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CURRICULUM ON

Value-Based Health Care Delivery

PROSPECTUS FOR UNIVERSITIES AND FACULTY

October 2012

Faculty

Professor Michael E. Porter¹

Professor Elizabeth O. Teisberg²

Professor Robert S. Kaplan¹

Professor Robert Huckman¹

Professor Thomas H. Lee³

Professor Gary Gottlieb³

Professor Jens Deerberg-Wittram¹

Professor Kevin Bozic⁴

Institute Associate Sachin Jain⁵

Staff

Program Manager Kristen Bettencourt

Fellow Mary Witkowski

Senior Researcher Caleb Stowell

Research Associate Justin Bachmann

Research Associate Sam Wertheimer

Research Associate Cliff Marks

Institutional Affiliations: ¹Harvard Business School, ²Dartmouth Medical School, ³Harvard Medical School and Partners Healthcare, ⁴UCSF Medical School, ⁵Merck



VALUE-BASED HEALTH CARE DELIVERY

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VALUE-BASED HEALTH CARE DELIVERY

Curriculum Overview

Value-Based Health Care Delivery is a distinctive curriculum developed at Harvard by Professor Michael Porter and a team of colleagues and designed to be taught at universities, medical schools, and in professional education programs for health professionals around the world. It consists of conceptual frameworks and actual in-depth case studies of numerous health care provider organizations, health plans, and employers offering health benefits. Such leading organizations as The Cleveland Clinic and MD Anderson Cancer Center are the subject of cases, but there are cases on smaller providers and community hospitals as well. Cases include not only U.S. organizations but providers in Germany, Sweden, the United Kingdom, and a growing number of other countries.

The curriculum is based on the value-based health care delivery framework introduced by Professors Michael Porter and Elizabeth Teisberg in *Redefining Health Care* (HBS Press, 2006). In the framework, the central goal of health care is to maximize value for patients, defined as health outcomes achieved per unit of cost spent. The current structure, reimbursement, and measurement of health care delivery are mis-aligned with value. Significant improvements in value will require major strategic and organizational changes in how health care is delivered, measured, and paid for, rather than simply incremental improvement of existing practice. The curriculum is intended to stimulate new thinking by health care providers, health plans, suppliers, employers, and government, with the ultimate aim of motivating and informing changes in actual practice both in the U.S. and abroad.

The *Value-Based Health Care Delivery* curriculum can be used in courses for students, but also executive programs for senior management of health care providers, insurers, employers, and government officials. The curriculum not only builds a cadre of people trained in new health care delivery thinking, but can also serve as a platform for other efforts by universities to contribute to local or national health care reform. It opens the potential for field projects in which students and faculty work with delivery organizations, and faculty can become important leaders in efforts to reorganize health care delivery and engage in meaningful policy reform. The multiplier effects of the curriculum are already evident in our experiences over the past five years.

This prospectus summarizes course content, describes the structure of recent course offerings at Harvard and other schools, and offers sample module outlines for various course durations and topic focus. The curriculum includes concept presentations, case studies, instructor teaching notes, videos of guest protagonists, and other videos designed to assist instructors in the teaching of the material.

Delivery Focus. This curriculum focuses on the way in which health care is actually organized and delivered. The cases address how health care provider organizations should choose service lines, organize and deliver care, measure outcomes and cost, integrate care across facilities, and expand care across geography. The curriculum also includes cases featuring health plans, employers, and government can use their leverage points to influence the delivery of care. Although the majority of course material focuses on organizations based in the United States, a growing selection of international content enables the comparison and evaluation of various national health care systems. (Please see pages 8-16 for a complete listing of cases, books, articles, and relevant topic modules)

The bulk of the materials included in this curriculum concern care delivery in advanced economies. A second curriculum, addressing care delivery in resource-poor settings, has been created by The Harvard Global Health Delivery project, a joint project of Harvard Medical School, Brigham and Women's Hospital, and Partner's in Health, in association with Harvard Business School's Institute for Strategy and Competitiveness. (See the "Global Health Delivery Project and Curriculum" section on p. 22 for additional information and contact details.)

Student Qualifications. The core target students for this curriculum are health care executives, physician leaders, practicing physicians, physicians in training, nurses, administrators, and students in public health, health policy, and other programs concerned with health care organization and delivery. For medical and nursing school students, the curriculum is most effective during the later stages of their training, after they have experienced the care delivery system directly.

Participating universities are encouraged to establish the course as an interdisciplinary offering that is open to students from various health care related schools and departments, as we have done at Harvard. We offer a one-week "Intensive Seminar" for young physician leaders, practicing physicians, residents and fellows, others working in care delivery, health policy students, and selected others with strong backgrounds in health care delivery. The quality of discussions is enhanced by interdisciplinary participants with interests and experiences representing a broad array of actual health care delivery stakeholders.

Executive Programs. The material also lends itself well to executive education because of its practitioner focus and in-depth actual case studies. Senior leaders will not only quickly understand the issues faced by organizations highlighted in the curriculum but can also rapidly translate their lessons into action. The course is a good platform for senior leaders to develop relationships with peers and facilitate collaborations and ongoing discussions.

Case Method Teaching. The curriculum uses the case method of teaching, pioneered at Harvard Business School.¹ Case studies provide rich data on the actual situation faced by the protagonist organization, allowing students to analyze the situation and develop action recommendations and broader implications. Cases are descriptive, rather than justifying the “answer.” Cases do not aim to illustrate correct or incorrect handling of the situations, but to capture the complexity of actual management choices which are inevitably specific to each situation.

