

What Works



cutting through complexity

KPMG GLOBAL HEALTHCARE

Staying Power

Success stories in global healthcare

KPMG INTERNATIONAL

kpmg.com/whatworks



cutting through complexity

A new vision for healthcare

In healthcare, every patient is unique yet many of the challenges facing their healthcare systems are similar.

KPMG practitioners spanning 155 countries in our global network help clients see their biggest issues clearly, delivering solutions that help change the face of health.

Take a closer look at
kpmg.com/healthcare

Table of Contents

Introduction	04
Acknowledgements	06
Principles underlying healthcare transformation: How to do it	08
1. Long-term thinking for short-term problems	08
2. Question, challenge, criticize	11
3. Do not deviate from your chosen path	12
4. The future starts now	15
Practical ways to make change happen: What to do	16
5. Not just closer to home – but care at home	16
6. Information is power – but only when it is the right information	19
7. Engaged people deliver value	21
8. Change is not a one organization show	24
9. Patients are the solution – not the problem	27
Conclusions	32

Introduction

‘Keep calm and carry on’ is a typically under-stated British expression made during times of uncertainty and change. The phrase might equally be applied to the tectonic changes taking place in healthcare across the world. In this light, KPMG gathered together 65 healthcare leaders from 30 countries across six continents to discuss effective strategies for successful transformation. Our discussions were centered around seven key themes ranging from population health and accountable care to clinical and operational excellence. The pages that follow give but a glimpse of the insights shared between different characters, cultures and countries (see overleaf for a list of those involved).

What became clear throughout our discussions and provocations was, paradoxically, both reassuring and daunting. While a restless curiosity for improvement, coupled with an enthusiasm towards innovation, is essential for successful change and adaptation, it's the ability to stay the course that marked out truly exceptional people, performance and progress. Staying power or ‘persistence on point’ is needed to achieve sustainable results. This will reassure those with well-considered long-term goals but will daunt those easily distracted by fleeting fads, political fashions or ‘flavor of the month’ policies. As Jim Collins recounted in his story about Roald Amundsen and Robert Falcon Scott seeking to be the first to the South Pole in 1911, success came to the team that were most disciplined and displayed controlled consistency in the most trying circumstances.

Whether it was the Keiju Healthcare System in Japan, Apollo Hospitals Group in India, Hospital Sírio Libanês, in Brazil, Discovery Health in South Africa, University Hospitals Birmingham in the UK or Geisinger Health System in the US, the ability to maintain clear

values, vision and long-term goals – while exhibiting tactical flexibility and organizational agility along the way – enabled sustainable progress to be made. These organizations and others exhibited some common characteristics that emanated from a humble but strong sense of purpose that could withstand external pressures. Of course, success does not only come from discipline but the ability to master tools and techniques that give organizations the edge and confidence to take controlled and calculated risks.

Finally, it became clear that organizations which had transformed

into health systems (vertically or horizontally) and authentically partnered with patients were creating more value through these new care pathways: delivering superior quality at affordable costs. The ability to control and construct care pathways across and between home, primary, community and secondary care seems to offer new possibilities for accountable care and population health, all supported by intelligent data. As Maureen Bisognano of the Institute for Healthcare Improvement in the US put it, “Getting to the triple aim of better health, better care and lower cost will require new



Dr. Mark Britnell – Chairman and Partner, KPMG Global Health Practice, UK; Rt. Hon. Jeremy Hunt MP – Secretary of State for Health, UK

models of care....with patients and families as key drivers”

A report like this cannot do justice to all the discussions that took place but our guests and KPMG partners have co-produced this ‘practice-leadership’ piece in the hope that you will be inspired to ‘carry on’.

Dr. Mark Britnell

Chairman & Partner
KPMG Global Health Practice

@markbritnell

Presentation available at:
<http://slidesha.re/1u2SX5N>



Maureen Bisognano – President and CEO, Institute for Healthcare Improvement, US



Allan Yeo – KPMG in Singapore; Amit Mookim – India; Dr. Wang-Jun Lee – CEO and Chairman, MyongJi Hospital, South Korea;
Nkata Chuku – KPMG in Nigeria

Acknowledgements: Speakers and guests

We wish to express our sincere thanks to the participants and contributors to this report.



Vektis

Mr. Herman Bennema
General Director



Monitor

Dr. David Bennett
CEO



Institute for Healthcare Improvement (IHI)

Ms. Maureen Bisognano
President and CEO



Swiss Medical Group

Mr. Miguel Carlos Blanco
Director General



Buurtzorg Netherlands

Mr. Jos de Blok
Director



Centers for Medicare & Medicaid Services (CMS)

Ms. Julie Boughn,
Former Deputy Director,
Center for Medicaid and CHIP
Services Former CIO



Menzis

Mr. Roger van Boxel
CEO



Memorial Sloan Kettering Cancer Center

Murray Brennan, MD
Vice President for
International Programs



Discovery Health

Dr. Jonny Broomberg
CEO



Hospital Sírio Libanês

Paulo Chapchap, MD
Strategy Director



Karolinska University Hospital

Dr. Soki Choi
Project Leader of "Nya
Karolinska"



