

Coordinated care as a carrier of value in healthcare

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1992 MSc Econometrics/Economics Erasmus University Rotterdam, The Netherlands



2010 Ph.D Erasmus University Rotterdam



2015 dr hab, University Warsaw, Poland



Career



Strategy Consultancy PwC, management (telecom, hospital)



Scientific research in health operations management and number theory



Commercial Pilot

Note

- Presentation is partially built on results presented by ICHOM, Collaborating for value: the Santeon Hospitals in the Netherlands (June 2017)

In 2007, six hospitals decided to form an alliance that would enable close collaboration around patient care and quality improvement initiatives

Santeon is a group of six* independently-run hospitals within the Netherlands. These are:

- Martini Hospital, Groningen
- OLVG, Amsterdam
- St. Antonius Hospital, Utrecht/Nieuwegein
- Canisius Wilhelmina Hospital, Nijmegen
- Medisch Spectrum Twente, Enschede
- Catharina Hospital, Eindhoven

Santeon employs 26,600 staff and has a physician workforce of 1,580. Together, they are responsible for 13,3% of the national volume of hospital care, providing both secondary and tertiary services. Their combined annual revenue exceeds €2.5 billion.

*Santeon is currently working towards the formal inclusion of Maastricht Hospital, Rotterdam, as a seventh member of the group.

FIGURE 1 | GEOGRAPHICAL DISTRIBUTION OF SANTEON HOSPITALS



Santeon's VBHC initiative was launched in 2012



At that time, the number of performance indicators that hospitals in the Netherlands were mandated to report to external bodies such as governmental institutions, regulatory bodies and health insurers had grown rapidly.



This was largely driven by a nationwide desire for increased transparency in healthcare.



The country's annual expenditure to support the collection and administration of this data stood at €80 million.



Yet, the data comprised mainly process and structural measures, which did not provide information on what outcomes patients were experiencing.

Santeon's VBHC
programme consists of
two parts:
Care for Outcome & Care
for Improvement

- Care for Outcome (specialists involved, science based):
 - the first half of Santeon's VBHC programme, was developed in response to the organisation's desire to identify indicators that reflect the results of care they are providing to their patients.
- A central data team, retrospectively collects outcomes data from patient records in all member hospitals dating back up to 6 years.
- After adjustment for case-mix, outcomes are compared in search of variation.

Important

- Understanding variations in outcomes across the organisation helps identify opportunities for clinicians to learn from each other.