The power of the case method lies heavily in the class discussion. The instructor leads this discussion by asking questions to draw out insights from class participants. Faculty lectures (or answers to questions) are held until after the discussion has concluded.

Participants are required to prepare the cases in detail before class, guided by sets of assignment questions designed to stimulate appropriate analysis. The teaching questions, used by the instructor to guide the classroom discussion, are related to the assignment questions but are focused more on the pedagogical process.

Case method teaching requires a great deal of preparation. The instructor must fully master the case facts and keep a roadmap of the key discussion questions and important lessons in mind. To facilitate this process, most case studies have “Teaching Notes” to help course instructors prepare, plan, and lead individual case discussions. Teaching Notes contain in-depth analyses of the case studies, as well as suggested reading assignments, sample assignment questions, and sample teaching questions. In addition to Teaching Notes, we have available video recordings of past case discussions (Faculty Teaching Videos) to further prepare instructors.²

¹ For a detailed description of the case method please see John S. Hammond, “Learning by the Case Method” published by Harvard Business School Press and available at http://harvardbusinessonline.hbsp.harvard.edu/b02/en/common/item_detail.jhtml?id=376241&_requestid=27538

² Teaching Notes are available through HBS Publishing (HBSP). Please note that Teaching Notes will only appear on an HBSP website search for individuals who have formally registered with HBSP as educators. **Anyone wishing to access a Teaching Note must register with HBSP as an educator** (see Case Study Access and Purchasing Information on p. 22 for additional details). We are currently in the process of making Faculty Teaching Videos available via HBSP as well. In the meantime, please contact our health care program manager, Kristen Bettencourt, to request a copy.

Course Schedule and Architecture. The curriculum has been taught at Harvard as an intensive, week-long 20 session course, and as 2-day workshops for hospital CEOs and other senior health care executives. Prof. Porter has also led one- and two-day executive seminars in the United Kingdom and at the UCLA Anderson School of Management. In addition, individual cases or groups of cases have been taught at Harvard Business School and at other Universities. (Please see pages 17-21 for example course descriptions)

At Harvard, each session begins with a case discussion, followed by a discussion with the case study protagonist, either live or on video. Guest protagonists are often one of the highlights of the curriculum, allowing students to better understand the successes and challenges described in the case study in the protagonist's own words. We will make edited videos of protagonists, available online to universities teaching the cases so that the videos may be shown in class if desired.

For most sessions there are also available topic lectures that reinforce the concepts highlighted during the case discussion. We have video recordings of past topic lectures given by Professor Porter and Teisberg, and will make these available along with their corresponding slides for faculty use.

In addition to the case studies, the curriculum includes readings from the textbook *Redefining Health Care* and other articles by the value-based health care delivery faculty. These are typically assigned as pre-reading before the course to help orient students to value-based health care concepts before engaging them in intensive case discussions.

University Partners

We are pleased to share these teaching materials, video content, and instructor resources with any university, school, or professional organization wishing to teach any or all of the *Value-Based Health Care Delivery* curriculum.³

³ All the material is available in English. Regrettably, we have no plans to translate the case studies and readings into other languages, and copyright restrictions prohibit organizations or individuals from translating and distributing the materials on their own. Schools interested in translating materials should contact us to discuss how this might be accomplished.

The ideal school will be one that offers graduate or doctoral degree programs in health care delivery, or post-doctoral professional training for practitioners. Potential types of schools include business schools, medical schools, and schools of public health and health policy.

Our hope is to expand the reach of this curriculum to every interested physician or physician-in-training. Too few physicians are trained in applying management theory to health care delivery, and we feel this curriculum can significantly change their perspective on how to solve the current challenge of unsustainable cost growth and variable quality in health care. We hope to build out a network of faculty who can help us train these individuals in these concepts and become local experts and champions of value-based health care delivery in their area. We encourage faculty to develop their own course materials relevant to their particular institution, geographic circumstances, or academic disciplines to supplement the Harvard-developed curriculum.

If you are interested in partnering with us in this effort, please write our health care program manager, Kristen Bettencourt, at kbettencourt@hbs.edu. (For more detailed logistics and contact info, please see page 23)

List of Cases and other Course Content

Completed Cases

- Brigham and Women's Hospital: Shapiro Cardiovascular Center
- Children's Hospital of Philadelphia: Network Strategy
- Commonwealth Care Alliance: Elderly and Disabled Care
- The Cleveland Clinic: Growth Strategy 2011
- The Dartmouth-Hitchcock Medical Center: Spine Care
- Global Health Partner: Obesity Care
- Great Western Hospital: High-Risk Pregnancy Care
- Highland District County Hospital: Gastroenterology Care in Sweden
- In-Vitro Fertilization: Outcomes Measurement
- The Joslin Diabetes Center
- Koo Foundation Sun-Yat Sen Cancer Center: Breast Cancer Care in Taiwan
- Ledina Lushko: Navigating Health Care Delivery
- Partners In Health: HIV Care in Rwanda
- Pitney Bowes: Employer Health Strategy
- Reconfiguring Stroke Care in North Central London
- Schön Klinik: Eating Disorder Care
- The Schön Klinik: Measuring Cost and Value
- ThedaCare: System Strategy
- The UCLA Health System: Kidney Transplantation
- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care
- The West German Headache Center: Integrated Migraine Care

In Process Cases

- DaVita Village Health: Integrating Renal Care
- The Nurse Family Partnership: Maternal and Child Health
- The Swedish Rheumatology Quality Registry: Rheumatoid Arthritis Care

Books

- *Redefining Health Care*: Michael E. Porter and Elizabeth Olmsted Teisberg, 2006.
- *Redefining German Healthcare*: Michael E Porter and Clemens Guth, 2012.