Queensland Department of Health, Health Service and Clinical Innovation Division

Dr. Michael Cleary
Deputy Director-General



South Metropolitan Health Service

Prof. Robyn Collins
Adjunct Associate Professor



Health and Social Care Northern Ireland

Mr. John Compton
CEO



Paul Corrigan

Former health advisor to the
Rt. Hon. Tony Blair



Access Health Connecticut

Mr. Kevin Counihan
CEO



All Party Parliamentary Group on Global Health

Lord Nigel Crisp
Co-Chair



Médica Sur

Mr. Antonio Crosswell
CEO



Salford Royal NHS Foundation Trust

Sir David Dalton
CEO



West/North West Hospitals Group

Mr. Noel Daly
Chairman



Alberta Ministry of Health

Ms. Janet Davidson
Deputy Minister



Nuffield Trust

Mr. Nigel Edwards
CEO



Unfallkrankenhaus Berlin

Prof. Dr. Med. Axel
Eckernkamp
CEO



The Society for Family Health

Sir Bright Ekweremadu
Managing Director



Fundação Antonio Prudente

Mr. Irlau Machado Filho
CEO



Institute Gustave Roussy

Mr. Charles Guepratte
Deputy CEO



Alzheimer's Society

Mr. Jeremy Hughes
CEO



Virginia Mason Medical Center

Andrew Jacobs, MD
Medical Director



Wiener Krankenanstaltenverbund & Magistrat der Stadt Wien

Prof. Dr. med. Udo Janßen
CFO



Keiju Healthcare System

Dr. Masahiro Kanno
CEO



Royal Liverpool and Broadgreen University Hospitals NHS Trust

Mr. Aidan Kehoe
CEO



NHS England

Mr. Tim Kelsey
National Director for Patients
and Information



Faculty Hospital Brno

Dr. Roman Kraus
CEO



Foundation Hospital St Joseph

Mr. Jean-Patrick Lajonchère
CEO



Hygeia Nigeria Limited

Ms. Fola Laoye
Chairman



MyongJi Hospital

Wang-Jun Lee , MD
CEO and Chairman



Department of Health of the Canton Zurich

Mr. Hansjörg Lehmann
Head of Health planning and control



Peking University

Prof. Ling Li
Professor



United Family Healthcare

Ms. Roberta Lipson
Chairwoman



NHS Leadership Academy

Ms. Karen Lynas
Deputy Managing Director



Health and Social Care Board Northern Ireland

Ms. Pamela McCreedy
Director



The Economist

Ms. Anne McElvoy
Editor



Health Service Journal

Mr. Alastair McClellan
Editor



Espria

Mr. Marco Meerdink
CEO



CZ

Mr. Wim van der Meeren
CEO



Life Healthcare South Africa

Mr. Andre Meyer
CEO



University Hospitals Birmingham NHS Foundation Trust

Dame Julie Moore
CEO



University College London Hospitals NHS Foundation Trust

Sir Robert Naylor
CEO



Singapore Health Services

Prof. Ivy Ng
Group CEO



National Health Service

Sir David Nicholson
Former CEO



Department of Health

Ms. Una O'Brien
Permanent Secretary
Department of Health



The Royal Marsden NHS Foundation Trust

Ms. Cally Palmer
CEO



Narayana Health Group

Ashutosh Raghuvanshi, MD
Vice Chairman, Group CEO



Humanitas

Mr. Luciano Ravera
CEO



Public Health Foundation of India

Prof. K. Srinath Reddy
President



The Investment Fund for Healthcare in Africa

Mr. Onno Schellekens
Managing Director



Apollo Hospitals Group

Lt. Gen. Dr. Mandeep Singh
Director Medical Services



KPJ Healthcare Berhad

Ms. Datin Paduka Siti Sa'diah
Sheikh Bakir
Corporate Advisor



St Joseph's Health System Canada

Dr. Kevin Smith
President and CEO



Geisinger Health System

Dr. Glenn Steele
President and CEO



National Voices

Mr. Jeremy Taylor
CEO



Assuta Medical Centers

Mr. Pinhas Tsruya
CEO



New South Wales Ministry of Health

Mr. Ken Whelan
Deputy Director General

Principles underlying healthcare transformation: **How to do it**

1.

Long-term thinking for short-term problems

73 percent of healthcare leaders believe fundamental change is required in their country's healthcare system. Yet, only **35 percent** feel that such change is needed within their organization.

People with only a passing interest in healthcare are aware that current care models are unsustainable. Those within and outside of the health sector have heard plenty about how ageing populations, chronic disease and insatiable public expectations are placing impossible demands on limited budgets. What they have heard less about is a concrete plan for addressing these huge challenges.

Those within healthcare are also less likely to acknowledge the case for change on their own doorstep. Recent KPMG crowdsourcing research of healthcare leaders around the world reveals that 73 percent believe fundamental change is required in their country's healthcare system. Yet, only 35 percent feel that such change is needed within their own organization.¹

While governments, academics, health administrators and practitioners have

been busy talking about change, other industries have been equally busy delivering it. Media and communications companies, for example, are continually tearing up their old business models and introducing innovative new products and services that embrace the digital age. At the same time, retailers are widening the choice and quality of products, thanks to enhanced supply chain management that makes use of global sourcing.

In the search for a future vision of healthcare, it is all too easy to park the immediate problems of financial constraints and unsatisfied patients. However, a failure to address today's pressing needs could threaten the very survival of many institutions. Organizations such as the Virginia Mason Medical Center in the US have come a considerable distance down the road of transformation by recognizing that short-term difficulties are largely caused by inappropriate business models.

“Getting to the triple aim of better health, better care, and lower per capita costs will require new designs and models of care. This can only be achieved by real co-production of care, with patients and families as key drivers.”

Maureen Bisognano

President and CEO, Institute for Healthcare Improvement

1. KPMG's global healthcare crowdsourcing research project was conducted from March to May, 2014 involving 555 members representing more than 50 countries.



Andrew Jacobs, MD – Medical Director, Virginia Mason Medical Center, US

A consistent vision: Virginia Mason (US)

Virginia Mason Medical Center is recognized as a story of what is possible when organizations focus on transformative solutions to seemingly transactional problems. The hospital and medical center in Seattle, WA, US, has succeeded where many others have failed in evolving a completely new model of care thanks to their consistency of purpose over the last 15 years.

The picture was very different back in 2000, when the challenge appeared to be less about long-term strategy and more about survival: there were critical challenges to the organization's financial viability, quality and ability to retain the best talent. Unlike most of its peers, Virginia Mason chose not to go for the quick fix, but set out on a journey that, a decade and a half later, sees it lauded worldwide for its ability to raise clinical standards and improve outcomes, while reducing costs.

The cornerstones of this achievement are:

- a shared vision
- visible and committed leadership
- aligned expectations
- transparency
- a constant sense of urgency
- continuous improvement.

Over time, this approach has had a dramatic effect on both quality and cost.

Source: Blackmore Mecklenberg and Kaplan in Health Affairs 2011 pp 1680 and 1687 *At Virginia Mason Collaboration among providers employers and health plans to transform care cuts costs and improved quality*

“The proceeds of economic growth will have a social dividend which includes improved health services and not just sickness services. This provides not just a better society with better health but also ensures further economic growth. China has achieved the platform for this by expanding universal health coverage to nearly the whole population and developing a primary care system that covers rural as well as urban areas.”

Professor Ling Li
Peking University



Prof. Ling Li – Professor, Peking University, People's Republic of China

“India is pioneering innovative healthcare. It is developing private low cost high quality healthcare, such as Aravind Health Care and LifeSpring Hospitals which includes world class tertiary care with global inflow of patients. But it also has several states developing universal healthcare models with a new government elected on a manifesto of implementing healthcare for all.”

Professor K. Srinath Reddy
President, Public Health Foundation of India



Ashutosh Raghuvanshi, MD – Vice Chairman, Group CEO, Narayana Health;
Prof. K. Srinath Reddy – President, Public Health Foundation of India

2. Question, challenge, criticize

The best examples of healthcare transformation involve organizations that constantly seek to improve, by questioning and critiquing existing practices. Virginia Mason's leaders are never satisfied, displaying the kind of restlessness that leads to decisive change.

Mark Rochon, KPMG in Canada, notes that successful organizations often learn from mistakes: not just their own mistakes, but those of other organizations too – particularly in stories of organizational decline.

Self-analysis should be based on fact not opinion, with any arguments backed with hard data.

In advance of the KPMG conference, Murray Brennan, one of the world's foremost oncology specialists and Vice President for International Programs at New York's Memorial Sloan Kettering Cancer Center, was asked to determine whether the current US cancer care model was transferable to other nations. He approached the task in a highly scientific manner, producing four hypotheses:

- US healthcare is the best in the world
- those that can afford the care will come to the US
- US healthcare can be exported
- US cancer care can be exported.

After methodically testing each hypothesis, Murray's conclusion was very different to the one he expected to reach. "The current approach to cancer care in the US is not sustainable or exportable. Wide application of expensive therapy with minimal benefit is not a model that can improve global cancer care."

// The current approach to cancer care in the US is not sustainable or exportable. Wide application of expensive therapy with minimal benefit is not a model that can improve global cancer care. //

Murray Brennan

Vice President for
International Programs,
Memorial Sloan Kettering
Cancer Center



Murray Brennan, MD – Vice President for International Programs, Memorial Sloan Kettering Cancer Center, US

3.

