

VALUE-BASED HEALTHCARE TOOLKIT

January 2020

About this document

The purpose of this toolkit is to provide information and guidance to those who are interested in learning about value-based healthcare (VBHC); those who are thinking about implementing it; and those who are ready to assess and improve their current VBHC initiatives.

› cfhi-fcass.ca/VBHC

Canadian Foundation for **Healthcare Improvement**

Fondation canadienne pour **l'amélioration des services de santé**



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use these tabs to navigate to a section of the toolkit →



Usage instructions

This page highlights the navigation features of the interactive toolkit including the home button, section tabs, previous/next page, and on/off toggle for using the toolkit with dynamic navigation features or in a printer-friendly format.

NAVIGATION

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ABOUT VBHC

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Purpose

This toolkit includes an explanation of value-based healthcare (VBHC), assessment tools, and links to additional resources.

All of the tools can be used to assess whether you are ready to implement VBHC. They can also be used along the implementation pathway.

The tools are designed to facilitate critical conversations as leaders think through and implement VBHC.

Each of the tools, and the criteria embedded within them, were developed with health system leaders from across Canada.

To determine which section or tool is right for your team, please answer the following statements:

- ▶ I have limited knowledge about value-based initiatives and am looking to find out more about how they could help my team.

See [About VBHC](#) and [Additional resources](#)

- ▶ My team has started to talk about bringing value into our practice but we have yet to determine an initiative.

See [25/10 Crowd-sourcing and prioritizing initiatives](#) and the [Checkup tool](#)

- ▶ My team has a value-based initiative that we are looking to implement.

We have more than one hour to review: see the [Assessment guide](#)

We have less than one hour to review: see the [Checkup tool](#)

- ▶ My team has started to implement a value-based initiative and we want to assess whether we are on the right track.

We have more than one hour to review, see the [Assessment guide](#)

We have less than one hour to review, see the [Checkup tool](#)

About Value-Based Healthcare



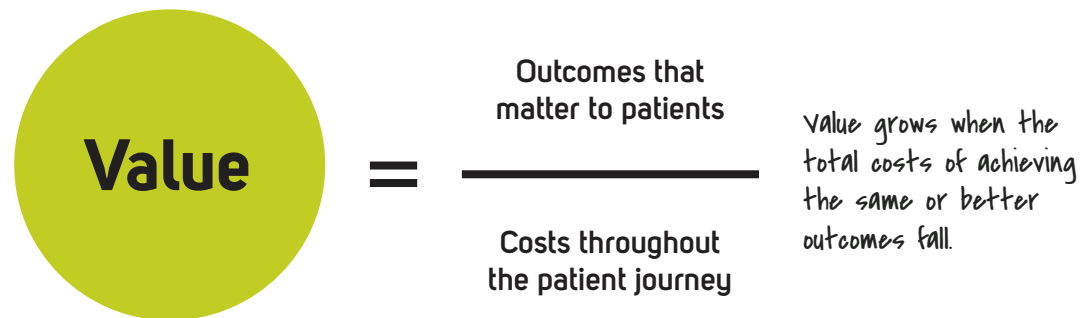
In this section

- ▶ What is value-based healthcare
- ▶ What value-based healthcare is not

What is value-based healthcare

Value-based healthcare (VBHC) is becoming a leading approach to improving patient and health system outcomes around the world. It is one way of organizing healthcare to transform health outcomes.

Value-based healthcare is about linking how much money is spent on healthcare programs or services over a patient's journey to the outcomes that matter most to patients – rather than focusing primarily on the amount of services, or on specific processes or products.



VBHC recognizes that what works best for whom in different contexts will vary, and our knowledge will evolve over time. As a result, VBHC aims to avoid over-specifying how these outcomes will be achieved.

VBHC interventions exist in many forms from a percentage of funding linked to outcomes to full risk-based contracts, as illustrated by the case profiles included here.

