



#ValueAgendaNL

VBHC Working Session 2019

With Prof. Elizabeth Teisberg

'I want all of you leaders in health care in the Netherlands to participate. This is the opportunity that we have to pull together the best thinking, the best practice, the most interesting organizations. This will move the world.'

- Professor Michael. E. Porter, Value-Based Health Care expert Working Session 2017 -

VALUE AGENDA NL

ValueBasedHealthCare



VBHC Working Session 2017
With Prof. Michael Porter



VBHC Working Session 2018
With Dr. Richard Bohmer & Prof. Matthew Cripps



Third Edition

VBHC Working Session 2019
With Prof. Elizabeth Teisberg



*Thank you for participation and highly valued input in this third VBHC working session
on behalf of the three organizing partners*

Medtronic



AMGEN

VBHC Working Session 2019

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Call for Action I: Build VBHC leadership to change the culture towards appreciation of value



Call for Action II: Continue building IPUs across institutions with medical leaders as the dominant driving force and managers as enablers



Call for Action III: Let the Dutch government enforce the use of outcome measures like ICHOM's minimum international set, since no stakeholder coalition seems to be able to take the lead



Call for Action IV: Move quickly to bundled payments for all care, away from the current mix of Fee For Service/DOT and capitation based payments, to break wrong incentives



Call for Action V: Engage patients to choose care providers based on quality



Call for Action VI: Build IPUs to better cater for patients with multi-morbidity

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Progress on the VALUE AGENDA NL since 2018