Do not deviate from your chosen path



Wim van der Meeren – CEO, CZ, Netherlands

“It took Einstein ten years of groping through the fog to get the theory of special relativity, and he was a bright guy.”

Jim Collins

*Author, **Good to Great: Why Some Companies Make the Leap... and Others Don't***

Plotting and maintaining a long-term plan calls for persistence and courage as doubts will prevail from all sides, and new fashions will come and go. Naturally, new ideas can enhance the change process, but only in the context of a wider, constant purpose. The success of organizations such as the Geisinger Health System in the US (see page 14) and Apollo Hospitals Group in India are built on decades of consistent strategies, overseen by leaders that have not wavered from their vision.

Initially, it is staff and patients that are most opposed to change. According to Dr. Anna van Poucke, KPMG in the Netherlands, this is not unusual. “There is a strong feeling on the front line that ideas cooked up in the Boardroom do not stand up to the test of day-to-day

clinical practice. Yet it takes time to get ideas across and win hearts and minds – if you’re in too much of a hurry there’s a danger that you try to do too much, too quickly.”

Organizational culture guru Edgar Schein affirmed the need to gain acceptance from clinicians and staff by emphasizing that, “You can’t impose anything on anyone and expect them to be committed to it.” In the US, Virginia Mason management appreciates the need to get inside the heads of their people, to understand their intrinsic motivations, and ensure that the organizational and personal goals and values are aligned, to maximize commitment (see page 9).

Patience is as important as persistence. Trying to change too much, too soon can overstretch and disillusion people.

Dr. Mark Britnell, Chairman and Partner, KPMG Global Health Practice, argues that a step-by-step approach is preferable. “Although an immediate impact can get people interested, it is more important to sustain an environment committed to transformation. The development of a truly coordinated system, focused on population health, cannot be a single ‘big bang’ change project. Organizations are on a much longer journey to build new skills, new ways of being paid and contracting, and a new dynamic between physicians and patients. This calls for skilled change management, experimentation and development across a wide range of activities over considerable time.”



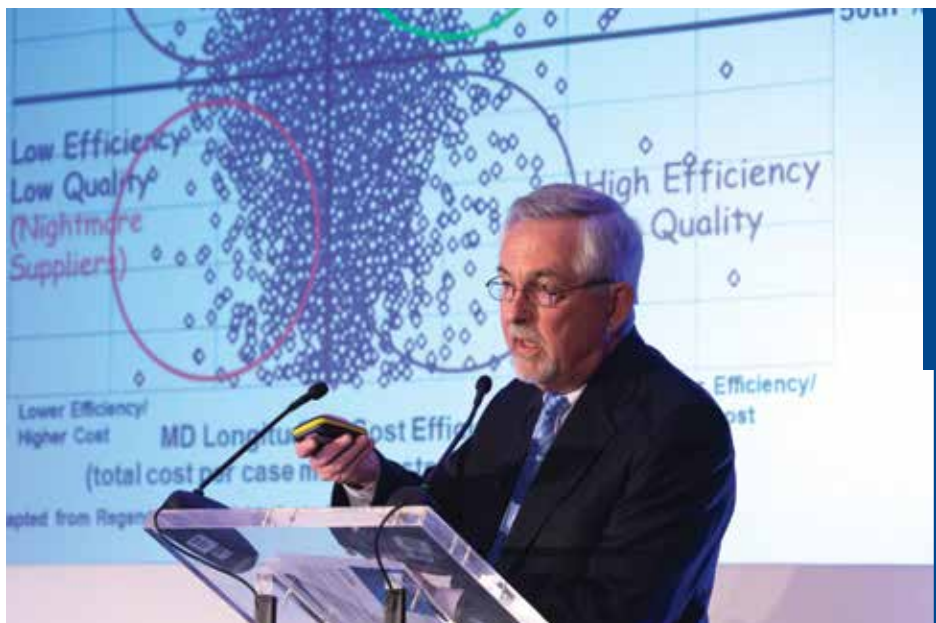
Lt. Gen. Dr. Mandeep Singh – Director Medical Services, Apollo Hospitals Group, India

Apollo Hospitals' three pillars (India)

In just three decades, this health group has become one of India's biggest providers, with 51 hospitals, 1500 pharmacies, 100 primary care and diagnostic clinics, plus 115 telemedicine units across nine countries.

Director Medical Services, Lt. Gen. Dr. Mandeep Singh, explained how this transformation has been based on three pillars:

- **clinical excellence:** ensuring the best outcomes through skilled doctors and minutely detailed protocols.
- **clear cost benefit:** Apollo has consistently delivered the best quality healthcare at low cost by supporting patients to understand their condition, self-manage and return home early. This is all underpinned by a coordinated, multi-disciplinary approach.
- **cutting edge technology:** supporting a health information superstructure that aims to revolutionize healthcare delivery, by providing web-based software applications to mid-size healthcare delivery systems, and a comprehensive database of patient health records, accessible anytime and anywhere.



Dr. Glenn Steele – President and CEO, Geisinger Health System, US

“Although an immediate impact can get people interested, it is more important to sustain an environment committed to transformation.”

Dr. Mark Britnell

Chairman and Partner,
KPMG Global Health Practice

An eye on the long game: Geisinger Health System (US)

Geisinger is rightly seen as an example of long-term health system development. It started 100 years ago in Danville, PA, US and from the beginning of the 21st century developed a vision to ensure that the system would be viable and sustainable over time.

Geisinger is a nonprofit, physician-led, integrated health system serving an area with 2.6 million people in 43 counties of rural northeastern and central Pennsylvania through three acute/tertiary/quaternary hospitals and an alcohol/chemical dependency treatment center. It is a multispecialty group practice employing more than 740 physicians and 50 practice sites including 40 community practice clinics.

The 220,000-member Geisinger Health Plan offers group, individual, and Medicare coverage and contracts with more than 18,000 independent providers including 90 hospitals. It is an organization known for innovation through its Geisinger Center for Health Research.

In the early 21st century they started to:

- build clinical programs as multidisciplinary service lines
- expand their clinical market
- establish a center for health research and promoting the science of translational research
- develop an entrepreneurial arm.

In 2006 having achieved those priorities, the Geisinger team worked collaboratively to identify four strategic priorities for the next five years. These were:

- **quality** — striving for perfection
- **expanding the clinical market** — providing care that is convenient and close to where patients live and work
- **innovation** — developing leading edge methods in patient care, research education and technology
- **securing the legacy** — recruiting, education and training our employees as the key to our future.

In 2011, the Geisinger System Report outlined how it was going to build on the strength and success of recent years to engage in transformation:

"Our unique model and pedigree have enabled us to assume accountability for coordinating and organizing care in order to reduce variability, improve outcomes, align incentives and decrease costs. Change is not a choice it's a necessity in today's environment. Many organizations have a hard time letting go of what they know... Change in their market, their structure, or their way of looking at their mission — is terrifying and often avoided....and this must be the most daunting of all — is that in order to reengineer healthcare to better serve the patient and keep costs under control you have to do everything — everything differently."

Dr. Glenn Steele, President and CEO, Geisinger Health System

4. The future starts now

Although transformation requires a long-term vision and commitment, the immense challenges facing the healthcare sector also call for immediate action. Creating urgency does not mean abandoning principles in favor of short-lived solutions; but it does mean leaders should instill their strategies with a sense of pace.