QUICK LINKS

[VBHC 1-pager](#)

[Executive brief](#)

Video primers

- ▶ [What is VBHC?](#)
- ▶ [Cardiac device procurement example](#)
- ▶ [Integrated primary healthcare example](#)
- ▶ [Innovation pathway in Quebec](#)

Case profiles of VBHC in Canada

- ▶ [Social Impact Bonds](#)
- ▶ [Outcome-Linked Funding](#)
- ▶ [Accountable Care](#)
- ▶ [Bundled Funding](#)
- ▶ [Outcome-Linked Procurement](#)
- ▶ [Open Innovations Challenge](#)

What value-based healthcare is not

VBHC focuses on the whole, not the parts.

It does not aim to optimize individual components of an episode of care in isolation. Rather, it seeks to understand and promote improvement in outcomes and costs that span an episode of care or population group, not just those delivered by a specific healthcare provider or at a particular time. Targeted improvements must contribute to the overall goal that cuts across organizational and/or budgetary boundaries.

The focus of VBHC is not cost-containment, or to reward cost reductions in isolation.

Both overuse and underuse of healthcare can affect value. The aim is to encourage services that deliver high value, and to scale back or drop those that do not. It is also to re-balance the mix of services to improve outcomes at the same or lower cost.

In some cases, increased value may come from options outside the health sector that improve health outcomes, not just services offered by traditional health care providers. How we learn, live, work, and play can all affect our health. A broader focus that includes interventions addressing social determinants of health is sometimes referred to as value-based care.

Evidence-informed practice can facilitate more appropriate care and improved outcomes, but it is not the ultimate goal of VBHC.

Providers can use evidence regarding the effectiveness of interventions in order to design and continuously adapt models of care to optimize value. However, VBHC is not the same as pay-for-performance models that reward delivery of specific care processes, e.g. prescribing of medications recommended in clinical guidelines, approaches that have had mixed results.

Tools



In this section

► Overview

► Tools:

1. 25/10 Crowd-sourcing and prioritizing initiatives
 - Biggest opportunity to improve value in your organization and first step
 - Impact and feasibility ratings
2. Checkup tool
 - Minimum criteria placemat
 - Definitions
3. Assessment guide for organizational readiness
4. Personas activity to assess strengths and risks from stakeholders' perspectives

Overview

All tools in this toolkit can be used to assess readiness and can also be used along the implementation pathway.

None of the tools are designed to give leaders the 'right answer' but are instead meant to facilitate critical conversations either before changes occur, or during the implementation process to make sure a VBHC initiative is moving in the right direction.

Each of the tools, and the criteria embedded within them, were developed with health system leaders from across Canada.

To determine which section or tool is right for your team, please answer the following statements:

- ▶ I have limited knowledge about value-based initiatives and am looking to find out more about how they could help my team.

See [About VBHC](#) and [Additional resources](#)

- ▶ My team has started to talk about bringing value into our practice but we have yet to determine an initiative.

See [25/10 Crowd-sourcing and prioritizing initiatives](#) and the [Checkup tool](#)

- ▶ My team has a value-based initiative that we are looking to implement.

If yes, and if you have more than one hour to review, see the [Assessment guide](#)

If yes, and if you have less than one hour to review, see the [Checkup tool](#)

- ▶ My team has started to implement a value-based initiative and we want to assess whether we are on the right track.

If yes, and if you have more than one hour to review, see the [Assessment guide](#)

If yes, and if you have less than one hour to review, see the [Checkup tool](#)

25/10 Crowd-sourcing and Prioritizing Initiatives

🕒 **TIME REQUIRED: LESS THAN ONE HOUR**

👤 **FIVE OR MORE PARTICIPANTS OR GROUPS OF PARTICIPANTS RECOMMENDED**

This is adapted from the [liberating structures tools](#). It is designed to help a team begin the conversation about opportunities for value-based healthcare in their organization.

