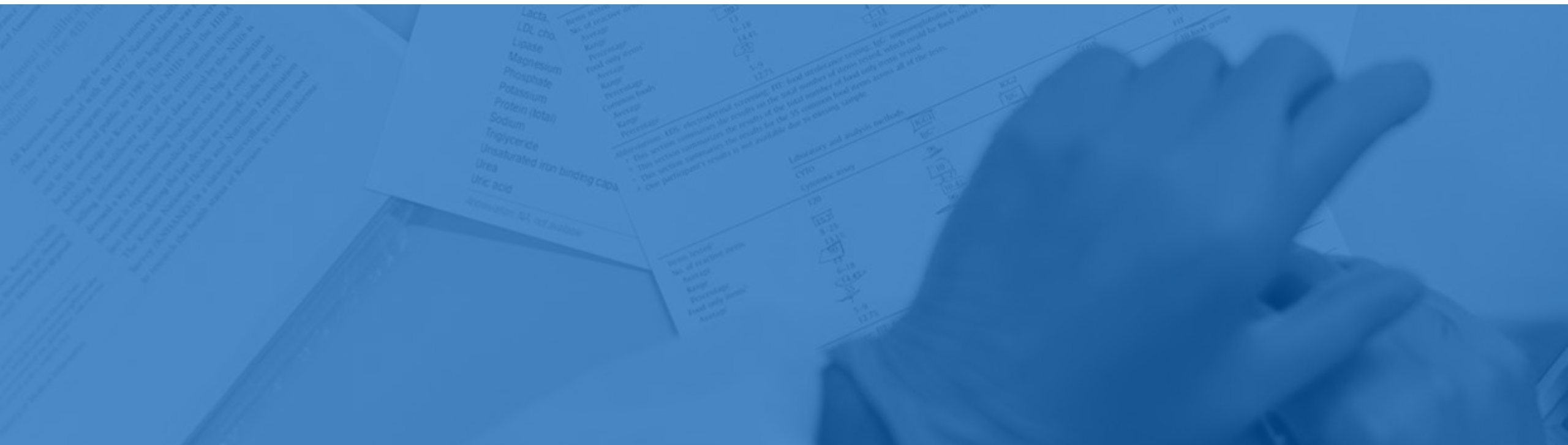


QI Power Hour with
Ani Galstyan

Embedding value in care: A roadmap for data-driven and clinically led transformations





Land Acknowledgement



Let's chat

Please share your questions, comments, and ideas in the chat during today's session.

| Past sessions

Crisis meets connection: How Saskatchewan reinvented mental health supports

Speaker: Michael Seiferling

Building a healthier future: How Saskatchewan is shaping the next generation of health research

Speaker: Megan Vanstone & Emiliana Bomfim

saskhealthquality.ca/training-webinars/qi-power-hour-webinars



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registration details in your inbox



| Introducing



Ani Galstyan

Executive Associate to the
Deputy President and CEO

CIUSSS West-Central Montreal



Caroline Beck

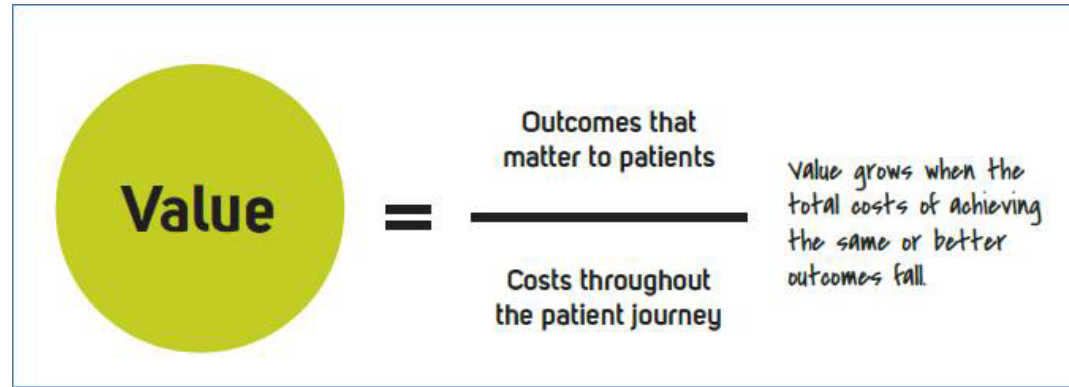
Project Director

Saskatchewan Ministry of
Health

Grounding Our “Why”: The Four Betters



What is Value in Health Care?



Understanding value requires the measurement of outcomes that are important to patients and the cost of the full cycle of care for those outcomes

Harm, adverse events, and other issues decrease value and reduce access to care

A collaborative undertaking



Key partners:

- Saskatchewan Health Authority (SHA)
- eHealth Saskatchewan
- Saskatchewan Cancer Agency (SCA)
- Health Quality Council (HQC)
- Saskatchewan Ministry of Health
- PowerHealth Solutions
- Canadian Institute of Health Information (CIHI)
- Countless subject matter experts across the system!

Learning from our Peers: VBHC from Concept to Practice

- The IVHC Project will help provide the foundation and tools to understand and assess value in health care. However, real impact comes from how these tools will be used in practice.
- We have much to learn from peers who have translated data into meaningful improvement!





vos soins partout
care everywhere

Embedding Value in Care: A Roadmap for Data-Driven and Clinically-Led Transformation

Ani Galstyan, PhD

Executive Associate to Deputy President and CEO

CIUSSS West-Central Montreal

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal
Québec



Hôpital général juif
Jewish General Hospital



HÔPITAL D'ENSEIGNEMENT
DE L'UNIVERSITÉ MCGILL | A MCGILL UNIVERSITY
TEACHING HOSPITAL

Introduction of organization

Integrated Health and Social Services University Network (CIUSSS) for West-Central Montreal

35 health care centers providing a variety of services across the continuum of care.

Staff over **13,000** people

700 physicians

1 University teaching hospital

6 CHSLD sites

6 CLSC

3 Rehab hospitals

567 Beds

23 000 patients per year

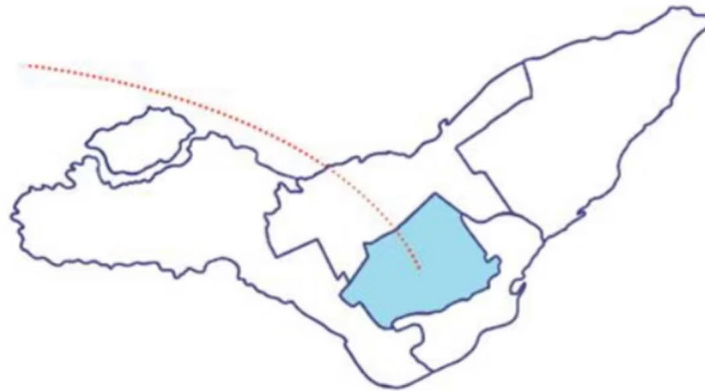
95 000 visits to the ER

300 000+ external consultations

Population of **345 275**

18% over the age of 65

52% come from off our territory



Key Strategic Areas :

- Patient-Centered Care
- Clinical Excellence
- Research and Innovation
- Education and Training

Motivation: An Urgent Need to Rethink Our Healthcare System.



