

B R E A T H E
the lung association

Collaboration for Change

the role of public-private partnerships
in the healthcare system

In partnership with



October 2017

About The Lung Association

We all need to breathe. It is essential to human existence and of vital importance to each and every one of us. But we rarely think about the 22,000 daily breaths we take...until we have trouble taking them.

The Lung Association is a not-for-profit organization dedicated to helping all Canadians breathe. Our community of donors, patients, researchers, volunteers and professional staff work to ensure Canadians have the healthy lungs, bodies and clean air necessary to breathe. A healthy breath fuels the body and mind; it's something we should not take for granted.

PROMOTING HEALTHY BREATHING

We promote healthy breathing by fighting for policies that protect our air and educate Canadians about what they can do to promote their own lung health.

SUPPORTING THOSE WITH LUNG DISEASE

We support and advocate for those living with conditions that affect the lungs and the ability to breathe, and fight to challenge the stigma and ignorance that can be associated with lung disease.

FINDING FUTURE SOLUTIONS

Through education and research, we work to turn knowledge into action and find cures to diseases that will deliver a future of better breathing for all.

We are helping all Canadians breathe.

About the Breathing Policy Forum Series

Bringing together thought leaders from the public and private sectors, the Breathing Policy Forum Series tackles some of the most urgent and pressing issues facing healthcare today,

Each forum provides strategic opportunities to develop creative and actionable solutions - facilitating collaboration on health and policy issues of growing provincial and national concern, exploring innovative ways of controlling skyrocketing medical costs, improving access to healthcare, and managing the growing burden of chronic disease.

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Letter from the President & CEO

The Lung Association is very excited and proud to be launching our new Breathing Policy Forum series, aimed at developing creative and actionable solutions that are needed now, more than ever, to improve the healthcare system in Ontario.

As many of us know all too well, the pressures on our healthcare system today are greater than ever before. Last year, according to the Canadian Institute for Health Information (CIHI), the total health expenditure in Canada was estimated at a staggering \$228 billion, or \$6,299 per patient.

As our population grows and ages, those pressures will only rise as we face an unprecedented level of demand for services and supports.

To address these challenges within the context of competing priorities and the limited ability on the part of governments to continually increase healthcare spending, we need to work together to develop innovative and creative solutions.

Collaboration, we believe, is the key to success - collaboration across all sectors - the public, the private and the not-for-profit, each bringing to the table their unique perspectives and strengths.

Public-private partnerships (PPPs) are emerging as effective and efficient methods of managing the challenges governments face with increasing healthcare costs and decreasing budgets.

At our recent forum, we examined how PPPs have the potential to create a significant impact on healthcare by improving patient outcomes and addressing spiralling costs within the system. By reviewing recent examples of effective partnerships, we identified and pressure-tested the key success factors required to design, launch and scale innovative public-private partnerships.

This white paper is a result of the ideas and recommendations that came out of the forum. It is not, however, the end of our work in this area.

Over the months ahead, we look forward to working with our partners in both the public and private sectors to move things forward, strengthening our commitments to collaboration, and doing everything we can to effectively address the growing burden of chronic disease.

Together, we'll help Canadians breathe.

George Habib
President & CEO
The Lung Association - Ontario

Abbreviations

BI	Boehringer Ingelheim (Canada) Ltd.
CDM	Chronic Disease Management
CFHI	Canadian Foundation for Healthcare Improvement
CHSRF	Now called the Canadian Foundation for Healthcare Improvement
CIHI	Canadian Institute for Health Information
COPD	Chronic obstructive pulmonary disease
CTS	Canadian Thoracic Society
ER	Emergency Room
HCAM	Healthcare Affairs Managers
IHE	Institute of Health Economics
INSPIRED	Implementing a Novel and Supportive Program of Individualized care for patients and families living with Respiratory Disease
OCC	Ontario Chamber of Commerce
PPPs	Public-Private Partnerships
RT	Respiratory Therapist
VDI	Value Demonstrating Initiative

Executive Summary

Without question, healthcare costs are spiralling upwards, due, in large part, to the rising incidence and economic burden of chronic disease.

Governments across Canada are and will continue to face significant challenges in managing healthcare costs if innovative solutions such as public-private partnerships are not fully embraced.

Governments have the opportunity to shape PPPs, customizing them for each project by looking at different factors such as capabilities and risk appetite of the public and private sectors. The valuable element of PPPs in the healthcare system is that there are a wide variety of opportunities for the private sector to get involved. This can include areas of care, financing, health education or healthcare supplies.

In order for PPPs to come to fruition and be successful in our healthcare system, governments need to remove any institutional roadblocks that may prevent the execution of PPPs. Within the context of PPPs, they need to create a regulatory, operational and financial framework that is straightforward and easy-to-navigate. This requires a proper legal and institutional structure around PPP management and governance, followed by a controlled process for identifying and implementing a pipeline of PPP healthcare projects.

