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CURRICULUM ON

# Value-Based Health Care Delivery

PROSPECTUS FOR UNIVERSITIES AND FACULTY

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## VALUE-BASED HEALTH CARE DELIVERY

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## VALUE-BASED HEALTH CARE DELIVERY

### Curriculum Overview

*Value-Based Health Care Delivery* is a distinctive curriculum developed at Harvard by Professor Michael Porter and a team of colleagues and designed to be taught at universities, medical schools, and in professional education programs for health professionals around the world. It consists of conceptual frameworks and actual in-depth case studies of numerous health care provider organizations, health plans, and employers offering health benefits. Such leading organizations as The Cleveland Clinic and MD Anderson Cancer Center are the subject of cases, but there are cases on smaller providers and community hospitals as well. Cases include not only U.S. organizations but providers in Germany, Sweden, the United Kingdom, and a growing number of other countries.

The curriculum is based on the value-based health care delivery framework introduced by Professors Michael Porter and Elizabeth Teisberg in *Redefining Health Care* (HBS Press, 2006). In the framework, the central goal of health care is to maximize value for patients, defined as health outcomes achieved per unit of cost spent. The current structure, reimbursement, and measurement of health care delivery are misaligned with value. Significant improvements in value will require major strategic and organizational changes in how health care is delivered, measured, and paid for, rather than simply incremental improvement of existing practice. The curriculum is intended to stimulate new thinking by health care providers, health plans, suppliers, employers, and government, with the ultimate aim of motivating and informing changes in actual practice both in the U.S. and abroad.

The *Value-Based Health Care Delivery* curriculum can be used in courses for students, but also executive programs for senior management of health care providers, insurers, employers, and government officials. The curriculum not only builds a cadre of people trained in new health care delivery thinking, but can also serve as a platform for other efforts by universities to contribute to local or national health care reform. It opens the potential for field projects in which students and faculty work with delivery organizations, and faculty can become important leaders in efforts to reorganize health care delivery and engage in meaningful policy reform. The multiplier effects of the curriculum are already evident in our experiences over the past ten years.

This prospectus summarizes course content, describes the structure of recent course offerings at Harvard and other schools, and offers sample module outlines for various course durations and topic focus. The curriculum includes concept presentations, case studies, instructor teaching notes, videos of guest protagonists, and other videos designed to assist instructors in the teaching of the material.

**Delivery Focus** This curriculum focuses on the way in which health care is actually organized and delivered. The cases address how health care provider organizations should choose service lines, organize and deliver care, measure outcomes and cost, integrate care across facilities, and expand care across geography. The curriculum also includes cases featuring health plans, employers, and government can use their leverage points to influence the delivery of care. Although the majority of course material focuses on organizations based in the United States, a growing selection of international content enables the comparison and evaluation of various national health care systems. (Please see pages 8-16 for a complete listing of cases, books, articles, and relevant topic modules.)

The bulk of the materials included in this curriculum concern care delivery in advanced economies. A second curriculum, addressing care delivery in resource-poor settings, has been created by The Harvard Global Health Delivery project, a joint project of Harvard Medical School, Brigham and Women's Hospital, and Partner's in Health, in association with Harvard Business School's Institute for Strategy and Competitiveness. (See the "Global Health Delivery Project and Curriculum" section on page 23 for additional information and contact details.)

**Student Qualifications** The core target students for this curriculum are health care executives, physician leaders, practicing physicians, physicians in training, nurses, administrators, and students in public health, health policy, and other programs concerned with health care organization and delivery. For medical and nursing school students, the curriculum is most effective during the later stages of their training, after they have experienced the care delivery system directly.

Participating universities are encouraged to establish the course as an interdisciplinary offering that is open to students from various health care related schools and departments, as we have done at Harvard. We offer a one-week "Intensive Seminar" for young physician leaders, practicing physicians, residents and fellows, others working in care delivery, health policy students, and selected others with strong backgrounds in health care delivery. The quality of discussions is enhanced by interdisciplinary participants with interests and experiences representing a broad array of actual health care delivery stakeholders.

**Executive Programs** The material also lends itself well to executive education because of its practitioner focus and in-depth actual case studies. Senior leaders will not only quickly understand the issues faced by organizations highlighted in the curriculum but can also rapidly translate their lessons into action. The course is a good platform for senior leaders to develop relationships with peers and facilitate collaborations and ongoing discussions.

**Case Method Teaching** The curriculum uses the case method of teaching, pioneered at Harvard Business School.<sup>1</sup> Case studies provide rich data on the actual situation faced by the protagonist organization, allowing students to analyze the situation and develop action recommendations and broader implications. Cases are descriptive, rather than justifying the “answer.” Cases do not aim to illustrate correct or incorrect handling of the situations, but to capture the complexity of actual management choices which are inevitably specific to each situation.

The power of the case method lies heavily in the class discussion. The instructor leads this discussion by asking questions to draw out insights from class participants. Faculty lectures (or answers to questions) are held until after the discussion has concluded.

Participants are required to prepare the cases in detail before class, guided by sets of assignment questions designed to stimulate appropriate analysis. The teaching questions, used by the instructor to guide the classroom discussion, are related to the assignment questions but are focused more on the pedagogical process.

Case method teaching requires a great deal of preparation. The instructor must fully master the case facts and keep a roadmap of the key discussion questions and important lessons in mind. To facilitate this process, most case studies have “Teaching Notes” to help course instructors prepare, plan, and lead individual case discussions. Teaching Notes contain in-depth analyses of the case studies, as well as suggested reading assignments, sample assignment questions, and sample teaching questions. In addition to Teaching Notes, we have available video recordings of past case discussions (Faculty Teaching Videos) to further prepare instructors.<sup>2</sup>

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<sup>1</sup> For a detailed description of the case method please see John S. Hammond, “Learning by the Case Method” published by Harvard Business School Press and available at [http://harvardbusinessonline.hbsp.harvard.edu/b02/en/common/item\\_detail.jhtml?id=376241&requestid=27538](http://harvardbusinessonline.hbsp.harvard.edu/b02/en/common/item_detail.jhtml?id=376241&requestid=27538)

<sup>2</sup> Teaching Notes are available through HBS Publishing (HBSP). Please note that Teaching Notes will only appear on an HBSP website search for individuals who have formally registered with HBSP as educators. **Anyone wishing to access a Teaching Note must register with HBSP as an educator** (see Case Study Access and Purchasing Information on p. 22 for additional details). We are currently in the process of making Faculty Teaching Videos available via HBSP as well. In the meantime, please contact the Health Care Program Manager to request a copy.