Aging population

Growing pressure on available resources.



Workforce shortage

Difficulty maintaining essential services.



Constantly rising costs

Need to rethink resource allocation.



Limited accessibility

Waiting times for specialized care.



VBHC System: A Computer-Like Architecture

The Hardware

IT infrastructure and data systems that capture outcomes and costs.

Like a computer's physical components, this forms the foundation.



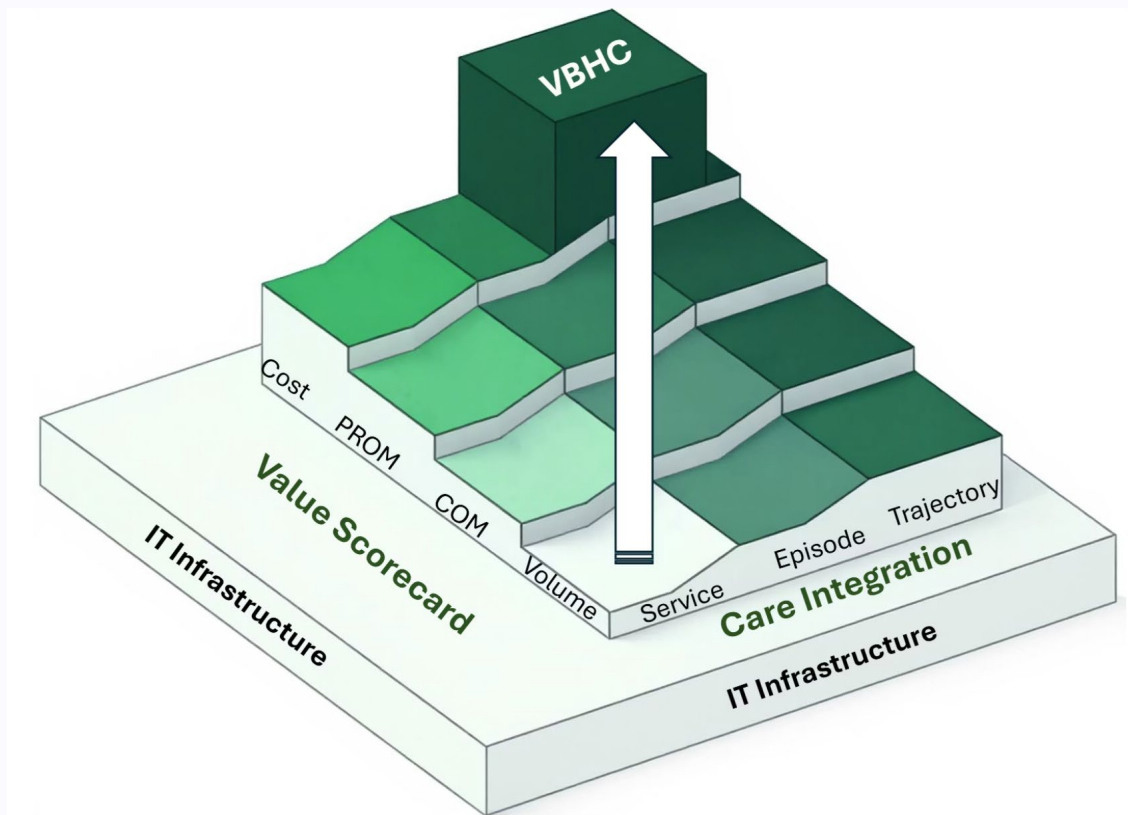
The Software

The human element: clinical leadership, culture change, and education.

Like operating systems and programs, this drives function and purpose.



Building the Hardware : From Concept to Practice



Missing Critical Elements

Operational Indicators

Focus on workflow efficiency metrics.



Structural Data

Assess system capacity not effectiveness.



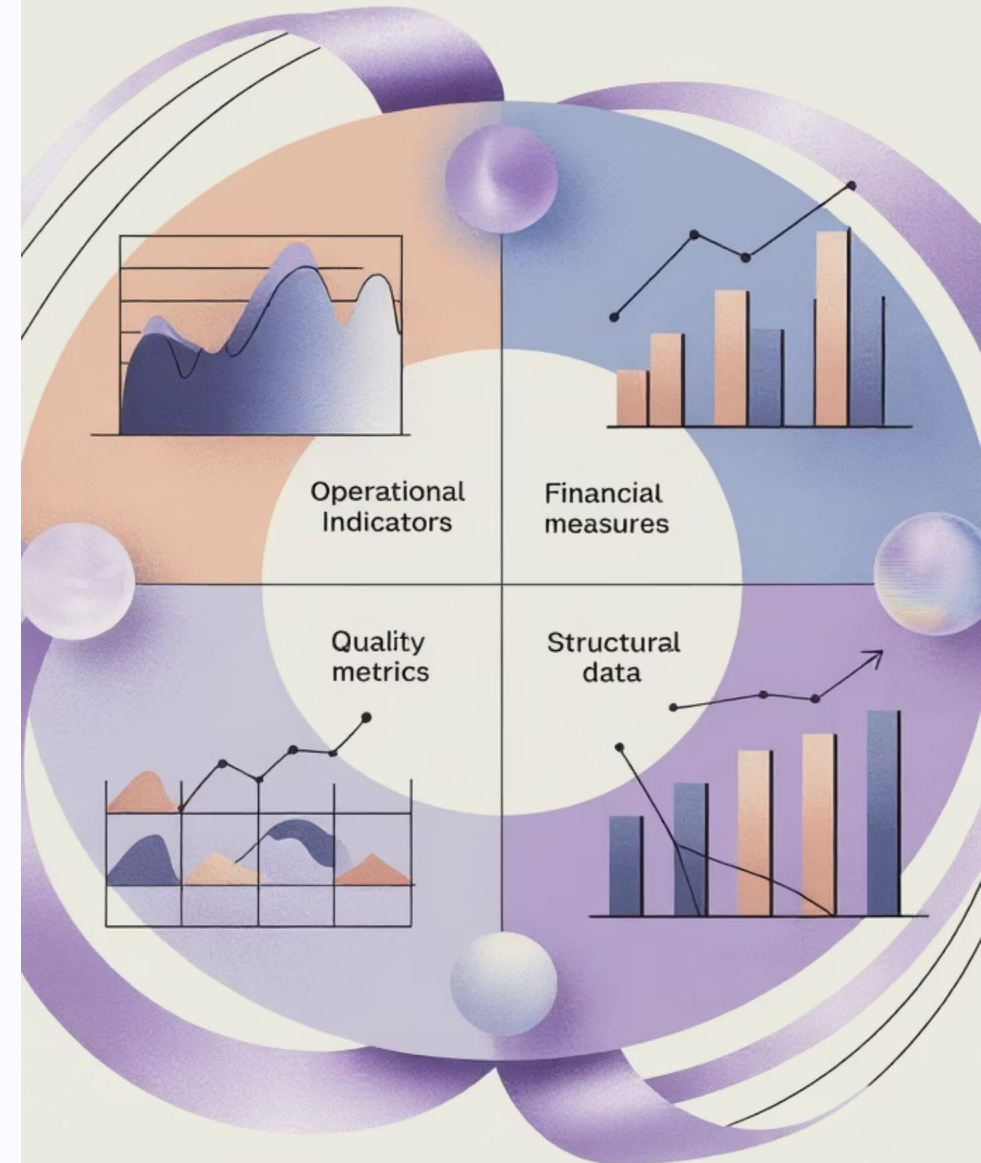
Financial Measures

Track expenses without linking to outcomes.