The policy forum looked specifically at PPPs in the area of chronic obstructive pulmonary disease (COPD), the number one reason for hospitalizations in Canada of all chronic diseases. It also accounts for the largest number of return visits to emergency departments and generates the highest volume of hospital readmissions. This clearly demonstrates a need in the healthcare system, one that is being addressed by two PPPs that are both scalable and financially feasible:

- **The Value Demonstrating Initiative on COPD** is an innovative approach to improve care for people with COPD by ensuring they have the recommended care they need, including smoking cessation, vaccinations, proper medications, exercise, and education.
- **INSPIRED** is a holistic, proactive, hospital-to-home form of care, providing specialized support to patients and families living with late-stage COPD. Services include self-management education, action plans, psychosocial and spiritual care support and advance care planning.

The effective deployment of PPPs within the healthcare system can deliver mutually beneficial results for both the government and the public by increasing accessibility, improving quality care and offering an affordable and sustainable economic model.

COPD
IS THE NUMBER
ONE REASON FOR
HOSPITALIZATIONS
IN CANADA OF ALL
CHRONIC ILLNESS.

Summary of recommendations

- 1 Government needs to consider multi-stakeholder PPPs to accelerate innovation and sustainability in the healthcare system.
- 2 Create a regulatory environment and framework for the development, implementation and operation of PPPs that is standard, transparent and timely, and administered as such.
- 3 The selection of PPPs in the healthcare arena should primarily be based on demonstrable value for money and value for patient outcomes.
- 4 Establish clear points of accountability for government efforts to support innovation in CDM.

Setting the Context

Philip Jacobs

Department of Medicine, University of Alberta and Institute of Health Economics

Economic surveillance of chronic obstructive pulmonary disease (COPD)

COPD is the most costly chronic disease in Canada in terms of hospitalization, placing a significant economic burden on the Canadian healthcare system. A recent conservative estimate by the Canadian Institute for Health Information (CIHI) indicated that COPD-related hospitalization cost Canadians up to \$1.5 billion per year.

According to the Canadian Foundation for Healthcare Improvement, in Ontario alone, one in four emergency department visits and hospitalizations link back to someone living with COPD. Many don't know it until they are hospitalized.