**Course Schedule and Architecture** The curriculum has been taught at Harvard as an intensive, week-long 20 session course, and as 2-day workshops for hospital CEOs and other senior health care executives. Prof. Porter has also led one- and two-day executive seminars in the United Kingdom, at the UCLA Anderson School of Management and at the Texas Medical Center in Houston. In addition, individual cases or groups of cases have been taught at Harvard Business School and at other Universities. (Please see pages 17-22 for example course descriptions.)

At Harvard, each session begins with a case discussion, followed by a discussion with the case study protagonist, either live or on video. Guest protagonists are often one of the highlights of the curriculum, allowing students to better understand the successes and challenges described in the case study in the protagonist's own words. We will make edited videos of protagonists, available online to universities teaching the cases so that the videos may be shown in class if desired.

For most sessions there are also available topic lectures that reinforce the concepts highlighted during the case discussion. We have video recordings of past topic lectures given by Professors Porter and Teisberg, and will make these available along with their corresponding slides for faculty use.

In addition to the case studies, the curriculum includes readings from the textbook *Redefining Health Care* and other articles by the value-based health care delivery faculty. These are typically assigned as pre-reading before the course to help orient students to value-based health care concepts before engaging them in intensive case discussions.

### **University Partners**

We are pleased to share these teaching materials, video content, and instructor resources with any university, school, or professional organization wishing to teach any or the entire *Value-Based Health Care Delivery* curriculum.<sup>3</sup>

The ideal school will be one that offers graduate or doctoral degree programs in health care delivery, or post-doctoral professional training for practitioners. Potential types of schools include business schools, medical schools, and schools of public health and health policy.

Our hope is to expand the reach of this curriculum to every interested physician or physician-in-training. Too few physicians are trained in applying management theory to health care delivery, and we feel this curriculum can significantly change their perspective on how to solve the current challenge of unsustainable cost growth and variable quality in health care. We hope to build out a network of faculty who can help us train these individuals in these concepts and become local experts and champions of value-based health care delivery in their area. We encourage faculty to develop their own course materials relevant to their particular institution, geographic circumstances, or academic disciplines to supplement the Harvard-developed curriculum.

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<sup>3</sup> All the material is available in English. Regrettably, we have no plans to translate the case studies and readings into other languages, and copyright restrictions prohibit organizations or individuals from translating and distributing the materials on their own. Schools interested in translating materials should contact us to discuss how this might be accomplished.

## List of Cases and other Course Content

### Completed Cases

- Brigham and Women's Hospital: Shapiro Cardiovascular Center
- Boston Children's Hospital: Measuring Patient Costs
- Children's Hospital of Philadelphia: Network Strategy 2016
- Commonwealth Care Alliance: Elderly and Disabled Care
- The Cleveland Clinic: Growth Strategy 2015
- The Dartmouth-Hitchcock Medical Center: Spine Care
- Global Health Partner: Obesity Care
- Great Western Hospital: High-Risk Pregnancy Care
- Highland District County Hospital: Gastroenterology Care in Sweden
- Hoag Orthopedic Institute
- In-Vitro Fertilization: Outcomes Measurement
- The Joslin Diabetes Center
- Koo Foundation Sun-Yat Sen Cancer Center: Breast Cancer Care in Taiwan
- Ledina Lushko: Navigating Health Care Delivery
- Martini Klinik: Prostate Cancer Care
- Medtronic: Navigating a Shifting Healthcare Landscape
- Navy Medicine: Moving to Value-Based Care
- Oak Street Health: Value-Based Primary Care
- OrthoChoice: Bundled Payments in the County of Stockholm
- Partners In Health: HIV Care in Rwanda
- Pitney Bowes: Employer Health Strategy
- Reconfiguring Stroke Care in North Central London
- Schön Klinik: Eating Disorder Care
- The Schön Klinik: Measuring Cost and Value
- Texas Children's Hospital: Congenital Heart Disease Care
- ThedaCare: System Strategy
- The UCLA Health System: Kidney Transplantation
- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care
- The West German Headache Center: Integrated Migraine Care
- Vanderbilt: Transforming a Health Care Delivery System

### Books

- *Redefining Health Care*: Michael E. Porter and Elizabeth Olmsted Teisberg, 2006.
- *Redefining German Healthcare*: Michael E. Porter and Clemens Guth, 2012.

### Articles

- *How to Pay for Health Care*: Porter, M.E. and Kaplan, R.S. Harvard Business Review, June 2016.
- *Standardizing Patient Outcomes Measurement*: Porter, M.E., Larsson, S, Lee, T.H. New England Journal of Medicine, February 2016.
- *Why Strategy Matters Now*: Porter, M.E. and Lee, T.H. New England Journal of Medicine, April 2015.



- *Don't do Everything—a Strategy to Reduce Costs, Improve Results.* Michael E. Porter and Thomas H. Lee, *Modern Healthcare*, April 2014.
- *The Strategy that Will Fix Health Care:* Michael E. Porter and Thomas H. Lee, *Harvard Business Review*, October 2013.
- *Redesigning Primary Care: A Strategic Vision to Improve Value by Organizing Around Patients' Needs:* Porter, Michael E. with Thomas H. Lee and Erika A. Pabo, *Health Affairs*, March 2013.
- *The Big Idea: How to Solve the Cost Crisis in Health Care:* Robert S. Kaplan and Michael E. Porter, *Harvard Business Review*, September 2011.
- *What is Value in Health Care?* Porter, M.E. *New England Journal of Medicine*, December 2010.
  - *Supplementary Framework Papers: Value in Health Care and Measuring Health Outcomes: The Outcome Hierarchy.*
- *A Strategy for Health Care Reform - Toward a Value-Based System:* Porter, M.E. *New England Journal of Medicine*, July 2009.
- *Value-Based Health Care Delivery:* Porter, M.E. *Annals of Surgery*, October 2008.
- *How Physicians Can Change the Future of Health Care:* Porter, M.E. *JAMA*, March 2007.

## **Sample Topic Modules**

The following topic modules group case studies dealing with common subject matter and/or concepts within the value agenda, which are presented from the provider perspective. Courses aiming to provide a broad overview of value-based health care delivery may wish to select one or two cases from many modules, while courses seeking to examine fewer topics in-depth may wish to teach many or all cases within fewer modules. Alternately, courses with established curricula may wish to incorporate a single module or case to supplement the existing material.

