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Shaping and managing innovative health ecosystems

Value-based healthcare implementation in the Netherlands:

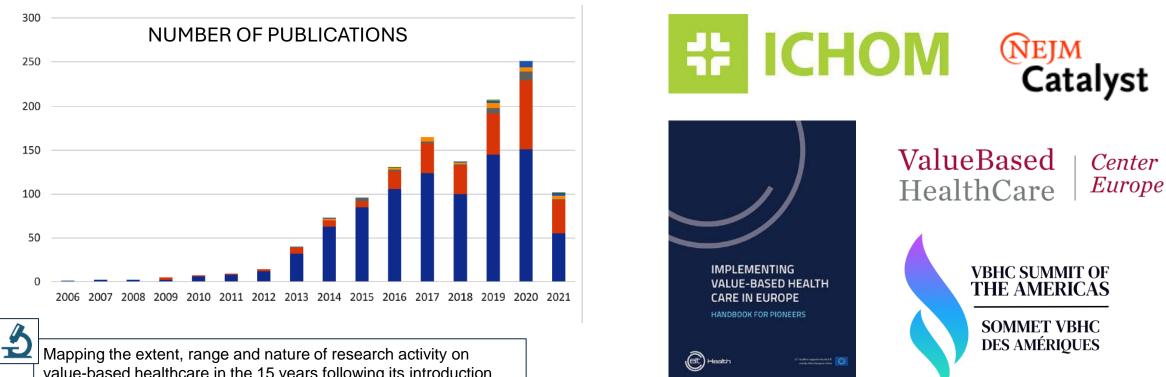
a quantitative analysis of multidisciplinary team performance

Prof. dr. P.B. (Paul) van der Nat, Santeon/St. Antonius Hospital/Radboudumc

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Growing focus on value-based healthcare



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value-based healthcare in the 15 years following its introduction (2006-2021): a scoping review, BMJ Open (2022, Vijverberg et al.)

VBHC in itself simple..

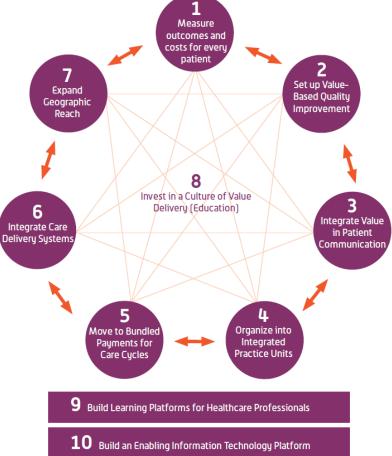
Patient Value = Health Outcomes

Cost



But the implementation requires work in a large number of dor

The (extended) value agenda



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The new strategic agenda for value transformation, van der Nat PB, Health Services Management Research, 2021

Implementation is done by multidisciplinary teams



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However, we do not know how these teams are doing..

- Few publications exist,
- Mostly qualitatitive evaluations
- Either for specific IPUs (eg, Psoplus, an Integrated Practice Unit for Psoriasis, <u>https://doi.org/10.1159/000529398</u>)
- Or at the organizational level (eg, It takes two to dance the VBHC tango: A multiple case study of the adoption of value-based strategies in Sweden and Brazil, https://doi.org/10.1016/j.socscimed.2021.114145)

Research question: study progress VBHC implementation in the Netherlands at team level

Characteristics	Number	Characteristics	Number
Total of participating teams	25	Medical condition/ patient group	
Type of hospital		1 5 1	
Top clinical teaching hospital	13 (52%)	Turner syndrome	1
Academic	6 (24%)	Kidney failure	2
Independent Treatment Centre (ZBC)	3 (12%)	Hand and wrist injuries	1
General hospital	3 (12%)	Prostate cancer	2
		Knee injuries	1
		Vestibular schwannoma	1
Medical condition/ patient group		Trauma geriatrics	1
Arthrosis	1	Breast cancer	2
Percutaneous coronary intervention	1	Rheumatoid arthritis	2
Birth care	2	Groin rupture	1
Hip arthritis	2	Cleft	1
Cerebrovascular accident	1	Colorectal carcinoma	1
Head neck oncology	1	Pituitary adenoma	1

Developed a questionnaire as

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Question

Domain 1: Multidisciplinary team

To what extent are all relevant medical and support staff sufficiently represented in your team?