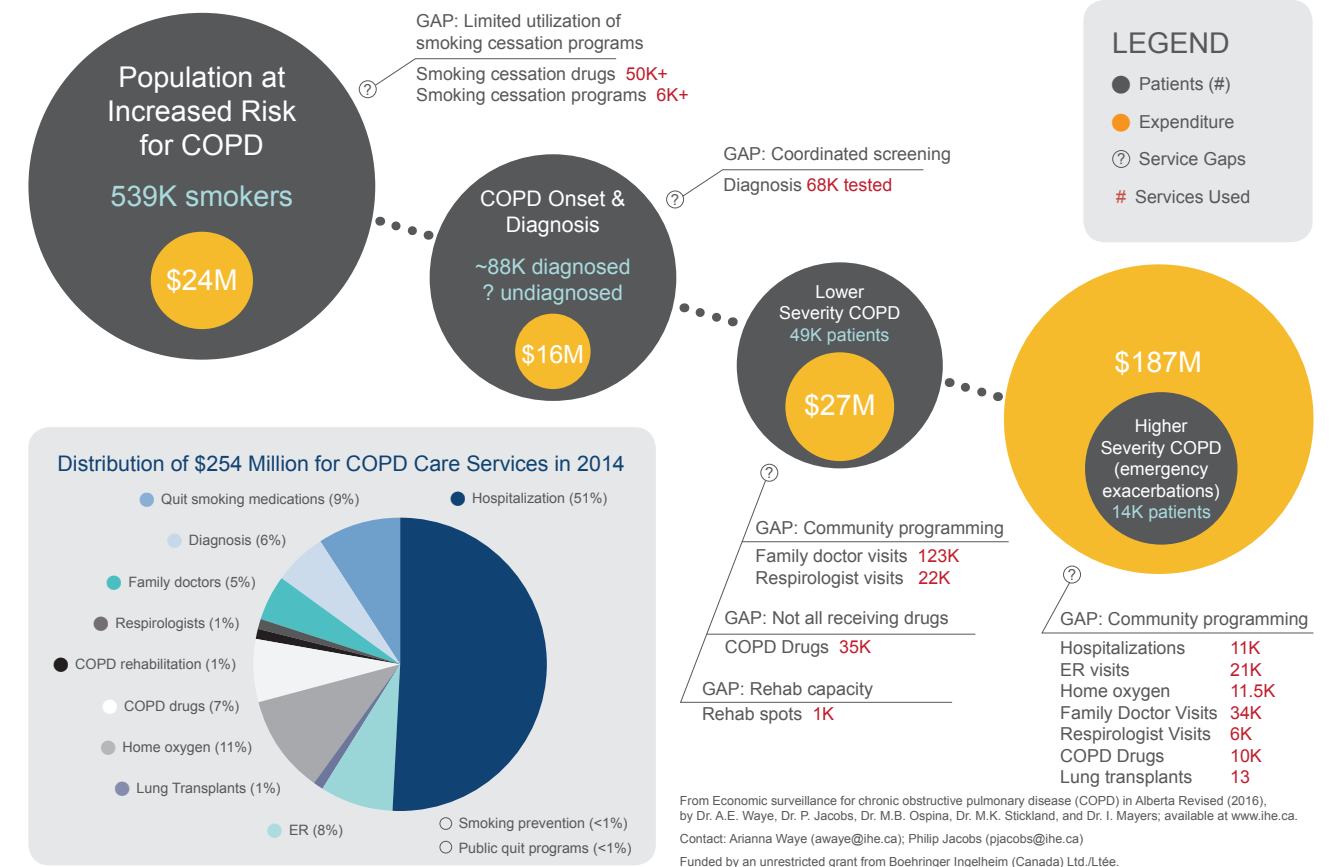
Economic surveillance analysis

- Developed an economic surveillance model for COPD in Alberta
- Analysis over the course of a year
- Tracked services by all stages of disease
- Used real world data

Findings

- More people and fewer services at the prevention end of the COPD severity scale
- Higher costs and fewer people at the high severity end of the scale
- Poor data on transitions between stages and services
- Little attention paid to facilitators of innovation (The Lung Association, CTS, strategic clinical networks)

Alberta COPD Economic Surveillance



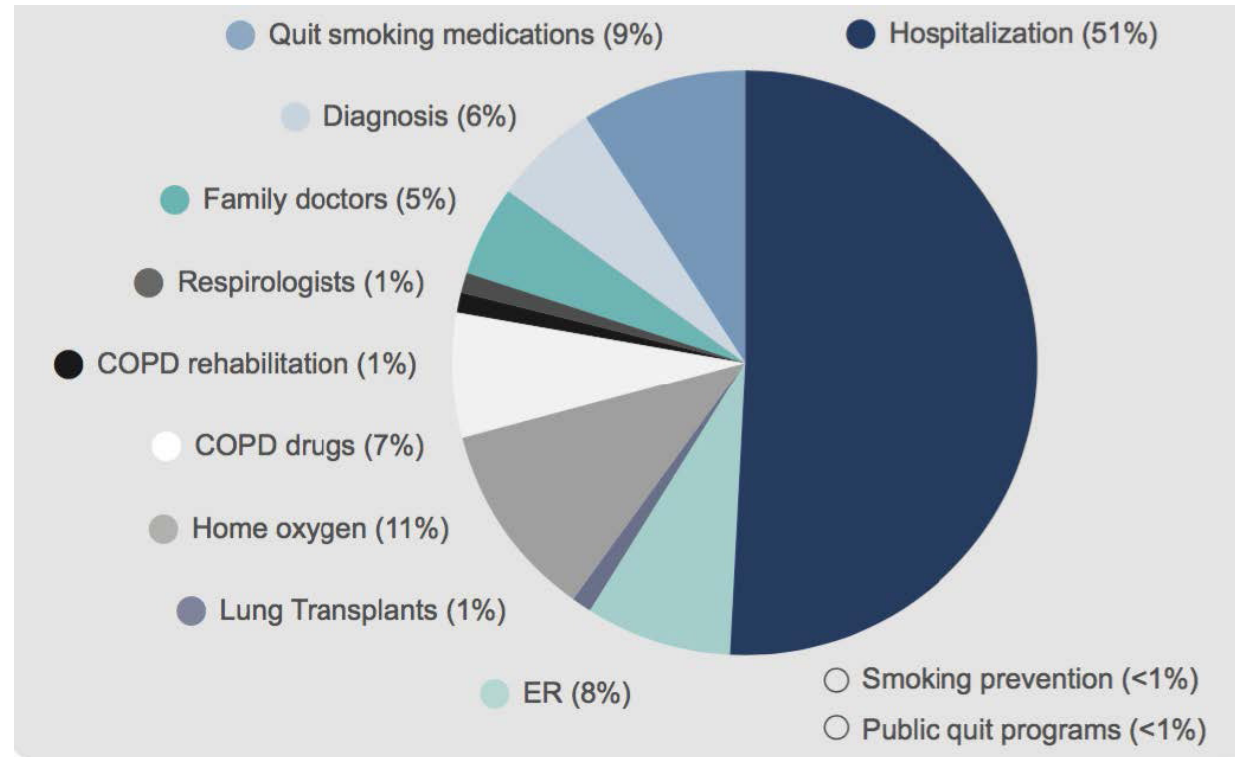
Identified service gaps

- Undiagnosed smokers
- Primary care: practice, funding
- Disease self-management programs
 - » Multi-disciplinary
- Pulmonary rehabilitation
- Drugs for smoking cessation and COPD treatment
- Connecting patients to services
- Advanced stage disease management

Prevention of COPD is a cost effective means of avoiding costly late-stage COPD exacerbations. Prevention can involve enhanced smoking prevention and cessation programs as smoking is the major risk factor of COPD.

Unfortunately, anti-smoking and public tobacco cessation programs each make up less than one per cent of total expenditures for COPD.

