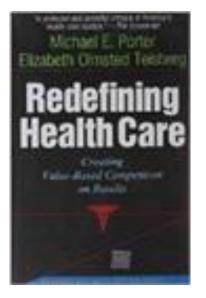


Value-Based Healthcare: a fad or miracle cure for systems globally?

Panel discussion



Lausanne, June 28th 2018



Welcome our speakers

The speakers (alphabetically)

– Antoine Hubert

Delegate of the Board AEVIC VICTORIA SA & Swiss Medical Network

• Hans Middelhoven, PhD

Head of Innovative Pricing, Global Pricing and Market Access Pharmaceuticals Division, F. Hoffmann-La Roche

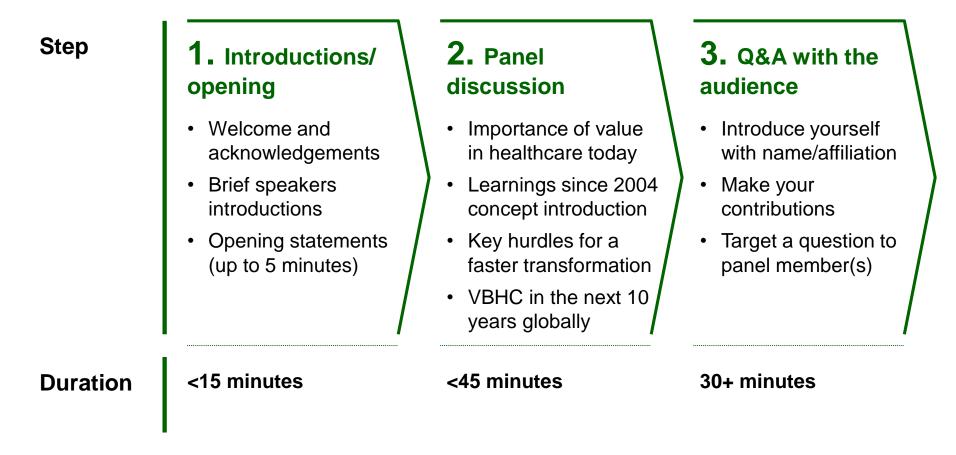
Dr. Laurent Tchang, MBA'14D Managing Consultant, Integrated Health Solution Medtronic EMEA

Aleksandar Ruzicic (moderator) President, Healthcare Club, INSEAD Alumni Association Switzerland Partner, Executive Insight



Three step proven approach tonight: 1. Introductions/opening 2. Panel discussion 3. Interactive Q&A

Approach by step





The panel discussion members combine a variety of perspectives to address today's topics



Antoine Hubert

- Founder/ executive leader of second-largest Swiss private hospital network in 2004
- Multiple Entrepreneur in property
 PhD in Immunology, and real estate industry

Hans Middelhoven, PhD

- •Novel Pharma MA concepts, e.g. Personalized **Reimbursement Models**
- University of Amsterdam



Dr. Laurent Tchang

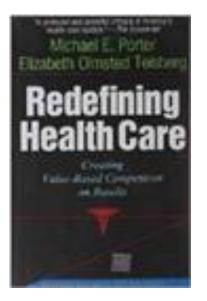
- Hands-on value-based cardiovascular solutions, e.g. data, IT, benchmarks
- Medical Doctor (surgery) and MBA INSEAD

Variety of perspectives...

- ...across many sectors covering healthcare providers, pharma and medtech
- ...as entrepreneur, executive, managers/leaders and consultants
- ...on medicine, healthcare systems and life sciences/ innovation