Quality Metrics

Measure processes rather than patient results.

Data Visibility



IT Infrastructure: Power BI Portal



Multi-Platform Integration

Combines data from disparate healthcare systems into a unified view.

Outcome-Cost Connection

Links patient outcomes with actual care expenditures.

Quality Indicators

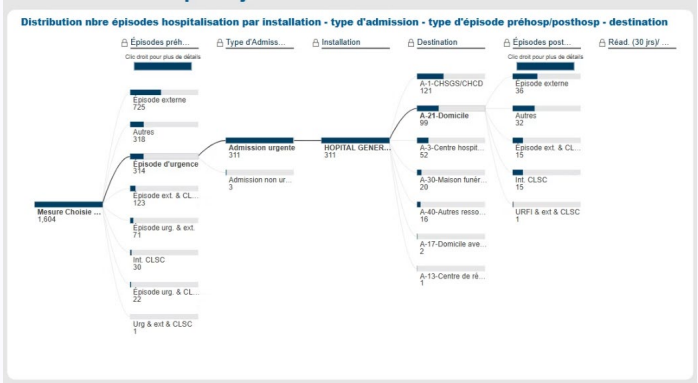
Tracks measurable quality metrics alongside clinical outcomes.

Actionable Insights

Translates complex data into clear improvement opportunities.