### **Integrated Practice Units**

Value is created by the full set of activities required to care for a patient over the entire course of a particular medical condition. Yet today, care delivery is fragmented, requiring multiple departments and disconnected providers to care for a single patient. Co-locating and integrating care for a particular medical condition and its common co-occurrences in dedicated facilities staffed by dedicated teams allows providers to focus on the ultimate goal of patient health as opposed to the end result of any one intervention. This shift involves both structural and interpersonal challenges. Examining the many attempts across provider organizations gives students a chance to identify both the points of difficulty and the successful strategies.

#### ***Simple/Early Stage***

- The West German Headache Center: Integrated Migraine Care
- Brigham and Women's Hospital: Shapiro Cardiovascular Center
- Global Health Partner: Obesity Care
- ThedaCare: System Strategy
- Highland District County Hospital: Gastroenterology Care in Sweden
- Great Western Hospital: High-Risk Pregnancy Care
- Texas Children's Hospital: Congenital Heart Disease
- Vanderbilt: Transforming a Health Care Delivery System

#### ***Advanced/Later Stage***

- The Cleveland Clinic: Growth Strategy 2015
- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care
- The Dartmouth-Hitchcock Medical Center: Spine Care
- Hoag Orthopedic Institute
- Joslin Diabetes Center
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care in Taiwan
- Martini Klinik: Prostate Cancer Care
- OrthoChoice: Bundled Payments in the County of Stockholm
- Schön Klinik: Eating Disorder Care
- Children's Hospital of Philadelphia: Network Strategy 2016

## **Defining Medical Conditions and Cycles of Care**

The unit of value creation in health care is not any one intervention, but instead the particular medical condition faced by the patient. Thus the ability to both create value and subsequently compare it involves defining the parameters of a medical condition and the parties involved in its treatment. Our research has identified providers who have been able to identify specific conditions and their appropriate multidisciplinary provider and ancillary care taker teams.

- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care
- Joslin Diabetes Center
- The UCLA Health System: Kidney Transplantation
- Schön Klinik: Eating Disorder Care
- Great Western Hospital: High-Risk Pregnancy Care
- Martini Klinik: Prostate Cancer Care
- OrthoChoice: Bundled Payments in the County of Stockholm
- Texas Children's Hospital: Congenital Heart Disease
- Vanderbilt: Transforming a Health Care Delivery System

## **Coordinating Primary and Acute Care**

Primary care has come to mean many things, ranging from health maintenance and preventive care for well individuals, ongoing care for chronic conditions, and general or acute outpatient treatment for minor conditions. The way in which primary care connects to or is integrated with cycles of care for particular medical conditions depends on a number of factors, including the medical condition and patient population in question. The organizations described in the following case studies have begun to implement or at least think about ways in which primary care fits with their care delivery models.

- The West German Headache Center: Integrated Migraine Care
- Commonwealth Care Alliance: Elderly and Disabled Care
- Joslin Diabetes Center
- Children's Hospital of Philadelphia: Network Strategy 2016
- Martini Klinik: Prostate Cancer Care
- Oak Street Health: Value-Based Primary Care
- OrthoChoice: Bundled Payments in the County of Stockholm
- Rothman Institute: Condition Based Regional Strategy

## **Results Measurement**

Value must be measured in order to improve care delivery. Outcome measurement not only helps providers and health plans improve care through awareness of their performance, but also creates the potential for competition on value by identifying superior providers. Yet comprehensive measurement of provider-level health outcomes remains rare. The following cases profile some of the organizations taking steps to move beyond process measures to actually quantify and report patient health outcomes.

- In-Vitro Fertilization: Outcomes Measurement
- The Cleveland Clinic: Growth Strategy 2015
- The Dartmouth-Hitchcock Medical Center: Spine Care

- Global Health Partner: Obesity Care
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care
- Highland District County Hospital: Gastroenterology Care in Sweden
- Schön Klinik: Eating Disorder Care
- Martini Klinik: Prostate Cancer Care
- OrthoChoice: Bundled Payments in the County of Stockholm
- Texas Children's Hospital: Congenital Heart Disease

## **Cost Measurement**

To transform health care delivery, every organization must move toward better outcome and cost measurement over the full cycle of care for patient medical conditions. Time Driven Activity-Based Costing (TDABC) is a new way to analyze costs that uses patients and their conditions—not organizational units or narrow diagnostic treatment groups—as the fundamental unit of analysis for measuring costs and outcomes.

- Schon Klinik: Measuring Cost and Value
- Boston Children's Hospital TDABC

## **Reimbursement Models**

The current reimbursement system reinforces the fragmentation of care delivery, rewarding treatment rather than health and volume of services rather than value. Today's fee-for-service, episode-based DRG, and global capitation payment models encourage providers to deliver expansive services while neglecting high-value primary and preventive care. We must move instead to bundled, capitated payments covering all of the services required to care for a patient's medical condition. These payment models align payer and provider incentives around creating value for patients without micromanaging the practice of medicine. The following case studies highlight organizations that have taken steps to develop innovative new ways to pay for care.

- Commonwealth Care Alliance: Elderly and Disabled Care
- Global Health Partner: Obesity Care
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care in Taiwan
- The UCLA Health System: Kidney Transplantation
- Schön Klinik: Eating Disorder Care
- Martini Klinik: Prostate Cancer Care
- OrthoChoice: Bundled Payments in the County of Stockholm
- Oak Street Health: Value-Based Primary Care

## **Provider System Integration**

Historically, hospitals and health systems have seen it as their mission to “serve the community,” leading many providers to offer a full range of service lines regardless of performance. Under this mindset, the quality of care has suffered, not only because one organization spreads its resources across many services without respect to outcomes achieved, but also because the resulting fragmentation of care delivery makes it difficult for each provider to achieve the patient volume needed to learn and improve. Some providers

have begun to rationalize care delivery across facilities and regions, driving up patient volumes and justifying the creation of designated teams and facilities able to accelerate learning and innovation.

