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Capturing opportunities in the context of global health reform

A conference on managing health systems optimally and delivering cost-effective, high-quality care
November 2009

Background

November 2009 Just as the US Congress was beginning its full-scale debate over reforming the US health insurance system, Apax Partners (a leading global private equity firm with a long history of successful health care investing) convened the third in its series of invitation-only conferences on health care services. Like Apax's two earlier conferences – in London in December 2007 and in New Delhi in September 2008 – this conference in New York brought together 35 distinguished health care leaders from the United States and 35 from around the world for a deep, rigorous dialogue in a candid setting. The aim of these conferences has been to provide a platform for industry executives to learn from each other and to explore a wide range of issues related to health care, both on a conceptual plane and at a practical level.

The participants in all three roundtables have been senior executives and, in some cases, the founders of firms who are well-positioned to provide unique perspectives on the delivery of health care services. For this New York discussion – which was convened with the support of McKinsey & Company – peer group participants came from a broad variety of geographies, including Australia, Brazil, India, the Middle East, the Netherlands, Singapore, Sweden, Switzerland, the United Kingdom, and the United States. At various points throughout the discussion, participants answered questions about health care costs, quality, and delivery, along with various options and opportunities for reform. The participants' responses were tabulated and reported, helping shape the topics for the continuing discussion.

This document summarizes their views and analyzes the discussion. We publish this analysis to advance public understanding of the insights of health care industry executives and experts about many of the specific issues that now confront the world's health systems.

New York, November 2009 Senior delegates listening to a panel

Introduction

Health systems are evolving quickly in every nation around the world, as policymakers and industry executives explore many aspects of reform. Each nation and region is confronting its own set of problems – yet there is a shared concern about providing high-quality delivery of health services through mechanisms that help restrain ever-escalating prices. Even as emerging economies are grappling with fundamental needs – including expanding access, organizing basic risk pools, and controlling the spread of contagious diseases – the world's more mature economies are struggling with issues involving the affordability of care, patients' long waiting times for treatment, and the dramatic increase in lifestyle-induced chronic disease.

These changes pose new imperatives, even as they suggest new opportunities. Participants in the Apax conference found that, in the forefront of this evolution, health care experts must explore such priorities as the design of health reform programs, the role of public-private partnerships, the degree of integration required between the payment for and the provision of services, and the importance of interoperable information technology platforms.

The need for greater efficiency is a priority that unites health care leaders in every nation, developed and developing. David Nicholson, the CEO of one of the world's largest health care systems (the National Health Service of the United Kingdom) summarized a viewpoint shared by all the conference participants: that to ensure the sustainability of today's model of health care delivery, health systems must find ways to drive significant productivity gains – at a speed and on a scale that has never been achieved before. Innovation and competition will be the keys to ensuring systems' sustainability – at the NHS and in all of the world's health systems.

Costs spiraling upward

Health care costs are now rising rapidly, without effective restraint, in part because there is a fundamental, and increasing, misalignment of medical risks and the vehicles we use to fund the health services associated with those risks.

Paul Mango

Representatives from Brazil, Netherlands, and USA

Responses to a question revealed that participants agreed with Paul Mango, a senior partner of McKinsey & Company, that the absolute level of health care spending, as a percentage of a nation's GDP, is not the most relevant metric by which to evaluate the performance of that nation's health system. A more relevant metric is one that captures the degree of economic distortion embedded in the overall health care spend. Seventy percent said that the key metric is the degree of a system's inefficiency, and this factor is more important than a system's absolute level of health care spending.

By a strong majority, participants agreed that the increase in health care costs, and the resulting financial pressure on nations' budgets, is inexorable. Looking at their own organizations' health care spending – comparing the past five years to the previous five – responses by both US and non-US participants revealed that there is a strong consensus that spending will increase. It was notable, however, that the expectation of greater spending was stronger among the American participants: 85 percent American respondents expected higher spending, while only 70 percent of non-US respondents foresaw higher spending. The variation between the two groups seemed to show that the American participants – whatever their view of Washington's current approach to health care reform – may be more resigned than the non-Americans to ever-higher spending.