Trajectory Analysis

A tool to transform collaborative practices into integrated practices

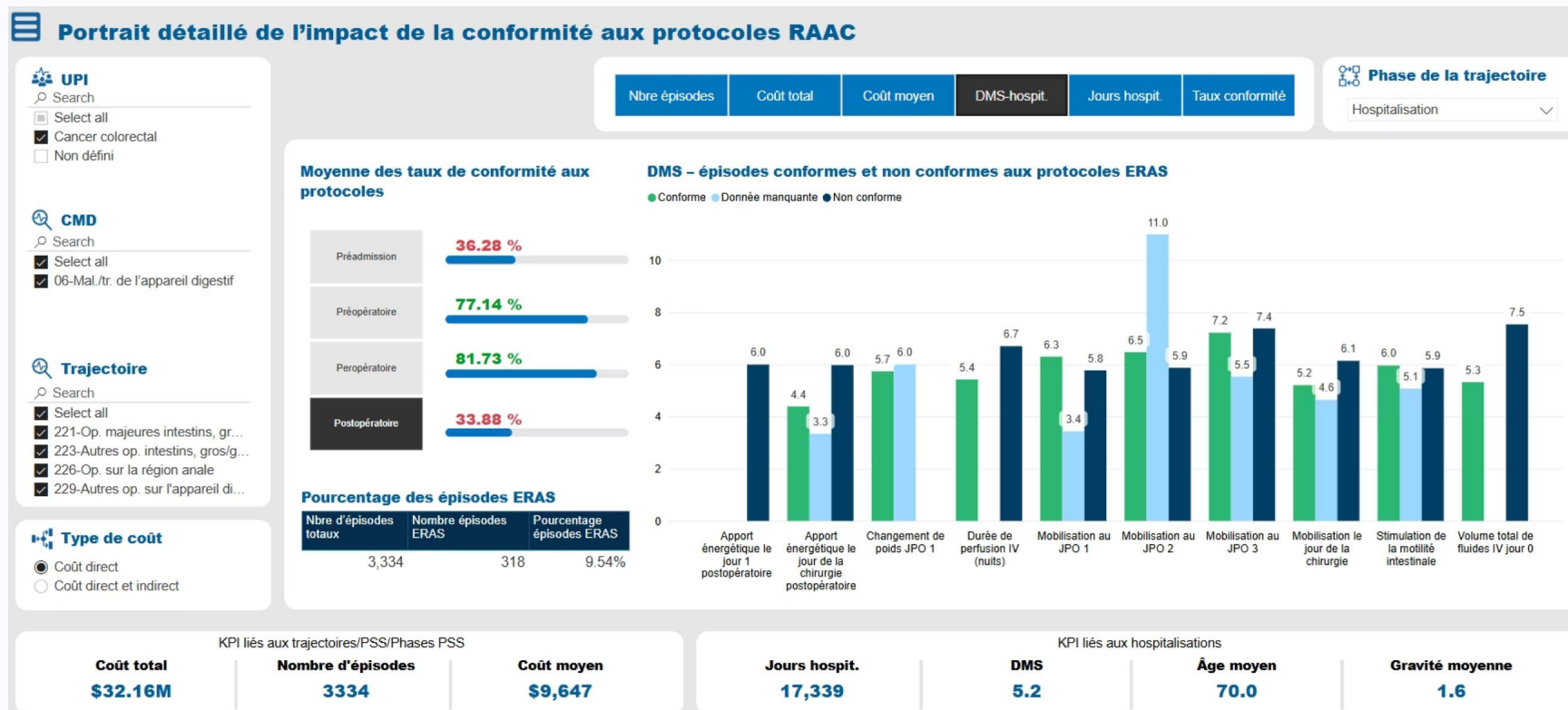


Détail : Coûts par panier pour les épisodes hospitaliers									
Retour Famille de paniers de coûts									
Paniers de coûts par préfixes de secteurs (coûts directs et indirects)									
Numéro d'épisode (numéro de dossier)	S1-Bloc opératoire	S1-Bloc opératoire - Fournitures	S1-Imagerie médicale	S1-Laboratoires	S1-Pharmacie	S1-Services professionnels institutionnels	S1-Soins intensifs	S1-Soins réguliers	S1-
HGJ-A-	\$6,884.29	\$7,098.97	\$626.76	\$24.40	\$330.74	\$481.76		\$4,783.91	
HGJ-A-	\$6,744.54	\$6,818.77	\$419.07		\$270.42	\$901.73		\$3,927.58	
HGJ-A-	\$4,105.35	\$6,281.08	\$419.07	\$14.65	\$280.04	\$904.76		\$4,025.44	
HGJ-A-	\$2,992.88	\$3,376.97	\$139.69		\$739.32	\$1,435.91		\$10,689.43	
HGJ-A-	\$4,274.69	\$5,788.82	\$419.07	\$25.31	\$380.54	\$856.36		\$5,554.10	
HGJ-A-	\$2,805.58	\$3,318.95	\$139.69		\$281.16	\$379.25		\$4,049.15	
HGJ-A-	\$3,050.24	\$3,193.68	\$139.69		\$132.90	\$205.00		\$1,867.28	
HGJ-A-	\$5,702.83	\$6,659.02	\$558.77		\$163.48	\$440.76		\$2,357.66	
HGJ-A-	\$3,667.27	\$3,381.02	\$139.69		\$279.56	\$492.01		\$4,027.94	
HGJ-A-	\$3,996.27	\$6,259.31	\$419.07		\$371.63	\$697.01		\$5,424.78	
HGJ-A-	\$2,334.50	\$3,367.94	\$670.51	\$1.06	\$947.34	\$1,906.52		\$13,881.48	
HGJ-A-	\$3,665.63	\$4,058.93	\$139.69	\$59.35	\$778.78	\$1,455.52		\$11,411.23	
HGJ-A-	\$3,232.57	\$3,711.11	\$139.69		\$73.48	\$143.50		\$1,036.63	
HGJ-A-	\$6,258.36	\$6,534.13	\$419.07		\$278.69	\$584.26		\$4,045.06	
HGJ-A-	\$4,195.41	\$6,090.53	\$419.07		\$222.77	\$440.76		\$3,227.51	
HGJ-A-	\$3,864.50	\$4,231.28	\$139.69	\$23.58	\$125.04	\$317.75		\$1,771.78	
HGJ-A-	\$3,378.39	\$3,604.74	\$139.69	\$23.58	\$138.86	\$297.25		\$1,977.88	
HGJ-A-	\$3,649.62	\$4,132.37	\$139.69		\$276.39	\$358.75		\$4,029.87	
HGJ-A-	\$3,347.76	\$2,593.61	\$139.69		\$169.32	\$338.25		\$2,426.99	
HGJ-A-	\$3,085.06	\$3,331.72	\$139.69		\$170.36	\$246.00		\$2,440.48	
HGJ-A-	\$3,317.21	\$4,183.51	\$139.69		\$176.85	\$276.75		\$2,542.15	
HGJ-A-	\$6,349.69	\$7,169.94	\$419.07		\$274.59	\$563.76		\$3,990.48	
HGJ-A-	\$3,279.13	\$3,348.15	\$139.69		\$277.32	\$430.51		\$4,028.93	
HGJ-A-	\$3,014.93	\$2,643.08	\$139.69		\$277.19	\$630.03		\$4,022.13	
HGJ-A-	\$2,979.20	\$3,322.75	\$139.69		\$129.24	\$246.00		\$1,847.29	
HGJ-A-	\$3,776.99	\$3,405.30	\$279.38		\$271.77	\$420.26		\$3,954.86	
HGJ-A-	\$2,805.58	\$3,318.95	\$139.69		\$226.71	\$461.26		\$3,252.79	
HGJ-A-	\$3,361.73	\$2,717.41	\$139.69		\$676.50	\$777.76		\$9,876.10	
Total	\$1,185,442.37	\$1,388,603.69	\$68,297.34	\$3,434.32	\$86,907.40	\$175,100.71	\$10,576.98	\$1,380,738.50	
KPI liés aux trajectoires/PSS/Phases PSS									
Coût total	Nombre d'épisodes		Coût moyen	KPI liés aux hospitalisations					
\$4.34M	344		\$12,620	Jours hospit.	DMS	Âge moyen	Gravité moyenne		
				1,775	5.2	71.1	1.4		

- Map the trajectory of patients in the healthcare system.
- Evaluate the impact of changes on the total cost of the trajectory.
- Enforce the cohesion and efficiency of the different stakeholders involved.
- Understand complex interactions and optimize overall outcomes.

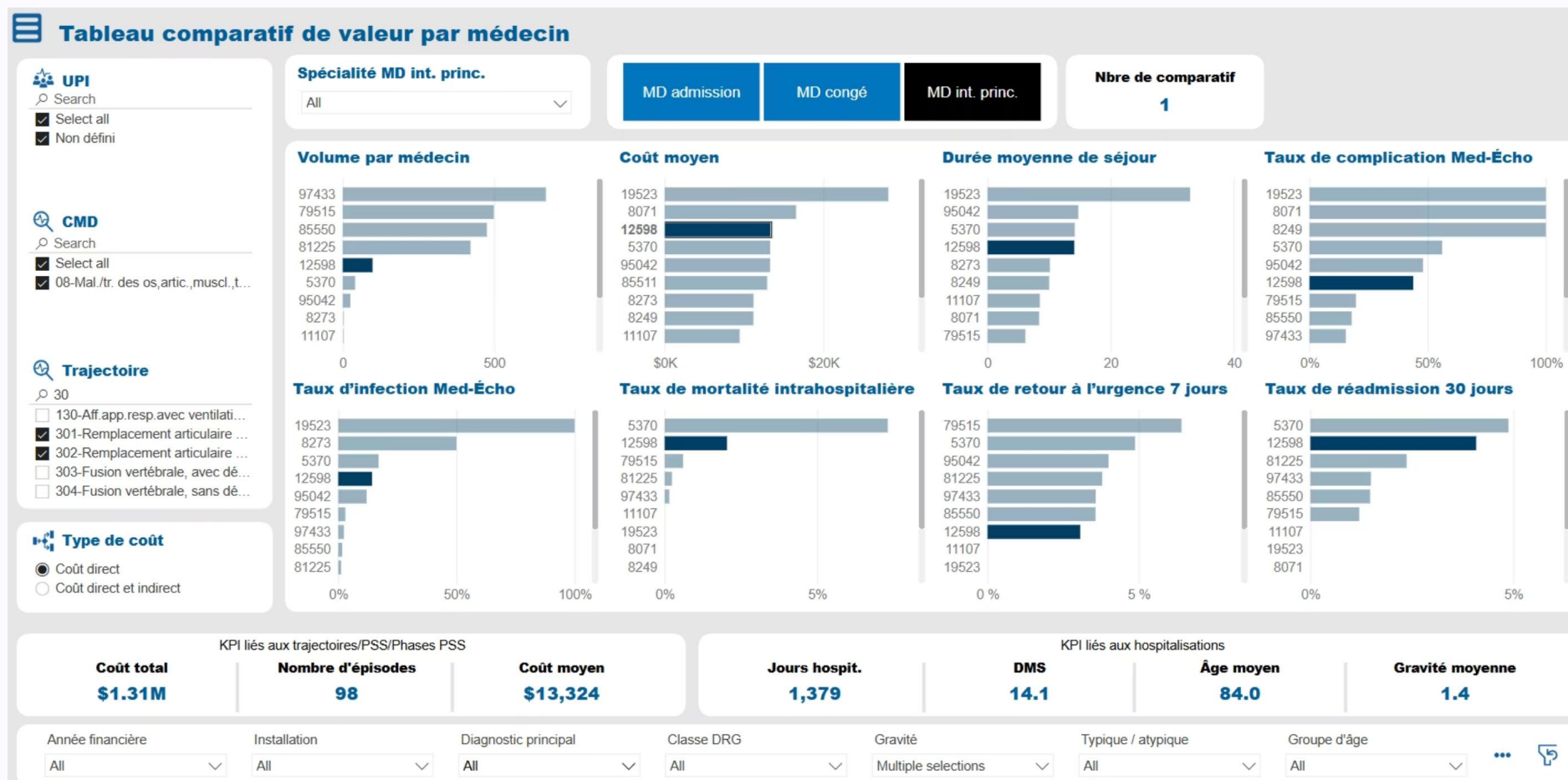
Quality and Variability Analysis

The impact of compliance rate to ERAS (Enhanced Recovery After Surgery) best practices on the LOS.