Companies in faster moving industries are accustomed to adapting swiftly to changes in customer tastes, and healthcare must also become more 'consumerized,' as market forces start to play a greater influence. Any private business that offered outmoded products or services would soon face rapid decline, and health providers are no different.

KPMG's crowdsourcing research of healthcare leaders shows that 35 percent believe fundamental change is required within their organization, but only 19 percent feel their institution is 'very ready' to deliver this change. Similarly, although 57 percent assert that workforce efficiencies would bring significant savings, just 45 percent are confident that their organization has the processes to achieve such efficiencies.

These internal anxieties about organizational readiness reflect a wider fear of change that is not necessarily justified. Any concerns over public opposition to the closing of hospitals or new procedures, should be counterbalanced by the huge desire of citizens to get more involved in healthcare, as evidenced by the surge in health websites and associated social media discussions. Politicians have traditionally been averse to large-scale change. However, in many systems, the situation has become so grave that governments can no longer avoid taking bold decisions about healthcare models.



Dr. Michael Cleary – Deputy Director, Queensland Department of Health, Health Service and Clinical Innovation Division, Australia



Janet Davidson – Deputy Minister, Alberta Ministry of Health, Canada; Dr. Kevin Smith – President and CEO, St Joseph's Health System, Canada

Companies in faster moving industries are accustomed to adapting swiftly to changes in customer tastes, and healthcare must also become more 'consumerized,' to adapt to market forces.

Practical ways to make change happen: **What to do**

5.

Not just closer to home – but care at home



Prof. Ivy Ng – Group CEO, Singapore Health Services

“To deliver transformational healthcare, we need to move beyond the current model of traditional settings, and acknowledge that for many sick, mainly older people, the home is where they need to be treated and where they feel safe.”

Georgina Black
KPMG in Canada

Although most health systems have bought into the idea of moving care out of hospitals and into the community, few have made the next leap towards true, home-based care. Hospitals cannot cope with soaring numbers of (mainly elderly) patients, often suffering from multiple conditions, yet simply shifting them from hospital to local primary and community services would leave those providers overloaded.

Any new care model has to have the patient's home at its center, something that is recognized in Singapore, where integration stretches beyond traditional institutions.

The various assets of the community – acute hospitals, specialty centers, nursing homes, primary clinics, polyclinics, senior care centers and community hospitals – should 'surround' the patient's home, offering appropriate care and support. Many community assets are under-utilized, and medical professionals need to rethink how they can be employed to improve the quality of life for patients, along with remote monitoring and communications technology.

In the UK and US this is referred to respectively as 'hospital at home' and 'the medical home.' Geisinger Health System's ProvenHealth Navigator is one example of a network of advanced medical homes, which has led to reduced hospital readmissions and improved care coordination.

Singapore's strategy for health integration

The set of pressures on healthcare in Singapore are similar to many other countries:

1. rapid growth in population
2. rapid ageing of the population
3. increasing burden of chronic diseases
4. rising cost of healthcare

5. limited health workforce with competing demands
6. rising expectations of patients
7. rising standard of healthcare.

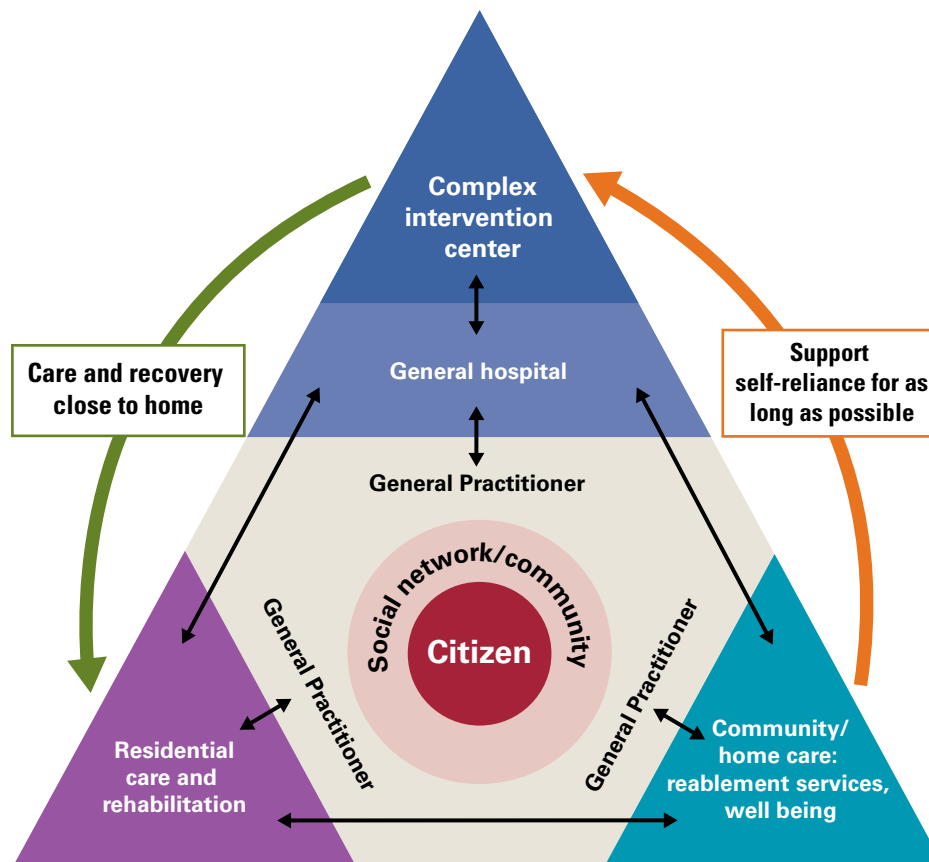
Singapore recognizes that the full range of healthcare interventions need to be organized around the home, rather than traditional institutions.

// The purpose of each of the different interventions around the home is to ensure that more high acuity patients spend more time safely in their own home rather than within a healthcare institution. An organogram such as this asks every location that delivers healthcare to recognize that their crucial role is making the home a more efficient location for high acuity care. **//**

Professor Ivy Ng –
Group CEO, Singapore
Health Services



Figure 1. KPMG model for integrated care



Source: KPMG International, 2014

“We need to rethink our health systems: start with the citizen at the center and work outwards from there. Most healthcare should be delivered close to home by GP’s and caregivers in the vicinity of the patient, with the support of e-health or telemedicine. Patients are only referred to hospitals when care in and around the home is no longer appropriate. From the start of any admission to a care provider, the intention should be to get the patient to return home as quickly as possible. These elements need to be at the core of our future design of regional healthcare systems.”

Dr. Anna van Poucke
KPMG in the Netherlands

6. Information is power – but only when it is the right information

Healthcare's love affair with data is rooted in a centuries-old tradition of rigorous medical testing and research, plus the need to keep detailed patient records. In recent times, the use of information has extended to the boardroom, as leaders seek to carve out new models of care. Respondents to KPMG's crowdsourcing research project say that data is the main driver for transformation. Over two-thirds feel that their organization needs better data in order to change.

In the digital age, the volume of information is increasing exponentially, and there is a danger that the acquisition and analysis of data becomes an end in itself. Selecting the right data, in the right form, has become a critical task.