How to lead the activity:

- ▶ Hand out the [opportunity worksheet](#).
- ▶ Explain that there are two sides to the document: the first side asks participants to identify what they think the biggest opportunity for improving value might be, and what the first step might be; and the reverse side is the scoring matrix.
- ▶ Be prepared with an example of an opportunity for improving value to get people thinking.
- ▶ Ask participants or groups to fill in page one of the worksheet, giving them 5-10 minutes to complete. Then ask people to review the scoring matrix on the back of the sheet.
- ▶ Explain to participants that they will now be passing their ideas around the room to other participants or groups to be scored, on both the impact and the feasibility of the idea.
- ▶ The worksheets need to be passed around to different participants or groups at least five times so that each of the scoring boxes are filled in (Note: you may reduce or increase passes, adjusting scoring accordingly). Use music or bells, for example, to indicate each time the worksheets should be passed around, giving at least one minute for participants or groups to enter their ratings.
- ▶ After the fifth pass and scoring is complete, participants or groups will have a completed worksheet with all scoring boxes filled in. Next, ask them to total both for impact and feasibility scores out of 25.
- ▶ **Assess for impact:** Identify those opportunities/programs that have the highest **total impact** score starting with 25 (highest) and going down. You may ask participants or groups to assemble in descending order according to impact scores, or call out scores and ask if any idea received that particular score. Aim to identify up to the top 10 (or fewer).
- ▶ **Filter based on feasibility:** Now review the **total feasibility** scores of the top rated opportunities/programs as some high impact ideas may not in fact be feasible for a number of reasons, or lower impact ideas may be quick wins because of high feasibility.
- ▶ Discuss the top-rated ideas in light of both total scores.
- ▶ Once some potential initiatives have been identified, the next step is to assess readiness. If you have less than an hour, consider using the [Checkup tool](#). If you have more than an hour, please proceed to the [Assessment guide](#).

Biggest opportunity to improve value in your organization and first step

What do you believe is the biggest opportunity to improve value in your organization?

What is the first step that would take you in that direction?

Impact and Feasibility Ratings

On a scale of 1-5 (1 being less favourable and 5 being more favourable), rate the impact and feasibility of the described opportunity/program.

Impact Scores

Indicate a score out of 5 in one of the boxes below.

+ + + + =

Total Impact

Add up each of the impact scores.

/ 25

Feasibility Scores

Indicate a score out of 5 in one of the boxes below.

+ + + + =

Total Feasibility

Add up each of the feasibility scores.

/ 25

Checkup tool for VBHC initiatives

🕒 TIME REQUIRED: LESS THAN ONE HOUR

The purpose of this tool is to foster a quick discussion of strengths and weaknesses in assessing and implementing value-based initiatives.

This tool is often used in conjunction with the [Crowd-sourcing and prioritizing initiatives tool](#). Once participants have identified their top ideas, this tool allows them to review the criteria for value-based healthcare and what they think might be the organization's top strengths, as well as its top hurdles.

This tool can also be used at various stages along the implementation journey. Teams can use the [minimum criteria placemat](#) to re-assess where they are and discuss whether there have been any changes in the strengths and opportunities for their work.

The tool is designed to be used when a facilitator has less than 60 minutes to discuss strengths and weaknesses. For a facilitator with more than 60 minutes, the full [Assessment guide](#) is recommended.

Instructions

Use the [minimum criteria placemat](#) with definitions to discuss and assess the strengths and opportunities of potential initiatives or an initiative that is already underway. Consider the initiative(s) in light of each criteria – in which areas is it strong, sufficient but has room to improve, or must improve in order to move forward successfully? The placemat can be printed and provided to participants.

Minimum Criteria Placemat

Twelve minimum criteria help determine promising value-based initiatives. The four criteria along the top row consistently rank as highest priority by health leaders.

Click on the boxes below for a description



HIGHEST PRIORITY

Meaningful Metrics	Outcomes and Cost Data	Clear Scope	Material Impact
Capacity/Skills	Dedicated Resources	Clinical Leadership	Permeability between Silos
Supportive Policy and Structures	Aligned Payment Models	Proven Solutions	Time to achieve value

ABOUT VBHC

TOOLS

ADDITIONAL RESOURCES

Definitions

Meaningful Metrics: Clearly defined metrics that reflect outcomes that are important to patients/families and show the value of a change or improvement, both in terms of its costs and its outcomes. It's ideal to use previously validated metrics when possible. (The metrics don't have to be perfect but must be capable of showing change or improvement.)

