

Implementing cardiovascular care pathways and business models based on value in the Brazilian private sector

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NEJM Catalyst

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Problem



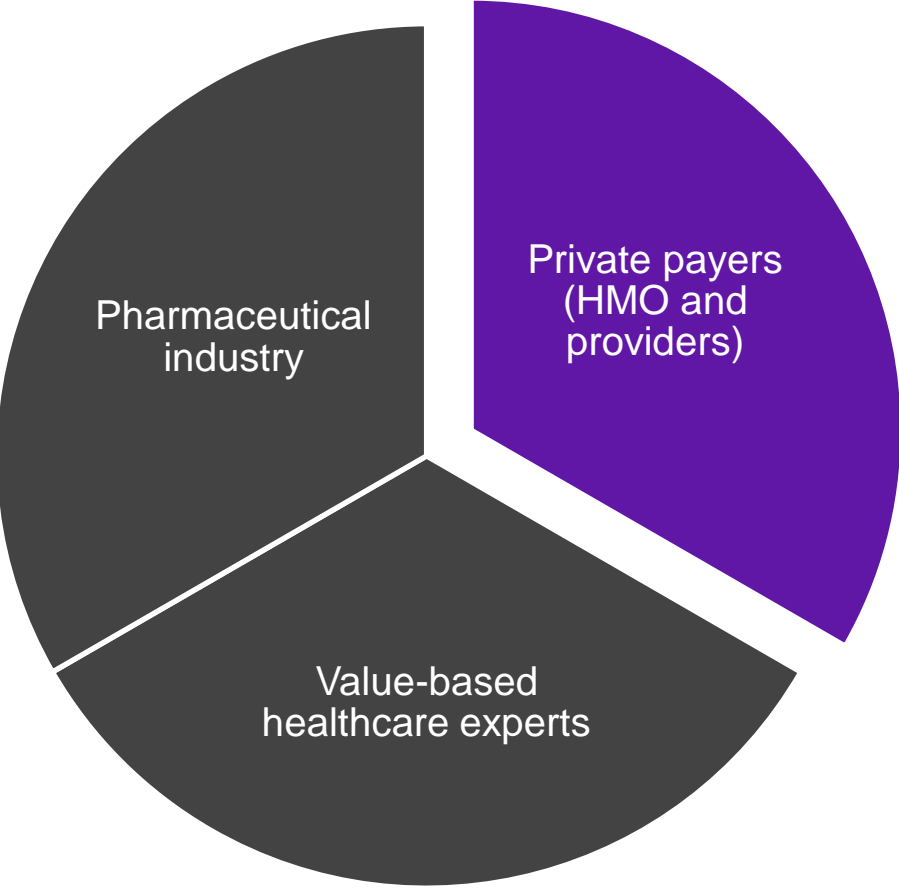
Cardiovascular diseases are responsible for high mortality rates worldwide, and there is evidence demonstrating that improving populational behavior to establish more preventive care results in better outcomes and a lower burden on the healthcare systems.

- 75% of Brazilian population relies on the public healthcare system (~40% of the expenses)
- 23 % have access to the private sector (~60 % of the expenses)
- The healthcare system is mostly structured based on fee-for-service payment, which does not account for integrated care units across the country.