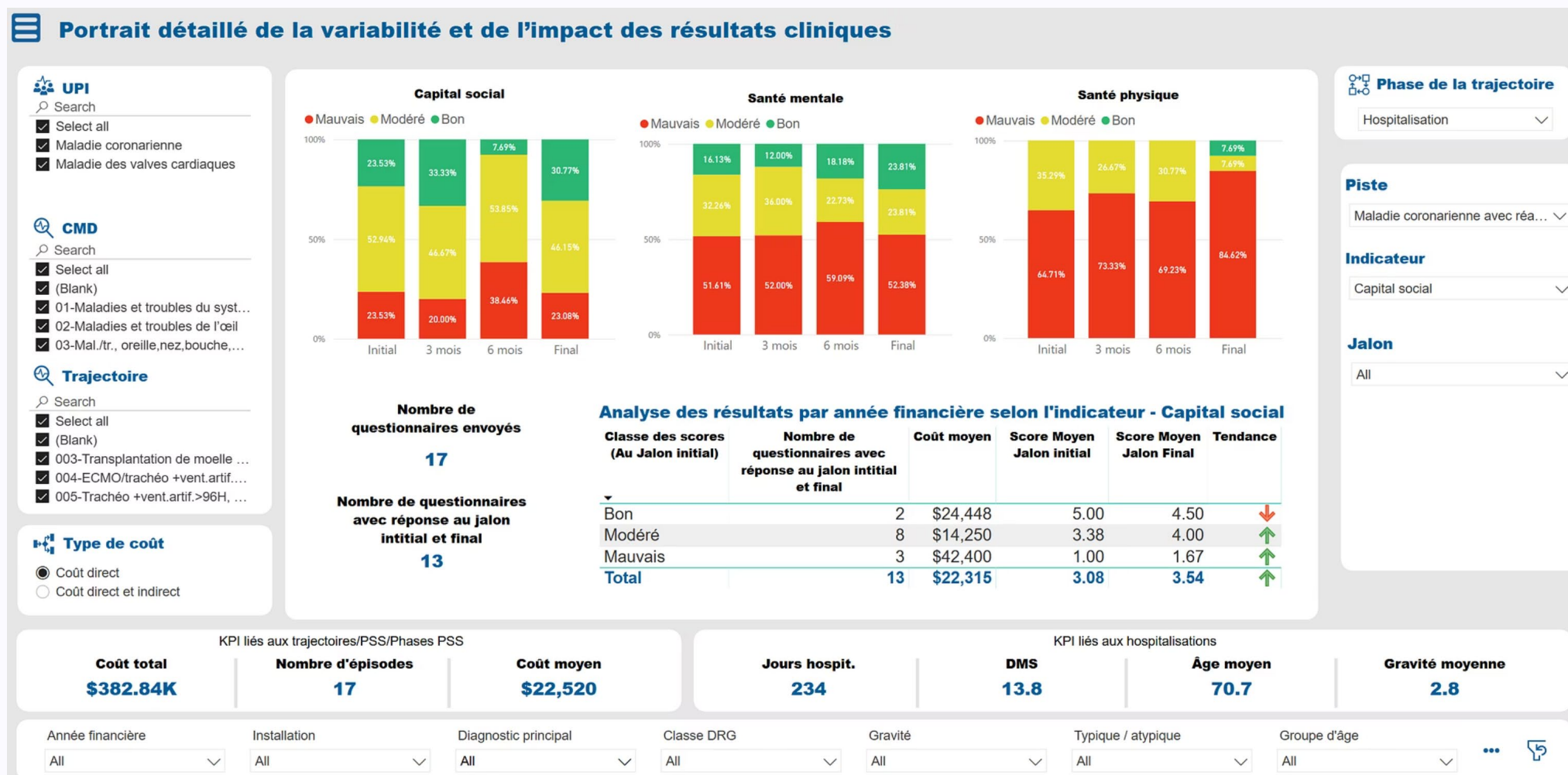


Value Scorecard

Culture of transparency and improvement through benchmarking



Value in Numbers: Tracing the Link Between PROM Scores and Total Cost





Beyond the Numbers

Data Alone Is Insufficient

Technology provides insights but can't drive change by itself. People must interpret and act on information.

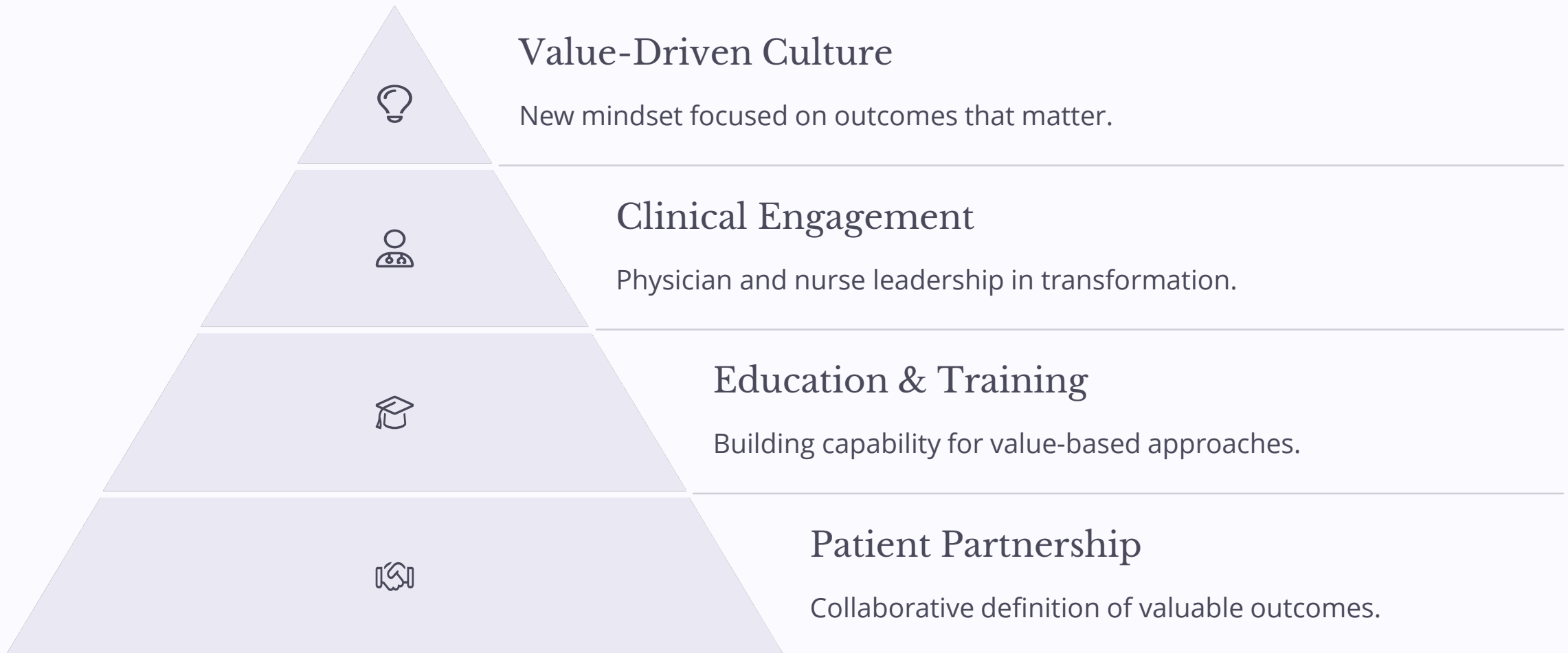
Clinical Leadership Required

Physicians and nurses must champion value-based approaches. Their expertise translates data into practice.