Outcomes and Cost Data: Data that show the impact of the change or improvement on patient outcomes, and the costs related to various services or deliverables across the patient journey. Where possible it is best to leverage existing data and financial systems to align with broader quality improvement initiatives and to reduce survey burden on patients.

Clear Scope: An understanding of the target population as well as the care pathway. This includes defining the members of the population who will move in and out of the target group over time – which will be important in order to understand the impact of changes on outcomes and value.

Material Impact: The level of effort required to make the change or improvement needs to correspond with the extent of value that is likely to result – making the effort worth it in the end. Also, the people undertaking the change or improvement will want to see the benefits of the increased value.

Capacity/Skills: VBHC requires leadership, change capacity, and skills beyond traditional performance measurement and reporting, with expertise in many of the categories outlined here. While some of these skills may be developed over time and through the implementation of value-based work, it is important to consider whether those involved are ready and have the capacity to proceed.

Dedicated Resources: Resources needed to make sure the healthcare change or improvement provides value. Consider whether there is appropriate funding for the initiative and dedicated staff time and leadership resources.

Clinical Leadership: It is critical that clinical leaders are engaged and effective along the care pathway.

Permeability between Silos: Health sectors or organizations involved share responsibility for costs and outcomes. Consider whether there are care pathways, if systems are integrated or if they can be integrated to allow this to happen, e.g. if appropriate information and resource sharing mechanisms are in place.

Supportive Policy and Structures: Governance, accountability structures and policy/regulations need to support implementation.

Aligned Payment Models: It is important that payment models allow the flexibility to pursue value, and that they enable higher value behaviours and decisions.

Proven Solutions: Solutions that have been tried and tested and have worked effectively in a similar context. Consider whether there are solutions that have already been developed which are proven to be more effective than the status quo. Note, open-innovation models may specify a problem to draw out possible solutions.

Time to achieve value: Achieving value takes effort and time. Are the time horizons aligned with funding and planning cycles? Do the stakeholders have realistic expectations of the time required? Different initiatives will require different amounts of time. For example, a procurement initiative may take less time, and a social impact bond may take more time.

Assessment Guide

🕒 TIME REQUIRED: ONE HOUR OR MORE

The purpose of this tool is to assess an organization's readiness to undertake a value-based healthcare initiative or assess the risk and opportunities of an initiative that is already underway.

The tool can help leadership understand areas of strength and also areas where further work is necessary before implementation. Using it can prevent wasting energy from trying to implement an initiative that does not have sufficient support and/or enabling structures to be successful. The discussion tool is to support informed decision making and to help set realistic expectations.

Using this tool can help you, your team, or your organization have a fulsome discussion to determine:

- ▶ Areas of strength;
- ▶ Areas that require further planning and development;
- ▶ Next steps to consider.

The tool can be used before an initiative is implemented but it can also be used at various points throughout the implementation process. Detailed instructions about how to complete the guide are provided at the beginning of the guide.

WHO TO INVOLVE IN THE ASSESSMENT PROCESS

Facilitator: The program lead or another person, not directly responsible for the program, who is knowledgeable about change management/implementation science.

Participants: Program champion(s), leadership sponsors(s), patient/family representatives, implementation lead(s), direct care staff, decision support/data analysis, and finance representatives.

VBHC ASSESSMENT GUIDE

JANUARY 2020



Canadian Foundation for **Healthcare Improvement**

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Why use this assessment tool?

The purpose of this tool is to assess an organizations readiness to undertake a value-based healthcare initiative.

The tool can help leadership understand areas of strength and also areas where further work is necessary before implementation. Using it can prevent wasting energy from trying to implement an initiative that does not have sufficient support and/or enabling structures to be successful. It is meant as a discussion tool to support informed decision making and to help set realistic expectations.

Using this tool can help you, your team, or your organization determine:

- ▶ Areas of strength;
- ▶ Areas that require further planning and development;
- ▶ Next steps to consider



Remember: Since this is an assessment, there are no right or wrong answers!