- ThedaCare: System Strategy
- The Cleveland Clinic: Growth Strategy 2015
- Children's Hospital of Philadelphia: Network Strategy 2016
- Reconfiguring Stroke Care in North Central London
- Schön Klinik: Eating Disorder Care
- Texas Children's Hospital: Congenital Heart Disease
- Vanderbilt: Transforming a Health Care Delivery System

### **Service Expansion and Provider Growth Strategy**

Provider growth and expansion across geography can add value by increasing access to superior care models and creating opportunities to rationalize care. However, growth is not inherently value creating. Providers face a multitude of choices about how to grow, including replicating in new locations, creating satellite IPUs and IPU components, and developing affiliate programs. When navigating these choices, providers must focus on increasing access to high-value care and improving health outcomes, not just increasing volumes of services. The various methods of growth pursued by the following protagonist organizations offer insight into the key considerations involved in value-based approaches to expansion.

- Children's Hospital of Philadelphia: Network Strategy 2016
- The Cleveland Clinic: Growth Strategy 2015
- Global Health Partner: Obesity Care
- Reconfiguring Stroke Care in North Central London
- Schön Klinik: Eating Disorder Care
- Texas Children's Hospital: Congenital Heart Disease
- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care

### **National Health Systems and Policy**

Although providers, health plans, and employers can take immediate steps to improve care delivery on their own, the government can play a critical role to enable these efforts. National and sub-national bodies influence the regulation of various aspects of health care delivery, including provider organizations, insurers, and IT standards. In the US, Medicare and Medicaid policy greatly influences reimbursement practices by private insurers, while in many other countries, government serves as the only or primary payer. The following cases illustrate examples of the ways in which the US and foreign governments can support value-based approaches to health care delivery and reform.

#### ***US Health Policy***

- Commonwealth Care Alliance: Elderly and Disabled Care
- Pitney Bowes: Employer Health Strategy
- Oak Street Health: Value-Based Primary Care

### ***International Health Policy***

- The Finnish Health Care System: A Value-Based Perspective<sup>4</sup>
- The West German Headache Center: Integrated Migraine Care
- Global Health Partner: Obesity Care
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care
- Partners In Health: HIV Care in Rwanda
- Highland District County Hospital: Gastroenterology Care in Sweden
- The Swedish Rheumatology Quality Registry: Rheumatoid Arthritis Care
- Schön Klinik: Eating Disorder Care
- Reconfiguring Stroke Care in North Central London
- Martini Klinik: Prostate Cancer Care
- OrthoChoice: Bundled Payments in the County of Stockholm

### **Health Plans**

To date, health plans have largely served as passive payers in the US health care system. However, they stand in a position to add significant value. Among other things, they can serve as active health advocates for specific populations and guide members to high value providers able to deliver excellent care for their medical conditions. Some insurers have begun to think more strategically about the ways in which they can compete to add value for patients rather than focusing on containing short-term costs by restricting access to care or selecting the healthiest members.

- Commonwealth Care Alliance: Elderly and Disabled Care
- The West German Headache Center: Integrated Migraine Care
- Pitney Bowes: Employer Health Strategy
- Oak Street Health: Value-Based Primary Care

### **Employers**

Employers have a strong interest in employee health beyond their immediate financial responsibility for the cost of employee health insurance and other benefits. The health of an employer's workforce greatly affects the organization's productivity and profitability, and the cost of absenteeism and illness on the job far outweighs the cost of health benefits. Some employers have started to understand their shared interest in employee health, and have begun to view health benefits and wellness programs as a key to success rather than a burden.

- Pitney Bowes: Employer Health Strategy

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<sup>4</sup> Professor Michael E. Porter and colleagues at the Institute for Strategy and Competitiveness at Harvard Business School have developed a series of country-specific books and white papers describing and analyzing national health care systems using the value-based framework. Each book or paper focuses on a particular country, and issues recommendations for value-based improvements and reforms. The Finland paper was the first in this series to be published, and is available online at <http://www.sitra.fi/en/Publications/publications.htm>. A book on the German health Care system entitled, *Redefining German Health Care: A Value-Based Perspective* has also been published. Papers on Sweden, Japan, and the Netherlands are currently in process.

## Suppliers

The suppliers of medical devices and pharmaceuticals have a key role in value-based health care. Many are examining how they add value for patients by improving outcomes and reducing costs.

- Medtronic: Navigating a Shifting Healthcare Landscape

## Health Care in Resource-Poor Settings

Despite the current, unprecedented level of financial resources and medical advances focused on improving the health of populations in impoverished regions, high-value care still fails to consistently reach patients in need. As in higher-income settings, this bottleneck stems from the lack of a value-based care delivery strategy; however the circumstances introduce a different set of challenges and considerations. The following cases examine organizations that have been able to apply principles of value-based health care delivery to improve not only access to care, but also health outcomes for these individuals.

- Commonwealth Care Alliance: Elderly and Disabled Care
- Partners In Health: HIV Care in Rwanda
- Oak Street Health: Value-Based Primary Care

In partnership with the Harvard Global Health Delivery Project, we have also developed and continue to develop additional teaching cases that highlight the strategic principles of applying value-based delivery in resource-poor settings. To date, 38 cases have been developed through this partnership (see page 22 for more details.)

## Cancer Care

In the United States and abroad, funding pours into the quest for cancer prevention, screening, drugs, and treatment. However, the way in which cancer care is delivered can prove just as crucial as the discovery of a new drug. Cancer care serves as an important example of how a dedicated team caring for patients with a particular medical condition (e.g., head and neck cancer or breast cancer) can provide significantly better results than a series of specialists working on their own. Only by integrating care in this way will the appropriate new drugs and remedies effectively and efficiently reach the patients who need them in an effective manner.

- The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care
- Koo Foundation Sun Yat-Sen Cancer Center: Breast Cancer Care in Taiwan
- Ledina Lushko: Navigating Health Care Delivery

## Chronic Conditions

Chronic conditions require ongoing care and do not follow a simple model of discrete intervention and recovery. Instead, they require a system that can help foster health maintenance and disease management. These diseases need care that extends into daily life, includes education, and provides for continued contact with a provider. The following cases highlight examples of organizations working to develop innovative ways to care for these conditions.

- The West German Headache Center: Integrated Migraine Care
- Commonwealth Care Alliance: Elderly and Disabled Care
- Pitney Bowes: Employer Health Strategy
- Highland District County Hospital: Gastroenterology Care in Sweden
- Joslin Diabetes Center
- The Dartmouth-Hitchcock Medical Center: Spine Care
- Global Health Partner: Obesity Care
- Schön Klinik: Eating Disorders Care
- Oak Street Health: Value-Based Primary Care
- OrthoChoice: Bundled Payments in the County of Stockholm



## **Example Course Descriptions**

At Harvard, the *Value-Based Health Care Delivery* curriculum has been taught in multiple forms, including two executive programs, a week-long intensive seminar, and a semester-long weeknight program for residents and fellows. At other schools, the curriculum has also been taught in semester-long master's programs. A brief description of each Harvard course is listed below, and example schedules are shown on pages 18-21.