Participants seemed to broadly agree that rising costs are not due solely to the aging of their populations. Cost increases are driven by increasingly unhealthy conditions – many of them lifestyle-related – as people grow older. Much of the population's ill health, participants agreed, is due to lifestyle-induced chronic diseases – such as obesity related to poor diet and the lack of exercise and cancers related to smoking. The cost of end-of-life care is indeed increasing – but, amid the overall amount of health care spending, end-of-life costs are dwarfed by the cost of treating chronic diseases. There was a curious division, however, between American and non-American participants when they were asked to identify the biggest opportunity to slow the growth of health care costs: Whereas two-thirds of Americans said improving chronic-care management was the biggest opportunity, two-thirds of non-Americans said the greatest opportunity is in increasing the focus on prevention and wellness.

Persuading consumers to become more deeply engaged with and accountable for their use of health care resources is an important factor in restraining costs – although several participants in the discussion suggested that it will be difficult to inspire consumers to exercise such cost-conscious restraint. In answering a question about the appropriate balance between demand-side and supply-side interventions in the health care marketplace, 90 percent of participants said that consumers need to be more engaged and accountable, rather than trying to solve the problem with supply-side interventions alone.

Appropriate cost restraints

Policymakers must address ever-escalating costs, participants agreed, by focusing on intervening in the health care marketplace in ways that promote more cost-conscious behavior and more value-conscious decisions by health care consumers.

Jason Blank

In doing so, however, governments must ensure that consumers have access to sound information and a depth of understanding to make well-informed choices. As Mango pointed out, people in the United States are "overinsured" by about 3000 basis points and "under-saved-for" by a similar 3000 basis points, relative to the medical risks we are funding.

The government seems destined to play a significant role, participants agreed, as both the architect of the health care delivery system and as the chief payor for health care services. Yet governments alone cannot solve the problem of ever-escalating costs, respondents said in answer to a question: Establishing new public-private partnerships will be pivotal in restraining costs, according to a near-unanimous majority of respondents.

Public-private partnerships, the participants said in the discussion, are the most promising vehicles for harnessing the best aspects of government and corporate capabilities. While the public sector is increasingly likely to be paying for a greater proportion of health care services, the private sector is pivotal in achieving innovation, creating efficiencies, building capacity, and ensuring scalability, flexibility, and speed. Almost all the participants believe they will be doing more business with the government over the next five years. At the same time, however, there are signs of tension between the private and public sectors. Participants signaled that they are wary of government regulators' potential for excessive intervention in the marketplace. Asked whether the public sector will allow companies to generate consistent profit margins, respondents were generally skeptical: Two-thirds of non-Americans thought the government would not allow for consistent EBITDA margins – while almost four-fifths of Americans were negative.

Senior delegates from UK and US

Designing workable reforms

Given the ever-rising costs of providing health care, and the ever-more-influential role of governments in financing it, the private and public sectors must work together to design and implement pragmatic reforms.

Kerry Weems


Bob Kerrey

Chris Jennings

In exploring the United States' chances for enacting reform, there was a strong feeling among participants that some type of health care reform will be enacted during the next twelve months – even if, as Kerry Weems suggested, it will not be comprehensive reform. The kinds of reform Congress is now poised to enact, said Weems, who is a former senior policymaker in an earlier Republican administration, is full of experiments but will not be able to influence the cost curve. A reform bill will most likely be approved by Congress, yet that is not the full issue, said Chris Jennings, a former senior official in an earlier Democratic administration. The genuine issue is how the measures will be implemented.

Former Senator Bob Kerrey warned, however, that the issue of the demographics of health care is not being addressed properly. The number of claims that will come due, especially as the baby boom generation ages, is astronomical. No one is facing up to the budget problem that will cause.

Jennings seemed optimistic about the chance that reform can succeed in improving both the extent of health-insurance coverage and the restraint of health care costs. In fact, he said, lawmakers cannot achieve successful cost containment unless they also provide for high-quality mandated coverage: Insurance providers need healthy people in their insurance pools to balance out the cost of caring for the chronically ill. Weems, meanwhile, pointed to a downside in Congress's approach: The kind of measure that Congress will eventually approve will expand the role of government – as well as the amount of the US economy that is susceptible to being lobbied, and thus manipulated for political rather than purely economic reasons.