Every healthcare organization should place an opportunity cost on the data it collects, to ensure that it brings measurable value. Clinical staff should not be expected to waste precious time on gathering information that is never used. Distinguishing the useful from the useless is not as easy as it sounds, because in some cases the value only becomes apparent when data is fused with information from other sources.



Julie Boughn – Former Deputy Director, Center for Medicaid and CHIP Services former CIO, US

“There should be a thorough evaluation of the risks and rewards of investing in big data for healthcare. Small, specific, situational data is more likely to aid practical improvements, with the subsequent outcomes and learnings brought together to assist the big data revolution.”

Crowdsourcing participant, India

Success in real time: University Hospitals Birmingham (UK)

University Hospitals Birmingham (UHB) developed a new approach to using data because the time lag following a retrospective audit meant that clinicians were able to defend poor performance by claiming they had improved since the data was collected. UHB developed an information system which gathered real time patient safety information through the full application of technology. The first step in creating really useful data is to be able to make a strong case for its importance to the organization's overall mission. There was agreement that patient safety mattered to UHB and therefore collecting real time data on patient safety was a part of that mission

rather than being data for data's sake. To ensure that data is used, the ease of presentation is important. So, UHB created simple dashboards that can be built up from wards to the whole hospital. These dashboards make it possible for managers to check whether staff are looking at the data, because if they are not looking at it regularly, then the data will not be used. If front line managerial staff know that their managers think this data is important enough to check on then they will follow and use the data.

With this real time, data led approach, mortality rates at UHB have fallen dramatically compared to other organizations.

The task of collecting data can often seem unimportant and distracting, so leaders need to publicize the positive impact of reports on the organization, to keep staff enthused. The UK's University Hospitals Birmingham (UHB) internationally recognized dataset has helped improve patient safety, and CEO Dame Julie Moore consistently highlights the use of the reports by senior staff.

Hospitals defined as being 'highly reliable' register specific outcomes, centrally and across departments, over the full continuum of care, and include these findings in the planning and management decisions. This gives a base from which to benchmark with other institutions, which in turn leads to rapid improvements and better analysis of the causes of accidents and adverse outcomes.

Data that is easy to access and interpret is far more likely to be used and circulated by staff, patients and the public, thus increasing its value.

UHB demonstrated the importance of first investing in usability before spending hard cash on data development. Together KPMG and UHB have developed an international hospital benchmark that enables hospitals to compare themselves, not just against the best in their country, but the best in the world. To date, over 300 hospitals from around the globe are included in this benchmark, and other universal initiatives are mushrooming.

// One big imperative in health reform is to start exploiting the meaningful re-use of existing healthcare data. By incrementally building on existing transactional data systems, it is possible to produce transformational results that can outperform 'big bang' programs faster at lower cost. Success is most likely where health systems offer patients and providers self-service, with intuitive methods for extracting information from complex systems, without the need for expert support or complicated technical interfaces. //

Dr. Richard S Bakalar
KPMG in the US

// Working with University Hospitals Birmingham in the UK, a system of international hospital benchmarking (IHB) tool has been developed. This international data encourages a hospital to compare with the world's best practice rather than what may be a mid-level best practice of the nation you are in. The IHB not only provides a high level overview of your hospital but also peer comparison and a set of comparisons for individual interventions. //

Dr. Marc Berg
KPMG in the US

7.

Engaged people deliver value

Productivity often increases when clinicians are given freedom to develop their professional activity.

// An often neglected audience is middle level clinical leaders. Yet, more than any other group, they know how your organization actually works and can be an active power behind change. By uncovering their intrinsic commitment to great healthcare, you will find a major driver for transformation. //

Richard Bohmer

Senior Lecturer, Harvard Business School and International Visiting Fellow, The King's Fund

Clinical staff are the power behind healthcare delivery, so any attempt at transformation needs their full commitment. The success of the Virginia Mason Medical Center in the US has been built upon high workforce engagement, giving people an active role in the creation and delivery of its vision.

Productivity often increases when clinicians are given freedom to develop their professional activity. Buurtzorg, a home care organization in the Netherlands (see page 22), has achieved tremendous success by empowering its nurses to provide a full range of care to patients, with very little management direction and a small support team: 45 back office staff for a workforce of 8000 nurses.

Such hierarchical layering may be beyond many organizations, but sets a benchmark of what can be accomplished when staff are trusted to do the best for their patients. The results suggest that,

rather than help, managerial systems may actually hinder productivity and impair employee satisfaction.

Although financial reward typically is a motivator in most sectors, healthcare workers arguably have an almost unique attachment to their patients that goes beyond money. Indeed, many would describe their career as a vocation rather than a job, with a commitment that transcends any particular workplace. Some healthcare leaders may wrongly interpret such a mentality as a lack of loyalty to a particular organization, hence the tendency for clinicians to be seen as 'difficult' employees. Rather than question their commitment, managers should utilize this natural motivation; without the health professionals on their side, change will be very difficult.

Richard Bohmer is an advocate of uncovering and building on intrinsic professional commitments to care.



Richard Bohmer – Senior Lecturer, Harvard Business School and International Visiting Fellow, The King's Fund, UK



Jos de Blok – Director, Buurtzorg Netherlands

He argues that a world-weary cynicism has crept into doctors' world view, depriving organizations of a vital source of energy for change. Richard singled out mid-level clinical leaders as a neglected group with great potential to positively influence transformation.

As KPMG's David Ikkersheim asserts, the concept of 'the workforce' now needs to be extended to include patients, caregivers and communities, all of whom add value to the continuum of care. "Most healthcare organizations talk about being patient-centered, but are they really? By embracing patients as part of the workforce, there is a great potential to improve efficiency and quality of care." This means taking time to understand the motivations of patients, who may need some training to maximize the value they bring. Such an approach is already happening in some emerging countries such as Nigeria.

Trust and autonomy: Buurtzorg (NL)

The Dutch word Buurtzorg means 'neighborhood care,' and this home care provider has a nationwide team of 8000 nurses treating 70,000 patients a year across the Netherlands. Buurtzorg empowers its staff to deliver all the care that patients need (rather than use nursing assistants or cleaners), allowing each nurse to organize their own work, make personal judgments and build strong community relationships. They have a turnover of 260 million Euros, but a back office staff of just 45 – none of which are designated as managers.

Each neighborhood has a small self-steering team which focuses on their locality. The nurses are generalists, concentrated on outcomes and

supported by handheld technology that removes the complexity from the place of care. Such responsibility has proved highly liberating. Freed from excessive hierarchical rules, the nurses have been extremely efficient, reducing the hours of care per patient by 50 percent, while improving quality. Both patient and employee satisfaction levels have risen dramatically, absenteeism is low and, in 2011, Buurtzorg was chosen as the Dutch employer of the year.

The lean back office and flat structure allow the organization to keep costs low. And in a tight labor market, the company continues to attract new nurses keen to work in a fulfilling environment.

// The concept of 'the workforce' now needs to be extended to include patients, caregivers and communities. //

David Ikkersheim
KPMG in the Netherlands



Lord Nigel Crisp – Co-Chair, All Party Parliamentary Group on Global Health, UK

“Health systems in Africa are recognizing that, to develop a sustainable health platform, it is necessary for empowered patients and communities to be fully recognized as an integral part of the workforce. In this area, Africa can teach developing countries a thing or two.”