ValueBasedHealthCare

Observed progress

Call for Action

Visible trends

24%



**Call for Action I
Leadership & Culture**

Increased adoption of 'demand thinking' from patient perspective

23%



**Call for Action III
Universal Measurement**

Expansion of implementation of existing outcome sets

18%



**Call for Action V
Patients' Choice**

Large focus on Shared Decision Making in the consultation room

16%



**Call for Action II
Integrated Care**

Building (regional) care networks to provide patient-centered care

13%



**Call for Action IV
Bundled Payment**

Increased emphasis on including outcome measures in contracts

4%



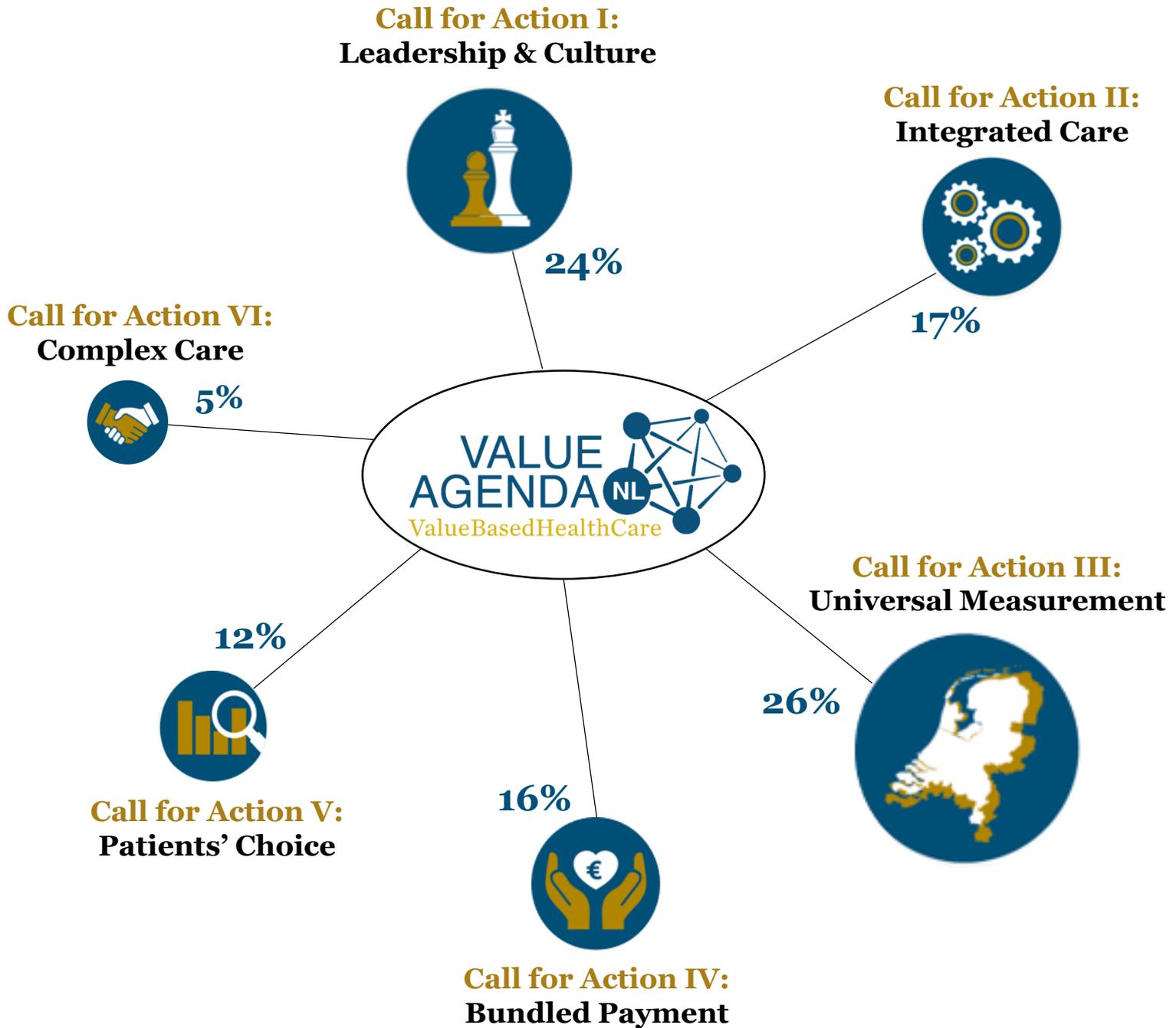
**Call for Action VI
Complex Care**

Focus on (secondary) prevention based on complexity / risk profile

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Calls for Action Highest potential for 2019/2020





- For discussion purposes -

Hurdles/Challenges

1. How to encourage medical doctors to take charge in VBHC?
2. How to create time for clinical leaders to build VBHC leadership?
3. How can insurers think and act towards VBHC?
4. How to create agreement on generic outcome sets?
5. How to spread VBHC within the entire medical teams instead of the medical leaders only and create support?
6. How to use the power of small financial incentives?
7. How to set-up a way of thinking and working with regard to outcome driven quality improvement?
8. How to reduce workforce and capacity problems in healthcare?
9. How to cope with the national agreement to restrict growth of hospital budgets?
10. How to manage and integrate elements on the agenda of boards, such as new EMR, with the national policies (“hoofdlijnakkoorden”)?
11. How to develop policies that advance change?
12. How to benefit the most from Key Performance Indicators and outcome measures that are currently in place (being measured/reported)?
13. How to spread VBHC knowledge to create a VBHC program and support VBHC projects?
14. How to ensure doctors will embrace the change towards VBHC, even if this consists of major (detrimental) changes for their own work?



- For discussion purposes -

Hurdles/Challenges

1. How to use reimbursement models to stimulate integrated care in an optimal way (move away from siloed approach)?
2. How to attract and involve multiple stakeholders with the realisation of integrated care?
3. How to break down silo's in the healthcare system?
4. How to accept and manage responsibilities that come with the finance and reporting of an IPU?
5. How to scale up the existing best practices from regional to national level?
6. How to make sure obligatory quality indicators are aligned according to the outcome definition / hierarchy of VBHC?
7. How to deal with resistance for change within the medical team?
8. How to virtually connect different organizations (as if they are one organizations) within an IPU?
9. How to stimulate the genesis of new organizations/start-ups (greenfield)?
10. How to use the movement of the national taskforce "Right care at the right place"?
11. How to reach consensus on contractual arrangement/terms?
12. How to create shared responsibility and accountability across various departments?
13. How to make data interchangeable easier between different organizations?