Mango observed the historical trend in government's role in envisioning nations' health care systems. In all of the developed Western nations, governments have gone through three stages in designing their nations' health care systems. In the 19th century, governments concentrated on controlling and eradicating contagious diseases. For most of the 20th century – from World War I until the 1970s – governments focused on expanding access to technology and on constituting risk pools. Since the 1970s, governments have been forced to try to restrain inexorably increasing health care spending and to attempt to relieve the resulting pressure on their overall economies.

In another example of a developed nation that is grappling with reform, David Nicholson discussed the continuing emphasis on reform in the United Kingdom. He pointed out that the huge size of the National Health Service – which is the largest integrated health care system in the world – has both its advantages and its disadvantages. The people within the system feel a great sense of ownership for it, and the NHS provides high-quality coverage – yet the very size of the system, and the bureaucracy that accompanies any operation on that scale, had in the past led to long waiting times for patients who need medical treatment or services, an issue which has now been addressed.

In taking on these issues, said Nicholson, the NHS has been changing the way it operates. There has been a greater focus on capacity-building: NHS leadership was originally concerned with catching up, after the system's historical underinvestment in health care. As it focused on that catch-up, the NHS did not always focus sufficiently on the quality of care. There has also been a greater focus on reform, as NHS leaders have recognized the need to avoid micro-managing direct provision of health care. As the government has come to realize that it should not be micro-managing the supply side of the system, the private sector is increasingly providing a greater proportion of services. Government need to continue making the market more level between the public and the private sectors, in order to facilitate competition and cooperation. As Mango pointed out,

"Governments should also **avoid direct participation in** certain aspects of the health system, such as **the management of health-service delivery, technological innovation, and the execution of high-volume processes** (for example, claims). The private sector is better suited to achieving results on such practical priorities."

David Nicholson

The biggest benefit of integrated care is the increased efficiency of care delivery.

The promise of public-private partnerships

Leslie Norwalk

"The public sector has been shaping the overall contours of health care systems, but **government needs to enlist the skills of the private sector** to succeed in delivering health care services."

Leslie Norwalk

In their discussion of promising approaches for reform, experts returned to exploring the potential of public-private partnerships, which can combine the legitimizing authority of government oversight and the efficiency-minded approach of corporate-style service delivery.

The public sector has been shaping the overall contours of health care systems, said Leslie Norwalk, but government needs to enlist the skills of the private sector to succeed in delivering health care services. She pointed out that the private sector is pivotal in achieving innovation, creating efficiencies, building capacity, and ensuring scalability, flexibility, and speed. The private sector is also critical in changing the cost curve to rein in costs. There must be a realistic approach to both achieving cost restraints and allowing for reasonable profit margins, she asserted: There will inevitably be some degree of government oversight of profitability, because some sectors (such as vaccines) are not profitable enough while other sectors (such as providing home-based health services) are perceived as being too profitable. Yet, to ensure the sustainability of the overall system, the public sector will surely recognize that it must allow the private sector to achieve a profit.

Entrepreneurs should think of government as one of their assets, said Karen Koh, because companies will inevitably need to work with governments in delivering health care services. In one well-known case, a public-private partnership was able to provide a service – the cyclotron – that was cost-effective while still allowing for the participating private-sector partner to be profitable. The experience of public-private partnerships in Asia can be instructive, she said:

Mario Molina

"Consumers and governments in Asia have seen what assets the private sector can offer, including capital, technology, skills, and expertise. **Asia is in need of a better health care infrastructure,** and the private sector can help ensure that governments can overcome their limits to growth. Without public-private partnerships, it is difficult to see this happening quickly and effectively."

When a private-sector company is working with a government as its source of revenue, Mario Molina pointed out that it is important to diversify the risk of individual governments. The public sector is a reliable and predictable source of revenue, but governments, like private-sector entities, can be affected by economic cycles. Thus it is important for companies to diversify across multiple government markets – for example, in the case of his own company, to diversify across various state governments.