Articles

- *The Big Idea: How to Solve the Cost Crisis in Health Care*: Robert S. Kaplan and Michael E. Porter, Harvard Business Review, September 2011
- *What is Value in Health Care?* New England Journal of Medicine, December 2010
 - Supplementary Framework Papers: *Value in Health Care* and *Measuring Health Outcomes: The Outcome Hierarchy*
- *A Strategy for Health Care Reform- Toward a Value-Based System*: NEJM, July 2009
- *Value-Based Health Care Delivery*: Annals of Surgery, October 2008
- *How Physicians Can Change the Future of Health Care*: JAMA, March, 2007

Case Study	Videos		Teaching Note	Medical Condition/Treatment	Location	Topic Area																
	Case Discussion	Protagonist				Cancer Care	Chronic Conditions	Coordinating Primary/Acute	Cost Measurement	Defining Cycles of Care	Employers	Health Plans	Integrated Practice Units	International Health Care Systems	National Health Policy	Provider System Integration	Reimbursement Models	Resource-Poor Settings	Results Measurement	Service Expansion/Growth		
Completed Case Studies																						
Patient Experience																						
1	Ledina Lushko: Navigating Health Care Delivery	x	x		Adrenal Cortical Carcinoma	Chicago, IL	x		x		x						x	x		x		
Integrated Care																						
2	The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care	x	x	x	Head and Neck, Endocrine Cancer	Houston, TX	x					x								x		
3	The West German Headache Center: Integrated Migraine Care	x	x	x	Migraine	Germany		x	x			x	x									
4	Dartmouth-Hitchcock Medical Center: Spine Care	x	x	x	Spine Care	Lebanon, NH		x					x							x		
5	Sun Yat-Sen Cancer Center: Breast Cancer Care in Taiwan	x	x	x	Breast Cancer	Taiwan	x						x	x				x		x		
6	Global Health Partner: Obesity Care		x	x	Obesity/Bariatric Surgery	Sweden		x					x	x				x		x		
7	Gastroenterology Care at Sweden's Highland Hospital				Inflammatory Bowel Disease	Sweden		x					x	x						x		
8	The Joslin Diabetes Center	x	x	x	Diabetes	Boston, MA		x	x			x										
9	In-Vitro Fertilization: Outcomes Measurement				Infertility/IVF							x								x		
10	Partners In Health: HIV Care in Rwanda				HIV/AIDS	Rwanda													x			
11	Brigham and Women's Hospital Shapiro Cardiovascular Center			x	Cardiovascular Care	Boston, MA							x									
12	The UCLA Health System Kidney Transplantation	x	x	x	ESRD, Kidney Transplantation	Los Angeles, CA							x						x	x		
13	Great Western Hospital: High-Risk Pregnancy Care	x	x	x	High-Risk Pregnancy	UK			x				x	x				x				
Provider Systems																						
14	The Cleveland Clinic: Growth Strategy 202	x	x	x	Various	Ohio, FL, International														x	x	
15	Children's Hospital of Philadelphia: Network Strategy	x	x	x	Various	PA			x												x	
16	ThedaCare: System Strategy	x	x	x	Various	WI							x									
17	Schon Klinik Eating Disorder Care	x	x	x	Eating Disorders	Germany		x	x				x	x						x		
18	Reconfiguring Stroke Care in North	x	x	x	Stroke	UK			x				x	x								
19	Boston Children's Hospital TDABC	x	x		Various	Boston, MA														x		
20	Schon Klinik: Measuring Cost and Value	x	x		Total knee replacement	Germany														x	x	
Health Plan / Employer																						
21	Commonwealth Care Alliance: Elderly and Disabled Care	x	x	x	Various	Boston, MA		x	x												x	x
22	Pitney Bowes: Employer Health Strategy	x	x	x	Various	USA		x														
In Process																						
Integrated Care																						
23	DaVita: Integrating Renal Care				Kidney Disease, ESRD	MA, CA		x						x								x
24	The Nurse Family Partnership: Maternal and Child Health				Various	Denver, CO		x	x												x	
25	The Swedish Rheumatology Quality Registry: Rheumatoid Arthritis Care				Rheumatoid Arthritis	Sweden		x	x					x	x							

Sample Topic Modules

The following topic modules group case studies dealing with common subject matter and/or concepts within the value-based framework. Courses aiming to provide a broad overview of value-based health care delivery may wish to select one or two cases from many modules, while courses seeking to examine fewer topics in-depth may wish to teach many or all cases within fewer modules. Alternately, courses with established curricula may wish to incorporate a single module or case to supplement the existing material.

Please note that starred cases (*) are currently in process and **not yet publicly available**.

Cancer Care

In the United States and abroad, funding pours into the quest for cancer prevention, screening, drugs, and treatment. However, the way in which cancer care is delivered can prove just as crucial as the discovery of a new drug. Cancer care serves as an important example of how a dedicated team caring for patients with a particular medical condition (e.g., head and neck cancer or breast cancer) can provide significantly better results than a series of specialists working on their own. Only by integrating care in this way will the appropriate new drugs and remedies effectively and efficiently reach the patients who need them in an effective manner.

- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care in Taiwan
- Ledina Lushko: Navigating Health Care Delivery

Chronic Conditions

Chronic conditions require ongoing care and do not follow a simple model of discrete intervention and recovery. Instead, they require a system that can help foster health maintenance and disease management. These diseases need care that extends into daily life, includes education, and provides for continued contact with a provider. The following cases highlight examples of organizations working to develop innovative ways to care for these conditions.

- The West German Headache Center: Integrated Migraine Care
- Commonwealth Care Alliance: Elderly and Disabled Care
- Pitney Bowes: Employer Health Strategy
- Highland District County Hospital: Gastroenterology Care in Sweden
- DaVita Village Health: Integrating Renal Care*
- Joslin Diabetes Center
- The Dartmouth-Hitchcock Medical Center: Spine Care
- Global Health Partner: Obesity Care
- Schön Klinik: Eating Disorders Care
- The Swedish Rheumatology Quality Registry: Rheumatoid Arthritis Care*

Coordinating Primary and Acute Care

Primary care has come to mean many things, ranging from health maintenance and preventive care for well individuals, ongoing care for chronic conditions, and general or acute outpatient treatment for minor conditions. The way in which primary care connects to or is integrated with cycles of care for particular medical conditions depends on a number of factors, including the medical condition and patient population in question. The organizations described in the following case studies have begun to implement or at least think about ways in which primary care fits with their care delivery models.

- The West German Headache Center: Integrated Migraine Care
- Commonwealth Care Alliance: Elderly and Disabled Care
- Joslin Diabetes Center
- Children’s Hospital of Philadelphia: Network Strategy
- The Nurse Family Partnership: Maternal and Child Health*

Cost Measurement

To transform health care delivery, every organization must move toward better outcome and cost measurement over the full cycle of care for patient medical conditions. Time Driven Activity-Based Costing (TDABC) is a new way to analyze costs that uses patients and their conditions—not organizational units or narrow diagnostic treatment groups—as the fundamental unit of analysis for measuring costs and outcomes.

- Schon Klinik: Measuring Cost and Value
- Boston Children’s Hospital TDABC

Defining Medical Conditions and Cycles of Care

The unit of value creation in health care is not any one intervention, but instead the particular medical condition faced by the patient. Thus the ability to both create value and subsequently compare it involves defining the parameters of a medical condition and the parties involved in its treatment. Our research has identified providers who have been able to identify specific conditions and their appropriate multidisciplinary provider and ancillary care taker teams.

- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care
- Joslin Diabetes Center
- The UCLA Health System: Kidney Transplantation
- Schön Klinik: Eating Disorder Care
- Great Western Hospital: High-Risk Pregnancy Care

Employers

Employers have a strong interest in employee health beyond their immediate financial responsibility for the cost of employee health insurance and other benefits. The health of an employer’s workforce greatly affects the organization’s productivity and profitability, and the cost of absenteeism and illness on the job far outweighs the cost of health benefits. Some employers have started to understand their shared interest in employee health, and have begun to view health benefits and wellness programs as a key to success rather than a burden.

- Pitney Bowes: Employer Health Strategy

Health Plans

To date, health plans have largely served as passive payers in the US health care system. However, they stand in a position to add significant value. Among other things, they can serve as active health advocates for specific populations and guide members to high value providers able to deliver excellent care for their medical conditions. Some insurers have begun to think more strategically about the ways in which they can compete to add value for patients rather than focusing on containing short-term costs by restricting access to care or selecting the healthiest members.

- Commonwealth Care Alliance: Elderly and Disabled Care
- The West German Headache Center: Integrated Migraine Care
- Pitney Bowes: Employer Health Strategy

Integrated Practice Units

Value is created by the full set of activities required to care for a patient over the entire course of a particular medical condition. Yet today, care delivery is fragmented, requiring multiple departments and disconnected providers to care for a single patient. Co-locating and integrating care for a particular medical condition and its common co-occurrences in dedicated facilities staffed by dedicated teams allows providers to focus on the ultimate goal of patient health as opposed to the end result of any one intervention. This shift involves both structural and interpersonal challenges. Examining the many attempts across provider organizations gives students a chance to identify both the points of difficulty and the successful strategies.

Simple/Early Stage

- The West German Headache Center: Integrated Migraine Care
- Brigham and Women's Hospital: Shapiro Cardiovascular Center
- Global Health Partner: Obesity Care
- ThedaCare: System Strategy
- Highland District County Hospital: Gastroenterology Care in Sweden
- Great Western Hospital: High-Risk Pregnancy Care

Advanced/Later Stage

- The Cleveland Clinic: Growth Strategy 2011
- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care
- The Dartmouth-Hitchcock Medical Center: Spine Care
- Joslin Diabetes Center
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care in Taiwan
- Schön Klinik: Eating Disorder Care

National Health Systems and Policy

Although providers, health plans, and employers can take immediate steps to improve care delivery on their own, the government can play a critical role to enable these efforts. National and sub-national

bodies influence the regulation of various aspects of health care delivery, including provider organizations, insurers, and IT standards. In the US, Medicare and Medicaid policy greatly influences reimbursement practices by private insurers, while in many other countries, government serves as the only or primary payer. The following cases illustrate examples of the ways in which the US and foreign governments can support value-based approaches to health care delivery and reform.

