

VBHC ASSESSMENT GUIDE

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Canadian Foundation for **Healthcare Improvement**

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Why use this assessment tool?

The purpose of this tool is to assess an organizations readiness to undertake a value-based healthcare initiative.

The tool can help leadership understand areas of strength and also areas where further work is necessary before implementation. Using it can prevent wasting energy from trying to implement an initiative that does not have sufficient support and/or enabling structures to be successful. It is meant as a discussion tool to support informed decision making and to help set realistic expectations.

Using this tool can help you, your team, or your organization determine:

- ▶ Areas of strength;
- ▶ Areas that require further planning and development;
- ▶ Next steps to consider



Remember: Since this is an assessment, there are no right or wrong answers!

Suggestions for using this tool

Self-assessment will work best if:

- ▶ Perspectives from different decision-makers and interested people in your organization are reflected in the answers. The answers can be completed separately in advance or done together as a group with discussions as you go;
- ▶ The answers are collated and used for the second half of the tool with summary results and discussion; and
- ▶ You consider the suggestions in determining the next steps in your value-based project

WHO TO INVOLVE IN THE ASSESSMENT PROCESS

Facilitator: The program lead or another person, not directly responsible for the program, who is knowledgeable about change management/ implementation science.

Participants: Program champion(s), leadership sponsors(s), patient/ family representatives, implementation lead(s), direct care staff, decision support/data analysis, and finance representatives.

Instructions

1. Scan through the **12 main criteria** to get an overview of the main areas for assessment. Refer to criteria definitions on page [A-06](#)

PART 1

A-04

Meaningful Metrics
Outcomes and cost data
Clear Scope
Material Impact

PART 2

A-05

Capacity/Skill for VBHC
Dedicated Resources
Clinical Leadership along the care pathway
Permeability Between Silos
Supportive Policy and Structures
Aligned Payment Models
Proven Solutions
Time to Achieve Value

2. For each section:

Facilitator:

- ▶ Lead a brief discussion to produce a “sense of the group” for each of the sections.
- ▶ Circle the consensus statement on a master copy of the assessment tool. If some participants dissent from the consensus, note the range of outliers.
- ▶ Use the leading questions to discuss identified strength(s) and weakness(es) and areas for action.

Participants:

- ▶ Please circle the appropriate statement you feel captures your organization’s level of readiness.
- ▶ Identify what you see as the top strength(s) for each section as well as the weakest element(s).

PART 1

Name: _____

| CRITERIA ▼ | RATING ▶ | LOW | MEDIUM | HIGH |
|------------------------|--------------------------|--------------------------------|---|---|
| Meaningful Metrics | <input type="checkbox"/> | Development needed | Proposed metrics | Established and tested metrics |
| Outcomes and cost data | <input type="checkbox"/> | No relevant data exist | Partial data exist, e.g. baseline or cost data only | On-going tracking of 'fit-for-purpose' cost and outcomes data |
| Clear Scope | <input type="checkbox"/> | Lack of clear scope definition | Some aspects of scope defined; others unknown | Well-defined scope |
| Material Impact | <input type="checkbox"/> | Unknown or limited impact | Modest likely impact | High probability of large impact |

TOP STRENGTHS

SUMMARY

LESSONS LEARNED/NEXT STEPS
How can you use these strengths to promote implementation of the VBHC initiative?

WEAKEST ELEMENTS

SUMMARY

LESSONS LEARNED/NEXT STEPS
What can you do to address these gaps?