Suggestions for using this tool

Self-assessment will work best if:

- ▶ Perspectives from different decision-makers and interested people in your organization are reflected in the answers. The answers can be completed separately in advance or done together as a group with discussions as you go;
- ▶ The answers are collated and used for the second half of the tool with summary results and discussion; and
- ▶ You consider the suggestions in determining the next steps in your value-based project

WHO TO INVOLVE IN THE ASSESSMENT PROCESS

Facilitator: The program lead or another person, not directly responsible for the program, who is knowledgeable about change management/ implementation science.

Participants: Program champion(s), leadership sponsors(s), patient/ family representatives, implementation lead(s), direct care staff, decision support/data analysis, and finance representatives.

Instructions

1. Scan through the **12 main criteria** to get an overview of the main areas for assessment. Refer to criteria definitions on page [A-06](#)

PART 1

A-04

Meaningful Metrics
Outcomes and cost data
Clear Scope
Material Impact

PART 2

A-05

Capacity/Skill for VBHC
Dedicated Resources
Clinical Leadership along the care pathway
Permeability Between Silos
Supportive Policy and Structures
Aligned Payment Models
Proven Solutions
Time to Achieve Value

2. For each section:

Facilitator:

- ▶ Lead a brief discussion to produce a “sense of the group” for each of the sections.
- ▶ Circle the consensus statement on a master copy of the assessment tool. If some participants dissent from the consensus, note the range of outliers.
- ▶ Use the leading questions to discuss identified strength(s) and weakness(es) and areas for action.

Participants:

- ▶ Please circle the appropriate statement you feel captures your organization’s level of readiness.
- ▶ Identify what you see as the top strength(s) for each section as well as the weakest element(s).

PART 1

Name: _____

CRITERIA ▾	RATING ▶	LOW	MEDIUM	HIGH
Meaningful Metrics	<input type="checkbox"/>	Development needed	Proposed metrics	Established and tested metrics
Outcomes and cost data	<input type="checkbox"/>	No relevant data exist	Partial data exist, e.g. baseline or cost data only	On-going tracking of 'fit-for-purpose' cost and outcomes data
Clear Scope	<input type="checkbox"/>	Lack of clear scope definition	Some aspects of scope defined; others unknown	Well-defined scope
Material Impact	<input type="checkbox"/>	Unknown or limited impact	Modest likely impact	High probability of large impact

TOP STRENGTHS

WEAKEST ELEMENTS

SUMMARY

LESSONS LEARNED/NEXT STEPS
How can you use these strengths to promote implementation of the VBHC initiative?

SUMMARY

LESSONS LEARNED/NEXT STEPS
What can you do to address these gaps?

Refer to criteria definitions on page A-06

PART 2

Name: _____

CRITERIA ▾	RATING ▶	LOW	MEDIUM	HIGH
Capacity/Skill for VBHC	<input type="checkbox"/>	Limited or no capacity/experience	Plan to secure capacity/skills	Required capacity and skills in place
Dedicated Resources	<input type="checkbox"/>	Sufficient resources not confirmed	Short-term resources in place	Sustainable resources identified
Clinical Leadership	<input type="checkbox"/>	Not identified	Champions identified	Active clinical leadership in place
Permeability Between Silos	<input type="checkbox"/>	Existing silos create barriers	Plan for addressing silos	Health system well-aligned for VBHC scope
Supportive Policy and Structures	<input type="checkbox"/>	Barriers outside team's authority to influence	Workarounds possible	Well-aligned policy and structures
Aligned Payment Models	<input type="checkbox"/>	Existing models create barriers	Workable or one-time payment models	Well-aligned models
Proven Solutions	<input type="checkbox"/>	Mechanisms to grow value unclear	Proven solutions in different settings/context	Solutions proven in similar contexts
Time to Achieve Value	<input type="checkbox"/>	Extended or unknown period	Value gains will only come in longer-term	Value can be achieved soon and sustained

TOP STRENGTHS

WEAKEST ELEMENTS

SUMMARY

LESSONS LEARNED/NEXT STEPS
How can you use these strengths to promote implementation of the VBHC initiative?

SUMMARY

LESSONS LEARNED/NEXT STEPS
What can you do to address these gaps?