US Health Policy

- Commonwealth Care Alliance: Elderly and Disabled Care
- Pitney Bowes: Employer Health Strategy

International Health Policy

- The Finnish Health Care System: A Value-Based Perspective⁴
- The West German Headache Center: Integrated Migraine Care
- Global Health Partner: Obesity Care
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care
- Partners In Health: HIV Care in Rwanda
- Highland District County Hospital: Gastroenterology Care in Sweden
- The Swedish Rheumatology Quality Registry: Rheumatoid Arthritis Care
- Schön Klinik: Eating Disorder Care
- Reconfiguring Stroke Care in North Central London

Provider System Integration

Historically, hospitals and health systems have seen it as their mission to “serve the community,” leading many providers to offer a full range of service lines regardless of performance. Under this mindset, the quality of care has suffered, not only because one organization spreads its resources across many services without respect to outcomes achieved, but also because the resulting fragmentation of care delivery makes it difficult for each provider to achieve the patient volume needed to learn and improve. Some providers have begun to rationalize care delivery across facilities and regions, driving up patient volumes and justifying the creation of designated teams and facilities able to accelerate learning and innovation.

- ThedaCare: System Strategy
- The Cleveland Clinic: Growth Strategy 2011
- Children’s Hospital of Philadelphia: Network Strategy
- Schön Klinik: Eating Disorder Care
- Reconfiguring Stroke Care in North Central London

Reimbursement Models

⁴ Professor Michael E. Porter and colleagues at the Institute for Strategy and Competitiveness at Harvard Business School have developed a series of country-specific books and white papers describing and analyzing national health care systems using the value-based framework. Each book or paper focuses on a particular country, and issues recommendations for value-based improvements and reforms. The Finland paper was the first in this series to be published, and is available online at <http://www.sitra.fi/en/Publications/publications.htm>. A book on the German health care system entitled, Redefining German Health Care: A Value-Based Perspective has also been published. Papers on Sweden, Japan, and the Netherlands are currently in process.

The current reimbursement system reinforces the fragmentation of care delivery, rewarding treatment rather than health and volume of services rather than value. Today's fee-for-service, episode-based DRG, and global capitation payment models encourage providers to deliver expansive services while neglecting high-value primary and preventive care. We must move instead to bundled, capitated payments covering all of the services required to care for a patient's medical condition. These payment models align payer and provider incentives around creating value for patients without micromanaging the practice of medicine. The following case studies highlight organizations that have taken steps to develop innovative new ways to pay for care.

- Commonwealth Care Alliance: Elderly and Disabled Care
- Global Health Partner: Obesity Care
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care in Taiwan
- The UCLA Health System: Kidney Transplantation
- Schön Klinik: Eating Disorder Care

Resource-Poor Settings

Despite the current, unprecedented level of financial resources and medical advances focused on improving the health of populations in impoverished regions, high-value care still fails to consistently reach patients in need. As in higher-income settings, this bottleneck stems from the lack of a value-based care delivery strategy; however the circumstances introduce a different set of challenges and considerations. The following cases examine organizations that have been able to apply principles of value-based health care delivery to improve not only access to care, but also health outcomes for these individuals.

- Commonwealth Care Alliance: Elderly and Disabled Care
- Partners In Health: HIV Care in Rwanda
- The Nurse Family Partnership: Maternal and Child Health*

In partnership with the Harvard Global Health Delivery Project, we have also developed and continue to develop additional teaching cases that highlight the strategic principles of applying value-based delivery in resource-poor settings. To date, 20 cases have been developed through this partnership (see page 22 for more details).

Results Measurement

Value must be measured in order to improve care delivery. Outcome measurement not only helps providers and health plans improve care through awareness of their performance, but also creates the potential for competition on value by identifying superior providers. Yet comprehensive measurement of provider-level health outcomes remains rare. The following cases profile some of the organizations taking steps to move beyond process measures to actually quantify and report patient health outcomes.

- In-Vitro Fertilization: Outcomes Measurement
- The Cleveland Clinic: Growth Strategy 2011
- The Dartmouth-Hitchcock Medical Center: Spine Care
- Global Health Partner: Obesity Care
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care

- Highland District County Hospital: Gastroenterology Care in Sweden
- Schön Klinik: Eating Disorder Care

Service Expansion and Provider Growth Strategy

Provider growth and expansion across geography can add value by increasing access to superior care models and creating opportunities to rationalize care. However, growth is not inherently value creating. Providers face a multitude of choices about how to grow, including replicating in new locations, creating satellite IPU and IPU components, and developing affiliate programs. When navigating these choices, providers must focus on increasing access to high-value care and improving health outcomes, not just increasing volumes of services. The various methods of growth pursued by the following protagonist organizations offer insight into the key considerations involved in value-based approaches to expansion.

- The Cleveland Clinic: Growth Strategy 2011
- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care
- Global Health Partner: Obesity Care
- Children's Hospital of Philadelphia: Network Strategy
- Schön Klinik: Eating Disorder Care
- Reconfiguring Stroke Care in North Central London

Example Course Descriptions

At Harvard, the *Value-Based Health Care Delivery* curriculum has been taught in multiple forms, including two executive programs, a week-long intensive seminar, and a semester-long weeknight program for residents and fellows. At other schools, the curriculum has also been taught in semester-long master's programs. A brief description of each Harvard course is listed below, and example schedules are shown on pages 18-21.

Strategy for Health Care Delivery Leadership Workshop

Target participants:

- CEOs, CMOs, COOs, and other senior leaders

Course format:

- 1.5 day executive education course

Course sessions:

- Case study discussions
- Guest protagonist appearances
- Faculty topic lectures
- Breakout groups and other sessions designed to facilitate sharing of experiences among the participants
- Alumni in panel lead by past course participants
- Leader panel, where executives from selected partner organizations explore the management challenges in moving to value-based delivery organizations.