### **Strategy for Health Care Delivery Leadership Workshop**

#### **Target participants:**

- C-Suite and VP level health care executives, Division Chairs and other senior clinician leaders

#### **Course format:**

- 1.5 day executive education course

#### **Course sessions:**

- Case study discussions
- Guest protagonist appearances
- Faculty topic lectures
- Breakout groups and other sessions designed to facilitate sharing of experiences among the participants
- Alumni in panel lead by past course participants
- Leader panel, where executives from selected partner organizations explore the management challenges in moving to value-based delivery organizations.

### **Value Measurement for Health Care**

#### **Target participants:**

- Health care executives of all levels and other clinician leaders

#### **Course format:**

- 2 day executive education course

#### **Course sessions:**

- *All sessions focus on outcome measurement, time-driven activity-based costing, and their role in enabling bundled reimbursement.*
- Case study discussions
- Guest protagonist appearances

- Faculty topic lectures
- Panel discussions

### **Strategy for Health Care Delivery**

#### **Target participants:**

While this program is designed primarily for top management and senior physician leaders in health care delivery organizations, it is also relevant to many other professionals in the health care industry. Typical participants include, but are not limited to CEOs, COOs, CFOs, CMOs, presidents, vice presidents, and other top senior executives from provider organizations, payers, government agencies, regulatory bodies, biotechnology and pharmaceutical companies, and not-for-profit organizations.

#### **Course format:**

- 1.75 day executive education course

#### **Course sessions:**

- The program includes intensive Harvard Business School–style case discussions, guest protagonists, and concept presentations to discuss value-based health care concepts and their application. Strategy for Health Care Delivery is built around in-depth case studies of leading organizations that are implementing value-based approaches in a variety of medical conditions, including the University of Texas MD Anderson Cancer Center, the Cleveland Clinic and other leading organizations. Participants will explore the organizational challenges of actually implementing the value-based approach in practice.
- The program addresses the strategic agenda for major value improvement in health care delivery.
- Guest protagonist appearances
- Faculty topic lectures
- Panel discussions

### **Value-Based Health Care Delivery Immersion Course**

#### **Target participants:**

- Typical participants include, but are not limited to, clinical and management professionals and trainees from universities and provider organizations, payers, government agencies, regulatory bodies, biotechnology and pharmaceutical companies, and not-for-profit organizations.

#### **Course format:**

- Intensive, graduate-level, week-long course offered by application only

#### **Course sessions:**

- Case study discussions

- Guest protagonist appearances
- Faculty topic lectures
- Panel discussions

### **Partners Value Based Health Care Delivery Seminar**

#### **Target participants:**

- Partners Health Care residents and fellows

#### **Course format:**

- Intensive 3 day course

#### **Course sessions:**

- Case study discussions
- Guest protagonist appearances
- Faculty topic lectures

## Strategy for Health Care Delivery Leadership Workshop

January 2018

	Wednesday, January 3 Hawes 303	Thursday, January 4 McCollum 202	Friday, January 5 McCollum 202
7:00	<b>Media Needs:</b>	Breakfast (6:30AM-7:40AM)	Breakfast (7:00AM-8:00AM)
7:15	* All sessions should have the following functionality:		
7:30	ICC = In-classroom camera		
7:45	PowerPoint	Discussion Groups (7:40AM-8:30AM)	
8:00	Microphone		Discussion Groups (8:00AM-8:50AM)
8:15	Media Player/ videos	Topic Lecture: (8:45AM-9:00AM) Introduction to TDABC in Health Care (Bob Kaplan)	
8:30	MS Tech at each session break	Session 2: (9:00AM - 10:30AM) Case: The Schon Klinik: Measuring Cost and Value Bob Kaplan (confirmed 2018)	Session 6: (9:00AM-10:15AM) Case: Children's Hospital of Philadelphia Thomas Feeley (confirmed 2018)
8:45	Document Camera on standby		
9:00			
9:15	**A live videographer will be required as notated		
9:30			
9:45	Please contact Jennifer Bates with any questions jbates@hbs.edu, cell (540) 359-2280		
10:00		Session 2 Protagonist Video (10:30AM - 10:45AM) Axel Fisher video (confirmed 2018)	Session 6 Case Protagonist: (10:15AM-10:45AM) Amy Lambert and Madeline Bell (video conference)
10:15		Break: (10:45AM - 11:00AM)	
10:30		Session 3: (11:00AM - 12:15PM) Case: Texas Children's Hospital Amitabh Chandra (confirmed 2018)	Break: (10:45AM - 11:00AM)
10:45			Session 7: (11:00AM-12:15PM) Case: Cleveland Clinic: Transformation and Growth Michael Porter (confirmed for 2018)
11:00	Registration (11:00AM-4:00PM)	Session 3 Protagonist video (12:15PM-12:30PM) Chuck Fraser video (confirmed 2018)	Session 7 Case Protagonist: (12:15PM-12:45PM) Ann Huston (video conference)
11:15		Lunch: (12:30PM-1:30PM)	Group Photo: (12:45PM - 1:00PM)
11:30			Topic Lecture: (1:00PM - 1:45PM) System Integration & Growth
11:45		Topic Lecture: (1:30PM - 2:15PM) Outcomes Measurement in Practice Christina Akerman (confirmed)	System Integration & Growth Michael Porter
12:00		Break (2:15PM-2:30PM)	Wrap Up: (1:45 - 2:00PM) Michael Porter
12:15		Session 4: (2:30 PM-3:45 PM) Case: OrthoChoice: Bundled Payments in the County of Stockholm Bob Kaplan (confirmed for 2018)	Lunch and Departure (2:00PM-5:00PM)
12:30		Topic Lecture: Payment (3:45PM - 4:15PM) Bob Kaplan	
12:45		Break: (4:15PM-4:30PM)	
1:00		Session 5: (4:30 PM-5:45 PM) Case: Oak Street Health Tom Lee (confirmed)	
1:15			
1:30		Session 5: Case Protagonist: (5:45PM - 6:30PM) Geoff Price (video conference)	
1:45		Topic Lecture: Primary Care (6:30PM - 6:45PM) Tom Lee (confirmed)	
2:00		Reception and Dinner (6:45PM)	
2:15			
2:30			
2:45			
3:00			
3:15			
3:30			
3:45			
4:00			
4:15			
4:30	Welcome: (4:30PM - 4:45PM) Bob Kaplan		
4:45	Session 1: (4:45PM - 6:00PM) Case: The University of Texas MD Anderson Cancer Center: Interdisciplinary Cancer Care Michael Porter (confirmed 2018)		
5:00			
5:15			
5:30			
5:45			
6:00	Session 1: Case Protagonist: (6:00PM - 6:45PM) Ehab Hanna, Medical Director Head and Neck Center (confirmed 2018) **Videographer		
6:15			
6:30			
6:45	Break (6:45PM-7:00PM)		
7:00	Topic Lecture: (7:00PM - 7:40PM) Introduction to Value-Based Health Care Delivery (Porter)		
7:15			
7:30	Buffet Dinner: (7:40PM)		
7:45			
8:00			