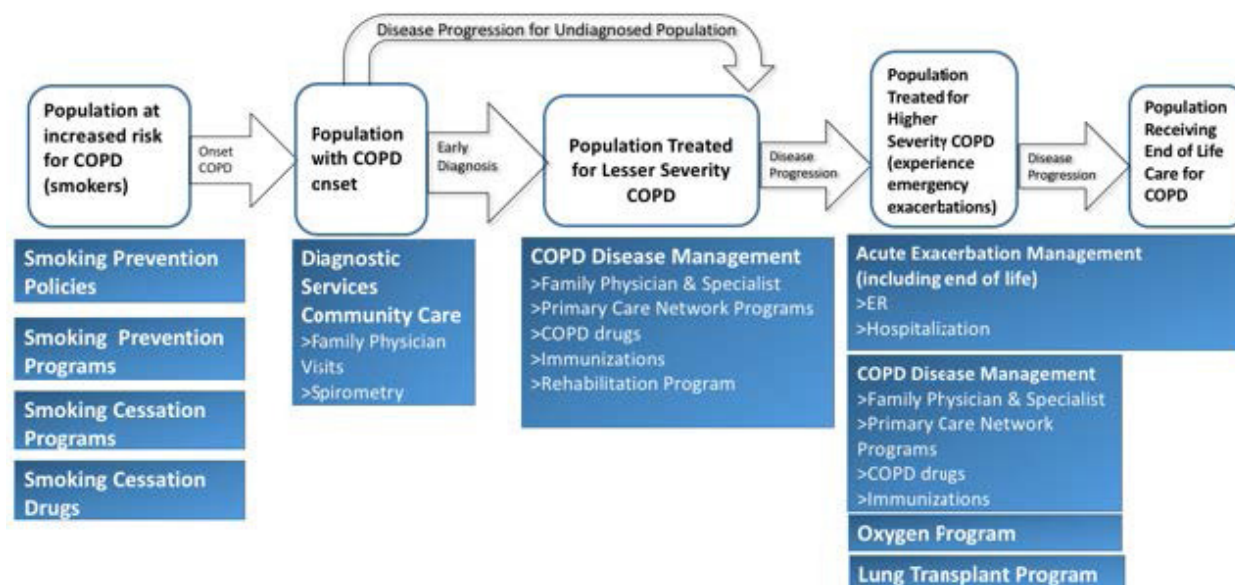
Distribution of \$254 million for COPD care services



There are also very few services (e.g. smoking cessation and prevention programs, medical services and COPD drugs, and COPD rehabilitation) that can be found at the beginning of the respiratory health continuum. This point in the continuum is key for intervention because it is where the movement to progressed disease can be slowed and where the population of smokers is at increased risk for the onset of COPD.

COPD involves a wide range of services from prevention to end stage services. However, there is little data on the flow of services through the continuum, and little coordination in between.

Continuum of COPD respiratory health and Alberta program surveillance



Some projects to address these gaps:

- Breath Works - The Lung Association
- Ottawa model for smoking cessation
- Primary care physician incentives
- Living Well with COPD - national and Live Well COPD -Saskatchewan
- Pulmonary Rehabilitation
- INSPIRED - Canadian Foundation for Healthcare Improvement (CFHI)

The surveillance study identified a number of programs that are having a positive economic impact:

- British Columbia Primary Care incentive system costs \$315 per patient and \$15 each follow up, with a savings of \$1,100 per patient
- Living Well with COPD cost \$808 per patient, and saves \$1,500 per patient
- Both of these programs were shown to reduce hospital and ER visits.

There are, however, barriers to change:

- The system is fragmented
 - » Information is not readily available as to what patients are being treated well
- Incentives and disincentives that are not aligned with the system

Facilitating change

When looking at facilitating change in terms of improving value in the healthcare system and patient outcomes, two things need to be examined. The first are incentives and the second are facilitators of change. Currently there is not a lot of focus on organizations (e.g. governments, non-profit associations, networks etc.) being viewed as facilitators of change. It also needs to be examined whether enough resources have been provided for the facilitation function.

The INSPIRED Model

Jennifer Verma

Canadian Foundation for Healthcare Improvement

INSPIRED model of care

The Canadian Foundation for Healthcare Improvement (CFHI) became a partner in this program when it first learned about an innovative COPD management initiative in Halifax, Nova Scotia. It is an initiative that originated out of providers asking their patients a very simple question: “what can we do to help break the cycle of you coming to hospital in crisis with an acute exacerbation or breathlessness? Likewise, patients responded with a simple answer: that their care should follow them home once they left the hospital. That’s what the INSPIRED COPD Outreach Program™ multi-disciplinary team endeavoured to do.

With this model of care, the patient/family caregiver is at the core, surrounded by a respirologist, spiritual care and COPD educators (respiratory therapists).

The INSPIRED COPD Outreach Program™ (Implementing a Novel and Supportive Program of Individualized Care for Patients and Families Living with REspiratory Disease) identifies patients with moderate to severe COPD who had been hospitalized, linking them to the program, and providing them with the care they were seeking once they were discharged.