FIGURE 2 | IMPACT OF MERGING PROSTATECTOMIES FROM CATHARINA HOSPITAL AND CANISIUS WILHELMINA HOSPITAL INTO ONE CENTRE

FIGURE 2A

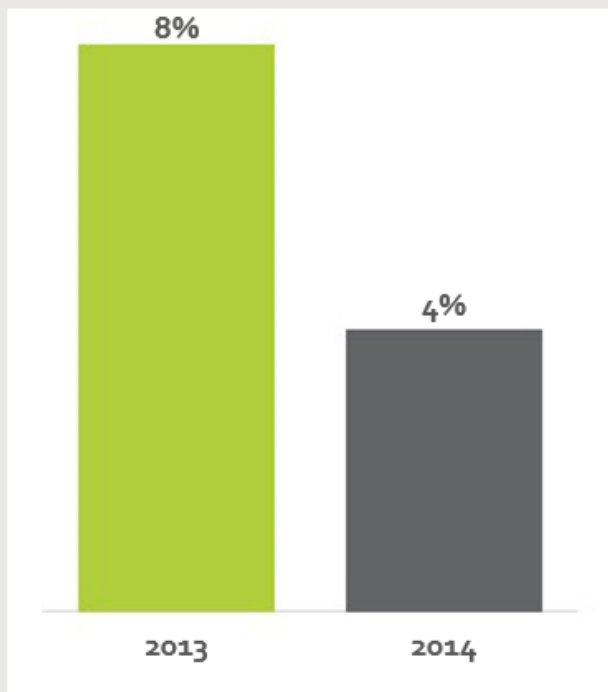


FIGURE 2B

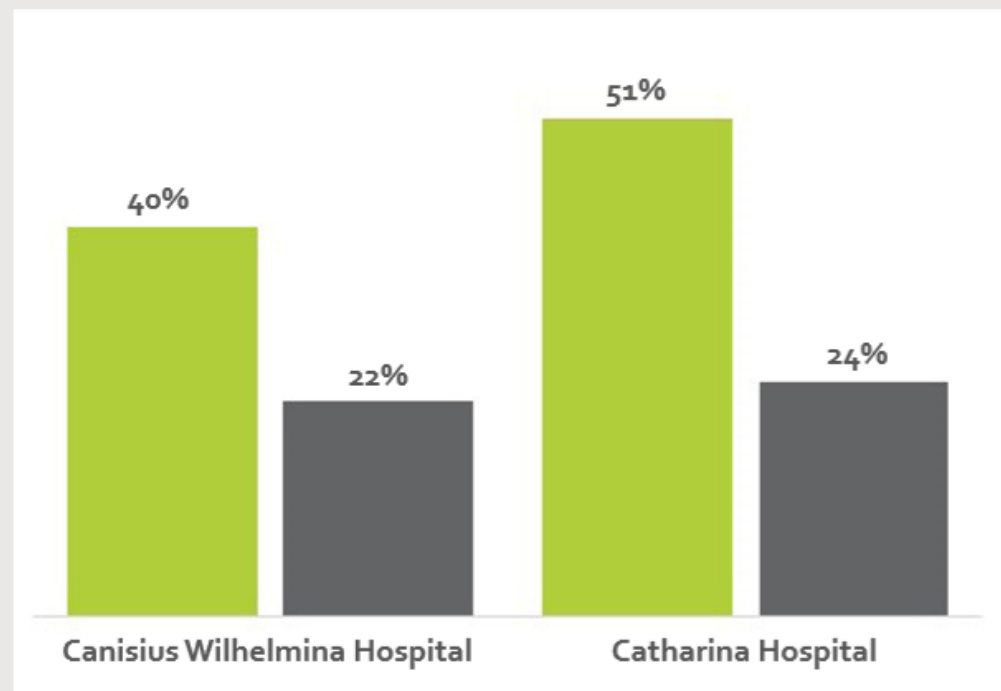


Figure 2A: Combined reduction in surgical complications after prostatectomy (Clavien > 2) for urologists from Canisius Wilhelmina Hospital and Catharina Hospital.

Figure 2B: Reduction in positive surgical margins one year after prostatectomy.

Predictive models

- Understanding how different approaches to care impact survival in patients makes it possible to develop a predictive model that improves shared decision making between clinicians and patients.
- Example: The team noticed that some older patients undergoing radical prostatectomy had lower survival rates than expected. When they evaluated these differences in more detail, they realised that the data enabled them to predict which patients were likely to have poor survival based on age, tumour aggressiveness and comorbidities.

The Care for Improvement programme

- Builds on the Care for Outcome programme.
- As clinicians started to realize the power of measuring outcomes and the positive impact it was having on their practice, they were keen to use the data to evaluate outcomes of care on an ongoing basis.
- The Care for Improvement programme provides a structure that promotes the systematic evaluation of outcomes data by multidisciplinary teams.