Value Measurement for Health Care

Target participants:

- CFOs and other senior clinical leaders and financial executives

Course format:

- 1.5 day executive education course

Course sessions:

- *All sessions focus on outcome measurement, time-driven activity-based costing, and their role in enabling bundled reimbursement.*
- Case study discussions
- Guest protagonist appearances

- Faculty topic lectures
- Panel discussions

Value-Based Health Care Delivery Immersion Course

Target participants:

- Harvard MBA students with strong health care delivery backgrounds
- Advanced (preferably fourth year) Harvard MD students
- Other Harvard graduate students pursuing health care-related studies
- Residents and staff physicians at Boston area hospitals
- Students, residents, and clinicians from outside of Boston.

Course format:

- Intensive, graduate-level, week-long course offered by application only

Course sessions:

- Case study discussions
- Guest protagonist appearances
- Faculty topic lectures
- Panel discussions

Partners Value Based Health Care Delivery Seminar

Target participants:

- Residents and fellows

Course format:

- Intensive graduate-level course
- 2011: Offered every other week over a 3 month period
- 2012: Will be offered as an intensive 2 day course (*Thurs half day, Fri all day, Sat half day*)

Course sessions:

- Case study discussions
- Guest protagonist appearances
- Faculty topic lectures

Strategy for Health Care Delivery Leadership Workshop

January 4 – 6, 2012

Wednesday, January 4	Thursday, January 5	Friday, January 6
		Session 5: Executive Panel: Putting the Value Agenda to (8:00-9:45) <i>Tom Lee, John Mendelsohn, Jens Deerberg, Steve Altschuler</i>
	Session 2: (9:00 - 10:30am) Case: Commonwealth Care Alliance: Elderly and Disabled Care Faculty: <i>Elizabeth Teisberg</i>	Break (9:45 - 10:00am)
	Break (10:30 - 10:45am)	Session 6: (10:00am - 11:30pm) Case: The Cleveland Clinic: Growth Strategy 2011 Faculty: <i>Elizabeth Teisberg</i>
	Case Protagonist (10:45am - 11:15am) <i>Bob Master, CEO and Lois Simon, COO</i>	Case Protagonist (11:30- 12:15pm) <i>Toby Cosgrove, CEO</i>
	Topic Lecture: (11:15am - 11:45am) IPUs, Integrated Chronic Care, and Employer Roles Group Photo (11:45am - 12:00pm)	Topic Lecture: (12:15 - 12:45pm) System Integration & Growth (Teisberg)
	Lunch (12:00 - 1:00pm)	Wrap Up (12:45 - 1:00 pm)
	Session 3: (1:00 - 2:30pm) Case: UCLA: Kidney Transplantation Faculty: <i>Michael Porter</i>	
	Break (2:30-2:45pm)	
	Case Protagonist (2:45 - 3:30pm) <i>Tom Rosenthal, CMO</i>	
	Topic Lecture: (3:30 - 4:15 pm) Outcome Measurement and Reimbursement (Porter)	
	Break (4:15 - 4:30pm)	
	Guest Lecturer: (4:30- 5:15) Cost Measurement Faculty: <i>Bob Kaplan</i>	
Welcome (5:00 - 5:15pm)		
Session 1: (5:15pm - 6:30pm) Case: The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care Faculty: <i>Michael Porter</i>	Session 4: (5:15 - 6:15 pm) Alumni in Action <i>Rick Afable, Hoag Memorial Hospital; Johnna Reed, St. Francis Hospital; Moderator: Scott Wallace</i> Break (6:15 - 6:30pm)	
Case Protagonist (6:30 - 7:15pm) <i>Tom Burke, Executive Vice President and Physician-in-Chief</i> <i>Tom Feeley, Vice President, Clinical Operations; Heidi Albright, Director, Clinical Operations for the Institute for Cancer Care Excellence</i>	Reception and Dinner (6:30pm) Kresge Hall, Faculty Club and North Terrace	
Topic Lecture: (7:15 - 7:45pm) Introduction to Value-Based Health Care Delivery (Porter)		
Break (7:45-8:00 pm)		
Buffet Dinner (8:00pm) Kresge Hall, North Terrace		