## Value Measurement in Health Care

**August 2018**

Time	Monday, August 6	Tuesday, August 7	Wednesday, August 8
	<b>Hawes 301</b>	<b>Hawes 301</b>	<b>Hawes 301</b>
8:30 AM		<b>Topic Lecture (8:30 am - 9:15 am)</b>	<b>Session 6: (8:30 am - 9:45 am)</b>
8:45 AM		<b>TDABC in Theory and Practice</b>	Case: Navy Medicine: Implementing Value-Based Health
9:00 AM		<i>Bob Kaplan</i>	<i>Mary Witkowski (confirmed 7/19)</i>
9:15 AM	<b>Media Needs:</b>	<b>Session 3: (9:15 am - 10:15 am)</b>	<b>*videographer</b>
9:30 AM	<b>All sessions should have the following</b>	Case: Martini Klinik	
9:45 AM	<b>ICC = In-classroom camera</b>	<i>Tom Feeley</i>	<b>Case Protagonist: (9:45am - 10:15 am) *videographer</b>
10:00 AM	<b>PowerPoint</b>		<i>VADM C. Forrest Faison III, Surgeon General of US Navy</i>
10:15 AM	<b>Microphone</b>	<b>Case Protagonist (10:15 am - 10:20 am)</b>	<b>Break (10:15 am - 10:30 am)</b>
10:30 AM	<b>Media Player/ videos</b>	<i>Video of Dr. Huland (unavailable via video conference)</i>	<b>Leading Change Session (10:30 am - 11:00 am)</b>
10:45 AM	<b>MS Tech at each session break</b>	<b>Break: (10:20 am - 10:30 am)</b>	<i>Bob Kaplan, Bob Putnam (confirmed 7/18)</i>
11:00 AM	<b>Document Camera on standby</b>	<b>Outcome Measurement Topic Lectures &amp; Discussion (10:30 am - 12:15 pm)</b>	<b>Session 7: (11:00 am - 12:15 pm)</b>
11:15 AM		<i>Tom Feeley, Andrea Pusic and Chris Gibbons (confirmed)</i>	Case: Medtronic
11:30 AM	<b>**A live videographer will be required as noted</b>		<i>Bob Kaplan</i>
11:45 AM			<b>*videographer</b>
12:00 PM		<b>Lunch: (12:15pm - 1:30 pm)</b>	
12:15 PM		Chao Center, buffet lunch	<b>Case Protagonist: (12:15 pm - 12:45 pm) *videographer</b>
12:30 PM		Group discussions at lunch table	<i>Jude Wimberger, Program Director for VBHC</i>
12:45 PM			<b>Evaluations: (12:45 pm - 1:00 pm)</b>
1:00 PM			<b>Light Lunch: (1:00 pm - 1:15 pm) Lunch in the classroom</b>
1:15 PM		<b>Session 4: (1:30 pm - 2:45 pm)</b>	<b>"Stump the Professor" Q&amp;A, Take Aways &amp; Wrap Up (1:15 pm - 2:15 pm)</b>
1:30 PM		Case: OrthoChoice: Bundled Payments in the County	<i>Bob Kaplan (Questions submitted in advance)</i>
1:45 PM		<i>Mary Witkowski</i>	
2:00 PM	<b>Welcome: (2:00 pm - 2:15 pm) Bob Kaplan</b>		
2:15 PM	<b>Session 1: (2:15 pm - 3:30 pm)</b>	<b>Topic Lecture: Payment (2:45 pm - 3:30 pm)</b>	
2:30 PM	Case: Texas Children's Hospital	<i>Mary Witkowski</i>	
2:45 PM	<i>Amitabh Chandra (confirmed 7/24)</i>		
3:00 PM			
3:15 PM	<b>Case Protagonist: (3:30 pm - 3:45 pm)</b>	<b>Break: (3:30 pm - 3:45 pm)</b>	
3:30 PM	<i>Video of Dr. Chuck Fraser</i>		
3:45 PM	<b>Break: (3:45 pm - 4:00 pm)</b>	<b>Session 5: (3:45 pm - 5:00 pm)</b>	
4:00 PM	<b>Session 2: (4:00 pm - 5:30 pm)</b>	Case: Oak Street Health	
4:15 PM	Case: Boston Children's Hospital	<i>Leemore Dafny (confirmed 7/16)</i>	
4:30 PM	<i>Bob Kaplan</i>		
4:45 PM			
5:00 PM		<b>Case Protagonist: (5:00 pm - 5:30 pm)</b>	
5:15 PM	<b>Case Protagonist (5:30 pm - 6:00 pm)</b>	<i>Dr. Griffin Myers, CMO (confirmed 4/27) *videographer</i>	
5:30 PM	<i>Dr. Peter Waters (confirmed 8/1) *videographer</i>	<b>Topic Lecture: Primary Care (5:30 pm - 6:00 pm)</b>	
5:45 PM	<b>Short Break: (6:00 pm - 6:05 pm)</b>	<i>Tom Lee (confirmed 8/3)</i>	
6:00 PM	<b>Topic Lecture: (6:05 pm - 6:45 pm)</b>	<b>Group Photo (6:00 pm - 6:15 pm) Hawes 302</b>	
6:15 PM	Intro. To Value-Based Health Care Delivery	<b>Dinner: (6:15) Chao Center, buffet dinner</b>	
6:30 PM	<i>Bob Kaplan</i>		
6:45 PM	<b>Dinner: (6:45 pm) Chao Center, buffet dinner</b>		
7:00 PM			