FIGURE 3 | CONTINUOUS IMPROVEMENT CYCLES

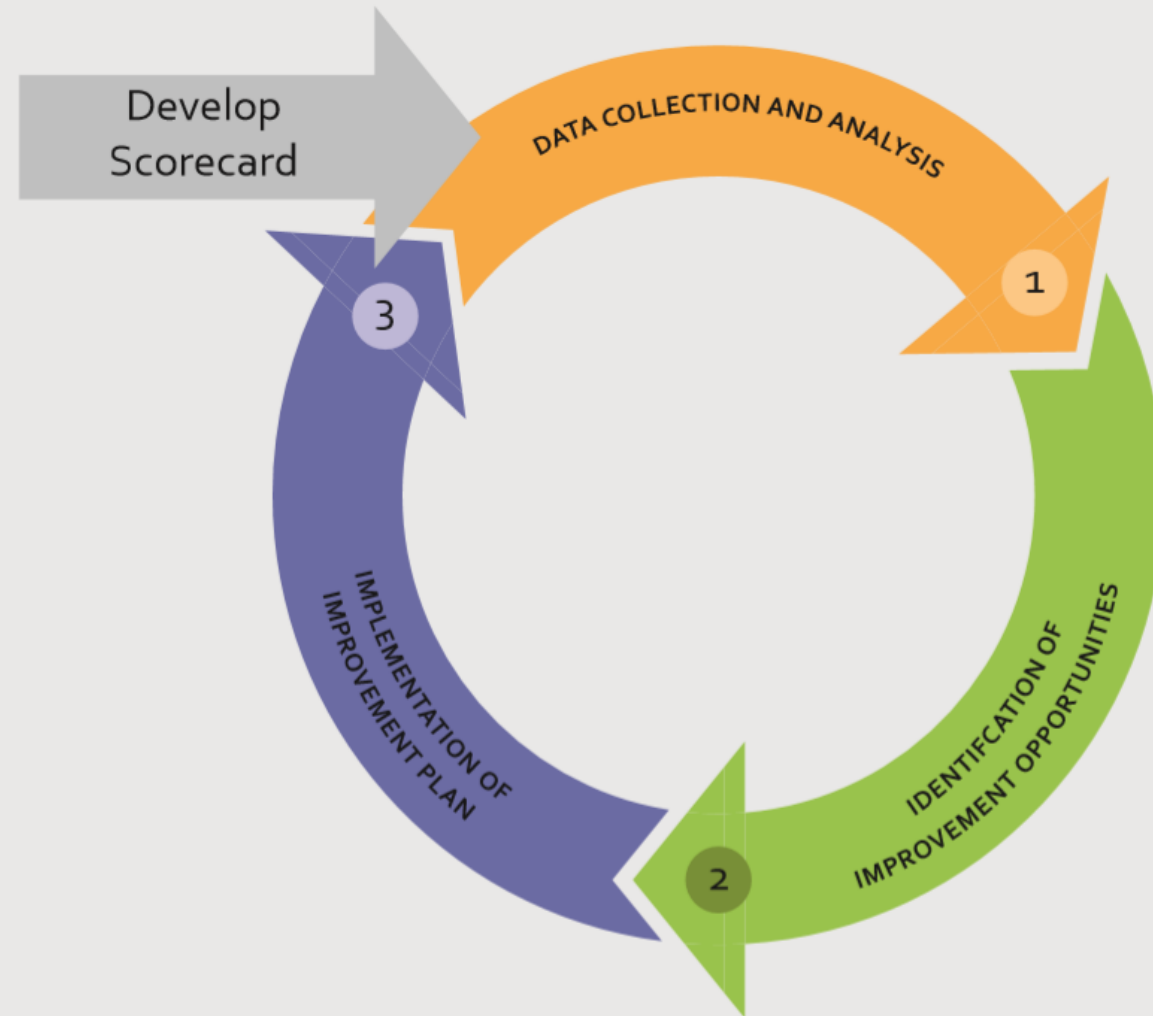


FIGURE 5 | KEY STAGES IN THE IMPROVEMENT CYCLE

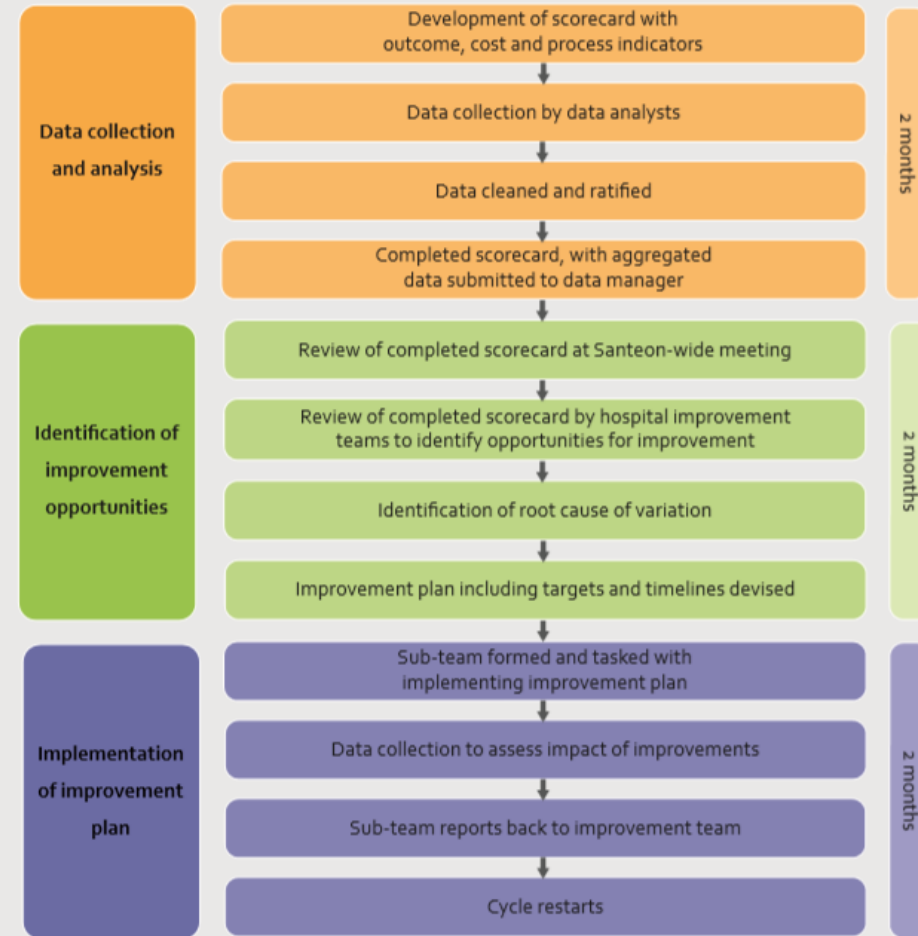


Figure 5: Each stage of the improvement cycle is characterised by key steps as shown in the figure above