This includes:

- Home visits
- Self-management support and goals of care discussions
- Advanced-care planning discussions
- Additional telephone-based support provided by the team

Giving patients this type of care and continuity led to vast improvements in their experience, including the following:

- They felt more confident in the hospital to home transition
- It reduced their hospitalization and ER visits by 60 per cent
- It reduced their length of stay in hospital

The INSPIRED COPD Outreach Program™ team realized that this was a problem happening across the country and if the solution was working in Halifax, it needed to be tried in other areas. Boehringer Ingelheim (Canada) Ltd. (BI) partnered with CFHI to create a quality improvement collaborative that enabled other multi-disciplinary teams across the country to learn about INSPIRED COPD Outreach Program™ and customize it to their local context.

With funding from BI, as well as support from their Healthcare Affairs Manager (HCAM) team, the reach and impact of INSPIRED COPD Outreach Program™ was significantly enhanced, resulting in the following:

- Participation of 19 teams, versus the original 10 that CFHI hoped to reach.
- 214 healthcare professionals
- 78 organizations
- 10 provinces

Elements of the partnership

CFHI	BI
Funding, all aspects	Targeted funding i.e. seed funding for teams
Access to CFHI faculty and staff	Access to Healthcare Affairs Managers (HCAMs) and External Affairs Managers (EAMs)
Independently devising and delivering curriculum content (webinars, workshops, desktop platform)	HCAMs offered support to teams on the ground - networking resources, meeting deadlines and deliverables
Independently undertaking performance measurement and evaluation; leading knowledge translation efforts	Commissioned complementary analysis (e.g., Institute for Health Economics); supported INSPIRED hub; arranged regional receptions to celebrate team milestones
Managing partnerships, e.g. with teams, VitalAire Canada (in kind); and initiated other collaborations (e.g., Canadian Thoracic Society, Canadian Lung Association, Ontario Telemedicine Network)	Managing partnerships; creating connections and facilitating presentations with senior policy makers/influencers across Canada, provincial Lung Associations and other key stakeholders

BI also supported development of a hub, enabling access to all resources collectively created for this collaborative.

Results

Quality of care

- Teams collectively reached 1,011 patients (enrolled post-collaborative)
- At this point, all but three of the 19 teams continue to enrol patients – this is significant given the fact that the collaborative ended in October, 2015.
- Patients:
 - » Increased self-confidence
 - » Better symptom management
 - » Return to daily activities
- 80 per cent drop in hospitalizations (tapering to 40-50 per cent in six – 12 months post-INSPIRED implementation)

Quality improvement and delivering evidence-based medicine

CFHI asked teams to do a self-assessment of their ability to undertake performance measurement pre and post collaborative.

Measurement scale:

- 1** - exploring potential measures
- 2** - selecting measures
- 3** - collecting data against those measures
- 4** - using data to inform changes in day-to-day practice
- 5** - improvement in outcomes

Results:

- Performance measurement capacity gains: an average 2.7 increase on five-point scale (1.3 avg. pre- score to 4.1 post-collaborative) – over 12-month collaborative
- Skills acquisition, e.g.:
 - » Assessment, Design and Implementation
 - » Communicating results, incl. to leadership
- Teams reported optimized care and new work practices:
 - » spirometry diagnosis
 - » developing action plans
 - » self-management support
 - » psychosocial support
 - » advance care planning & coordinated community partnerships with allied health

Ottawa Hospital (team results)

In the first 12 months, the Ottawa Hospital noted:

- 50 per cent reduction in 30 day readmission rate
- 62.5 per cent reduction in 30 day emergency department visit rate
- 24.6 per cent reduction in inpatient length of stay

Costs associated with COPD care (based on nursing hours, labs, diagnostic imaging, RT support, pharmacy, allied health and food services) in first six months alone:

- Pre-enrollment (re-admissions) \$516,664 and post-enrollment \$36,824 (out of full 46, only 13 had any costs at that point)

Economic implications of scaling INSPIRED (Ontario)

In five years and reaching 2,200 Ontarians (of the ~290,000 living with COPD):

Preventing:

- 26,000 emergency department visits - saving \$30 million – net benefit: \$263 million
- 1,700 hospitalizations and 154,000 bed days – saving \$246 million - \$1 invested in INSPIRED saves \$21 in hospital costs

Value Demonstrating Initiative (VDI)

Jay Shaw
Innovative Medicines Canada

What is the Value Demonstrating Initiative on Chronic Obstructive Pulmonary Disease (VDI on COPD)?

The VDI on COPD is a new systems-based approach to care across the continuum of screening, diagnosis and treatment. The VDI on COPD Expert Panel designed a Patient Care Pathway that provides a relatively simple framework for healthcare providers to help them identify patients at high risk and then deliver timely care tailored to their needs, whether it's the right medications, help to quit smoking, vaccination, exercise, counselling and education programs or other services.