## Value-Based Health Care Delivery Intensive Seminar

**January 2018**

	Monday, January 8, 2018	Tuesday, January 9, 2018	Wednesday, January 10, 2018	Thursday, January 11, 2018	Friday, January 12, 2018
	Hawes 102	Hawes 102	Hawes 102	Hawes 102	Hawes 102
9:00	<b>Welcome: (9:00 am -9:15 am)</b>	<b>Session 4: (9:00 am - 10:00 am)</b>	<b>Session 6: (9:00 am - 10:15 am)</b>	<b>Session 9: (9:00 am - 10:15 am)</b>	<b>Session 12: (9:00 am - 10:30 am)</b>
9:15	<b>Session 1: (9:15 am -10:30 am)</b>	Case: Martini Klinik	Case: Schon Klinik: Measuring Cost and Value	Case: Kaiser Colorado	Case: Cleveland Clinic: Growth Strategy 2015
9:30	Case: MD Anderson Cancer Center	<i>Caleb Stowell</i>	<i>Bob Kaplan</i>	<i>Bob Kaplan</i>	<i>Elizabeth Teisberg</i>
9:45	<i>Michael Porter (confirmed 2018)</i>				
10:00		<b>Dr. Hartwig Huland Video (10:00 am - 10:15 am)</b>			
10:15		Break: (10:15 am - 10:30 am)	<b>Case Protagonist Video: (10:15 am-10:30 am)</b>	<b>Protagonist: (10:15 am - 10:45 am)</b>	
10:30	<b>Case Protagonist: (10:30 am-11:00 am)</b>	<b>Topic Lecture: Outcome Measurement</b>	<b>Topic Lecture: Cost Measurement and current</b>	<i>Sara Armijo (via video conference)</i>	Break: (10:30 am - 10:45 am)
10:45	<i>Stephen Hahn, COO</i>	<b>(10:30 am - 11:30 am)</b>	<b>projects (10:30 am - 11:00 am)</b>	Break: (10:45 am -11:00 am)	<b>Protagonist Session: (10:45 am - 11:30 am)</b>
11:00	Break: (11:00 am-11:15 am)	<i>Tom Feeley and Christina Akerman</i>	Break: (11:00 am -11:15 am)	<b>Session 10: (11:00 am - 12:15 pm)</b>	<i>Ann Huston (via video conference)</i>
11:15	<b>Topic Lecture: Intro. to Value-Based Health</b>	<b>Focused Discussion: Practical Lessons about</b>	<b>Session 7: (11:15 am - 12:30 pm)</b>	Case: Children's Hospital of Philadelphia	<b>Topic Lecture: System Integration</b>
11:30	<b>Care Delivery and IPUs in multiple care</b>	<b>Outcome Measurement (11:30 am - 12:30 pm)</b>	Case: OrthoChoice: Bundled Payments in the	<i>Thomas Feeley</i>	<b>and Growth (11:30 am - 12:15 pm)</b>
11:45	<b>settings (11:15 am-12:15 pm)</b>	<i>Tom Feeley, ICHOM, Regan Bergmark, Steve</i>	of Stockholm		<i>Michael Porter</i>
12:00		<i>Flaherty</i>	<i>Mary Witkowski</i>		
12:15	Lunch and Preparation: (12:15 pm - 1:15 pm)	Lunch and Preparation: (12:30 pm - 1:30 pm)	Lunch and Preparation: (12:30 pm - 1:30 pm)	<b>Case Protagonist (12:15 pm - 12:45 pm)</b>	<b>Discussion and Wrap up: (12:15 pm -1:00</b>
12:30				<i>Amy Lambert (via video conference)</i>	<i>Michael Porter</i>
12:45				Lunch and Preparation: (12:45 pm - 1:45 pm)	
1:00					
1:15	<b>Session 2: (1:15 pm - 2:45 pm)</b>	<b>Session 5: (1:30 pm - 2:45 pm)</b>	<b>Topic Lecture: Payment</b>	<b>Session 11: (1:45 pm - 3:15 pm)</b>	
1:30	Case: Boston Children's Hospital	Case: Oak Street Health	<b>(1:30 pm - 2:15 pm)</b>	Case: Vanderbilt	
1:45	<i>Amitabh Chandra</i>	<i>Leemore Dafny</i>	<i>Mary Witkowski</i>	<i>Michael Porter</i>	
2:00			Break: (2:15 pm -2:30 pm)		
2:15			<b>Session 8: (2:30 pm - 3:30 pm)</b>		
2:30	<b>Case Protagonist: (2:45 pm - 3:00 pm)</b>	<b>Case Protagonist: (2:45 pm - 3:30 pm)</b>	Case: Medtronic		
2:45	<i>Dr. John Meara video</i>	<i>Griffin Myers</i>	<i>Bob Kaplan</i>		
3:00	Break: (3:00 pm - 3:15 pm)			<b>Case Protagonist: (3:15 pm - 4:00 pm)</b>	
3:15	<b>Session 3: (3:15 pm - 4:30 pm)</b>	Break: (3:30 pm - 3:45 pm)	<b>Case Protagonist: (3:30 pm - 4:15 pm)</b>	<i>Jeff Balsler</i>	
3:30	Case: Texas Children's Hospital	<b>Topic Lecture: Putting the Value Framework</b>	<i>Alexandra Clyde</i>		
3:45	<i>Amitabh Chandra(Zach Landman had flu)</i>	<b>Into Practice (3:45 pm - 4:45 pm)</b>		Group Photo: (4:00 pm -4:30 pm)	
4:00		<i>Thomas Feeley</i>			
4:15				<b>Topic Lecture: Why Value-Based Health Care</b>	
4:30	<b>Dr. Chuck Fraser Video: (4:30 pm - 4:45 pm)</b>			<b>Is Important for Physicians (4:30 pm - 5:30 pm)</b>	
4:45				<i>Kevin Bozic</i>	
5:00					
5:15					
5:30					