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OUR VISION

To be an indispensable partner in shaping better healthcare for everyone in Canada.

OUR MISSION

We work shoulder-to-shoulder with partners to accelerate the identification, spread and scale of proven healthcare innovations.

OUR IMPACT

Lasting improvement in patient experience, health, work life of healthcare providers and value for money.

This guide is available online at cfhi-fcass.ca/vbhc

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Personas Activity

🕒 **TIME REQUIRED: ABOUT 15 MINUTES**

Use this tool to assess strengths and risks from stakeholders' perspectives
Empathy Mapping: Five Different Perspectives



ANIA

Health region CEO or senior leader in the Ministry of Health facing tight budgets and growing demand for services



PIERRE

Patient or caregiver who will be directly affected by the initiative that you are proposing



VEENA

Senior leader in the Ministry of Health, with responsibility for funding for a range of health services



JOHN

Clinician whose work will be directly affected by the initiative that you are proposing



ROBIN

Invent your own persona persona – What key stakeholder is not currently at the table?

INSTRUCTIONS

After you have completed the [Checkout tool](#) or [Assessment guide](#), assign each person the perspective of a persona listed here. Re-consider how would you vote now in terms of strengths and risks from a value perspective? What would you see as key enablers/barriers to optimizing value?

Based on what you've heard from all perspectives, identify the top 3 strengths and top 3 risks.

Ask yourself:

- What surprised you?
- Where did views converge?
- Are there any areas where your group disagreed?
- What area(s) do you need to do more work in?

Additional Resources



In this section

- ▶ How the toolkit was developed
- ▶ Executive brief
- ▶ Case profiles of VBHC in Canada
 - Social Impact Bonds
 - Outcome-Linked Funding
 - Accountable Care
 - Bundled Funding
 - Outcome-Linked Procurement
 - Open Innovations Challenge
- ▶ Video primers
 - What is VBHC?
 - Cardiac device procurement example
 - Integrated primary healthcare example
 - Innovation pathway in Quebec
- ▶ External resources

How the toolkit was developed

CFHI's Value-based Healthcare (VBHC) Toolkit was built on global experience and shaped and validated locally.

CFHI's work in VBHC builds upon three recent reports – the [Economic Intelligence Unit, World Economic Forum](#), and [Porter & Teisberg](#). These reports provide examples of initiatives from around the world, and highlight similar enablers to enhancing value: measurement of outcomes and costs; outcomes- and value-based payment; care coordination and integration; as well as enabling contexts that include supportive policies and organizational cultures, for example. The [Assessment guide](#) in this toolkit arose from a process of iterative testing and validation, summarized below.



MARCH 2018

Value-Based Healthcare Summit: Transforming Healthcare by Redefining Value

CFHI co-sponsored a VBHC summit on March 19, 2018 which brought together health system leaders, healthcare providers, patient organizations, governments, industry and other stakeholders interested in developing and implementing VBHC initiatives at all levels of health systems.

bit.ly/36FeJle

This inaugural summit provided an overview of the key concepts and project profiles from Canada and around the world. Summit participants were asked to share their perspectives on the development of a pan-Canadian network to support value-based healthcare initiatives on an ongoing basis.



bit.ly/2PX7sOe

AUGUST 2018

Transforming Health Services: Identifying the Most Promising Opportunities for Value-Based Healthcare Design Day

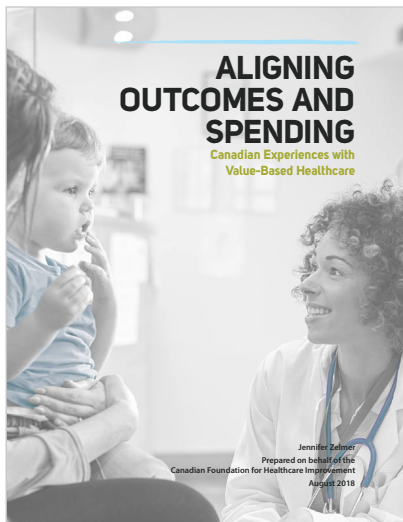
On August 16, 2018, CFHI held a design day to consider the most promising opportunities for VBHC in Canada, building on the work that began at the March 2018 VBHC Summit.