Overcoming the hurdles and challenges to implementing value-based healthcare

Aligning staff incentives with VBHC

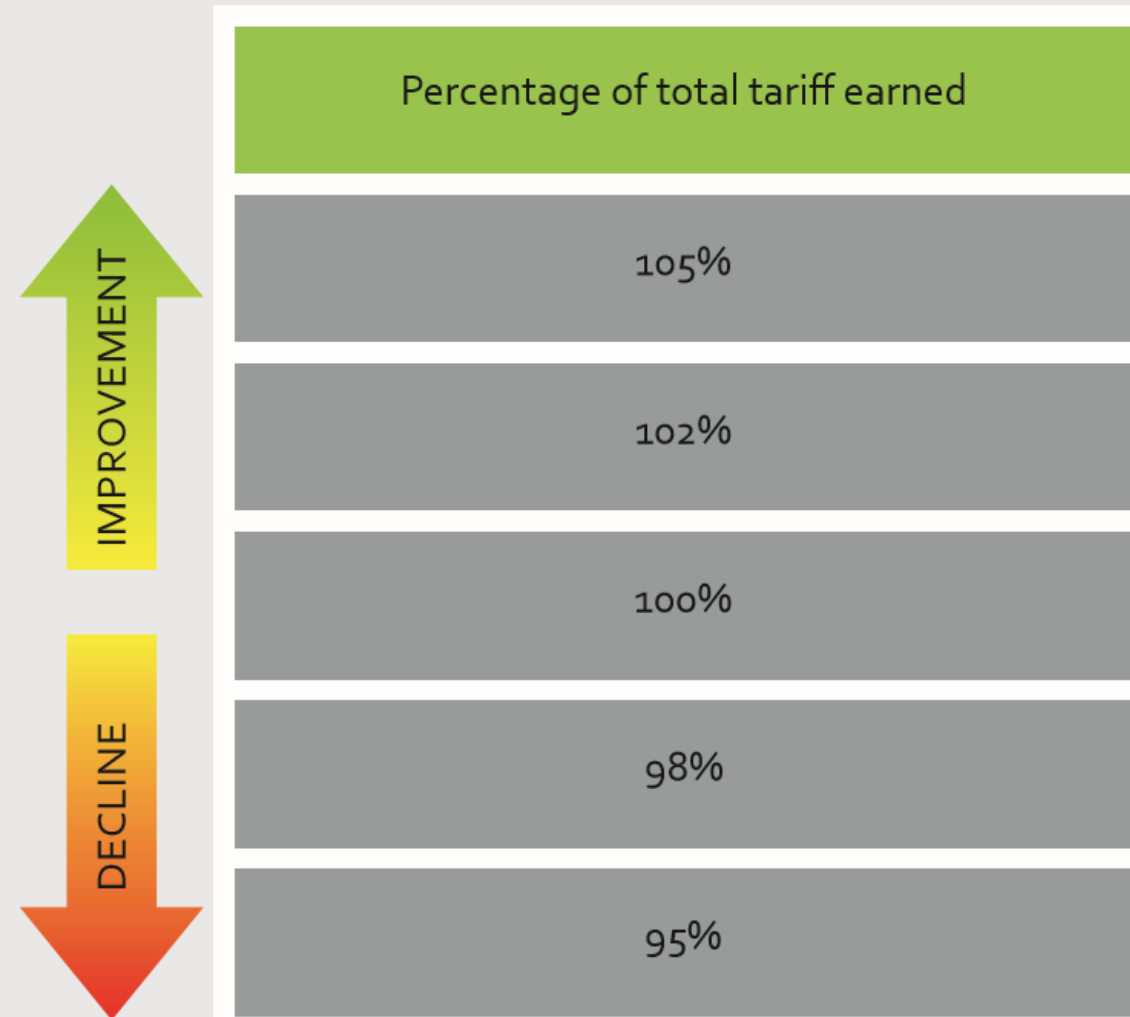
- To ensure that all staff are committed to the organisation's VBHC agenda, the incentive structure must encourage a focus on patient outcomes rather than volume.
- All staff presented with the opportunities for improvement offered by outcomes measurement are keen to make changes. However, there are some organisational barriers that pose challenges. Many of those whose input into the programme is essential have commitments and responsibilities outside of the VBHC programme that compete for their time.

Overcoming the hurdles and challenges to implementing value-based healthcare

Aligning staff incentives with VBHC

- In other instances, staff incentives conflict with the aims of the VBHC programme. For example, for many clinicians, remuneration depends on volume of work carried out rather than outcomes achieved. The tension that is created because of this can only be resolved if within the organisation, outcomes are prioritised over volume.

FIGURE 7 | VALUE-BASED REIMBURSEMENT MODEL FOR SANTEON'S CONTRACT WITH MENZIS



Patient Journey Approach

1. Identify common stages in patient experiences.
2. Identify and monitor which services and health professionals people engage with, their experience of these services and health outcomes.
3. Involve patients in articulating and mapping their own ideal health outcomes and pathways.



