

WRGH

THE GLOBAL EXCHANGE **(THE GLOBAL EXCHANGE NETWORK ON HEALTHCARE)**

HEALTHCARE HERE & ABROAD: WHAT'S TRUE, WHAT'S FALSE, WHAT'S RELEVANT?

WRGH has secured a three year unrestricted grant from CIGNA Foundation to develop and execute an unprecedented initiative designed to compare and contrast key drivers and approaches to addressing healthcare costs and outcomes across developed nations, while improving health with a goal of identifying successful, relevant, and replicable strategies.

All developed nations are experiencing the common challenge of dramatic escalation in the cost of healthcare services which, if unchecked, will bankrupt these health systems. Technology and the global economy increasingly underscore the value of comparing and contrasting strategies and tactics and identifying replicable elements. This project will: Define and describe the relative impact in different countries of common cost drivers, e.g., technology, aging, chronic disease, etc. And evaluate common and unique strategies to address these drivers, e.g., service delivery models, technology assessment, consumerism, etc.

Our objective is to become the recognized [neutral] venue for discussing, debating and evaluating best practices in addressing cost-effective health outcomes from across developed nations.

We are writing to invite you to help us shape this effort and influence how it can best achieve its objective.

Beginning on the evening of November 8th 2007 and throughout the 9th we will convened a small group of thought leaders (8-10) each with a different area of expertise (finance, quality, Health IT, consumers, public health, technology, provider, etc), to outline a strategy that can best meet our mission.

We began to examine the similarities and the differences related to healthcare challenges in the US and in other developed nations, and explore the approaches being advanced to address financing, healthcare delivery and consumer engagement. We met again in March 2008 and crafted out mission, vision and outcome statement:

Vision: The Global Exchange will become the recognized neutral venue for evaluating and promoting better practices in achieving cost-effective health outcomes from across industrialized nations.

Mission: To improve health and the value of healthcare by comparing and contrasting key drivers and approaches to addressing healthcare costs and outcomes across industrialized nations, with a goal of identifying and promoting successful, relevant, and replicable strategies.

Outcome:

Well-vetted ideas with relevance to industrialized nations' healthcare cost and delivery systems and cultures, for programs and policies that improve health outcomes and promote individual and systems accountability.

Scope: GKEN will identify and publish better practices in the organization, financing, and delivery of care, including elements that influence outcomes and cost. GKEN will source replicable better practices from healthcare systems across industrialized nations.

Product: GKEN will disseminate the results of its' robust interactive knowledge exchange through a variety of media, including printed materials, videos, conferences, toolkits, and a public internet site. The website will provide information on healthcare better practices and promote cost-effective healthcare improvements to a wide audience across industrialized nations.

Background: An undercurrent in many discussions that compare US and European health care experiences, for example, is that the Europeans have figured it out. They have universal coverage, centralized technology assessment, and much lower spending as a share of GDP.

But a number of indicators suggest that the truth is not quite so simple. Other systems do not consistently function well and are not associated with uniformly high patient satisfaction. Spending growth rates have been quite similar to the US over a 4-decade span. Europeans frequently consult US policy advisors and health systems to learn about new approaches to organization and delivery. Many of the quality, safety, and disparities issues that we face are likely to be present elsewhere, just measured less well.

We will want to create an exchange that draws on the best ideas across developed nations, then determine what is relevant and what is replicable. We will need to get the opinion of other countries thought leaders and better understand how this effort can help them to achieve their goals. It is apparent that other countries are struggling with the same issues we are—diseases, costs, technology.

A critical mass is needed for credibility and we must ensure there is “something in it for all involved”. We are not talking about a conference, rather we are looking toward creating an on-going initiative for Global Knowledge Exchange/Sharing; a “brain trust” on healthcare. We are not starting from where we’d like to be, but rather beginning from where we are.

There are several broad decision points we discussed:

- The merits of this effort
- The right countries
- The right issues/topics
- Different countries for different issues vs different topics and same dozen or so countries
- The right people; cultures
- The right level of “granularity”

We should look for new ideas where opinions are not already solidified and polarized, and try to get underneath what people think can’t be changed. For example, standards for quality and for IT have a major influence worldwide. Ultimately we want to produce well-vetted ideas with relevance to developed nation’s financing and delivery systems and cultures, for programs and policies which optimize healthcare outcomes and promote individual and systems accountability.

We firmly believe this is the right time and the right approach to catalyze a meaningful dialogue among thought leaders across developed nations with the goal of improving our world’s health and healthcare.