Objective

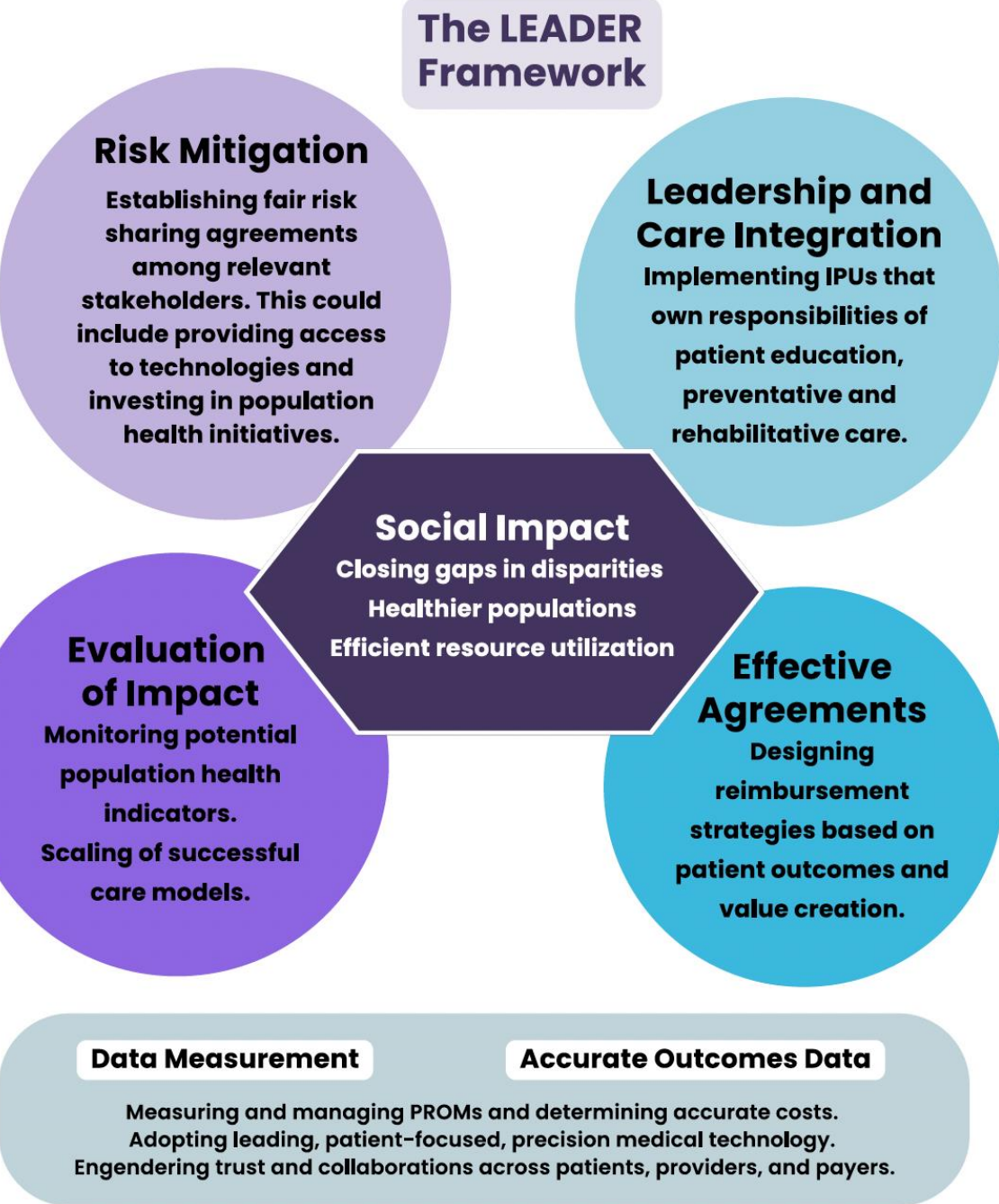
This project aimed to establish an integrated care pathway for preventive cardiovascular care for high-risk patients, bringing together patients, providers, payers, and the pharmaceutical industry in the Brazilian private healthcare sector.

Methods




Eligible patients for the cardiovascular prevention program (CVPRO) are those who suffered in the last 12 months:

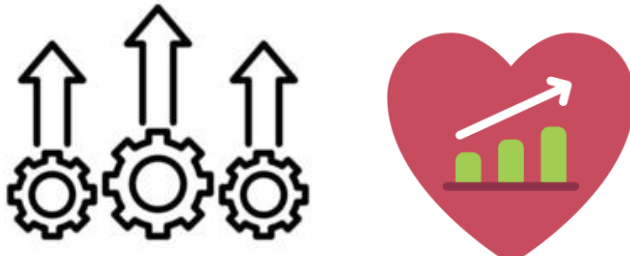
- # Acute coronary syndrome (ACS);
- # Ischemic stroke
- # Any vascular revascularization procedure



The co-creation process to structure the CVPRO followed the LEADER Framework (1):



Cost estimates by measuring health care related expenses within the first year following a CV event in the private sector is a novelty for Brazil and signifies a real advancement in Brazil's national literature. These data are being used as the main input to calculate the potential economic impact of the project implementation for payers and to parametrize the conceptual outcomes-adjusted reimbursement strategies for each organization.

