Ontario’s Southlake Regional Health Center leads the way in exploring innovative, value-based healthcare solutions.

Heather Stevens has lived with a pacemaker most of her adult life.

“If it wasn’t for pacemakers, I wouldn’t be here,” she said.

In 2017, a life-threatening infection developed after a pacemaker replacement procedure, requiring doctors to explant the device and leads. What happened next was an unexpected turning point for Heather, made possible because of a new approach to purchasing by Ontario hospitals called “innovative procurement.”

“We were looking for a strategy that would not only achieve value for money but would also achieve our goal of adopting new innovation into our heart program.”

Janice Allen, Director, Regional Cardiac Care Program at Southlake Regional Health Center

INNOVATIVE PROCUREMENT OPENS THE DOOR TO NEW TECH

Following new recommendations from the Ontario Health Innovation Council regarding procurement practices, Southlake began an “innovative procurement” process. This meant considering:

- The value of a product or service, beyond just its price
- Improved outcomes for patients, faster recovery time, or reduced risk of rehospitalization
- Longevity of a device; and
- The most appropriate product or service for each individual patient.

As part of the process, Southlake engaged in “competitive dialogue” with various healthcare companies. Partnering with Medtronic Integrated Health Solutions, for example, the Southlake team started looking for ways to improve operational efficiency and streamline medical procedures. Anticipating savings from operational improvements, Southlake could reallocate funds towards the latest in treatment options. And having access to the most advanced medical technology may lead to better patient outcomes.

76% of respondents identified policies, directives, and procurement rules as major barriers to innovation adoption

In Canada’s single-payer health system, buying medical products or services has traditionally focused primarily on lowest price. In a 2016 survey across 23 hospitals making up the Council of Academic Hospitals of Ontario (CAHO), 76% of respondents identified policies, directives, and procurement rules as major barriers to innovation adoption within their organizations.

At Southlake Regional Health Center in Newmarket, Ontario, though, the cardiac care team recently tried a new approach that supporters say could revolutionize Canadian healthcare.
PARTNERS PRIORITIZE IMPROVED OUTCOMES

The experiment came with permission and a grant from the Ontario Ministry of Government and Consumer Services.

“I think if any of us stood in front of a white board and redesigned the delivery of healthcare in Ontario, we would focus on competitive dialogue and innovative procurement,” said Bill Charnetski, Chief Health Innovation Strategist for the province of Ontario. “These have the potential — if used across the system — to enhance the focus on patient outcomes and come to the appropriate method of getting to those outcomes at the right cost, measured across the patient journey through the system.”

Dr. Wulffhart said partnerships with healthcare companies will be important to the success of such programs. “Our relationships with the industry have to change,” he said. “We have to stop thinking of them as vendors and more as partners in care. They all have a commitment to a better quality of life for their patients, just as we do.”

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Dr. Zaev Wulffhart, Physician Leader, Regional Cardiac Care Program at Southlake

Heather is now back at work and back to enjoying life with her family and friends. She had never heard of innovative procurement, but she appreciates what it’s done for her. And she hopes other Canadians will soon benefit from it too.

“I feel great. Better than I have in a long time. To go from feeling poorly to feeling like a million dollars, is priceless. That’s the only word.”

GIVING PATIENTS THE BEST ADVANTAGE

Thanks to innovative procurement and competitive dialogue, Southlake’s heart rhythm team was able to implant a leadless pacemaker to help Heather. Because it’s implanted inside the heart without traditional surgery, and because it has no leads connecting it to the heart, the risk of infection for Heather was much lower. Under Ontario’s standard approach to procurement, she likely would have received another traditional pacemaker, or been forced to go to another hospital hours from home.

“This whole process not only benefits our institution and the Ministry in terms of funding, but it also benefits the patients,” said Dr. Zaev Wulffhart, physician leader of the Regional Cardiac Care Program at Southlake. “Giving our patients the best advantage is the most significant thing we can achieve.”

The Council of Academic Hospitals of Ontario (CAHO) recently published “The Art of the Possible: A Quick Reference Guide to Ontario BPS Procurement Myths.” The paper looks at the Ontario Broader Public Sector Procurement Directive and addresses a number of misinterpretations or “myths” that cause barriers to innovation adoption.1

Let’s go Further, Together.
ADDITIONAL DEVICE INFORMATION

An implantable pacemaker system relieves symptoms of heart rhythm disturbances. They do this by restoring normal heart rates. A normal heart rate provides your body with the proper amount of blood circulation. The pacemaker system is intended for patients who need rate-adaptive pacing or chronic pacing.

Risks associated with the Micra Transcatheter Pacing System (Micra) implant include, but are not limited to, complications at the surgical site, injury to the heart where the device is attached such as pericardial effusion (fluid around the heart) and/or sensitivity to the device material, failure to deliver therapy when it is needed, or receiving extra therapy when it is not needed. After receiving a Micra, you will have limitations with certain magnetic and electromagnetic radiation, electric or gas powered appliances and tools in which you are allowed to be in contact.

Once implanted, removal of the Micra after it has become encapsulated may be difficult because of the development of fibrotic tissue. At such time, your physician has the option of permanently turning off the Micra, and leaving it in the heart.

This treatment is prescribed by your physician. This treatment is not for everyone. Please talk to your doctor to see if it is right for you. Your physician should discuss all potential benefits and risks with you. Although many patients benefit from the use of this treatment, results may vary. For further information, please call the Medtronic US toll-free number at 1-800-551-5544 (7:00 a.m. to 6:00 p.m., Monday–Friday, Central Time) or see the Medtronic website at www.medtronic.com or Medtronic Canada toll-free number at 1-888-660-4616 (9:00 a.m. to 8:00 p.m., Monday–Friday).

REFERENCE