- For discussion purposes -

Hurdles/Challenges

1. How to comply ICHOM specifications to Dutch standards in healthcare?
2. How to decrease the registration burden?
3. How to deal with the many different PROMs that are recommended by the existing outcomes sets (e.g. ICHOM)?
4. How to use a minimize the set of data (with consensus) to be measured/reported?
5. How to get all stakeholders and patients actively involved in universal measurement?
6. How to manage all parties involved: Zorginstituut, Patient federation, Scientific boards of doctors, Payers, etc.?
7. How to simplify integration of data into electronic health records/EPD's and align on data capture?
8. How to create consensus on the used outcome measures?
9. How to create a standard infrastructure in universal measurement?
10. How to simplify the implementation of existing Outcome sets to stimulate implementation?
11. How to ensure there is acceptance with the adoption of existing outcome sets, without changing them (and avoid bureaucracy)?
12. How to prevent bureaucracy when enforcing the use of outcome measures?
13. How to ensure medical doctors will stand up to ask and call for outcome measurement?



- For discussion purposes -

Hurdles/Challenges

1. How to motivate all stakeholders in the movement towards bundled payment?
2. How to make sure Time Driven Activity Based Costing (TDABC) is used in the right way?
3. How to keep the focus on learning and improving care rather than obtaining good outcomes?
4. How to ensure pay for outcome does not lead to wrong incentives (like selection of patients)?
5. How to facilitate the translation of bundled payment into practice?
6. How to handle scarcity in availability of robust outcome data?
7. How to make sure bundled payment experiments are being supported by insurance companies?
8. How to deal with the transfer of risk (also financially) to care providers?
9. How to make sure health outcomes are interpreted right in managing and monitoring bundled payment contracts?
10. How to clarify what is included in bundled payment?
11. How to create and maintain the right balance between prevention, treatment and after care?
12. How to stimulate the procurement function of hospitals to drive the buying of innovative solutions that impact patients outcomes (positively)?
13. How to deal with risks when introducing new healthcare systems?
14. How to gain knowledge about the use outcome measurements first to improve care and second, look at the payment models?



- For discussion purposes -

Hurdles/Challenges

1. How to stimulate and motivate patients to use the available (and meaningful) outcome data?
2. How to guarantee patients are able to understand the outcome information?
3. How to involve the GP in the engagement of patients to choose their own care provider?
4. How to deal with the fact that there is more process data (and experience/routine working with this) than outcome data available?
5. How to ensure (or enforce?) patient participation in VBHC initiatives?
6. How to train clinicians and the medical team in the use of PROMs in the consultation room?
7. How to create full transparency and availability on health outcomes?
8. How to introduce shared decision making as the standard?
9. How to make sure information across healthcare providers is comparable for patients?
10. How to make engagement and active participation of patients a common practice?



- For discussion purposes -

Hurdles/Challenges

1. How to facilitate the complex building of IPU's for multi-morbidity patients?
2. How to reduce the complexity of organizing an IPU?
3. How to create relevant collaborations, while maintaining responsibility in building the IPU?
4. How to connect IT-systems to complex care and IPU's?
5. How to implement outcome measures for multimorbidity?
6. How to centralize the patient in an IPU for complex care; how is the medical condition defined for high-complex patients?
7. How to increase balance between preventive care and cure?
8. How to deal with the amount of administration that comes with multimorbidity?
9. How to organize and finance care organized around "single" morbidity?
10. How to facilitate integration of GP and hospitals for a specified complex patient group to allow subspecialization?

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Thank you for being part of this Working Session

This exclusive Working Session with Prof. Elizabeth Teisberg is organized by three content-based partners in VBHC who are eager to move VBHC forward collaboratively:



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