Refer to criteria definitions on page A-06

PART 2

Name: _____

| CRITERIA ▾ | RATING ▶ | LOW | MEDIUM | HIGH |
|----------------------------------|--------------------------|--|--|---|
| Capacity/Skill for VBHC | <input type="checkbox"/> | Limited or no capacity/experience | Plan to secure capacity/skills | Required capacity and skills in place |
| Dedicated Resources | <input type="checkbox"/> | Sufficient resources not confirmed | Short-term resources in place | Sustainable resources identified |
| Clinical Leadership | <input type="checkbox"/> | Not identified | Champions identified | Active clinical leadership in place |
| Permeability Between Silos | <input type="checkbox"/> | Existing silos create barriers | Plan for addressing silos | Health system well-aligned for VBHC scope |
| Supportive Policy and Structures | <input type="checkbox"/> | Barriers outside team's authority to influence | Workarounds possible | Well-aligned policy and structures |
| Aligned Payment Models | <input type="checkbox"/> | Existing models create barriers | Workable or one-time payment models | Well-aligned models |
| Proven Solutions | <input type="checkbox"/> | Mechanisms to grow value unclear | Proven solutions in different settings/context | Solutions proven in similar contexts |
| Time to Achieve Value | <input type="checkbox"/> | Extended or unknown period | Value gains will only come in longer-term | Value can be achieved soon and sustained |

TOP STRENGTHS

WEAKEST ELEMENTS

SUMMARY

LESSONS LEARNED/NEXT STEPS
How can you use these strengths to promote implementation of the VBHC initiative?

SUMMARY

LESSONS LEARNED/NEXT STEPS
What can you do to address these gaps?

Refer to criteria definitions on page A-06

Definitions

Meaningful Metrics: Clearly defined metrics that reflect outcomes that are important to patients/families and show the value of a change or improvement, both in terms of its costs and its outcomes. It's ideal to use previously validated metrics when possible. (The metrics don't have to be perfect but must be capable of showing change or improvement.)

Outcomes and Cost Data: Data that show the impact of the change or improvement on patient outcomes, and the costs related to various services or deliverables across the patient journey. Where possible it is best to leverage existing data and financial systems to align with broader quality improvement initiatives and to reduce survey burden on patients.

Clear Scope: An understanding of the target population as well as the care pathway. This includes defining the members of the population who will move in and out of the target group over time – which will be important in order to understand the impact of changes on outcomes and value.

Material Impact: The level of effort required to make the change or improvement needs to correspond with the extent of value that is likely to result – making the effort worth it in the end. Also, the people undertaking the change or improvement will want to see the benefits of the increased value.

Capacity/Skills: VBHC requires leadership, change capacity, and skills beyond traditional performance measurement and reporting, with expertise in many of the categories outlined here. While some of these skills may be developed over time and through the implementation of value-based work, it is important to consider whether those involved are ready and have the capacity to proceed.

Dedicated Resources: Resources needed to make sure the healthcare change or improvement provides value. Consider whether there is appropriate funding for the initiative and dedicated staff time and leadership resources.

Clinical Leadership: It is critical that clinical leaders are engaged and effective along the care pathway.

Permeability between Silos: Health sectors or organizations involved share responsibility for costs and outcomes. Consider whether there are care pathways, if systems are integrated or if they can be integrated to allow this to happen, e.g. if appropriate information and resource sharing mechanisms are in place.

Supportive Policy and Structures: Governance, accountability structures and policy/regulations need to support implementation.

Aligned Payment Models: It is important that payment models allow the flexibility to pursue value, and that they enable higher value behaviours and decisions.

Proven Solutions: Solutions that have been tried and tested and have worked effectively in a similar context. Consider whether there are solutions that have already been developed which are proven to be more effective than the status quo. Note, open-innovation models may specify a problem to draw out possible solutions.

Time to achieve value: Achieving value takes effort and time. Are the time horizons aligned with funding and planning cycles? Do the stakeholders have realistic expectations of the time required? Different initiatives will require different amounts of time. For example, a procurement initiative may take less time, and a social impact bond may take more time.

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To be an indispensable partner in shaping better healthcare for everyone in Canada.

OUR MISSION

We work shoulder-to-shoulder with partners to accelerate the identification, spread and scale of proven healthcare innovations.

OUR IMPACT

Lasting improvement in patient experience, health, work life of healthcare providers and value for money.

This guide is available online at cfhi-fcass.ca/vbhc

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Canadian Foundation for Healthcare Improvement (CFHI)
150 Kent Street, Suite 200
Ottawa, ON K1P 0E4