Cultural Transformation Needed

Shifting from volume to value requires new mindsets. Organizations must embrace outcome-focused thinking.

Installing the Software: The Human Element





Value Transformation Office (VTO)



Strategic Direction

Sets clear vision and roadmap for VBHC implementation.



Change Management

Coordinates efforts to transform clinical practice.



Technical Oversight

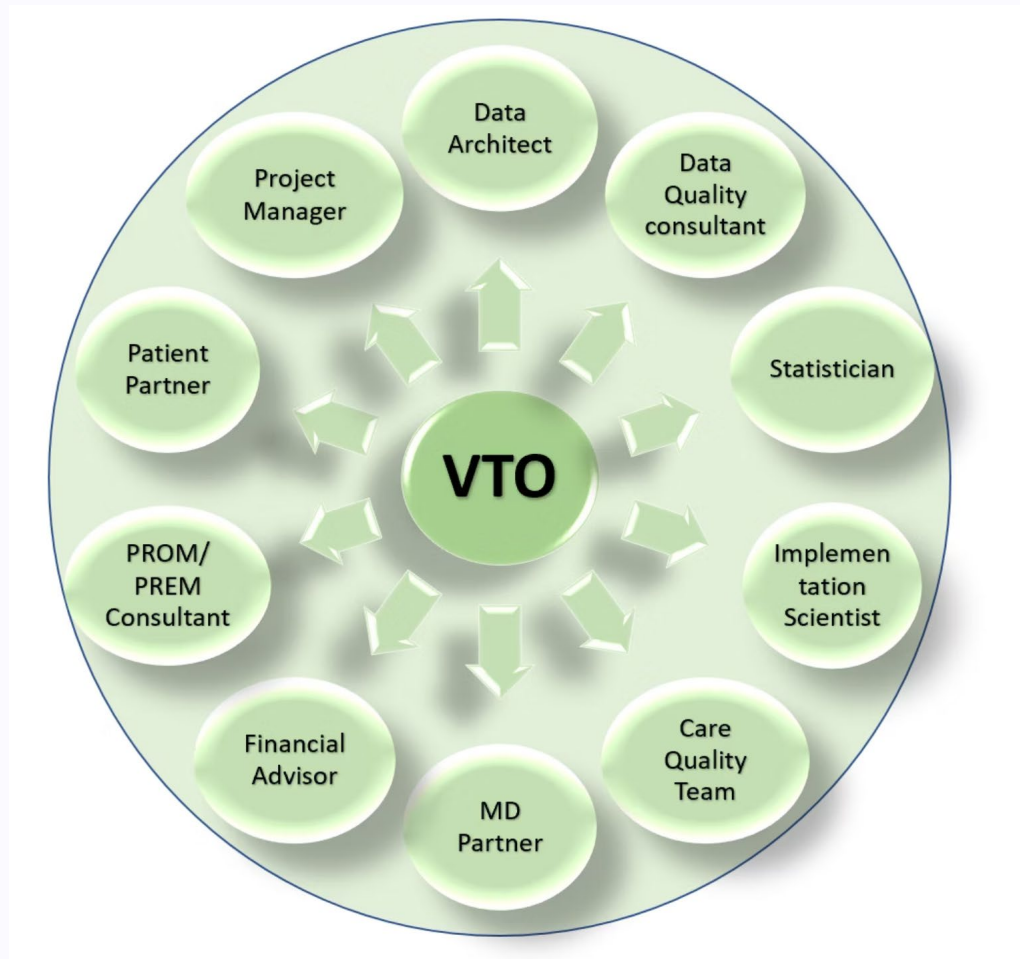
Oversees creation of necessary technical capabilities.



Stakeholder Alignment

Brings clinicians, administrators, and patients together.

VTO's Role in Cultural Shift



Education & Training

Building VBHC literacy across clinical and operational teams.



Opportunity Identification

Analyzing data to find high-impact improvement areas.



Implementation Support

Providing hands-on guidance to teams adopting VBHC practices.



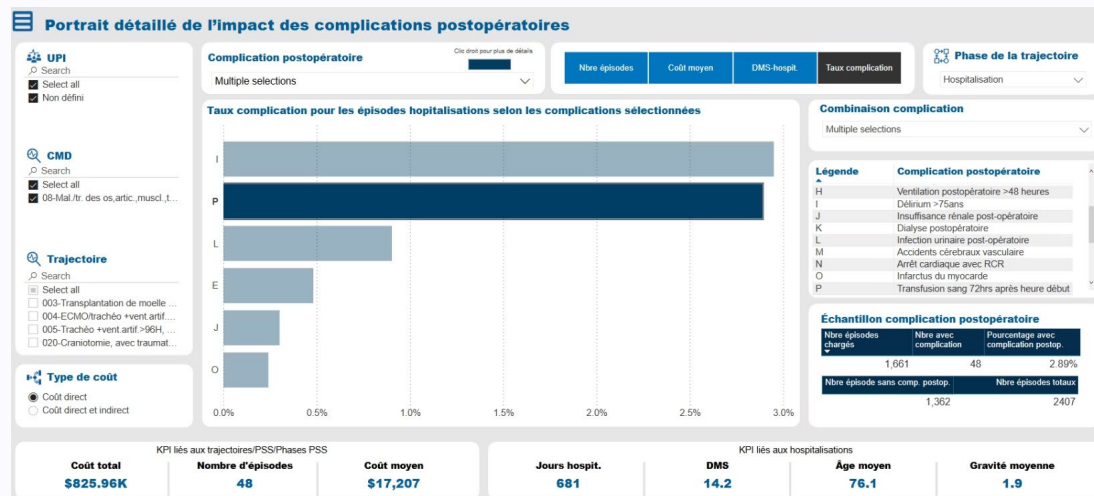
Cross-Department Alignment

Ensuring consistent value approaches throughout the organization.

