

MASTER CLASS ON RISK MANAGEMENT

HOW TO FACE THE FUTURE?



On **November 20th**, **UEHP** and **SHAM** organized a one-day working session taking place in the UEHP's Brussels office

Time now for feedbacks and insights from this exciting event gathering **30 participants** from **8 countries**



and thanks again to every participants

WHAT WERE OUR OBJECTIVES?

SERVE AS A FACILITATING
PLATFORM
 WITH ACTION-DRIVEN
INSIGHTS
 FOR PRIVATE
 HEALTHCARE
 STAKEHOLDERS

DISCUSS



Latest trends related to healthcare organization performance with the contribution of experts

McKinsey&Company



NETWORK



Peer interaction with European Executives / Managers



SHARE



Experiences, issues and best practices with special focus on key activities or countries

WHAT WAS DISCUSSED?

First rounds of discussion to highlight risk evolution and current issues in terms of patient safety that are questioning operational sustainability

NEW PARADIM FOR HEALTHCARE PROVIDERS

A series of external factors are driving healthcare organization towards new types of risk:

- **Fast pace of medical science** and healthcare technologies searching for more accuracy
- **Ageing population** and **chronic disease** contributing to the escalation of healthcare costs (growth of healthcare cost has been ~2% above GDP rate for the last fifty years –question mark for the coming years) and risk (~70% connected to chronic disease)
- Patient-centricity, information available to patients and **transparency** are increasing rapidly (patient platform, forum, digital apps, ...), which make patients act more and more as **consumers** (requirement for first-in-class services, syndrome of « everyone is asking for 1 million » in case of serious adverse events)

KEEPING UP WITH LOCAL AND EUROPEAN REGULATION THAT SHAPE OPERATIONS

In a context of ongoing **market volatility**, costs are escalating with potential pressure from the legal framework (reimbursement conditions, level of subsidies), not only at local level but under supervision of European regulation acting on top.

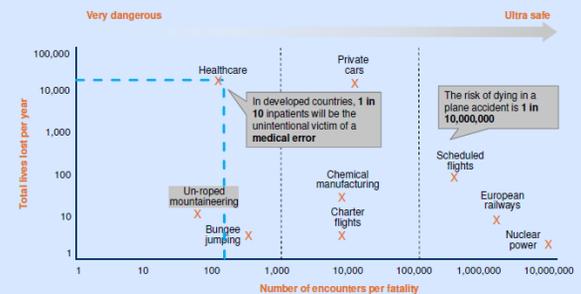
Key examples shared and discussed :

- **Spanish model** of regional organization of healthcare and recent drop in PPP model through political decisions
- **Patient Mobility reform** : development of a European Healthcare Card, with
- **GDPR** regulation and impact : being aware of the potential fine for breach of conduct (400k EUR impact on Portuguese Hospital)

NEED TO IMPROVE PATIENT SAFETY MODELS

Healthcare comprises risky operations and **adverse events** more frequent compared to other sectors

Exhibit : Risk profile by sector / activities



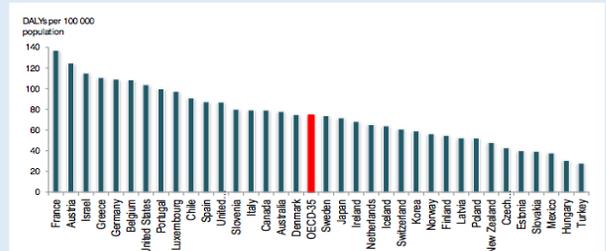
Source: Adverse events in British hospitals: preliminary retrospective record review. DH "Safety First"; NAO; World Alliance for Patient Safety



“There is an essential need to share experience and regular update on European trends. Knowing what is going on in other countries help prepare for changes that could be potentially transposed” – Paolo Silvano – Deputy General Manager of Vivalto Santé

As a parallel, knowing what are the models of neighboring countries help identify pros and cons of potential scenario that could be the next standard in every country.

Exhibit



Source: IHME 2015

WHAT WAS DISCUSSED?