This project targets existing COPD patients, and identifies new ones, who are at greatest risk of developing acute symptoms that will send them to the Emergency Department or into a hospital bed.

It will also provide the opportunity to assess whether an evidence-based approach will reduce healthcare costs.

The goal of the VDI on COPD is to showcase a new model of COPD care that is feasible, scalable and financially sustainable.

The VDI on COPD was implemented at three demonstration sites:

- Toronto Western Family Health Team
- Wise Elephant Family Health Team (Brampton)
- Temiskaming Health Link (Northern Ontario), involving multiple healthcare providers

Outcomes are currently being independently evaluated to determine whether implementing the VDI on COPD improves the effectiveness and efficiency of the healthcare system

How did it come about?

In 2013, representatives of Ontario's Ministry of Health and Long-Term Care, Innovative Medicines Canada, and The Lung Association - Ontario came together to scope out this ground-breaking project.

With agreement on the guiding principles, the partners moved quickly to create a project infrastructure - Governance Board, Steering Committee and Expert Panel/Clinical and Scientific Leadership Panel - to guide the implementation.

In April 2014, \$1.5 million in funding support was confirmed. Contributors included: AstraZeneca, Pfizer, Boehringer Ingelheim, Innovative Medicines Canada Health Research Fund and Novartis.

It is relevant to note the length of time the different steps took. It was imperative that key functions were executed effectively with a shared understanding and buy-in when establishing terms of reference, terms of engagement and clarity of roles. By bringing three different groups together - industry, government and patient groups - the process had to be very clearly defined.

Why engage in the VDI on COPD?

- Provided an opportunity to focus on innovation
- Strong evidence base related to effective interventions for people living with COPD
- Learning about the impact of integrating these various components together at a systems level
- Focus on the healthcare system as a whole and to appreciate how medications are an integral part, but not the only part, of a patient's care pathway

Results

- The New VDI on COPD has proven that the new model on COPD care can be feasible, scalable and financially sustainable
- Has shown that a collaborative relationship involving public, private and non-profit sector organizations can deliver better patient care - and improved health outcomes

Key Elements & Learnings

- The healthcare system is complex and can be challenging to navigate through
- The need to ensure each party builds interpersonal relationships; respect; trust
- Role clarity and respect/understanding for the contributions each partner brings to the table
- Clarity of purpose, shared understanding of goal
- Decision making and consensus building processes need to be defined
- Communication
- Realistic expectations

Prescription for Partnership

Ashley Challinor
Ontario Chamber of Commerce

Public-private collaboration is a focus of the Ontario Chamber of Commerce (OCC), and something that they encourage in all aspects of the policy and advocacy work they do.

Health policy work is tremendously important to their members, many of whom are deeply engaged and passionate about ensuring Ontarians receive the best quality care, the most cost-effective care, and the most innovative care. This was an important issue for the OCC to tackle to ensure that their separate conversations with government and their members was becoming one joint conversation about value and innovation in healthcare.

Last year, the OCC released five reports on Ontario healthcare – the Health Transformation Initiative. This touched on a number of different issues of importance and relevance to their members - from service delivery, to procurement, to commissioning.

In the final report, which acts as an action plan, the OCC laid out a series of themes that came together over the year, along with a series of strategic asks for government.

The OCC is concerned not just about asking the government or recommending that they do something, but also in looking at how they can support their private sector members in taking action themselves against the challenges they are facing. In healthcare, that is a particularly acute challenge, as there is very often a considerable barrier between public and private in terms of cultural opposition or lack of clarity of roles. The OCC believes strongly that there is ample room and need for partnership and collaboration.

The OCC's two guiding principles:

1 The health sector should be considered an economic driver

- a. One need only look at the innovative work and discoveries coming out of Ontario universities, hospitals and businesses

2 There are benefits to be obtained by bringing the private sector on board as a partner in the public healthcare system

- a. This type of collaboration can help us achieve our healthcare goals and meet our cost obligations as the same time.

Three themes that came out of the OCC's work that turned into a strategic series of recommendations for government:

1 Shift Ontario towards a value-based healthcare system

- a. Recognize and consider outcomes within the larger decision-making process

2 Modernize the procurement and supply chain systems

- a. Drive decision-making and purchasing by evaluating real needs and evidence-based outcomes

3 Better integrate Ontario discoveries and innovations into the public healthcare system

- a. This is an economic and quality of care consideration
- b. With Ontario companies creating some of the top healthcare innovations in the world, Ontarians in our public healthcare system should have access to them

Best ways for the private sector be part of a solution?

1 Communicating a shared value proposition or shared set of goals:

- a. This can be difficult to accomplish due to the presumption that there is no such thing as shared goals between the private and public sectors
 - i. Private sector goals are viewed as exclusively related to profit and revenue rather than to improve patient experience and public healthcare delivery
- b. The private sector needs to demonstrate that it understands the risk being taken by the public sector in partnering, and that there is political sensitivity built into these types of partnerships

Looking ahead, the OCC will be exploring:

Big data

- Finding pathways between the data we already have and the outcomes and learning we can actually get from that data if it was properly applied

Aging population

- Impact on government spending and budgeting
- Impact on the healthcare sector and labour market

Recommendations

Moving Forward

Governments need to recognize that the current healthcare model is not sustainable for the long term, both financially and in supporting patients, especially the aging population, who will require significantly more healthcare supports. Governments need to look at a different approach – one that invites the private sector to become an active participant in managing costs, improving quality of service and patient outcomes, and bringing their own expertise to the table.