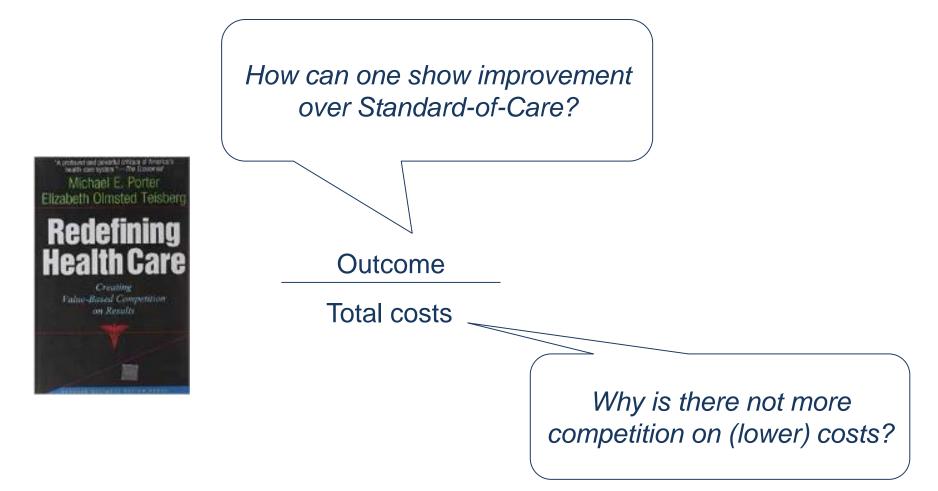
Today, we will discuss four key questions with the panel members



- ? How important is value (outcomes/ total costs) in healthcare currently?
- ? What have we learned since the healthcare value concept introduction in 2004?
- ? Which key hurdles prevent a faster transformation of healthcare systems?
- ? How will value-based healthcare spread further in the next 10 years?



How important is value (outcomes/ total costs) in healthcare currently?



Source: Porter/ Teisberg "Value-based competition in healthcare", "Redefining Health Care"

Source: Fresenius home page and reports

Fresenius Medical Care competes on value in dialysis since 1998

Database 1998

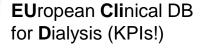
Fully integrated

Disease Management

EuCliD

Fully integrated

Disease Management



Fully integrated Disease Management Processes & IT landscape

- Original database created in 1998
- Benchmarking in Germany since 2002
- Covering all EU dialysis since 2014 (100,000+ patients)

Care Coordination (with revenue target)

- Bundled non-dialysis services since 2013
- Based on internal COM-Ex & OP-EX
- From individual services to holistic and coordinated care

By Renal Research Institute (scientific arm)

Predictive

Analytics

2015

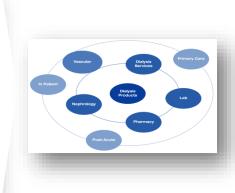
- "Big Data" modeling for renal care since 2015
- Outcomes monitoring and predictions for high risk patients
- Lower costs from major reductions in hospital admissions and stays





uCliD[®]-Qualitäts-Pyramide



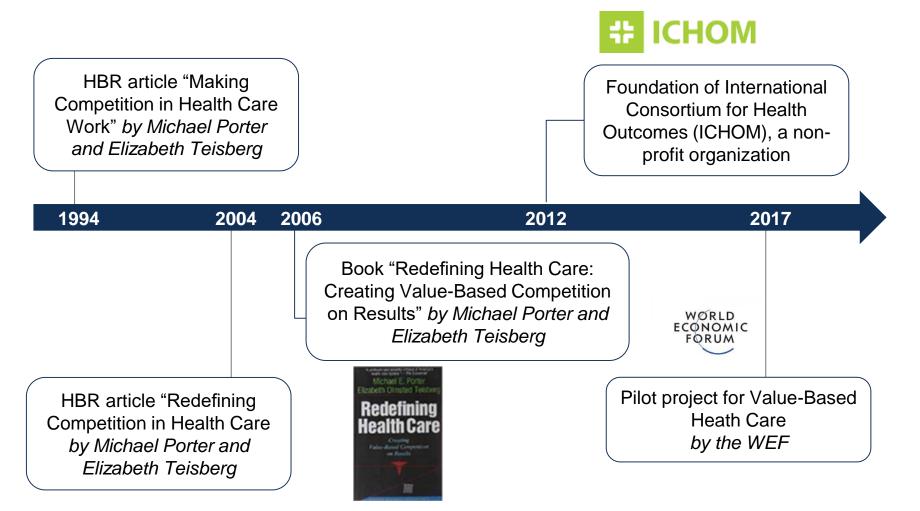


Care Coordination

2013



What have we learned since the healthcare value concept introduction in 2004?