Feedbacks and results from dedicated proactive management, reminding that costs of safety remain lower than costs of unsafe healthcare organizations

HEALTHCARE CRITICAL POINTS

Adverse events are still responsible for two million deaths a year and millions of bodily injured cases, leading to

- **Direct costs** to healthcare organization
- **Compensation** and costs from **legal** actions (increasing trend to recognized adverse events and take legal actions if not managed properly)
- **Additional treatment** to recover from adverse situations
- **Refusal** of reimbursement in some cases
- **Reputation** damages affecting track record (negative effect from media 5 times stronger than positive ones)

Exhibit : Impact on patient harm

Tn of \$	Yearly costs of treating preventable incidents
14 th	Ranking in the leading cause of the global disease burden for safety failures
15%	% of all hospital activity in the 35 OECD countries as the direct result of adverse events (HAI, VTE, ADE)
10%	% patient harmed during hospital stay in the 35 OECD countries
0.2%-6%	% total health expenditure in Europe as the direct result of adverse events (financial burden)

Source : *The Economics of Patient Safety* (OECD 2017)

Many types of adverse events should be avoided and focused on eliminating inefficiency and minimizing compensation payments.

Communication remains often identified as the top priority to avoid dysfunctions in risky processes.

“There is a cultural problem : only few doctors accept to share information with colleagues or patients and overcome the linguistic barrier with lawyers when a claim occurs” Fidelia Cascini, Risk Management Advisor of AIOP

EU PATIENT-SAFETY INITIATIVES

A single and specific problem is often tackle to look for action-driven recommendations and results, with the following examples :

-  5 Danish hospitals working on pressure ulcers (preventable and occurring death)
-  3 NHS hospitals reduced risk of feeding through misplaced nasogastric tube, leading to 2.6m GBP savings in a year
-  Partnership between Italian Institute of Health and 5 research centers to identify critical patient safety points in specific clinical pathways (analyzing millions of discharge summaries to identify outcome indicators)

SPECIFIC APPROACH TO SETTLE CLAIMS

As it is increasingly difficult to avoid compensation, the key issue is **how to deal with** the situation. New models inspired by client-centric organization (such as Amazon which proactively reimburse clients to avoid claims) may widespread in healthcare.

Some initiatives already reflect this approach of settlement instead of confrontation :

- Organization of regular meetings to talk about ongoing cases (medico-legal staff, doctors)
- Gathering patients, counterpart lawyers, doctors in order to reduce conflict and find solutions all together in extreme situation (basis of the Harvard Negotiation Project implemented by SHAM in Italy)



WHAT WAS DISCUSSED?

Deeper focus on data analytics seen as a key enabler to transform healthcare monitoring – same purpose on risk management with issues in using data accordingly

HOW DIGITAL HELP HEALTHCARE INSTITUTIONS

Connectivity with patients through the Electronic Health Record (allowing for automation of medical coding and shorter stays)

Big / Smart data and **advanced analytics** with the opportunity to build « decision-making journeys » for patients and physicians, increase hospitality services and develop new payment models (monitoring risk adjusted average spend per episode)

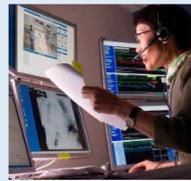
Automation and **standardization** to reduce variability in healthcare delivery (example with the eICU program developing a control center that provides care to patients in multiple hospitals using two-way cameras, video monitors with 1 data clerk per 70 beds)

BUILDING APPROPRIATE INFRASTRUCTURE

A high number of data is produced everyday through tools used by hospitals, with an ongoing shift from paper registration to digital storage in powerful computers.

Many entities are starting to build infrastructure to allow this computation (example in France with cooperation of Cancer centers to help find the right clinical trial)

Exhibit : Impact on quality with eICU



- 27% Improvement in the severity-adjusted hospital mortality rate compared to national average
- 23% Severity-adjusted length-of-stay reduction in the ICU with the eICU Program

Source : Philips; Search Health IT



“Today everybody is fighting for the data. The boiling issue is not who will be the owner of the data, but instead who will be able to make sense of it” Thomas London, Senior Partner McKinsey

PREDICTING PATIENT RE-ADMISSION RISK

Machine learning to aggregate historical data and understand risk of individual patients being re-admitted

Patient segmentation to understand re-admission rates and develop predictive capabilities

Data analytics leverage to enhance role of patients in the management of their disease (example with Moov’Care, a tool combining digital patient interface and algorithm to replace current gold-standard monitoring approach, leading to 26% increase in survival rate after 1 year)