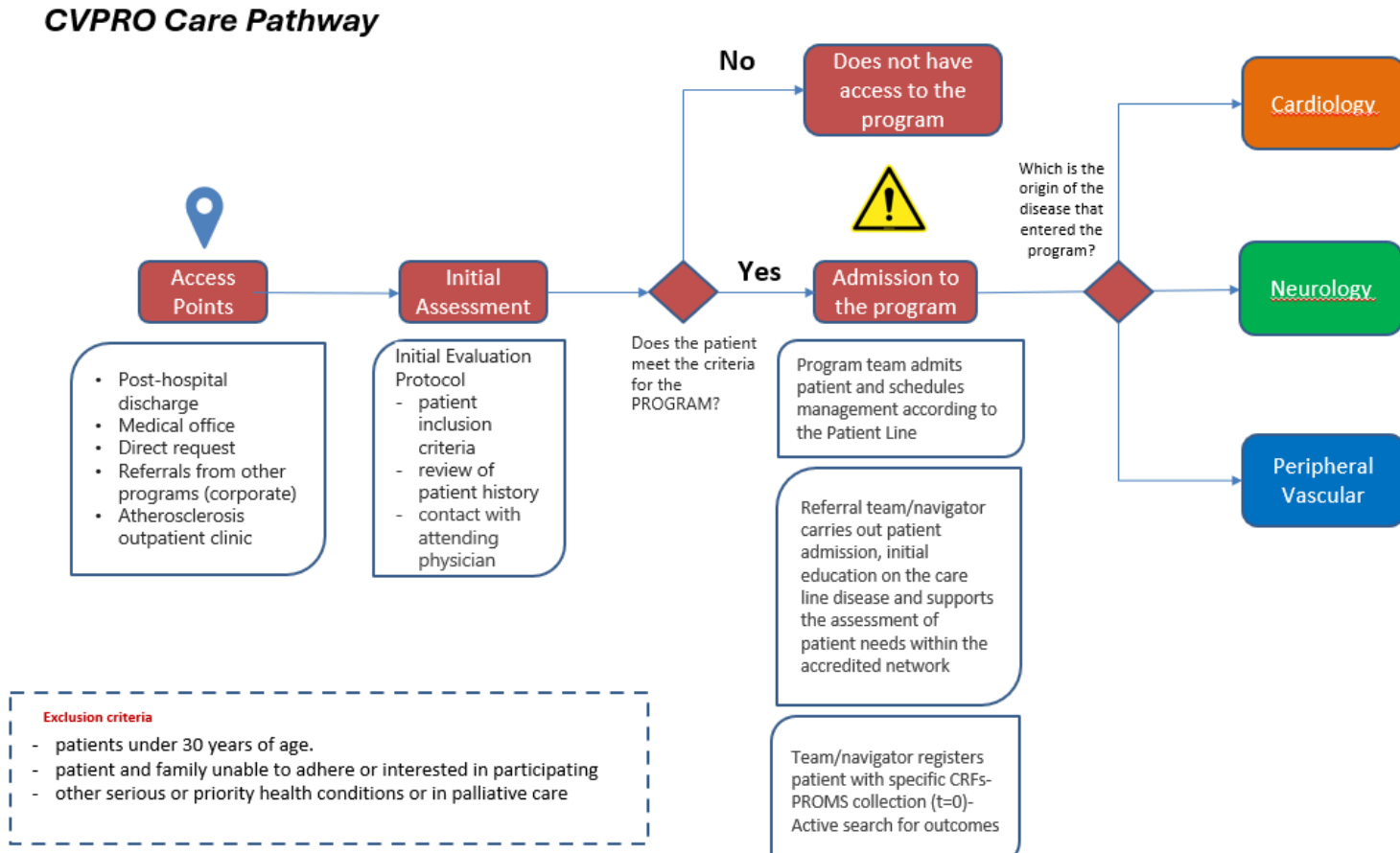


The project is in the implementation phase, at different levels for providers and payers. Here we present the consolidated clinical and financial impact for one of the payers involved.