Patient's Journey approach



“The term 'patient journey' refers to the experiences and processes the patient goes through during the course of a disease and its treatment (BMJ 2011)”

*“Process mapping enables the reconfiguring of the patient journey from the patient's perspective in order **to improve quality of care and release resources.**”(BMJ 2010)*

PREMs: Patient Reported Experience Measures

- PREMs Examples
 - ✓ Time spent waiting
 - ✓ Access to and ability to navigate services
 - ✓ Involvement (consumer and carer) in decisionmaking
 - ✓ Knowledge of care plan and pathways
 - ✓ Quality of communication
 - ✓ Support to manage long-term condition
 - ✓ Would they recommend the service to family and friends

PREMs: Patient Reported Experience Measures



Capture a person's perception of their experience with health care or service



Various indicators included in validated surveys/ questionnaires e.g. CAHPS (Consumer Assessment of Healthcare Providers and Systems)



Newer attempts to measure integrated care e.g. Singer, Picker Institute Europe

Your Surgery

15. **After you arrived** at the hospital or surgical facility, did this surgeon visit you before your surgery?

¹☐ Yes

²☐ No → **If No, go to #17**

16. Did this visit make you feel more calm and relaxed?

¹☐ Yes, definitely

²☐ Yes, somewhat

³☐ No

17. **Before you left** the hospital or surgical facility, did this surgeon discuss the outcome of your surgery with you?

¹☐ Yes

²☐ No

³☐ Don't know

Anesthesiology

18. Were you given something so you would not feel pain during your surgery?

¹☐ Yes

²☐ No → **If No, go to #26**

19. Who gave you something so you would not feel pain during your surgery?

¹☐ An anesthesiologist did this

²☐ This surgeon did this → **If This surgeon did this, go to #26**

³☐ Don't know who did this → **If Don't know who did this, go to #26**

20. Did this anesthesiologist encourage you to ask questions?

¹☐ Yes, definitely

²☐ Yes, somewhat

³☐ No

CAHPS Surgical Care Survey

31. After your surgery, did this surgeon listen carefully to you?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

32. After your surgery, did this surgeon spend enough time with you?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

33. After your surgery, did this surgeon encourage you to ask questions?

- ¹ ☐ Yes, definitely
² ☐ Yes, somewhat
³ ☐ No

Your Overall Care From This Surgeon

35. Using any number from 0 to 10, where 0 is the worst surgeon possible and 10 is the best surgeon possible, what number would you use to rate all your care from this surgeon?

- ☐ 0 Worst surgeon possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best surgeon possible

PROMs Patient Reported Outcome Measures

- Capture a person's perception of their health
- Validated generic & disease specific tools
- Measure:
 - Symptoms
 - Distress/ Anxiety
 - Unmet need

PROMs examples

- Quality of life e.g. EQ-5D, AQoL
- Symptoms e.g. pain (NPRS), fatigue (FSS)
- Distress e.g. depression (K10, PHQ2), anxiety (GAD7)
- Functional ability e.g. WHODAS 2.0, ODI
- Self-reported health status e.g. SF-36
- Self-efficacy e.g. GSE

Sample EQ-5D

By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

Self-Care

- I have no problems with self-care ☐
- I have some problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