The potential of integrated systems

Delegates at lunch

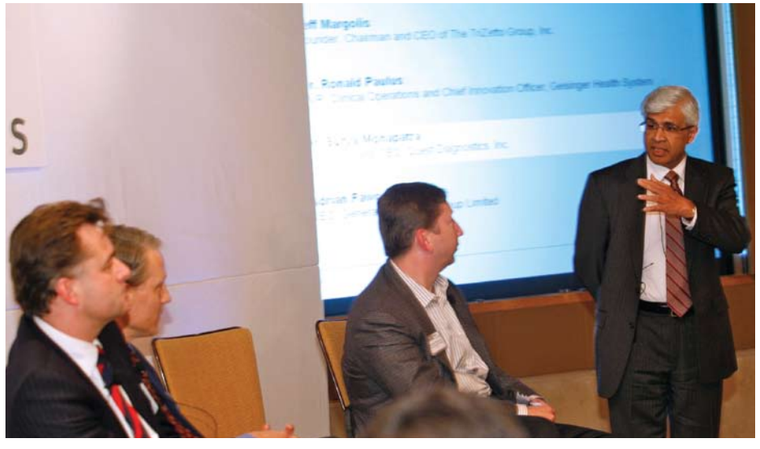
Another approach to improving health care delivery while restraining costs **is controlling the demand-management side of health care.** Effective integrated health care systems can be developed through relationships where the individual parties are, in practical terms, adversaries, said Michael Erne.

Integrated systems can work to improve quality, reduce costs, and improve the delivery of health care – but only if incentives can be aligned and if cooperation can be promoted. Those are certainly difficult challenges. For example, there can be pressure for the provider to shift costs to others, as their own costs increase and as insurance premiums fail to do the same.

The biggest benefit of integrated care is the increased efficiency of care delivery (such as improved asset utilization and reduced administrative complexity), according to about half the respondents to a survey question. However, about one-third of American respondents, and about one-quarter of non-American respondents, asserted that integrated care's greatest benefit would be in improving the management of chronic conditions and improving the overall health of patients.

Achieving scale and gaining more effective communication through information technology are the keys to the economics of integrated health systems. Ensuring that incentives are aligned among "the four Ps" – the payor, the provider, the physician, and the patient – is a difficult challenge, he acknowledged, yet some form of integrated health care system, if properly managed, can definitely benefit all parties involved. There was a clear majority, in answer to a survey question, that patients and payors had the most to gain from a trend toward integrated care – and an overwhelming majority that suppliers (such as pharmaceutical firms and medical-device companies) had the least to gain.

Health care information technology panel



The challenge of health care IT

Adrian Fawcett, Ronald Paulus, Surya Mohapatra, Jeff Margolis

In order to truly change the cost curve, participants felt, **there needs to be a realignment of incentives in the health care system.** Health care information technology (HCIT) can be one of the most important factors in achieving this.

HCIT can be useful with all of the key drivers of restraining costs: changing consumer behavior, by putting data in hands of consumers to help them change their behavior; changing provider behavior, by providing metrics to providers to help better align incentives; and cutting administration costs, by identifying costs that can be squeezed out throughout the system.

However, participants cautioned that it is not easy to implement HCIT or to derive its full benefits. Indeed, in surveying conference participants, there was not a strong consensus among respondents to a question about whether the benefits of HCIT would outweigh the costs to their particular business: In responding to that question, 60 percent agreed that the adoption of HCIT – either by their own organization or by a competitor – would cause a significant change to participants' business models.

Moreover, there was a fragmentation of answers about which force, within the health care marketplace, will be the most energetic in driving the adoption of HCIT. Among Americans, a slight majority believed the driving force would be providers, like doctors and hospitals, with less than one-third believing it would be government. Among non-Americans, about half believed the driving force would be government, with less only about one-quarter believing it would be providers.

There are two primary objectives in the adoption and greater utilization of HCIT, said Jeff Margolis. In achieving integrated health care management, HCIT can ensure that the right people get the right information in the right form at the right time to help improve decision making. In achieving a greater impact and a higher value for each dollar spent, HCIT can significantly improve information flow. One of the keys to success, he said, is putting the payor at the center of the HCIT system and the HCIT infrastructure: That step helps connect the entire system and helps strengthen communication and connectivity.