Results

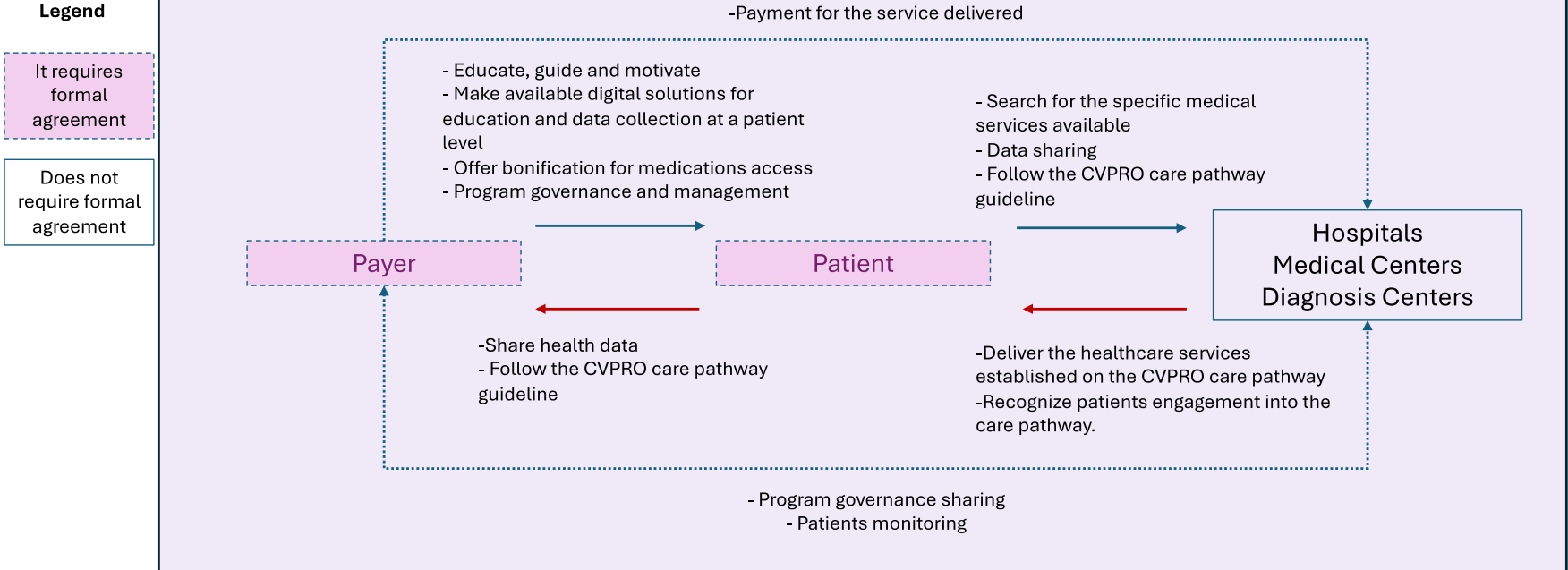
The Integrated Practical Unit (IPU) services

The care pathways for diabetes, hypertension, dyslipidemia, obesity, and smoking are being aligned in each organization during the co-creation processes. The cardiovascular prevention program (CVPRO) consolidates a standardized and multidisciplinary routine of care, including exams, visits, and, in some cases, access to specific drug therapies.