By encouraging private sector investment and public sector innovation, governments can leverage PPPs to provide real benefit to patients and the healthcare system by bringing value for money. In doing so, they will establish trust amongst all parties, including the public, breaking down internal and external misperceptions and misinformation about PPPs.

1 Governments need to consider multi-stakeholder PPPs in order to accelerate innovation and sustainability in the healthcare system.

- PPPs should leverage each partner's strengths to optimize development, implementation and measurement of health system innovations
- Ensure risk in projects is transferred to party who is best able to manage them, which also helps governments decrease their own financial burden
- Potential partners in multi-stakeholder PPPs should bring complementary strengths and skillsets to optimize implementation and outcomes
- Encourage opportunities for economic development and novel collaborations involving a broad array of stakeholders

2 Establish a regulatory environment and framework for the development, implementation and operation of PPPs that is standard, transparent, and timely.

- Create a timely, uncomplicated and defined process for the submission, review, funding, implementation, evaluation and scale of innovative chronic disease management (CDM)/health system innovation initiatives
- Standardize the evaluation framework by using a scoring system for each proposal submission that looks at factors such as scalability, multi-partner stakeholder engagement, experience of partners in health system innovation initiatives, cost-benefit analysis and outcome measurements
- Simplify tracking and reporting of key performance indicators related to CDM
 - » Involve end-users in evaluating its outcomes against initial goals
- Facilitate framework for PPPs seeking partnerships or engagements to support mutual goals through the establishment of a Social Bond

3 The selection of PPPs in the healthcare arena should primarily be based on demonstrable value for money and value for patient outcomes.

- Weighting of these areas in the scorecard evaluation of proposals should be higher
- Relevance and impact of the care gap or health system process that the innovative CDM initiative is seeking to address weighted accordingly on scorecard
- Accountability and ROI through guideline-based treatment protocols.

4 Establish clear points of accountability for government efforts to support innovation in CDM.

- Active consultation and engagement with stakeholders
- Steering committee for each PPP to include representatives from all partners
- Mandate for senior level bureaucrat to lead and optimize innovation in CDM and healthcare system

Other Key Considerations for Successful PPPs

1 Design contracts that set up PPPs for success

- Defining objectives and outcomes
- Involve end-users in defining outcomes
- Clarity of roles and accountability
- Provide accountability for the project with the body procuring the PPP

Outcomes:

- Increase legitimacy of project
- Encourage public sector innovation
- All parties to meet and exceed their areas of responsibility
- Value for money is maintained by the government for the duration of the contract

2 Develop a standard communications strategy and plan that is required to be executed with each approved PPP

- Integrate efforts to communicate the impact of innovative and collaborative efforts and the potential and real impact and they are having and value they are creating
- Involve end-users in defining the project and evaluating outcomes against initial goals
- Ensure public is aware of the value of PPPs in innovating the healthcare system to optimize patient outcomes/efficiency of the system

Outcomes:

- Breakdown internal and external misperceptions and misinformation about public-private partnerships
 - » Labour unions may feel threatened by PPPs
 - » Public sentiment:
 - Private-funders are in it to push their products
 - This is capitalism making its way into government
 - They still want high-quality healthcare in the most cost-effective manner on the public purse
- Evident to public that all parties implementing the project are in it with the same, altruistic intentions of delivering high-quality patient care, efficiency and excellence in outcomes
- Ensure public is aware of the value of PPPs in innovating the healthcare system to optimize patient outcomes/efficiency of the system

Collaboration for Change

Bringing PPPs together should be done through a process that cements the partnership in a foundation of trust and mutual respect so that each organization's strengths and resources can be leveraged to produce results they could never hope to achieve alone.

The core objectives of PPPs should be clear cut:

To show that a collaborative relationship involving public, private and non-profit sector organizations can deliver better patient care – **and improved health outcomes** – through innovation and robust, long-lasting partnerships.

Appendix

Further details on recommendations 2 and 3

Recommendation 2

Establish a regulatory environment and framework for the development, implementation and operation of PPPs that is standard, transparent and timely.