## Partners Value-Based Health Care Delivery Seminar

**January 2018**

Time	Wednesday, January 10th	Thursday, January 11th	Friday, January 12th
	<b>Hawes 201</b>	<b>Hawes 201</b>	<b>Hawes 201</b>
8:00 AM			<b>Session 7: (8:00AM - 9:15AM)</b> Case: Cleveland Clinic <i>Liz Mort</i>
8:15 AM			
8:30 AM			
8:45 AM			
9:00 AM	<b>Welcome and Intro: (9:00AM- 9:30AM)</b>	<b>Session 4: (9:00AM- 10:30AM)</b>	
9:15 AM	<i>Dr. Michael Jaff</i>	Case: Boston Children's <i>Amitabh Chandra</i>	<b>Case Protagonist (9:15 AM - 9:45 AM)</b> <i>Ann Huston</i>
9:30 AM	<b>Session 1: (9:30AM - 10:45 AM)</b>		<b>Break (9:45 AM- 10:00 PM)</b>
9:45 AM	Case: Texas Children's Hospital: Congenital Heart Care		<b>Topic Lecture: (10:00AM-11:00 AM)</b> Value-Based Health Care at Partners/ Wrap Up
10:00 AM	<i>Michael Porter</i>		<i>Dr. David Torchiana</i>
10:15 AM			
10:30 AM		<b>Case Protagonist video (10:30 AM - 10:45 AM)</b>	
10:45 AM	<b>Case Protagonist Video (10:45 AM-11:00 AM)</b>	<b>Break (10:45AM- 11:00AM)</b>	
11:00 AM	<b>Break (11:00 AM - 11:15 AM)</b>	<b>Topic Lecture: (11:00 AM - 11:45 AM)</b>	
11:15 AM	<b>Topic Lecture: (11:15 AM- 12:15 PM)</b>	Cost Measurement and Overview of Projects	
11:30 AM	Intro. to Value-Based Health Care Delivery/IPU	<i>Bob Kaplan</i>	
11:45 AM	<i>Michael Porter</i>	<b>Lunch: 11:45 AM-12:45 PM</b>	
12:00 PM			
12:15 PM	<b>Lunch: 12:15 PM-1:15 PM</b>		
12:30 PM			
12:45 PM		<b>Session 5: (12:45 PM-1:45 PM)</b>	
1:00 PM		Case: OrthoChoice	
1:15 PM	<b>Session 2: (1:15PM- 2:30PM)</b>	<i>Mary Witkowski</i>	
1:30 PM	Case: Oak Street Health		
1:45 PM	<i>Leemore Dafny</i>	<b>Payment Topic Lecture: (1:45 PM - 2:30 PM)</b>	
2:00 PM		<i>Mary Witkowski</i>	
2:15 PM			
2:30 PM	<b>Case Protagonist (2:30PM - 3:00 PM)</b>	<b>Break (2:30 PM - 2:45 PM)</b>	
2:45 PM	<i>Griffin Myers</i>	<b>Session 6: (2:45 PM-4:00 PM)</b>	
3:00 PM		Case: PIH Community Care in Haiti	
3:15 PM	<b>Break (3:00 PM - 3:15 PM)</b>	<i>Bob Kaplan</i>	
3:30 PM	<b>Session 3: (3:15 PM- 4:15 PM)</b>		
3:30 PM	Case: Martini Klinik		
3:45 PM	<i>Tom Feeley</i>		
4:00 PM		<b>Case Protagonist (4:00 PM - 4:45 PM)</b>	
4:15 PM	<b>Case Protagonist video (4:15 PM - 4:30 PM)</b>	<i>none</i>	
4:30 PM	<b>Topic Lecture: (4:30 PM- 5:45PM)</b>		
4:45 PM	Outcomes Measurement and PROMs		
5:00 PM	<i>Tom Feeley, Christina Akerman, Regan Bergmark,</i>		
5:15 PM	<i>Steve Flaherty and Tom Sequist</i>		
5:30 PM			
5:45 PM	<b>Networking Time (5:45 PM- 7:00PM)</b>		
6:00 PM			

## **Global Health Delivery Project and Curriculum**

The world is focused as never before on averting millions of preventable deaths from diseases in resource-poor settings domestically and abroad. Unprecedented new funding is being invested to provide care to and discover new treatments. While potentially a lifeline for millions, this new focus has also put a glaring spotlight on our ability—or inability—to effectively utilize new and existing treatments and deliver care to those who need it.

The Harvard Global Health Delivery project, a joint project of Harvard Medical School, Brigham and Women's Hospital, and Partner's in Health, in association with Harvard Business School's Institute for Strategy and Competitiveness, is dedicated to conducting research and developing educational programs supporting the value-based design and management of health care delivery systems in resource poor settings. By taking an overall strategic perspective that emphasizes value, the project aims to bridge the gap between known science and the delivery of care in the field. The project seeks to develop rigorous frameworks for understanding and improving health care delivery systems, drawing on a body of field-based case studies supplemented by empirical research.

Drs. Jim Yong Kim, Rebecca Weintraub, and Joe Rhatigan, along with a team of researchers at the Harvard School of Public Health and Harvard Medical School, worked with Prof. Porter and the Institute for Strategy and Competitiveness, to develop a case-based curriculum examining value-based health care delivery in resource-poor settings.

For additional information about the Global Health Delivery Project and curriculum, please see <http://globalhealthdelivery.org/> or contact Executive Director Rebecca Weintraub at [rebecca@globalhealthdelivery.org](mailto:rebecca@globalhealthdelivery.org)



### **Case Study Access and Purchasing**

All published Harvard Business School cases are available through Harvard Business School Publishing (HBSP) at: <http://harvardbusiness.org/>

*Please note that **anyone wishing to purchase a Teaching Note must register with HBSP as an educator.***

Academic customers may contact HBSP directly by phone, fax, or email:

- Phone: (800) 545-7685 or (617) 783-7600 outside U.S. and Canada
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Additional HBSP contact information for HBSP is available at:

<http://harvardbusiness.org/mailing-and-telephone>

Global Health Delivery cases (with the exception of Partners in Health: HIV Care in Rwanda) are available free-of-charge through Harvard Business School Publishing. Please visit

<http://www.ghdonline.org/cases/> for more information.

### **Additional Information**

If you have questions about the Value-Based Health Care Delivery curriculum or you wish to discuss how you and your school might incorporate this material into your courses, please contact the following member of the Institute for Strategy and Competitiveness health care team:

- Jennifer Bates, Health Care Program Manager

Please note that the *Value-Based Health Care Delivery* curriculum is still under development, and our capacity to work directly with other universities beyond the information presented in this overview is limited.

For a current list of published health care case studies and information about the Value-Based Health Care Delivery curriculum, please visit our website:

[http://www.hbs.edu/rhc/health\\_care\\_delivery\\_curriculum.html](http://www.hbs.edu/rhc/health_care_delivery_curriculum.html)