Sample EQ-5D

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own
health state
today**

Best
imaginable
health state

100

90

80

70

60

50

40

30

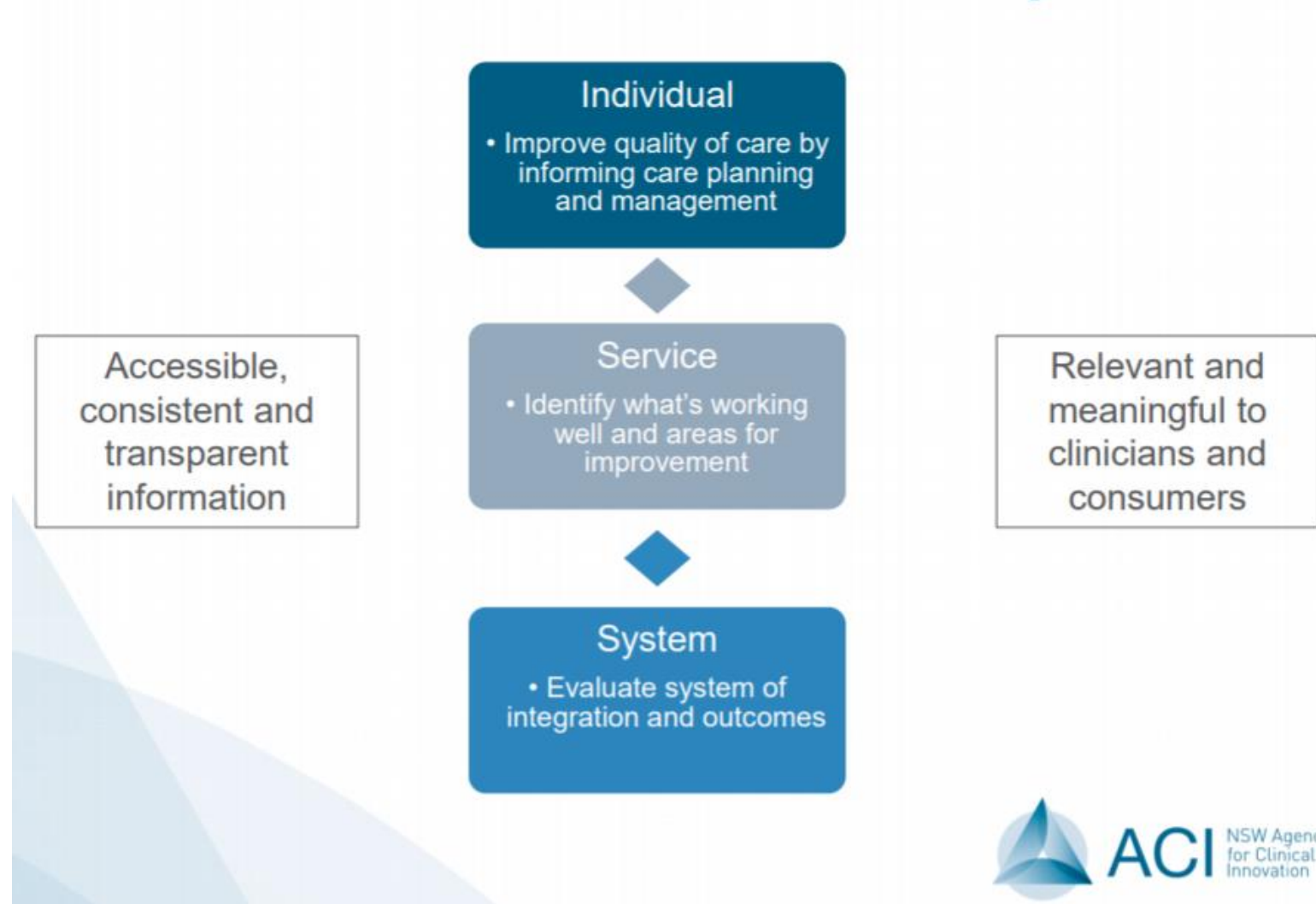
20

10

0

Worst
imaginable
health state

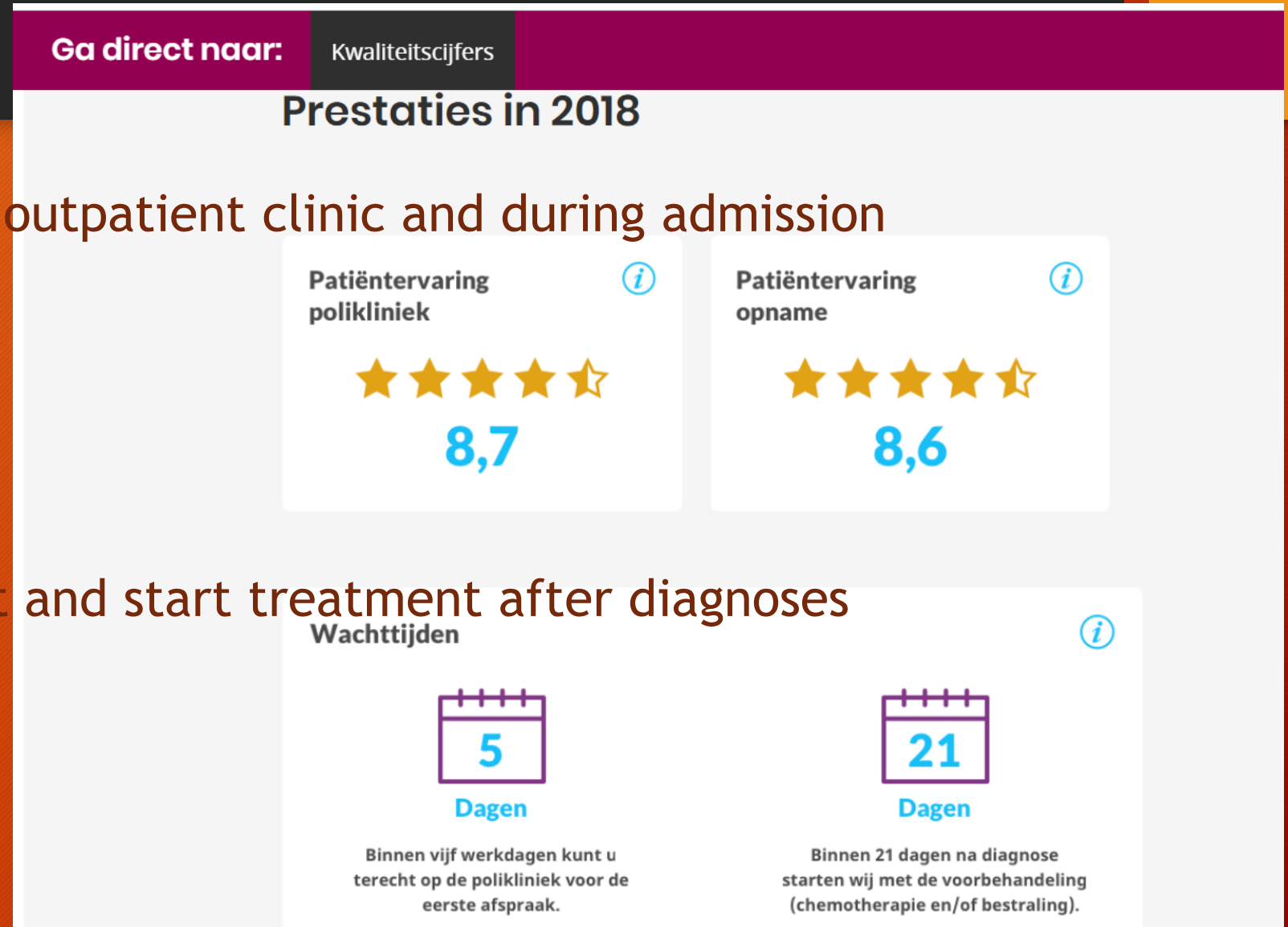
PROMs & PREMs Purpose



Transparency in outcome is vital

Patient experience in outpatient clinic and during admission