Value Measurement in Health Care

March 26-29, 2012

Time	Monday, March 26th	Tuesday, March 27th	Wednesday, March 28th
7:30 AM		Small Group Discussion: (7:30am - 8:30am)	Small Group Discussion: (7:30am - 8:45am)
7:45 AM		McArthur Living Groups	McArthur Living Groups
8:00 AM			
8:15 AM			
8:30 AM		Break (8:30 - 8:45am)	
8:45 AM		Session 2: (8:45 - 10:05am)	Break (8:45 - 9:00am)
9:00 AM		Case: UCLA	Session 4: (9:00am - 10:30am)
9:15 AM			Case: The Schön Klinik: Measuring Cost and Value
9:30 AM			Faculty: Bob Kaplan
9:45 AM			
10:00 AM		Faculty: Michael Porter	
10:15 AM		Break (10:05 - 10:20am)	
10:30 AM		Case Protagonist (10:20am - 10:45am)	Case Protagonist (10:30 - 11:00am)
10:45 AM		Tom Rosenthal video	Axel Fischer
11:00 AM		Topic Lecture: (10:45am - 11:45pm)	Break (11:00 - 11:15am)
11:15 AM		Outcomes Measurement and Reimbursement	Topic Lecture: (11:15 - 12:00pm)
11:30 AM			Implementing Cost Measurement Systems
11:45 AM		Break (11:45 - 12:00)	Mary Witkowski
12:00 PM		Panel Discussion: (12:00pm - 1:30 pm)	Panel Discussion: (12:00 - 1:00 pm)
12:15 PM		Putting Outcomes Measurement into Practice	Applying TDABC to Health Care
12:30 PM		Uma Kotagal, Jens Deerberg/Mani Rafii, Kevin Bozic	Tom Lee, David Kirshner, John Meara, Heidi Albright, Tom Feeley, Axel Fischer
12:45 PM			
1:00 PM			
1:15 PM			
1:30 PM		Lunch: 1:30-2:45	Take Aways and Wrap Up (1:00 - 1:30pm)
1:45 PM		Kresge Hall, North Terrace	
2:00 PM			
2:15 PM			
2:30 PM			
2:45 PM		Session 3: (2:45pm - 4:15pm)	
3:00 PM		Case: TDABC Numerical Case	
3:15 PM		Faculty: Bob Kaplan	
3:30 PM			
3:45 PM			
4:00 PM			
4:15 PM		Break (4:15 - 4:30pm)	
4:30 PM	Opening Reception (4:30 - 5:00pm)	Case Protagonist (4:30pm - 5:00pm)	
4:45 PM		John Meara	
5:00 PM	Welcome (5:00 - 5:10pm)	Topic Lecture: (5:00 - 5:45pm)	
5:15 PM	Session 1: (5:10pm - 6:30pm)	Cost Measurement	
5:30 PM	Case: Schön Klinik: Eating Disorders Care	Bob Kaplan	
5:45 PM	Faculty: Michael Porter	Guest Lecture: (5:45 - 6:15pm)	
6:00 PM		The Value Journey: Tom Feeley, Heidi Albright	
6:15 PM		Break (6:15 - 6:30pm)	
6:30 PM	Case Protagonist (6:30 - 7:00pm)	Reception and Dinner (6:30pm)	
6:45 PM	Jens Deerberg/Mani Rafii	Kresge Hall, Faculty Club and North Terrace	
7:00 PM	Topic Lecture: (7:00 - 8:00pm)		
7:15 PM	Intro. to Value-Based Health Care Delivery		
7:30 PM	Michael Porter		
7:45 PM			
8:00 PM	Group Photo (8:00 - 8:15pm)		
8:15 PM	Dinner (8:15pm)		
8:30 PM	Kresge Hall, North Terrace		

Value-Based Health Care Delivery Intensive Seminar

January 9-13, 2012

Monday, January 9	Tuesday, January 10	Wednesday, January 11	Thursday, January 12	Friday, January 13
9:00-9:45 Welcome and Topic Lecture: Intro. to Value-Based Health Care Delivery (Michael Porter)	9:00-10:30 Session 3: Value-Based Models of Primary care Case: Commonwealth Care Alliance: Elderly and Disabled Care <i>Faculty: Elizabeth Teisberg</i>	9:00-10:30 Session 5: Creating Systems for Outcomes Measurement Case: Schön Klink: Eating Disorders Care <i>Faculty: Michael Porter</i>	9:00-10:45 Session 7: Role of Employers in Health Care Case: Michelin, part 1 <i>Faculty: Elizabeth Teisberg</i>	9:00-10:00 Session 9: Hospital Strategy and Growth Case: Cleveland Clinic: Growth Strategy 2011 <i>Faculty: Elizabeth Teisberg</i>
9:45-11:15 Session 1: The Need for Integrated Care Delivery Case: ThedaCare: System Strategy <i>Faculty: Sachin Jain</i>	10:30-11:00 Break	10:30-11:00 Break	10:45-11:15 Break	10:30-11:00 Break
11:15-11:45 Break	11:00-12:00 Case Protagonist Guest: Bob Master, CEO and Lois Simon, COO	11:00-12:00 Case Protagonist Guests: Jens Deerberg, COO and Axel Fischer, Director of Medical Management	11:15-12:00 Michelin case, part 2 <i>Faculty: Elizabeth Teisberg</i>	11:00-12:00 Case Protagonist Martin Harris, Chief Medical Information Officer
11:45-12:15 Case Protagonist Video: John Toussaint, former CEO, ThedaCare	12:00-12:15 Group Photo	12:00-12:45 Topic Lecture: Outcomes Measurement (Michael Porter)	12:00-12:45 Topic Lecture: Integrated Chronic Care and Employer Roles in Health Care (Elizabeth Teisberg)	12:00-12:30 Topic Lecture: System Integration, and Growth (Elizabeth Teisberg)
12:15-12:45 Topic Lecture: Improving Value in Health Care (Elizabeth Teisberg)	12:15-1:15 Lunch and Preparation	12:45-1:30 Lunch and Preparation	12:45-1:30 Lunch and Preparation	12:30-1:00 Course Wrap-Up
12:45-1:45 Lunch and Preparation	1:15-2:15 Session 4: Value-Based Models in the U.K.	1:30-2:15 Topic Lecture: Cost Measurement (Mary Witkowski)	1:30-3:00 Session 8: System Integration and Network Strategy Case: Children's Hospital of Philadelphia: Network Strategy <i>Faculty: Michael Porter</i>	
1:45-3:15 Session 2: Hospital Structure, Organization, and Service Expansion Case: MD Anderson Cancer Center <i>Faculty: Michael Porter</i>	High-Risk Pregnancy Care at GWH <i>Faculty: Tom Lee</i>	2:15-3:30 Cost Measurement Panel Heidi Albright, Ron Walters, Jens Deerberg, Axel Fischer	3:00-3:15 Break	
3:15-3:30 Break	2:15-2:45 Case Protagonist Harini Narayan, Consultant Obstetrician	3:30-3:45 Break	3:15-4:15 Case Protagonist	
3:30-4:30 Case Protagonist John Mendelsohn, former CEO	2:45- 3:00 Break	3:45-5:15 Session 6: Integrated Care and Reimbursement	3:00-3:15 Break	
Heidi Albright, Director, Clinical Operations for the Institute for Cancer Care Excellence	3:00-4:00 Session 4: Value-Based Models in the U.K.	Case: UCLA <i>Faculty: Tom Lee</i>	Guest: Madeline Bell, COO	
4:30-5:15 Topic Lecture: Integrated Practice Units (Elizabeth Teisberg)	Reconfiguring Stroke Care in North Central <i>Faculty: Tom Lee</i>	5:15-5:45 Case Protagonist Video: Tom Rosenthal, CMO	4:15-4:30 Break	
	4:00-4:30 Case Protagonist Charlie Davie, Medical Director	5:45-6:15 Topic Lecture: Reimbursement (Michael Porter)	4:30-5:00 Faculty Session (optional) For participants interested in teaching our health care curriculum at their institutions	
	4:30- 5:15 Topic Lecture: Applying a Value Framework Within a Delivery System (Tom Lee)			