Medical care is a content information business, observed Ron Paulus, and it is difficult to achieve any improvement in patient outcomes without IT. HCIT enables connectivity and, overall, can benefit all parties involved. However, the system needs several elements: a common set of incentives; a common set of goals; a communication infrastructure; and shared governance. The return on investment of HCIT is not an integral metric. Instead, a company should measure its scale and growth potential first, and should then see if HCIT would be an integral part of its operations in the future.

HCIT is an integral part of the business, said Surya Mohapatra, Chairman, President & CEO of Quest Diagnostics: It maintains connectivity and communication in the system while it delivers quick results straight to the consumer. One key factor in fulfilling HCIT's potential for restraining costs in the health care system is that the consumers must be engaged and empowered, in order to make them better informed. With an HCIT touch point to the consumer, the system can help influence his or her behavior and thus achieve results. It is very difficult, however, to measure HCIT's return on investment. Moreover, there is a risk that a great deal of HCIT spending will not be invested wisely and efficiently.

Adrian Fawcett agreed that HCIT can be very difficult to effectively integrate and implement – yet he noted that HCIT has been strengthening the recent trend of patients-as-consumers: Many patients are more knowledgeable after doing research before coming into the hospital, and they often ask about certain specific treatments. While that aspect of HCIT is generally helpful, it also seems clear that many patients are unhappy because of the administrative, HCIT-enabled process that is associated with the medical-care experience. HCIT should be used in a way that helps ensure that the consumer experience is as easy as possible.

Delegates over lunch

Conclusion

In search of major drivers of cost restraint and quality improvement in health care, the wide range of conference participants' viewpoints seemed to underscore the recent consensus among policymakers, in nations developed and developing, that **there will be "no silver bullet" in strengthening the health care system.**

Pursuing the full array of factors – operational reforms; public-private partnerships; the integration of delivery systems; and successful HCIT implementation – will be necessary in order to strengthen the overall system. Designing and then successfully implementing such measures remains a complex challenge as patients, providers, payors and policymakers come ever closer to realizing the full potential of today's health care system: delivering high-quality care with robust payment systems at a cost that society can afford.

Conference speakers

Michael Erne, a former executive vice president and COO of Catholic Healthcare West, is now an independent hospital and health care professional.

Adrian Fawcett is CEO of General Healthcare Group, the leading provider of independent health care services in the UK.

Chris Jennings, who served as senior health care advisor to President Bill Clinton at the Domestic Policy Council and National Economic Council, is now president of Jennings Policy Strategies.

Bob Kerrey, a former US senator from Nebraska, is now president of the New School in New York.

Karen Koh is CEO of HealthCura and former deputy CEO of Singhealth, the largest health care group in Singapore.

Paul Mango is a senior partner in McKinsey & Company's health care practice.

Jeff Margolis is chairman and CEO of TriZetto, which provides administration solutions and services that promote integrated health care management.

Surya N. Mohapatra is chairman, president, and CEO of Quest Diagnostics, a leading provider of diagnostic laboratory testing, information, and services.

J. Mario Molina, MD, is president and CEO of Molina Healthcare, a firm that provides managed health care to about 1.4 million members in nine states, primarily in the American Midwest and West.

David Nicholson is CEO of the National Health Service of the United Kingdom.

Leslie Norwalk, a former acting administrator of the US Centers for Medicare and Medicaid Services, is strategic counsel to Epstein Becker & Green and EBG Advisors.

Ronald A. Paulus, MD, is executive vice president of clinical operations and chief innovation officer of Geisinger Ventures, which creates strategic partnerships among health care providers, drawing on the resources of Geisinger Health System—one of nation's largest rural health systems.

Kerry Weems is a former acting administrator of the US Centers for Medicare and Medicaid Services and is now senior vice president of health strategy at Vangent, a leading global provider of information management and strategic business process outsourcing services.

Apax partners

Khawar Mann is a partner and Co-Head of the Global Healthcare Group at Apax Partners. His recent investments include the hospital groups General Healthcare Group Ltd, Capio AB, Apollo Hospitals and Unilabs, as well as Marken, clinical trial logistics company.