Lord Nigel Crisp
Co-Chair, All Party Parliamentary
Group on Global Health, UK

8.

Change is not a one organization show

Transformation is rarely restricted to a single healthcare organization, and increasingly involves a blurring of boundaries between multiple providers.

When transformation happens, it is rarely restricted to a single healthcare organization, and increasingly involves a blurring of boundaries between multiple providers. This shift towards partnerships, networks and alliances is not new. Mergers and acquisitions have been a feature of the sector for several decades, while clinical, service and wider networks have been prevalent since the 1990s, as stronger evidence emerges of the link between collaboration and quality. Some of these alliances are temporary, others have proved more permanent.

As healthcare systems try to cope with the growing pressures on their resources, many are looking to reinvigorate these networks, and put in place detailed structural and legislative arrangements to underpin multi-organizational change. In high-growth markets, completely new types of

organizations are materializing. India's Narayana Health Group has adopted some of the best ideas from the business world to create a centralized model, with a common culture and working practices, efficient supply chain and economies of scale.

Along with India's Apollo Hospitals Group, Narayana has shown that it is possible to create a unified approach across a wide variety of locations and partner organizations. However, there are fewer parallel examples in more developed economies, primarily due to entrenched organizational cultures and work practices.

The management of group facilities across a wide geography is very different to running a single-location business. In industries such as retail, the trend is for very centralized operations with little local autonomy, while other sectors favor a more federal structure.

Healthcare as an industry: Narayana Health Group (India)

India's Narayana Health Group is a shining example of modern business excellence. With 26 hospitals in 16 cities, it has become one of the subcontinent's biggest healthcare providers – and one of the world's cheapest – thanks to an aggressive merger and acquisition strategy, deep supplier relationships and efficient operations that maximize economies of scale.

The group is highly centralized, with, for example, a single tele-radiology hub in Bangalore that serves 29 health centers in India and one international client, offering remote X-Ray, CT, MRI, USG, mammography, PET-CT, and nuclear medicine. Its advanced cloud-based IT network offers a film and paper-free environment, cutting technology expenditure significantly, while retaining the flexibility to scale up or down without sunk costs. All software licenses are on a monthly, pay-per-use basis.

Supply chain management is equally rigorous, with strong logistics and unified purchasing. Narayana has collaborated closely with suppliers and manufacturers to develop tailor-made products at stable, competitive prices, and to ease reordering. Meanwhile an in-house design and build team ensures fast, low-cost development of buildings and facilities, using standardized designs.

Last, but not least, patients also benefit hugely from the group's businesslike approach. Services for patients with heart problems and other specialties involve collaboration with partner hospitals to provide cardiology, cardiac surgery, nephrology, neurology and neuro-surgery, with exacting standards. Such alliances utilize existing infrastructure and shared services, which reduces set-up costs.

Partnerships in healthcare have been typified by a single, large specialist hospital at the center, working with satellites of smaller clinics and other providers that benefit from the group's scale efficiencies, in terms of both costs and patient safety. This can cause concern over monopolies, but, as Malcolm Lowe-Lauri, KPMG in Australia explains, these fears can be overcome. "The creation of large networks of specialist services in a public payer system need not lead to excessive bureaucracy or anti-competitive behavior. New South Wales Kids and Families in Australia, which works collaboratively with hospitals and community health services, GPs, primary and other healthcare providers, regularly tests the market to evaluate programs and consider new models. The key is transparency and a capacity for self-reflection."

Academic networks are a popular form of collaboration, bringing the intellectual power and research capabilities of our best universities to increase the pace and application of innovation. According to Victor Dzau, President of the US Institute of Medicine, "Academic medicine is transformation to healthcare."

Accountable care organizations – also known as integrated or coordinated organizations – can also help to break down the boundaries that exist between different healthcare players. Japan's Keiju Healthcare System has managed to bring together diverse institutions, and base itself around the lives of the older people it serves (see page 26). Ultimately, healthcare providers could become an everyday part of the community, involved not just in health but in lifestyle.



Paulo Chapchap, MD – Strategy Director, Hospital Sírio Libanês, Brazil; Sir David Nicholson, former CEO of the National Health Service, UK



Miguel Carlos Blanco – CEO, Swiss Medical Group, Argentina

“The creation of large networks of specialist services in a public payer system need not lead to excessive bureaucracy or anti-competitive behavior. The key is transparency and a capacity for self-reflection.”

Malcolm Lowe-Lauri
KPMG in Australia



Dr. Masahiro Kanno – CEO, Keiju Healthcare System, Japan

Communities and patients as one: Keiju Healthcare System (Japan)

As CEO of Japan's Keiju Healthcare System, Dr. Masahiro Kanno oversees an organization dedicated to medical care, nursing care, welfare and preventive services. He explains Keiju's unique approach to care provision:

"Most single-care, integrated organizations bring together acute, chronic and home care into one organization. However, this does not in itself transform the overall experience of healthcare. Our system goes beyond the current definition of sustainable care to address the growing problem of old, sick people in Japan."

"We have developed a much better understanding of the way in which patients and families actually live their lives. In order to create care that is 'wrapped around' older people, we collect data on patients' lifestyle – such as dietary and exercise habits – together with medical and nursing information. This knowledge enables us to move beyond traditional healthcare, to develop lifestyle-related products that create health and wellbeing for the population as a whole. There are also opportunities to contribute to the revitalization of local communities."

9.

Patients are the solution – not the problem

What other industries have long recognized – and what healthcare is at last waking up to – is that an active customer is actually a force for positive change.

There has been a tendency to view rising patient expectations as a problem that will stretch the resources of healthcare systems.

What other industries have long recognized – and what healthcare is at last waking up to – is that an active customer is actually a force for positive change. Their feedback can provide valuable ideas to help improve care, by making it more relevant to the needs of patients. Taking a leaf out of retailers' books, these ideas can also drive research and development for new, relevant products. A more engaged patient is also able to play a bigger part in his or her own care, which can ultimately lead to significant cost savings.

Other industries are starting to tear down the barriers separating providers and consumers, by involving customers at more points in the value chain, notably in the area of self-service, which is replacing the roles of cashiers and shop assistants. The traditional paternalistic role of doctors as the possessors of all medical knowledge has proved a little harder to shift.



Jeremy Hughes – CEO, Alzheimer's Society UK

// Patient organizations in England have moved from simply lobbying health system leaders for better care, to mobilizing communities to enable patients to take more control of their lives. //

Jeremy Hughes
CEO, Alzheimer's Society UK

Declaration of rights: Alzheimer's Society UK

Patient representative group Alzheimer's Society UK has created the National Dementia Declaration, comprised of three simple statements that, if answered, would transform the way that providers work with patients with dementia:

1. I have personal choice and control or influence over decisions about me.
2. I know that services are designed around me and my needs.
3. I have support that helps me live my life.

Barbara's Story, a video created by nurses at Guy's and St. Thomas' NHS Foundation Trust, lets staff understand the experience of those with dementia – a fifth of all hospital patients in the developed world – paving the way for better, more appropriate services.

To view Barbara's Story: http://www.youtube.com/watch?v=DtA2sMAjU_Y



Andy Kim – KPMG in South Korea



Nigel Edwards – CEO, Nuffield Trust, UK; Paul Corrigan – former health advisor to the Rt. Hon. Tony Blair, UK

At heart, most clinicians realize that no one knows better about a patient's needs than the patient themselves. They now need to seize this notion to meaningfully change their clinical interactions.