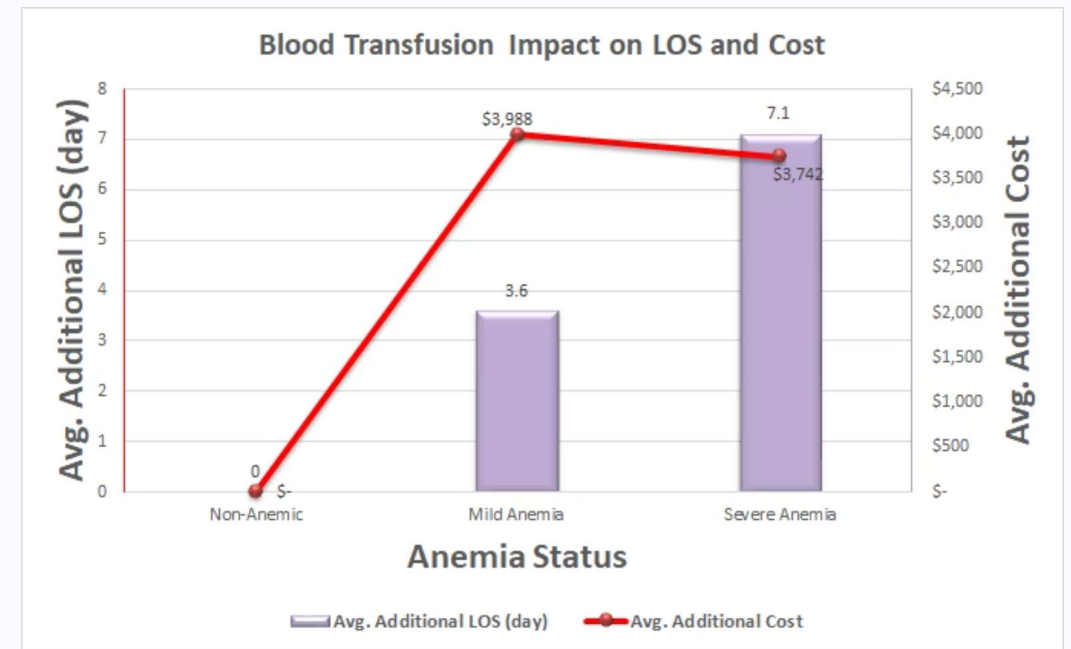
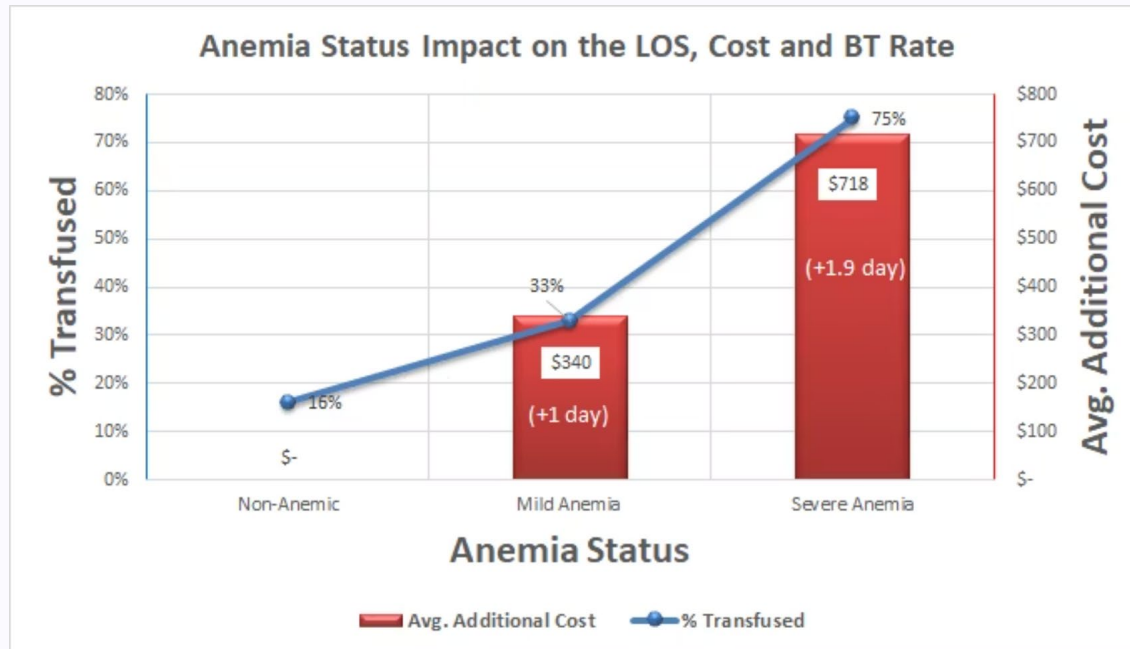
Case Study #1 : Quality Analysis

Prioritization of projects based on added value

Analysis of the clinical and financial impact of postoperative blood transfusions.