Reproductive Health players offer value for SELF-PAY customers



- Leading medical institute in assisted reproduction founded in 1990 in Valencia
- 70+ clinics in 13 countries across Europe (Spain etc.), Americas and Asia
- Expanding offer: stem cells cord bank, education, trainin(& consulting research



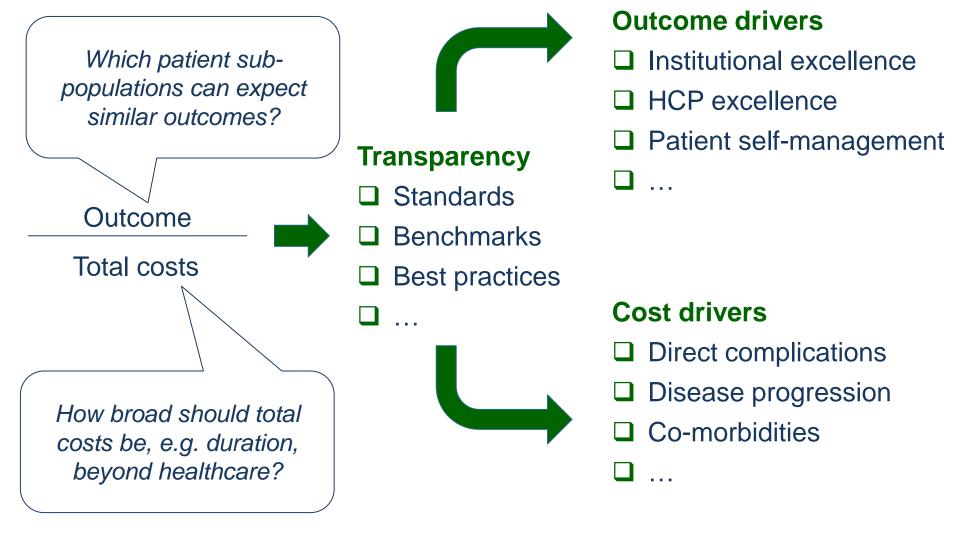
- Network of fertility centers
 with centrally offered clinical/ business services
- 39 centers at 153 locations across 32 US states (8% of cycles)
- Integrated practice management systems, also improving outcomes



- Combined fertility drugs and more recently technologies company
- Created division fertility technologies in 2016 focusing on centers
- Strong focus on patients due to partial self-pay, also for drugs, e.g. pens



Which key hurdles prevent a faster transformation of healthcare systems?





How will value-based healthcare spread further in next 10 years?

Value-based competition in healthcare principles

- 1. The goal should be increasing value for patients, not just lowering costs
- 2. Competition must be based on results
- 3. Competition should center on medical conditions over the full cycle of care
- 4. High quality care can dramatically improve efficiency
- 5. Value must be driven by experience, scale and learning at the medical condition level
- 6. Competition to improve value should be regional, national and international, not just local
- 7. Results information must be widely available
- 8. Innovations that increase value must be strongly rewarded

Leapfrogging in low-/middle income countries

- Value as combination of outcome and affordability
- Outcomes transparency key
- Fixed-fees demanded by outof-pocket patients' financing
- Limited capacity for any complications, e.g. ICUs
- Increasing specialization, particularly by private providers
- Accelerating supranational competition, e.g. teleradiology
- Continuous learning/ insights
- Frugal business models expanding over time



Now, it is your turn to get involved and ask questions!



Antoine Hubert



Hans Middelhoven, PhD



Dr. Laurent Tchang



Please

- Introduce yourself with name/affiliation
- Make your contributions
- Target a question to panel member(s)





Please contact me for an in-depth discussion on Value-Based Healthcare or the INSEAD Healthcare Club in Switzerland in general

The Business School for the World[®]



Aleksandar Ruzicic President, Healthcare Club INSEAD Alumni Association Switzerland

Partner, Executive Insight Mobile: +41 76 320 61 49 <u>a.ruzicic@executiveinsight.ch</u>