Customer engagement requires an upfront investment. Self-service in retail stores cannot work without the right equipment to select and scan items, while banks must provide the right interactive software to ensure safe, convenient online transactions. It is no different for healthcare, where patients need support from remote diagnostic equipment, powered by technology.

A number of healthcare organizations have turned to behavioral economics

to better understand the way they interact with customers, and to shape their behavior. South African health insurer Discovery Health developed a product called Vitality, incentivizing policyholders to take better care of their health (see page 31).

Health systems without private insurance need to look for alternative ways to encourage patients to get more involved in their own care. The need for active patients is even greater in emerging societies, where staff and resources are limited. However, in all cases, individuals require a supporting infrastructure, and cannot be expected to go it alone.

The Society for Family Health (SFH) is one of Nigeria's largest non-governmental organizations, whose mission is to empower citizens, particularly the poor and vulnerable, to lead healthier lives. SFH works with the private and public sectors, utilizing social marketing and other methods to improve access to essential health information, services and products to encourage healthy behavior. With appropriate support from communities, patients are urged to become the primary guardians of their own health.



Sir Bright Ekweremadu – Managing Director, The Society for Family Health, Nigeria



Fola Laoye – Chairman, Hygeia Nigeria Limited

“Developing transformational health-care in rural Nigeria needs entrepreneurial skills to attract public and private funds. Donors demand explicit improvements in outcomes that we believe can only be achieved by training patients and caregivers to provide front line care.”

Sir Bright Ekweremadu
Managing Director
The Society for Family Health

The rewards of a healthy lifestyle: Discovery Vitality (South Africa)

In most societies, insurance and social security systems are coming under increasing pressure due to ageing populations, limitations in national budgets, and rising healthcare costs. While the underlying nature of risks are changing, traditional models of insurance have not evolved: the burden of disease across all societies has shifted from communicable diseases to non-communicable diseases. Inefficient healthcare, insurance and social security systems do not address the issue of poor human behavior – their business models are largely seen through a curative lens, rather than a preventative one.

South African health insurer Discovery Health, aims to address the behavioral and lifestyle choices that make up an increasing part of the long-term risk and costs. Through its integration with Discovery Vitality, a comprehensive incentive-based wellness program, Discovery Health members on Vitality are:

- assessed for their risk factors;
- provided access to a network of wellness and health providers at a discount to remove price barriers;
- incentivized to engage in prevention and wellness promotion activities, through which they are awarded Vitality Points and a Status from Bronze to Diamond; and
- rewarded based on their Status, including retail, airline, travel discounts and more.

There is extensive evidence supporting the efficacy of this wellness-integrated insurance model, in terms of improved member engagement in health and wellness activities, improved clinical outcomes, reduced healthcare costs, increased productivity at work, and improved mortality rates. For example:

- Targeted incentivized behavior includes:
 - the uptake of preventative health checks;
 - the purchasing of healthy food from partner chains, where over 14,000 HealthyFood items are up to 25 percent cheaper; and
 - regular exercise.
- Between 2011 and 2013, there has been a 26 percent increase in screening activity, significant for both insurer and member, given, for example, the 9 percent reduction in the average cost per cancer case due to early detection. In addition, between 2013 and 2014, there was a 34 percent increase in the number of healthy food baskets purchased, a 9.3 percent increase in healthy food items purchased and a 7 percent decrease in unhealthy food items bought from partner stores. Finally, between 2013 and 2014, gym visits increased from between 24.1 million to 25.7 million.
- From a clinical outcomes perspective, the results are significant: for those that are the most engaged with Vitality (Diamond Status), there is a 10 percent reduction in the hospital admission rate compared to the most inactive members, and a 14 percent lower cost per patient versus non-program participants. Furthermore, at age 65, there is an 8 year difference in life expectancy between those who are highly engaged (Diamond Status), on the program and non-program participants.

This wellness-based insurance model delivers unique benefits for members and the insurer, resulting in savings. These savings are in turn used to fund the discounts at the reward partners which are needed to drive the required behavioral change, creating a simple, powerful and reinforcing loop for Discovery Health and its Vitality members.



Dr. Jonny Broomberg – CEO, Discovery Health, South Africa

Conclusions

Closing the gap between thought and expression



Sir David Dalton – CEO, Salford Royal NHS Foundation Trust, UK; Rt. Hon. Jeremy Hunt MP – Secretary of State for Health, UK

The case studies and expert opinions in this report show that transformation, although challenging, can be achieved if healthcare systems pursue the following steps:

Start with a long-term vision and a sense of urgency: the case for transformation may be apparent, but this must be backed up with a clear strategy. The best healthcare organizations see change as a continuous process, and encourage ongoing self-criticism to avoid complacency and maintain momentum.

Practice, patience and persistence: although leaders must be open to new ideas, they should persevere with their chosen paths, and avoid the distraction of short-term fashions.

Engage external and internal stakeholders: citizens and politicians need not be barriers, and can actually be facilitators, so it is wise to get them on board as early as possible, and incorporate their expectations into the vision. Change cannot happen without the 'permission' of medical staff, so considerable time should be spent on keeping them informed and involved.

Head for home: hospital care for the old and chronically ill is unsustainable, and care is heading towards the community and into people's homes. This calls for a mobilization of medical and social resources around the individual.

Be selective with data: information fuels change, but organizations need to filter out the superfluous data and ensure that essential reports and analysis are actually used and acted up on. Small, incremental approaches to technology are preferable to major, prestige projects.

Engage for value: ensure that change programs resonate with staff, and align the organizational vision with employees' intrinsic values of commitment to care, which is stronger than their desire for financial rewards.

Move the goal posts: new models of healthcare are constantly redefining traditional organizational boundaries, due to alliances, partnerships and networks. This calls for strong governance to clarify roles and accountability.

Treat patients as a valuable resource: by following the lead of other industries, healthcare can use patient feedback as a vital source of research and ideas. Rising public expectations of services are not a threat, but an opportunity to tailor services more accurately. Patient, caregivers and community involvement can stretch much further into the care continuum, and health systems should utilize these assets.

KPMG can help you close the gap

Our global network of specialists – some of whom have been quoted in this report – have intimate experience of transforming health systems, and can help you in a number of ways:

Clarify the case for change: at a macro level, leaders know that the current models of healthcare are unsustainable. Through member firms' work with numerous change programs at different levels of complexity, we can help you make a compelling case for change that is relevant to your circumstances and fits your vision.

Enhance your capacity to change: many organizations lack the resources to manage transformation. We understand what is required, and can work with you to build capacity and capability, calling on KPMG member firms own intellectual assets, such as the National Health Service Leadership Center.

Turn your staff into change agents: experience tells us that people can either be barriers or catalysts for change. Using the appropriate communication and engagement tools, member firms can help create a positive impetus for change that engages and enthuses staff.

Work with patients, caregivers and communities: member firms recognize the power of these groups to drive new ways of care, and they have successfully utilized this resource to help health systems improve quality and reduce costs.

KPMG's thought leadership publications

A number of forthcoming KPMG publications will look at key themes in changing healthcare systems.

