Accountable care: The Israel case study

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The Israel Healthcare System

» 8.5 Million population
» Mandatory free enrollment for all ~8M citizens
» Wide entitlement list of services

“The Israeli Healthcare system, shall be based on the principles of Justice, Equity and Solidarity”

Israel National Health Insurance Law, 1995
Life expectancy

<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Israel</td>
<td>81.8</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>81.0</td>
</tr>
<tr>
<td>United States</td>
<td>78.8</td>
</tr>
</tbody>
</table>

Source: OECD health statistics 2012

Health expenditure per capita as PPP$

<table>
<thead>
<tr>
<th>Country</th>
<th>Health Expenditure per Capita as PPP$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Israel</td>
<td>2276</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>4192</td>
</tr>
<tr>
<td>United States</td>
<td>9892</td>
</tr>
</tbody>
</table>

Source: OECD health statistics 2016
How? - 1. The Israeli Sick-fund System

» 4 national organizations (Sick funds)
  - Payers AND providers
  - Non for profit

» Managed competition: Quality & service only

» Easy movement (online form...)
  - In practice – less than 1% attrition!
  - 90% happy or very happy...


» Life-long membership, stable system

» State funding - by capitation

» Mostly salaried GPs, paid by capitation

» Highly regulated hospital funding
How? - 3. Community care centric system

% of Total Health Expenditure, hospital vs. community care *

* By Ran Balicer, based on Israel Central Bureau of Statistics data

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How? - 4. Integration by design

Clalit Health Services

» Established 1911

» 53% market share - 4.2 million members
  - Over-representing low SES, minorities, elderly

» All services under one ‘roof’
  - >1,500 clinics
  - 30% of Israel hospital beds
  - National leader in tele-care, online services

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How? - 4. Integration by design

» **Integrated GP clinics**
  - **Teamwork:** GPs, nurses, administrators, pharmacists
    Social workers, allied health professionals
  - **Disease Management teams** on district level
  - **Home care teams**
  - **Mental health** now merged with primary care

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**Real-time data sharing system**

*Bridging the Silos*
How? - 5. Data driven care

Smart use of data
= a requisite and driving force for transforming care

Laboratory data
Allied health services data
Disease registries
National Cancer registry
Linked to Ministry of Health

Hospital inpatient, ED and discharge data
Community primary care clinic data
Diagnostic and imaging data
Dental, complementary health services data
Linked to national database

Administrative data (costs)
Pharmacy, medications data
Socio-demographic data

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**Smart use of data**

- Increase effectiveness
- Improve integration
- Reduce errors
- Reduce waste
- Increase access
- Improve equity

**Are we providing futile care?**

[Image of a article discussing a pneumococcal polysaccharide vaccine]
Determining treatment effectiveness

IPD rate (per 100,000) and prevalence (%) of PPSV vaccination in Clalit Members (65+ year old)

Year
2007 2010 2009 2010
IPD Rate (Per 100,000)
Prevalence of PPSV23 vaccination (%)

Predictive proactive care
Preventing Renal Failure

5-year deterioration rates to RRT among CKD stage 3 patients, Clalit

100-fold RRT increased risk!
Preventing Readmissions

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The NEW ENGLAND JOURNAL of MEDICINE

Learning What We Didn’t Know — The SPRINT Data Analysis Challenge

The team that won first place was made up of physicians and data analysts from the Clalit Research Institute in Tel Aviv, Israel. They developed a weighted risk-benefit calculator for examining the glues and minus of intensively treating an individual patient with hypertension.
**Transforming care through data at Clalit**

- **Proactive care**: preventing deterioration
- **Improving test interpretation accuracy**
- **De-vesting futile interventions & policies**
- **Precise Tx**: Tx selection by personal expected impact
- **Safeguards from error & missed care opportunities**
- **Patient self-care decision support**

**Israel’s unique characteristics**

**Digital health nation: Israel’s global big data innovation hub**

**THE LANCET**

Innovation in practice

Getting more out of available tests
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Reproducibility

Noncommunicable diseases

How can innovative data-driven approaches help tackle NCDs?

20.03.2015

The technical meeting on 20 March 2015 in Tel Aviv, Israel, centered around real-life examples in the prevention and control of noncommunicable diseases (NCDs), and addressed how innovative data-driven approaches can assist in tackling them.

Two key types of complexities were discussed:

- The increasing trend of co-existing multiple risk factors for NCDs,
- Prevalence associated with NCDs, which is becoming the norm among middle-aged adults.

CLALIT Research Institute, the newly dropped WHO Collaborating Centre for NCD Research, Prevention and Control in Israel, provided the meeting attendees with data and insight into the prevalence of these two phenomena, as well as hands-on experience in addressing them using data-driven innovative methods.

Experts from the Member States shared their experience and knowledge, and expressed the need for a more systematic approach to address today’s emerging issues.
We have so much more to do, together

“It is not enough to do your best; you must know what to do, and then do your best.

W. Edwards Deming

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Read more @
www.clalitresearch.org