To what extent are regular multidisciplinary progress- and improvement meetings being held?

To what extent is the patient involved in evaluating and improving care?

Domain 2: Measure and improve outcomes

To what extent are outcomes measures (clinical and patient-reported) and casemix variables structurally being measured for the medical condition?

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To what extent is outcome data used to improve care?

To what extent are individual outcome scores being discussed with patients (for shared decision-making)?

Domain 3: Costs and reimbursements

To what extent is your team financial responsible? (and is able to steer on revenues and costs)

To what extent are the costs and reimbursements for the medical condition known?

To what extent are there value-based healthcare bundles with insurances companies developed or in development?

Domain 4: Collaboration and sharing

To what extent are outcomes shared or compared with regional or (inter)national parties?

To what extent are all involved chain- or network partners involved in your team?

To what extent is there an external learning platform that facilitates learning based on outcomes?

Domain 5: IT and data

To what extent is outcome data real time available?

To what extent is all outcome data shared?

To what extent patients are given insight into their outcomes via a dashboard for consults?

Domain 6: Culture and responsibility

To what extent is there trust between all healthcare professionals to discuss outcomes?

To what extent do all team members feel responsible for quality of care?

To what extent is the team being held responsible for quality of care?

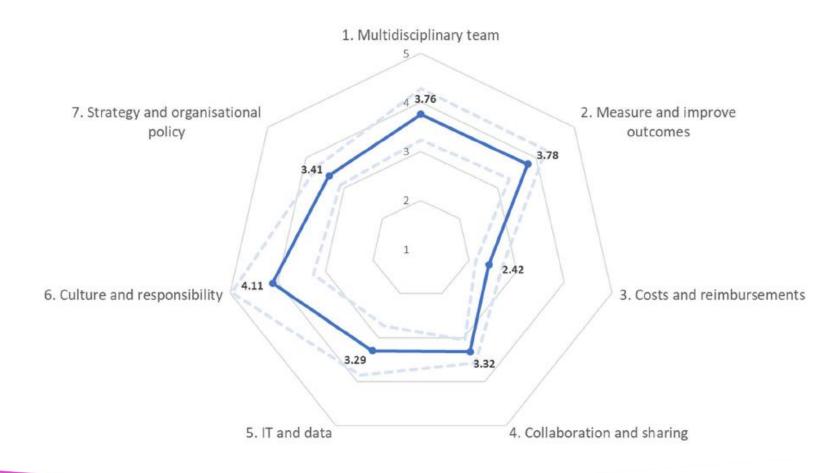
Domain 7: Strategy and organizational policy

To what extent does upper management focus on VBHC in strategy and policy decision-making?

To what extent does upper management steer on improving outcomes?

To what extent is value (outcomes related to costs) driven managerially?

Results



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Conclusions

Implementation of value-based healthcare requires a focus on multidisciplinary teams

- More attention is needed for
 - Financial aspects (cost measurement, responsibilities)
 - Patient participation
 - Collaboration with partners,
- The questionnaire can be used to identify areas for improvement at team level and create team awareness on the state of development

Main limitations

High scores do not imply VBHC implementation is finished

- Domains and questions are in line with Dutch development of VBHC
- Relevant questions will develop and change in time (limited potential to track

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- progress)
- Only the extreme answer options (1 and 5) on a Likert scale were defined.
- Potential bias that high performing teams were selected

Some questions had missing data, indicating that these were difficult to answer



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Full publication: BMC Health Services Research, https://doi.org/10.1186/s12913-024-10712-x

Thank you

Prof. dr. P.B. (Paul) van der Nat, Santeon/St. Antonius Hospital/Radboudumc p.van.der.nat@antoniusziekenhuis.nl