- Creating new value with patients, carers and communities (released)
- Recruit. Retain. Repeat.
- More information, more value
- Integrated, accountable and coordinated care
- Achieving clinical excellence
- High value healthcare
- Partnerships, networks and alliances

For more information, or to reserve your copy of future **WhatWorks** reports, please contact your national partner, see inside back cover, or email, healthcare@kpmg.com or online at kpmg.com/whatworks



Dr. Cynthia Ambres – KPMG in the US

Global Healthcare

Thought Leadership

We invite you to visit KPMG Global Healthcare (kpmg.com/healthcare) to access our global thought leadership. Here you can gain valuable insights on a range of topics that we hope add to the global dialogue on healthcare. Should you prefer a printed copy of the publication, please email us at healthcare@kpmg.com.



What Works: Creating new value with patients, carers and communities

This first report in the series identifies nine critical objectives and supporting actions to involve patients, carers and communities in the healthcare process to create a safer, higher-quality, lower-cost healthcare industry.

kpmg.com/whatworks



Something to Teach, Something to Learn – Global perspectives on healthcare

The root causes of sub-optimal healthcare and outlines three core principles that – taken together – can deliver a clear path to driving value for patients, providers and payers.

kpmg.com/teachlearn



Necessity: The mother of innovation – Low-cost, high-quality healthcare

This report explores how emerging health economies are challenging traditional models of care and succeeding with innovative, low-cost alternatives.

kpmg.com/healthcareinnovation



The more I know, the less I sleep – Global perspectives on clinical governance

This report explores best practices to provide oversight and assurance, govern, as well as measure and monitor quality and safety.

kpmg.com/clinicalgovernance



An uncertain age – Reimagining long term care in the 21st century

This report brings together expert commentary and global insights from 46 long-term care thought leaders on the current state and future impacts of eldercare.

kpmg.com/anuncertainage



Contracting value: Shifting paradigms

This report explores how payers, providers and policy-makers are coping with the combined challenge of rising costs, demand and patient expectations.

kpmg.com/value



Value walks – Successful habits for improving workforce motivation and productivity

This report examines the potential for supportive public policy measures and identifies five key attributes that have proven to help health systems successfully manage the workforce challenge.

kpmg.com/valuewalks

KPMG member firm contacts for healthcare services

Chairman

Global Health Practice

Mark Britnell

T: +44 20 7694 2014

E: mark.britnell@kpmg.co.uk

Angola

Fernando Mascarenhas

T: +244 227 280 102

E: femascarenhas@kpmg.com

Argentina

Mariano Sanchez

T: +5411 4316 5774

E: marianosanchez@kpmg.com.ar

Australia

Liz Forsyth

T: +61 2 9335 8233

E: lforsyth@kpmg.com.au

Austria

Johann Essl

T: +43 732 6938 2238

E: jessl@kpmg.at

Brazil

Marcos A. Boscolo

T: +55 11 2183-3128

E: mboscolo@kpmg.com.br

Bulgaria

Iva Todorova

T: +35 95 269 9650

E: itodorova@kpmg.com

Canada

Georgina Black

T: +1 416 777 3032

E: gblack@kpmg.ca

Central/Eastern Europe

Miroslaw Proppe

T: +48 604 496 390

E: mproppe@kpmg.pl

China

Norbert Meyring

T: +86 (21) 2212 2888

E: norbert.meyring@kpmg.com

Czech Republic

Karla Voráčková

T: +420 222 123 500

E: kvorackova@kpmg.cz

France

Benoit Pericard

T: +33 1 55 68 86 66

E: benoitpericard@kpmg.fr

Germany

Volker Penter

T: +49 30 2068 4740

E: vpenter@kpmg.com

Hungary

Andrea Nestor

T: +36 1 887 7479

E: anester@kpmg.hu

India

Nitin Atroley

T: +91 124 307 4887

E: nitinatroley@kpmg.com

Indonesia

Tohana Widjaja

T: +62 21 574 2333

E: tohana.widjaja@kpmg.co.id

Ireland

Alan Hughes

T: +353 17004169

E: alan.hughes@kpmg.ie

Israel

Haggit Philo

T: +972 3 684 8000

E: hphilo@kpmg.com

Italy

Alberto De Negri

T: +39 02 67643606

E: adenegri@kpmg.it

Japan

Keiichi Ohwari

T: +81 3 5218 6451

E: keiichi.ohwari@jp.kpmg.com

Korea

Andy Kim

T: +82 2 2112 7960

E: andykim@kr.kpmg.com

Luxembourg

Patrick Wies

T: +352 22 51 51 6305

E: patrick.wies@kpmg.lu

Malaysia

Yeekeng Lee

T: +60 3 7721 3388

E: leeyk@kpmg.com.my

Mexico

Andrés Aldama Zúñiga

T: +01 55 5246 8589

E: aaldama@kpmg.com.mx

Netherlands

Anna van Poucke

T: +31 20 6568595

E: vanpoucke.anna@kpmg.nl

New Zealand

Mike Bazett

T: +64 4 816 4801

E: mikebazett@kpmg.co.nz

Norway

Rune Skjelvan

T: +47 406 39732

E: rune.skjelvan@kpmg.no

Philippines

Emmanuel P. Bonoan

T: +63 2 885 7000

E: ebonoan@kpmg.com

Portugal

Fernando Faria

T: +351210110108

E: ffaria@kpmg.com

Qatar and Bahrain

Rajesh Menon

T: +974 4457 6444

E: rmenon@kpmg.com

Romania

Maria Elisei

T: +40 37 237 7800

E: melisei@kpmg.com

Russia

Victoria Samsonova

T: +74959374444

E: vsamsonova@kpmg.ru

Singapore

Wah Yeow Tan

T: +65 641 18338

E: wahyeowtan@kpmg.com.sg

South Africa

Anuschka Coovadia

T: +27 82 719 2813

E: anuschka.coovadia@kpmg.co.za

Spain

Candido Perez Serrano

T: +34 914 513091

E: candidoperez@kpmg.es

Sweden

Annacari Astner Wimmerstedt

T: +46 8 7236120

E: annacari.astnerwimmerstedt@kpmg.se

Switzerland

Michael Herzog

T: +41 44 249 31 53

E: michaelherzog@kpmg.com

Taiwan

Eric K. J. Tsao

T: +88 628 101 6666

E: erictsao@kpmg.com.tw

Thailand

Alexandra Depoire

T: +6626772133

E: adepoire@kpmg.co.th

UK

Andrew Hine

T: +44 121 2323744

E: andrew.hine@kpmg.co.uk

US

Ed Giniat

T: +1 312 665 2073

E: eginiat@kpmg.com

Vietnam and Cambodia

Cong Ai Nguyen

T: +84 83 821 9266

E: acnguyen@kpmg.com.vn

kpmg.com/socialmedia



kpmg.com/app



The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavor to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

© 2014 KPMG International Cooperative ("KPMG International"), a Swiss entity. Member firms of the KPMG network of independent firms are affiliated with KPMG International. KPMG International provides no client services. No member firm has any authority to obligate or bind KPMG International or any other member firm vis-à-vis third parties, nor does KPMG International have any such authority to obligate or bind any member firm. All rights reserved.

The KPMG name, logo and "cutting through complexity" are registered trademarks or trademarks of KPMG International.

Designed by Evalueserve.

Publication name: Staying Power: Success stories in global healthcare

Publication number: 131726