How to achieve this:

- Standardize the evaluation framework by using a scoring system for each proposal submission looking at:
 - » Scalability – how many patients does it have the potential to reach
 - » Is it timely – how long will it take to implement
 - » Multi-stakeholder partner engagement (funders)
 - » Role of partners in CDM initiative (e.g., potential in-kind/human resource value add contributions; demonstrated experience of partners in CDM initiatives/partnerships)
 - » Cost benefit analysis
 - » Return on investment
 - Look at how many dollars does it has the potential to save the healthcare system
 - Strength of evidence for estimate of ROI (e.g., has the CDM initiative been piloted?).
 - » Risk transfer analysis
 - Examine which party is best capable of managing different risk factors
 - » Value for money analysis
 - » Social return on investment analysis
 - » Outcome measurements – relevance/alignment with Ministry priorities, benefits for patients and healthcare system
- Remove hurdles e.g. streamline layers of regulation that may impact projects – this could be done either across one or different levels of governments and/or Ministries
- Minimize excessive bureaucratic procedures
- Prudently review and evaluate both new and existing regulations to ensure they are current, relevant, cost effective and deliver against the agreed-upon goals
- Proposals and decision-making process available to the public

Outcomes:

- Establish trust among all parties and the public
- Reduce delays to reviews and approvals
- Minimize risks of unethical behaviour and conflicts of interest
- Encourage private investment
- No bias either in favour of or against a specific PPP
- If the fundamental principles of an effective regulatory framework are met this can result in cost savings and increase the likelihood that a PPP will bring value for money.

Recommendation 3

The selection of PPPs in the healthcare arena should primarily be based on demonstrable value for money and value for patient outcomes.

How to achieve this:

- Requirement of ongoing quality assessments to ensure optimal use of health system resources
For example, government is concerned with optimizing COPD screening and diagnosis through access to spirometry. These concerns are based on increased utilization – thus driving costs. This is short sighted as costs of hospitalization and ER visits due to sub-optimal screening and diagnosis are significant. In addition, spirometry testing is administered to a large percentage of the same patients – beyond what is recommended in the guidelines. Both these points are illustrated in the *Economic surveillance for chronic obstructive pulmonary disease (COPD) in Alberta* report.

Outcomes:

- More innovation in healthcare that results in:
 - » Better patient outcomes
 - » Reduction of costs to the healthcare system

Sources

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About Our Partners

Boehringer Ingelheim

For more than 130 years, Boehringer Ingelheim – a research-based pharmaceutical company – has stood for the development of innovative medicines for people and animals.

Boehringer Ingelheim is one of the pharmaceutical industry's top 20 companies and to this day remains family-owned. Day by day, some 50,000 employees create value through innovation for the three business areas: human pharmaceuticals, animal health and biopharmaceutical contract manufacturing.

Social responsibility comes naturally to Boehringer Ingelheim. That is why the company is involved in social projects such as the “Making More Health” initiative. Boehringer Ingelheim also actively promotes workforce diversity and benefits from its employees' different experiences and skills. Furthermore, the focus is on environmental protection and sustainability in everything the company does. Established in Canada in 1972, the approximately 600 employees across the country have played a varied and integral role in the health of Canadians.

Canadian Foundation for Healthcare Improvement (CFHI)

The Canadian Foundation for Healthcare Improvement identifies proven innovations and accelerates their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value-for-money.

Goals

To improve health system performance by:

- maximizing value-for-money in healthcare spending
- improving patient and family experience of care
- optimizing patient outcomes

To improve the health of Canadians by:

- addressing the determinants of health
- enhancing population health

Innovative Medicines Canada

We help our members discover, develop, and deliver innovative medicines and vaccines.

Our membership consists of more than 45 companies, from established organizations to fledgling start-ups, all of whom are revolutionizing healthcare through the discovery and development of new medicines and vaccines.

Guided by a strict Code of Ethical Practices, we work with governments, insurance companies, healthcare professionals and stakeholders to advance the field and enhance the wellbeing of Canadians. We are committed to being valued partners in Canada's healthcare system.

We aim to achieve these goals by forming effective alliances, supporting policies, improving Canada's regulatory environment, widening access to innovative medicines and ensuring the effective protection of intellectual property.

We believe in ensuring that Canadians have access to the innovative treatments they need and that our activities are a fundamental part of safeguarding our healthcare system for future generations. Our work allows our members to focus on what matters: delivering better healthcare solutions to Canadians.

Notes

Lined area for taking notes, consisting of multiple horizontal lines.

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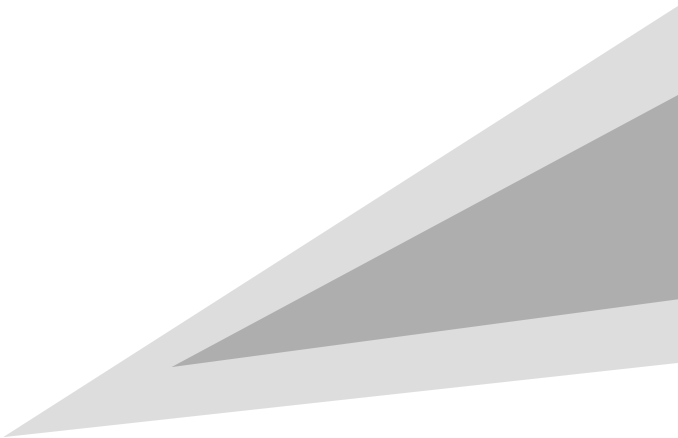
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the lung association

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the lung association