Waiting time first visit and start treatment after diagnoses



Source: <https://www.catharinaziekenhuis.nl/paginas/1212-kwaliteit-behandeling-slokdarmkanker.html>

Stappen tot de behandeling



Toon alle stappen

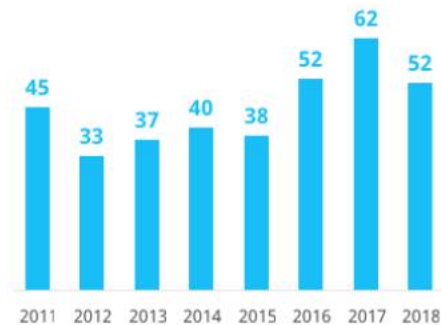
Totaal Catharina



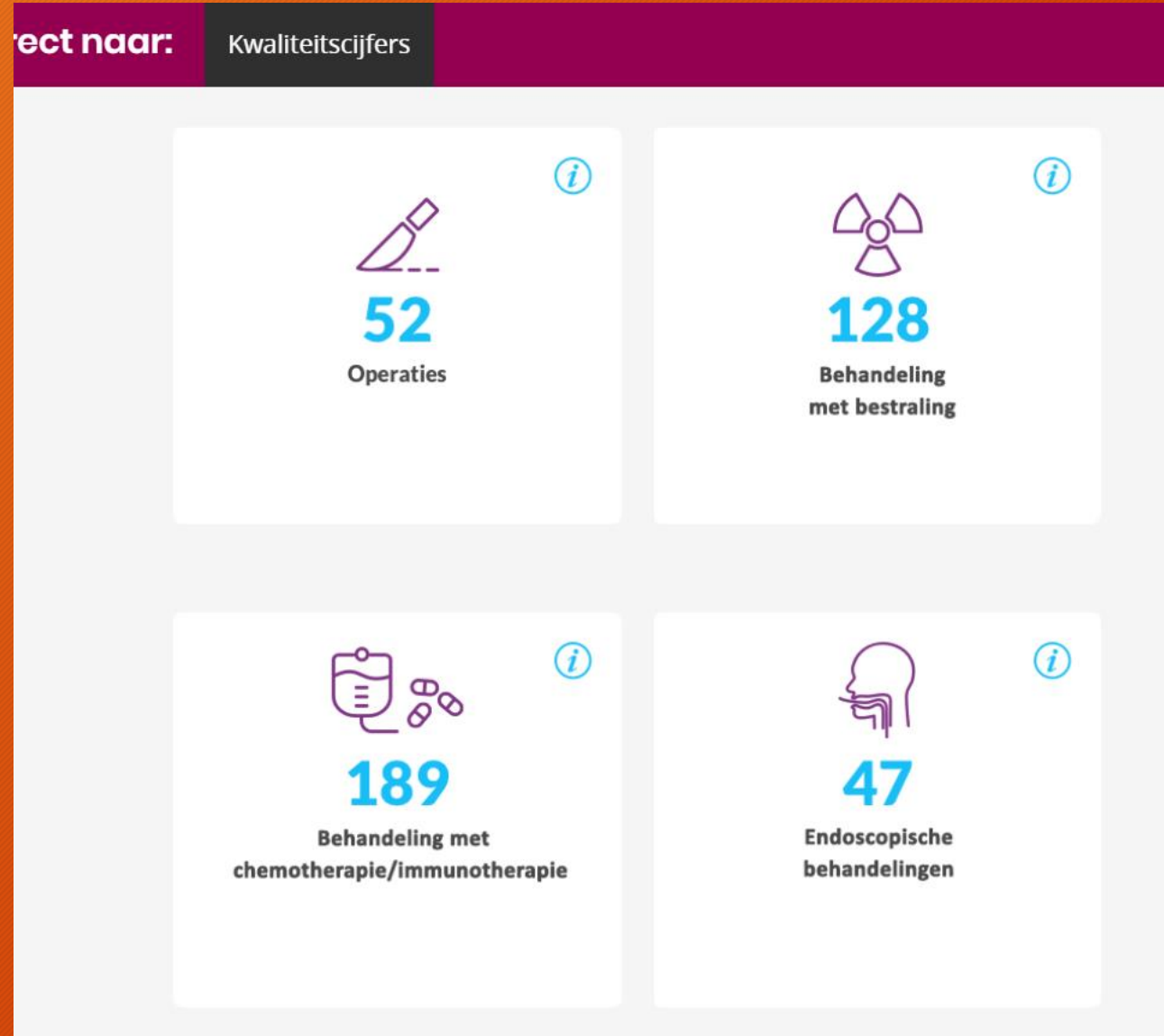
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Patiënten met
slokdarmkanker