Partners Value-Based Health Care Delivery Seminar

Fall 2011

Date	Case	Faculty	Topic Lecture
9/7	MD Anderson Cancer Center	Michael Porter, Bishop William Lawrence University Professor, based at Harvard Business School	Intro to VBHC
10/19	UCLA	Thomas Lee, MD, CEO of Partners Community Healthcare, Inc., and Network President for Partners Healthcare System	Outcomes Measurement, Bundled Payment
10/26	Commonwealth Care Alliance	Gary Gottlieb, MD, MBA, President and Chief Executive Officer, Partners Healthcare	Integrated Chronic Care (Tom Lee)
11/2	Dartmouth Hitchcock Medical Center	Robert S. Huckman, Professor of Business Administration, Harvard Business School	Integrated Practice Units
11/16	Children's Hospital of Philadelphia	Ryan Thompson, MD, MPH, Assistant Medical Director, MGPO, Associate Director for Quality Improvement, MGH Department of Medicine	Cost Measurement (Bob Kaplan)
12/6	ThedaCare	Sachin H. Jain, MD, MBA, former senior advisor to Donald M. Berwick, Administrator of the Centers for Medicare and Medicaid Services, BWH resident	System Integration and Growth, <i>Wrap-Up</i>

Global Health Delivery Project and Curriculum

The world is focused as never before on averting millions of preventable deaths from diseases in resource-poor settings domestically and abroad. Unprecedented new funding is being invested to provide care to and discover new treatments. While potentially a lifeline for millions, this new focus has also put a glaring spotlight on our ability—or inability—to effectively utilize new and existing treatments and deliver care to those who need it.

The Harvard Global Health Delivery project, a joint project of Harvard Medical School, Brigham and Women's Hospital, and Partner's in Health, in association with Harvard Business School's Institute for Strategy and Competitiveness, is dedicated to conducting research and developing educational programs supporting the value-based design and management of health care delivery systems in resource poor settings. By taking an overall strategic perspective that emphasizes value, the project aims to bridge the gap between known science and the delivery of care in the field. The project seeks to develop rigorous frameworks for understanding and improving health care delivery systems, drawing on a body of field-based case studies supplemented by empirical research.

Drs. Jim Yong Kim, Rebecca Weintraub, and Joe Rhatigan, along with a team of researchers at the Harvard School of Public Health and Harvard Medical School, worked with Prof. Porter and the Institute for Strategy and Competitiveness, to develop a case-based curriculum examining value-based health care delivery in resource-poor settings.

For additional information about the Global Health Delivery Project and curriculum, please see <http://globalhealthdelivery.org/> or contact Executive Director Rebecca Weintraub at rebecca@globalhealthdelivery.org

Case Study Access and Purchasing

All published Harvard Business School cases are available through Harvard Business School Publishing (HBSP) at: <http://harvardbusiness.org/>

*Please note that **anyone wishing to purchase a Teaching Note must register with HBSP as an educator.***

Academic customers may contact HBSP directly by phone, fax, or email:

- Phone: (800) 545-7685 or (617) 783-7600 outside U.S. and Canada
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Additional HBSP contact information for HBSP is available at:

<http://harvardbusiness.org/mailling-and-telephone>

Global Health Delivery cases (with the exception of Partners in Health: HIV Care in Rwanda) are available free-of-charge through Harvard Business School Publishing. Please visit

<http://www.ghdonline.org/cases/> for more information.

Additional Information

If you have questions about the Value-Based Health Care Delivery curriculum or you wish to discuss how you and your school might incorporate this material into your courses, please contact the following members of the Institute for Strategy and Competitiveness health care team:

- Kristen Bettencourt, Program Manager, kbettencourt@hbs.edu
- Justin Bachmann, Research Associate, jbachmann@hbs.edu

Please note that the *Value-Based Health Care Delivery* curriculum is still under development, and our capacity to work directly with other universities beyond the information presented in this overview is limited.

For a current list of published health care case studies and information about the Value-Based Health Care Delivery curriculum, please visit our website:

http://www.hbs.edu/rhc/health_care_delivery_curriculum.html