Prior to joining Apax Partners, Khawar was at Linklaters and Weston Medical Group PLC. He has a degree in Medical Sciences and Law from Cambridge University and also an LLM Master of Law. He has an MBA from The Wharton School, where he was a Fulbright and Thouron scholar.

Buddy Gumina is a partner and Co-Head of the Global Healthcare Group at Apax Partners. He focuses on investments in healthcare services, products, pharma and healthcare IT. Some recent deals have included Trizetto, Inc.; Qualitest Pharmaceuticals; Spectrum Laboratory Network; Encompass Home Health; Voyager HospiceCare, Inc.; and MagnaCare Holdings, Inc.

Prior to joining Apax Partners, Buddy was at Saunders Karp & Megrue and DLJ Merchant Banking Partners. Buddy received an MBA from the Harvard Graduate School of Business Administration and a BA in Political Science from Yale University.

Bill Sullivan has been a partner of Apax Partners since February 2007. Bill has over 22 years experience in the healthcare industry. Bill is also the Vice Chairman of The TriZetto Group, an Apax portfolio company and healthcare technology company in the United States.

Prior to joining Apax Partners, Bill was the CEO and remains the current Chairman of Magnacare Holdings, Inc., an Apax Partners portfolio company. Prior to acquiring Magnacare, Bill spent thirteen years at Oxford Health Plans. Bill obtained a Bachelor of Science degree with a concentration in finance and banking from Suffolk University in Boston.

Steven Dyson is a partner and joined Apax Partners in 2000. His deal experience includes Capio, General Healthcare Group Limited, Unilabs and Zeneus Pharma.

His prior experience was gained at McKinsey & Company. He gained a BA in Biochemistry from Magdalen College, Oxford University and a PhD in Developmental Biology from Cambridge University.

Attendees

Michael Fleming
Medical Director, Amedisys

Andrew DeVoe
President & CEO, Apollo Health Street

John Lee
Executive Vice President, Bangkok Dusit Medical Services Public Co, Ltd

Marc Grodman
Chairman of the Board/President and Chief Executive Officer, BioReference Laboratories, Inc.

Vicky Gregg
President & Chief Executive Officer, BlueCross BlueShield of Tennessee

Jason Blank
Founder, Brockton Capital

David Marks
Founder, Brockton Capital

Hakan Winberg
CFO, Capio AB

Thomas Berglund
Chairman, Capio AB

Marc Attia
Former CEO, Capio France

Paul Conlin
SVP, Coventry Health Care

Marcelo Moreira
Board Member, DASA

Steven Epstein
Attorney at Law, Epstein Becker & Green, P.C.

Leslie Norwalk
Attorney, Epstein Becker & Green, P.C.

Ronald Paulus
Executive Vice President, Geisinger Health System

Phil Wieland
Chief Financial Officer, General Healthcare Group Limited

Adrian Fawcett
CEO, General Healthcare Group Limited

George Hager
Chairman & CEO, Genesis Healthcare

Per Båtelson
Chief Executive Officer, Global Health Partner

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President–Central Group, HCA Inc.

Michael Neeb
President and CEO, HCA International

James Petkas
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Saumya Sutaria
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John Driscoll
President, New Markets, Medco

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President, Michael French & Associates, LLC

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CEO & Chairman, Molina Healthcare, Inc.

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Suhail Al Ansari
Associate Director, Mubadala Development Company

Ihsan Al Marzouqi
Mubadala Development Company

David Nicholson
CEO of NHS, NHS

Howard Gold
SVP–Managed Care Business & Development, North Shore-Long Island Jewish Health System

Dirk Allison
CFO, Odyssey HealthCare

Jim Pittman
Vice President–Private Equity, PSP Investments

Surya Mohapatra
Chairman & Chief Executive Officer, Quest Diagnostics

Paul Ramsay
Chairman, Ramsay Health Care

Bruce Soden
Group Finance Director, Ramsay Health Care

Christopher Rex
Managing Director, Ramsay Health Care

John Standley
President and Chief Operating Officer, Rite Aid

Bill Wolfe
SVP–Managed Care & Government Affairs, Rite Aid

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