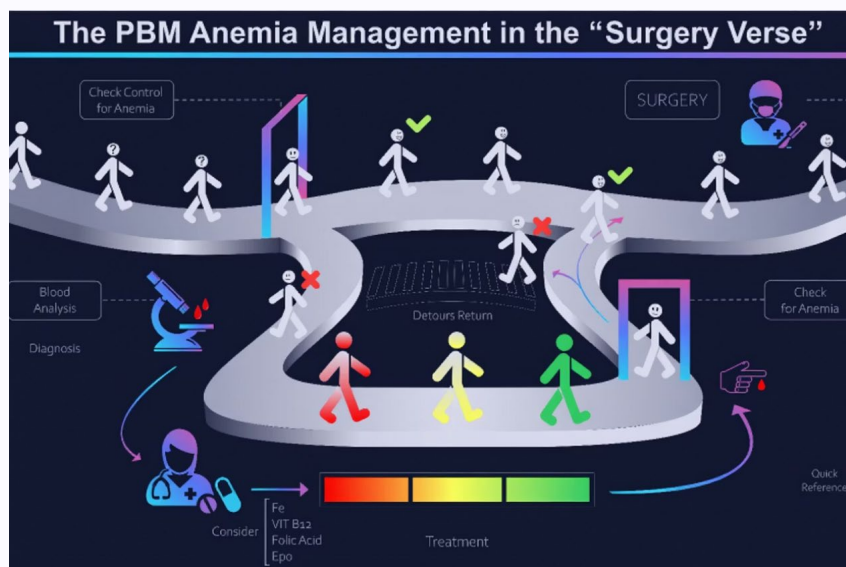


Root Cause Analysis : Anemia and Blood Transfusion



Annual Impact	
Extra hospital days	3288
Additional expenses	\$2,078,222

Prevention : Patient Blood Management Program

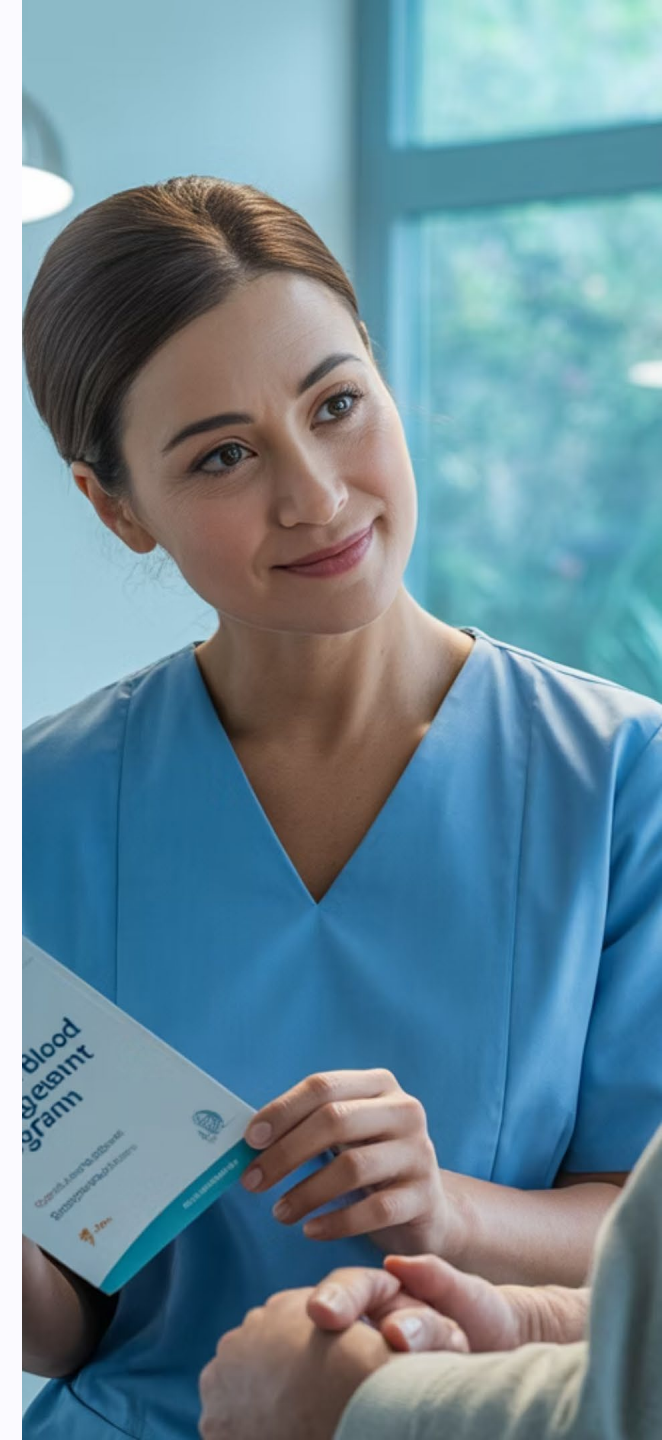


Investment in anemia clinic - \$ 128K

Only from iron deficiency treatment before surgery (18%)

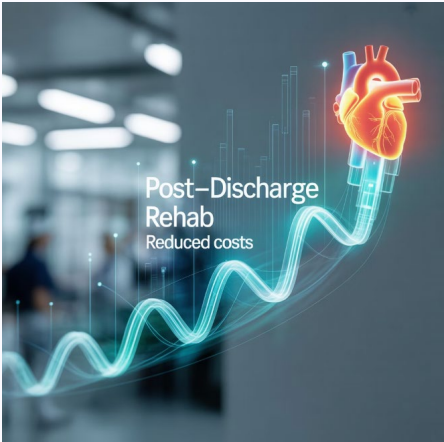
Total Annual Benefits - \$364K

- ROI (Year 1): 184%
- ROI (Year 5): 193%



Case Study #2 : Trajectory Analysis

Impact of integrating post-discharge rehabilitation into the cardiac trajectory on the patient's health outcome and the cost of the care.



Summary of Improvements				
Outcome Measure	Pre	Post	Change Type	% Change
Total Physical Activity	285 min/week	427 min/week	Increase	+49.8%
6-Minute Walk Test (6MWT)	432 m	479 m	Increase	+10.9%
Duke Activity Status Index (DASI)	7.1	8.9	Increase	+25.4%
Sitting Time	9.5 hrs/day	8.5 hrs/day	Decrease	-10.5%
Sit-to-Stand (30 sec)	14.4 reps	17.4 reps	Increase	+20.8%

Psychosocial Outcomes Summary				
Measure	Pre	Post	Change Type	% Change
PHQ-9 (Depression)	7.46	2.04	Decrease	-72.7%
GAD-7 (Anxiety)	5.58	2.01	Decrease	-64.0%

Costing Sector		Total Cost (Direct+Indirect)		Difference
		Rehab. Completed	Rehab. Non Completed	
Average Cost per Cardiac Rehab Episode		\$ 2,203.30	\$ -	\$ (2,203.30)
Inpatient	Pharmacy	\$ 23,355.92	\$ 33,604.54	
	Care Unit	\$ 487,179.08	\$ 635,685.54	
	Professional Services	\$ 35,381.81	\$ 34,571.04	
	OR	\$ 199,110.96	\$ 289,609.75	
	Cath Lab	\$ 218,543.79	\$ 169,405.95	
Imaging		\$ 44,534.15	\$ 48,277.84	
Outpatient		\$ 69,965.00	\$ 135,264.82	
Emergency		\$ 106,735.37	\$ 115,045.84	
Total Cost		\$ 1,184,806.08	\$ 1,461,465.32	
Nb of admitted patients		42	46	
Average Hospital Cost per Patient		\$ 28,209.67	\$ 31,770.99	\$ 3,561.32
Average Cost per Trajectory		\$ 30,412.97	\$ 31,770.99	\$ 1,358.02
Readmission Rate (30 days)		7%	9%	-2%
Readmission Rate (60 days)		10%	24%	-14%

Key Success Factors



Co-creation with clinicians

User-centric development facilitating ownership.



Agile Approach

Rapid field testing and continuous improvement.



Strategic Alignment

Consistency with the organization's "care everywhere" vision.



Data Transparency

Reliability and accessibility promoting team engagement.



Three Skill Domains of VBHC Expertise

Successful value-based healthcare delivery requires a balanced integration of digital proficiency, human-centered capabilities, and deep clinical knowledge. Each domain plays a distinct yet interconnected role.

Digital and Analytical skills

Data analytics, digital tools, KPI measurement, AI-LLM and implementation methodologies

Clinical Skills

Ensure that improvement efforts remain anchored in the realities of patient care and evidence-based practice.

Human Skills

Bridge the gap between theoretical frameworks and real-world healthcare transformation.

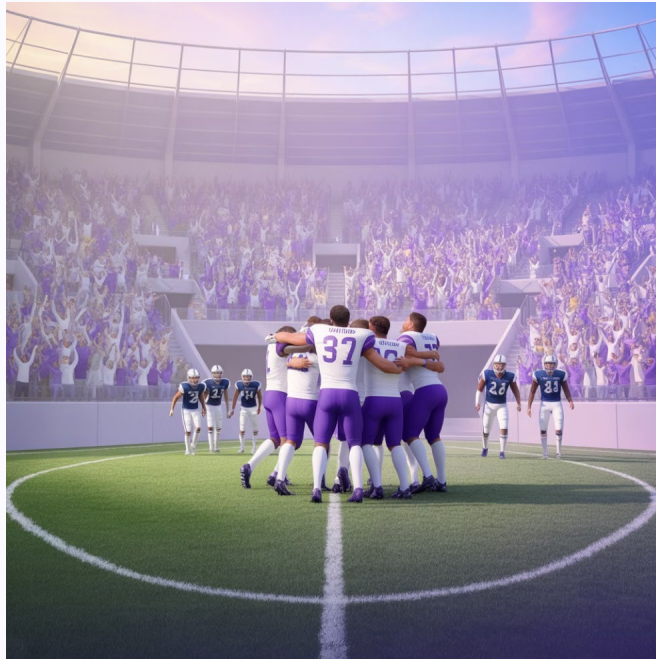
i Critical Reality: These powerful methodologies are tools, not solutions. Without anchoring them to VBHC principles—improving **outcomes that matter to patients** while managing costs—they risk optimizing the wrong things.

Positive-Sum Competition in Healthcare

A positive-sum scenario occurs when all participants can benefit simultaneously.

Not a zero-sum game

Not a win-lose dynamic where one party's gain is another's loss



Not simple copy-paste

Not merely replicating standardized solutions without adaptation



Like an art gallery

Each unique work enriches the whole collection, creating value for everyone



Thanks !



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Present

Speak at Power Hour!



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