Aantal geopereerde patiënten



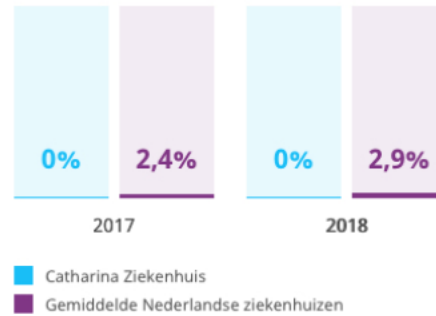
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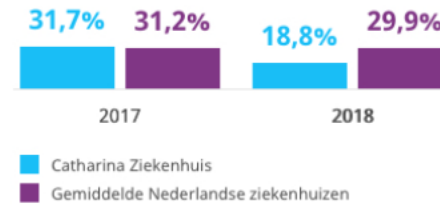
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Kwaliteitscijfers

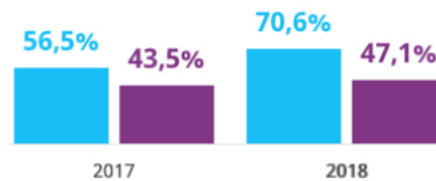
Percentage patiënten dat tijdens opname of binnen 30 dagen na de operatie overlijdt



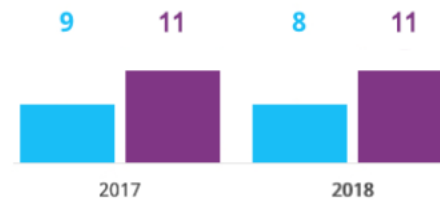
Percentage patiënten waarbij ernstige complicaties optreden na de operatie



Percentage patiënten waarbij operatie en nazorg verliep volgens het boekje



Opnameduur in dagen bij een operatie



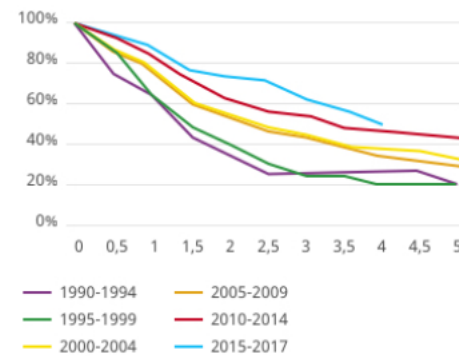
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Kwaliteitscijfers

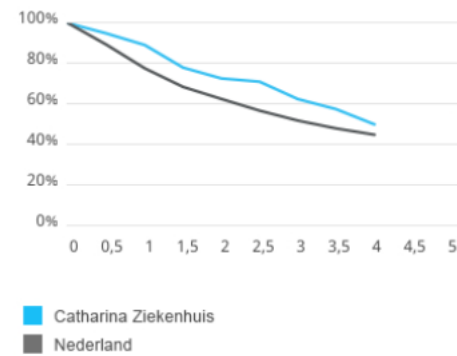
Overleving

Patiënten geopereerd in het
Catharina Ziekenhuis



Overleving

Patiënten geopereerd in de
periode 2015 - 2017 in het
Catharina en in Nederland



Key Lessons

1. Start with the data you have
 - ✓ When initiating a VBHC programme, it is essential to start with data that the organisation is already collecting or that is easily accessible. Choosing indicators that are difficult to collect adds an unnecessary barrier to starting.
2. There must be a deliberate effort to foster trust within the organization.
3. Trust among doctors and their attitude towards change are critical in achieving goals

Key Lessons

4. Having patient representatives on the improvement teams helps ensure quality improvement efforts are addressing issues that matter to the patients they serve.
5. It is important to have a pragmatic approach to analysis
6. All stakeholders involved, from the ministry and health, insurers, to patient organizations and health care providers, should embrace the concept of VHBC

Thank you for your attention!