Through a co-design process, the 25 design day participants shared learnings regarding identifying promising opportunities for VBHC in Canada's health sector. Their insights were used to inform the development of the minimum criteria for screening promising VBHC initiatives and assessing those already underway.

The **Checkup tool** was then validated and refined with a variety of audiences, including participants at four pan-Canadian conferences, a two-part webinar series hosted by CFHI, and CFHI's EXTRA Executive Training Program Cohort 14.

Executive Brief

The aim of the Executive brief: Aligning Outcomes and Spending: Canadian Experiences with Value-Based Healthcare is to provide a Canadian perspective on value-based healthcare (VBHC) and how these concepts are being applied across the country. Information on global experiences is also included.



It draws on a review of academic literature, surveys, and case profiles. To inform the brief, profiles of six Canadian initiatives that embody key elements of value-based healthcare were developed, such as tracking and linking outcomes and costs. Selection of the examples was based on the following criteria:

- ▶ Enabling new models of care;
- ▶ Geography;
- ▶ Maturity; and
- ▶ Availability of Information.

bit.ly/2KehA1p

Case profiles of VBHC in Canada

SOCIAL IMPACT BONDS

An investors' return on investment depends on achievement of pre-defined social outcomes.

bit.ly/32mshoN

OUTCOME-LINKED FUNDING

The amount of money that a health service provider receives depends on the extent to which predefined outcomes are achieved.

bit.ly/2PYp9N1

ACCOUNTABLE CARE

Incentive payments reward healthcare providers that deliver higher quality care using a variety of process, patient experience, and/or outcome metrics over time.

bit.ly/2WUAnDH

BUNDLED FUNDING

Payments for specific procedures or integrated funding for groups of patients are designed to cross traditional organizational and/or budget silos.

bit.ly/33sPPJP

OUTCOME-LINKED PROCUREMENT

The amount of money that a supplier receives depends on the extent to which predefined outcomes are achieved.

bit.ly/2Cph1ND

OPEN INNOVATION CHALLENGES

Encourage progress towards defined goals without specifying the best means to achieve them.

bit.ly/2pGtZEF

Video Primers

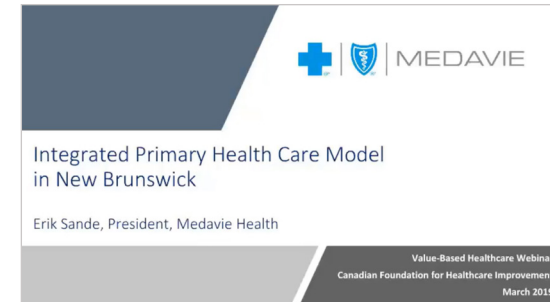
The following short video clips were extracted from a 2-part series of pan-Canadian webinars.



What is Value-based Healthcare?
youtu.be/Gsfd6fZx15E



Cardiac Procurement Example in Ontario
youtu.be/XLJFD3LARsg



Integrated Primary Healthcare Model in New Brunswick
youtu.be/yFHR45vKs5k



Innovation Pathway at the Quebec Ministry of Health and Social Services
youtu.be/8nfEgWvFJh0

External Resources

RESOURCE	URL
Canada Health Infoway (n.d.) . Change Management Toolkit: Leading Change in Health Care (on-going)	bit.ly/2NmbCxo
Canada Health Infoway (n.d.) . Change Management Network (LinkedIn)	bit.ly/2NGNvsO
Canadian Foundation for Healthcare Improvement (2012) . Better Value: An analysis of the impact of current healthcare system funding and financing models and the value of health and healthcare in Canada	bit.ly/2NCgAEQ
Conference Board of Canada (2011) . Innovation Procurement in Health Care: A Compelling Opportunity for Canada (English only)	bit.ly/2rccmw9
Conference Board of Canada (n.d.) . Value-Based Healthcare Canada (English only)	bit.ly/34zo3eR
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OUR IMPACT

Lasting improvement in patient experience, health, work life of healthcare providers and value for money.

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