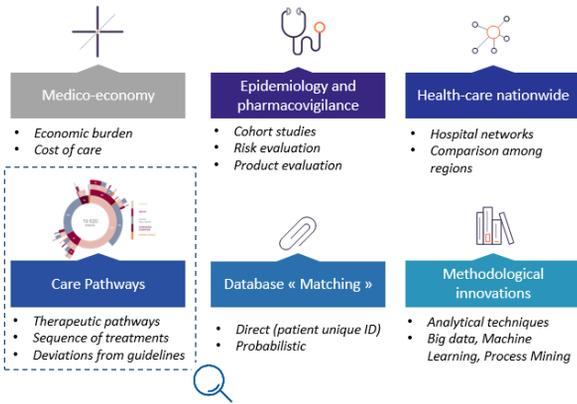
Selection of data is absolutely crucial to effectively deliver the data analytics promise at the service of risk reduction

Overdose of data is already here, creating with additional risk to store everything at a high cost and reducing the awareness on analytics potential

WHAT WAS DISCUSSED?

Final overview with applied deep learning mechanism and cross-field interaction as methods of risk mitigation – importance to go beyond traditional spectrum and be specific

6 TOPICS WHERE DATA IS USEFUL



Zoom on care pathways steps for development

Typical journey to better understand care pathway through machine learning was viewed as follows:

- Consolidation** : create a comprehensive dataset with significant amount of profiles (Role model in France with the Health Data Hub as a huge opportunity to work on healthcare data)
 - Discovery** : describe as it happens in real life
 - Comparison** : check whether theory match reality
 - Improvements** : establish clinical pathways where at-risk patients have been identified
- Impact seen on sepsis causes identification (at stake the reduction of 5% mortality rates)

BENCHMARK FOR VALUE

Patterns are not necessarily compared to search for the best output but to point out what are the singularity and need of safety per zone. Beyond aggregate score, key insights remain located at process level, searching for best practices to be rolled out.

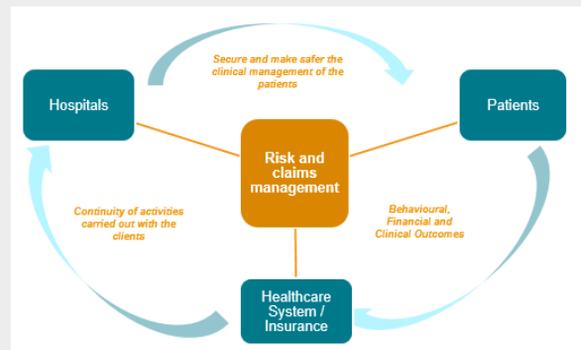
New models of risk visit start to appear, with an evolution from hospital-centered approach to regional model integrating the coordination of different healthcare entities

WHEN CLAIMS MEET RISK MANAGEMENT

Another approach developed by SHAM : The Risk Management Journey where both claims handling and operational risk management meet together.

With this virtuous circle, claims information can update risk management solutions giving more details on gravity and root causes to implement « never again » actions.

Exhibit : Risk Management Journey of closing the gap between risk and claim management



Source : Group SHAM

“The way healthcare organization relate to their claims (and thus insurer) is sometimes blurred. Yet, it allows to align interest towards risk management and adverse event reduction”
Frédéric Fuz, Head of Risk Management Platform at Group SHAM



FEEDBACK



Well organized event

Very interesting session



I want more!



WHAT'S NEXT?



Follow-up **webinar** to go further with some deep-dive topics related to this Risk Management Master Class



Feel free to ask few questions you would like to address during this webcast session



Let us know what could be your next available time to synchronize agenda (preferred option in March)



Make this Master Class session a **yearly event** with additional topics to talk about – future topics in pipeline :



Patient Safety



GDPR

FOR ANY QUESTIONS, COMMENTS AND SUGGESTIONS

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ABOUT US



The purpose of UEHP is to defend and represent the independent hospitals in Europe, to help generating the political and economic conditions, aiming to improve the independent initiative in the health field.

UEHP studies and creates better conditions for the smooth management of independent hospitals, with priority to promote high quality healthcare focused on the patient.

<http://www.uehp.eu/about-us>



Founded in 1927 by hospital directors, SHAM is a European mutual insurance company specializing in insurance and risk management for healthcare industry.

The Group has ~1'000 employees located in 4 countries (France, Spain, Italy, Germany) across 9 offices

<https://www.groupesham.com/en>