

- Taiwan
 - > Healthcare services are fragmented, no continuity
 - > Aging population: aged society in 2018, super-aged society in 2026
 - Multiple comorbidities
 - ➤ Need for multi-discipline integration
 - Care process needs standardization





Focuses of Taiwan DSC

- Clinical excellence
- Guideline adherence, continuous care plan
- Multi-discipline team, holistic care
- Case management
- New technology, SDM
- Patient satisfaction
- Quality of life
- Improve cost-effectiveness





Participants

| Central Taiwan | |
|----------------|---|
| CAD, ACS, HF | 7 |
| Kidney disease | 3 |
| DM | 3 |
| CVA | 3 |
| COPD | 2 |
| Pain | 1 |
| Joint | 1 |
| Asthma | 1 |

Total 111 teams

| Northern Taiwan | | |
|-----------------|--------------------|--|
| CAD, ACS | 3 | |
| Kidney disease | 2 | |
| | | |
| | | |
| | | |
| | | |
| | THE REAL PROPERTY. | |

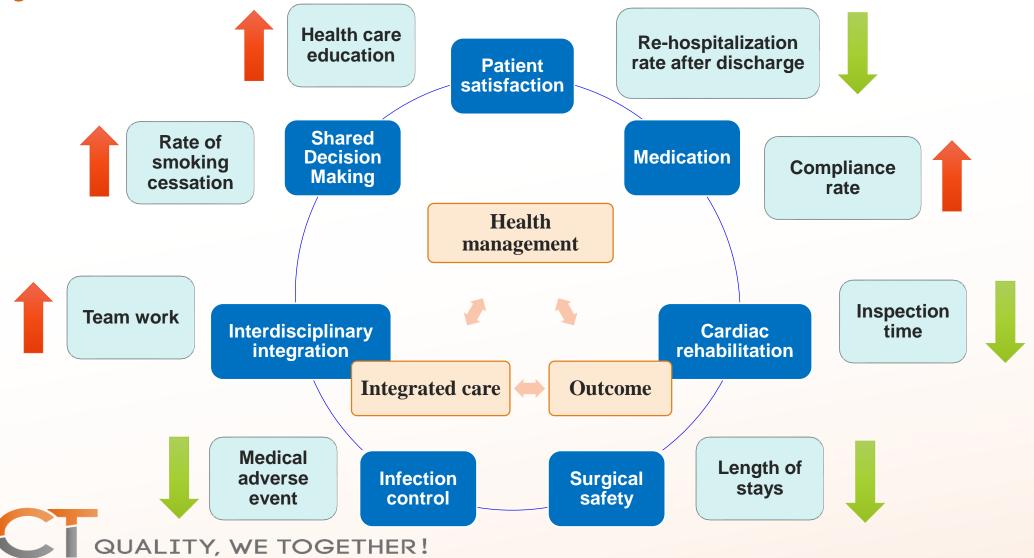
| Taipei area | |
|-------------------|----|
| CAD, ACS, AMI, HF | 16 |
| Kidney disease | 11 |
| DM | 7 |
| CVA | 7 |
| COPD | 7 |
| Pain | 2 |
| Joint | 3 |
| Asthma | 1 |
| TBI | 3 |
| | |

| Southern Taiwan | |
|-----------------|---|
| CAD, ACS, HF | 5 |
| Kidney disease | 2 |
| DM | 2 |
| CVA | 2 |
| COPD | 1 |
| Pain | 1 |
| TBI | 2 |

| | Kaohsiung-Pintung area | | |
|---|------------------------|---|--------------------------|
| | CAD, HF | 3 | ants/km² |
| | DM | 1 |) ~ 40000 |
| | CVA | 2 | ~ 20000 20000 5000 |
| | COPD | 2 | 3000 1000 |
| J | Joint | 1 | ® ER |
| | TBI | 1 | |

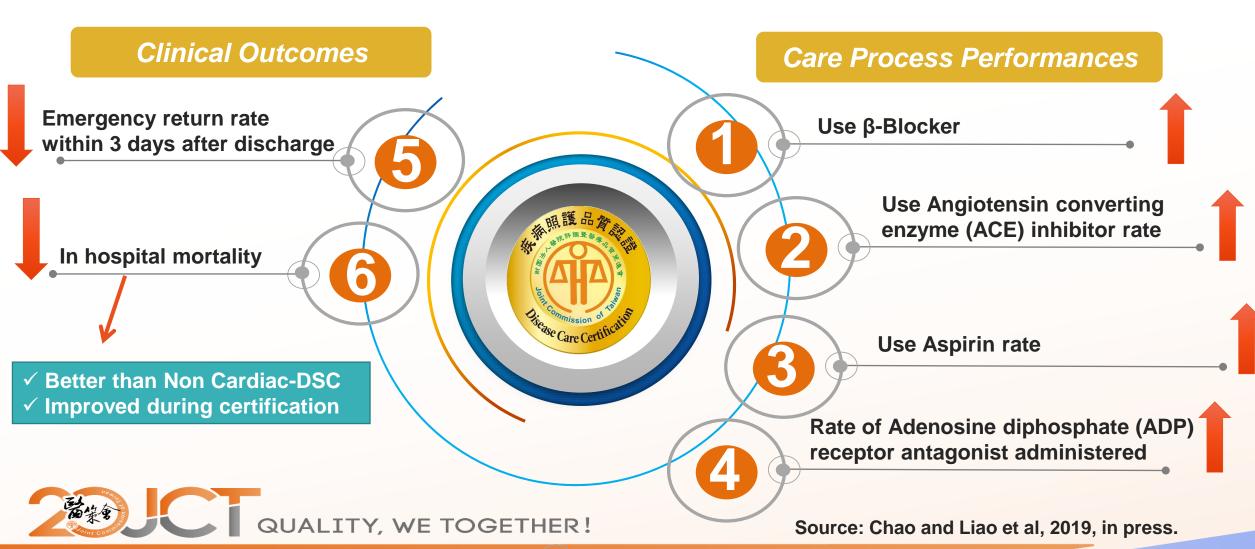
| Eastern Taiwan | |
|----------------|---|
| HF | 1 |
| Kidney disease | 1 |
| Joint | 1 |

Major Outcome Performances



Comparisons of Outcomes







Feedback

- Team work
- Break silo
- Process standardization
- Use indicator
- Cost-effectiveness
- Improve value















Future

- Forward-thinking, paradigm-shifted care process, better choice for the public
- Integration
- Stabilize the progress of diseases
- National Health Insurance package payment





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