

Healthcare 2015 and care delivery

Delivery models refined, competencies defined

Healthcare providers can work collaboratively to achieve new milestones in defining, measuring and delivering value, activating responsible citizens and developing new models for promoting health and delivering care, even within growing resource constraints and other challenges. This is important more than ever before as the paths of healthcare systems in many countries are increasingly unsustainable. Moreover, we envision this will lead to a variety of strategic decisions affecting service delivery models and underlying competencies. These decisions could impact the organization's leadership, culture, business models, organizational structures, skills, processes and technologies.

Many countries are struggling to address increasing costs, poor or inconsistent quality and inaccessibility to timely care. The issues are systemic, therefore many believe the only cure is a fundamental transformation of healthcare.¹

Assuming that healthcare systems can achieve comprehensive, “win-win” transformations in the next decade may be unrealistic. In some countries, the challenges are too large and complex to address wholesale; other countries face tremendous resistance to changing social programs. Instead, we expect the following near-term changes which will impact the overall environment in which healthcare providers and other stakeholders operate:

- Piecemeal, incremental approaches to healthcare change, sometimes with poor results and unintended consequences
- A struggle to seek a viable balance in public and private healthcare spending
- An increasing portion of health-related financial responsibility transferred to individual citizens
- The emergence of new and non-traditional local and global competitors and collaborators in care delivery to meet changing stakeholder needs
- A proliferation of health promotion and care delivery models and capabilities.

Refined models, new competencies

Historically, care delivery organizations (CDOs) could declare broad and abstract targets, or even attempt to be “all things to all citizens” and still compete effectively. But in the future, we believe it will be harder to maintain an undifferentiated service delivery model, whether it be a public or private healthcare system model.

The increasing focus on value, the rising need to activate responsible citizens, and the changing requirements of care delivery will force many CDOs to adopt and develop service delivery models with new and sharper strategic focus. Regardless of their chosen service delivery models, CDOs will also require a core set of enhanced and expanded competencies.

Most CDOs already fit into one or more of four generic service delivery models:

- Community health networks, focusing on optimizing access across a defined geography.
- Centers of excellence, focusing on optimizing clinical quality and safety for specific medical conditions.
- Medical concierges, focusing on optimizing the citizen/patient experience and relationship.



- Price leaders, focusing on optimizing productivity and workflow.

Each of these models places different emphasis on the value dimensions of access, clinical quality, service quality and cost. Even though they already exist, each model's traditional focal points may be refined, redirected or expanded to match the demands of a transformed healthcare environment.

As the demands on care providers shift, so will the models for promoting health and delivering care. CDOs and clinicians will need to develop or improve a set of underlying competencies to successfully implement the service delivery models. All providers should develop five strategic competencies:

1. Empower and activate citizens
2. Collaborate and integrate
3. Innovate
4. Optimize operational efficiencies
5. Enable through IT.

Service delivery models each require differing degrees of emphasis on these five competencies (see Figure 1).

In summary, we recommend that CDOs take the following steps:

- Fully recognize the need for and help shape a more patient-centric, value-based, accountable, affordable and sustainable healthcare system
- Identify the service delivery models and competencies necessary to prosper in the new order
- Assess their readiness in the competencies needed to implement the new or redefined service delivery models
- Develop a plan to transition to the new delivery models – or new ways of implementing existing models – and develop the new competencies required to support the roles models.

Status quo is not an option for healthcare systems in many countries. Ultimately, the transformation of healthcare systems will require commitment and follow-through on coordinated, collaborative efforts among key stakeholders, particularly CDOs and clinicians at the epicenter of efforts to create more value-focused healthcare.

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Reference

- ¹ Adams, Jim, Edgar L. Mounib, Aditya Pai, Neil Stuart, Randy Thomas and Paige Tomaszewicz. "Healthcare 2015: Win-win or lose-lose?" IBM Institute for Business Value. October 2006. <http://www.ibm.com/healthcare/hc2015>.

FIGURE 1.
Different service delivery models require different competencies.

Provider competencies	Service delivery models			
	Community health network	Center of excellence	Medical concierge	Price leader
Empower and activate consumers				
Collaborate and integrate				
Innovate				
Optimize operational efficiencies				
Enable through IT				

Differentiator
 More than threshold capabilities required
 Threshold

Source: IBM Global Business Services and IBM Institute for Business Value.