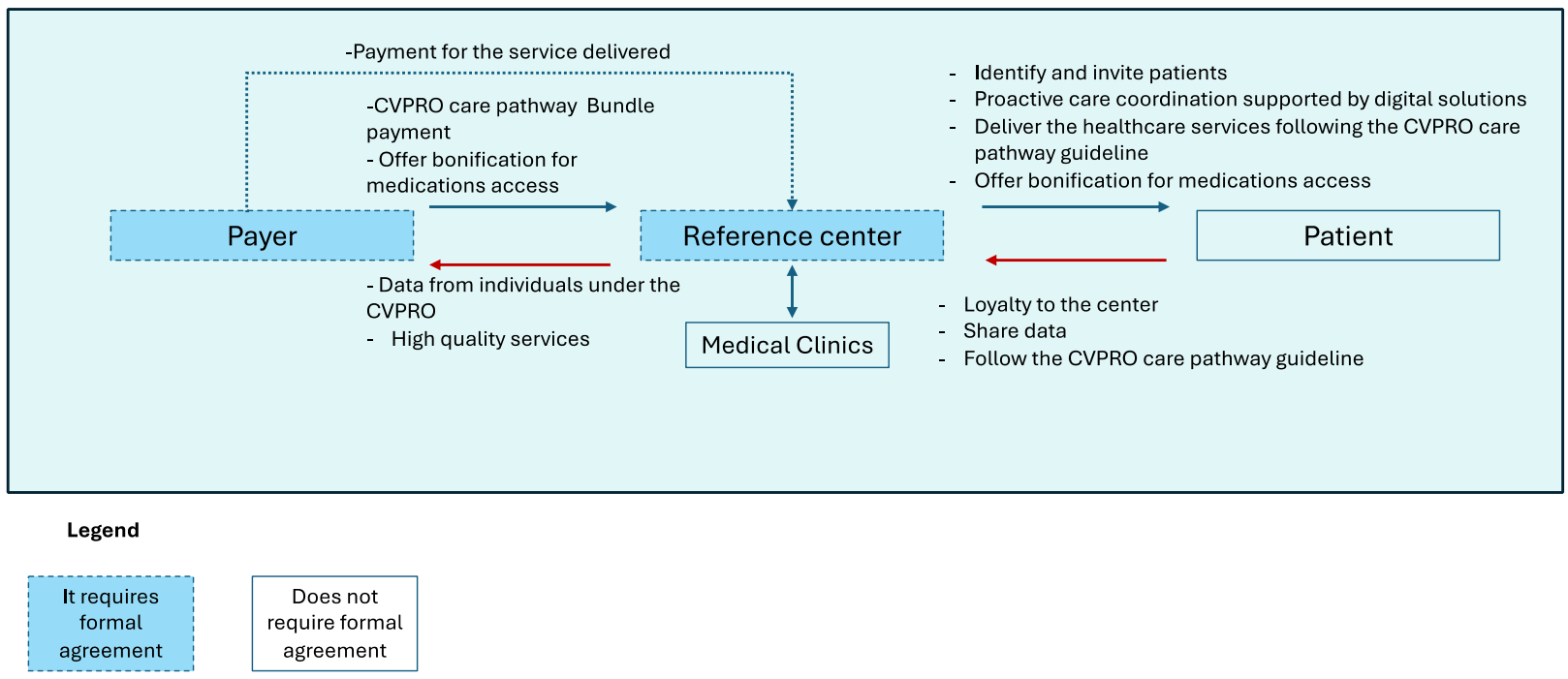


The Business Model:

Among the different strategies identified across payers and providers, two business models are being defined (i) a business to customer (B2C), in which the payer is developing the program in a more direct approach with patients, and (ii) a business to business (B2B) in which payers and providers are working in collaboration to offer the program to patients.



CVPRO governance model: payer-patient (B2B)



The Financial Impact

Using data from only the Payer with 20,000 people: it was possible to identify an incidence of 483 ACS and 886 stroke for 100,000 people, at a mean cost of R\$29,800 (US\$ 6,000) per ACS and R\$ 49,460 (US\$ 9,892) per stroke hospitalizations, representing a total burden of almost R\$28 million (US\$ 5,6 million) including the first year for the people enrolled in this account.

By comparing patients who suffered an ACS with those who didn't have, both insured by the same Payer: the incremental cost per year was R\$ 32,551 per patient (US\$ 6,510), or R\$ 9,4 million (US\$ 1,9 million) to the payer annual budget.

With the implementation of the CVPRO prevention program, if the incidence of future cardiovascular events decreases by 10-25% (2) within the first year, specifically among ACS patients under this payer, it could lead to potential savings of R\$ 1.2 to 3.2 million, respectively, considering this reduction in the use of financial resources.

Conclusions

The preliminary cost estimate suggests that CVPRO can potentially result in a sustainable business model and should be monitored aiming to measure its impact on improving cardiovascular outcomes. This coalition integrating several stakeholders is a landmark in the private healthcare sector in Brazil disseminating value-based healthcare programs.

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