# GETTING STARTED WITH VALUE-BASED HEALTH CARE

On behalf of the Core Group and Working Group 'Accelerating Value-Based Health Care' of the Linnean Initiative:

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### VALUE-BASED HEALTH CARE IN A NUTSHELL

What is the essence of Value-Based Health care? The best care for the patient. Care that aligns with the medical necessity and the patient's needs and thus really helps. Based on these needs, a specific treatment plan is developed for the patient, in consultation with the patient's relatives and informal caregivers if necessary. So as well as focusing on *"what's the matter"* also focus on the question *"what matters to the patient?"*.

Value-Based Health care is primarily about the health outcomes that are relevant to the patient and are discussed in the conversation between the healthcare professional and the patient. It is also about the costs involved in achieving the health outcomes. After all, each euro can only be spent once. It is essential to consider matters from the patient value perspective. So reducing costs should never come at the patient's expense.



It is also about the effort, or the time, energy and investment of the multidisciplinary team involved and the treatment burden for the patient, which is required to achieve the desired outcomes.

In short, Value-Based Health care is about the relationship between health outcomes achieved for the patient and the costs and effort associated with this. The primary goal is not to express this in a single figure, but to establish a continuous learning and improvement cycle. This enables us to do a little better for the patient every day.

Would you like to implement Value-Based Health care across the board? Then we recommend to get started with the seven domains of Value-Based Health Care. More information on this is provided below.

### **WHY GET STARTED?**

Why should you as a patient or healthcare professional start working with Value-Based Health care? We asked patients and healthcare professionals who have experienced the value of Value-Based Health care first-hand. This is what they said:

### What patients said:

- I'm asked what's important to me and what else I want. In doing so, the doctor guides my partner and I through the various choices.
- The choice I end up making is based partly on previous choices by other patients who were somewhat similar to me and what the results were for them.
- It seems like care professionals are more aware of each other in terms of who does what.
  I know who my primary care professional is and who to turn to for which symptoms.
  What's also important is that doctors no longer contradict each other.
- Scheduling is much better. It's clear when I'm expected where. If possible, appointments are combined or I can attend them remotely from home.
- Healthcare professionals are so much more enthusiastic.

## What healthcare professionals said:



- My work has become so much more enjoyable. It has gone back to why I originally wanted to work in health care: really helping people.
- The relationship with patients has changed. They have become much more actively involved in their own care. That's so nice!
- The PROMs [patient-reported outcome measures] and other questionnaires completed by the patient beforehand lead to better conversations in the consulting room and better results for the patient.
- Those same PROMs and other questionnaires enable me to spend more time on the patients who really need it.
- Fewer patients need care because we work more on prevention.
- It leads to less overdiagnosis and overtreatment.
- We follow patients in the longer term. We gain many interesting and relevant insights that help us to continuously to improve our care pathway.
- Healthcare improvement/innovation is promoted rather than hindered by the changes to funding.
- Collaboration has improved and the culture between us healthcare professionals has changed for the better. And you learn so much from each other when you work as a multidisciplinary team around a patient group.

### WHAT IS NEEDED?

Achieving the full potential of Value-Based Health care requires working on each of the seven domains. We describe what each domain should look like below.



#### MULTIDISCIPLINARY TEAM

Physicians, nurses, allied health professionals, support staff, managers and patients are organised into a multidisciplinary team. That team has joint responsibility for the health outcomes as well as the associated costs for the chosen patient group. The team is led by a leader (or leadership team) that ensures the team receives sufficient resources and is supported. The Board, management and, just as importantly, the staff on the shop floor are also enthusiastically involved!

#### **CARE PATHWAYS AND OUTCOMES**

Together, the **patient** and the **healthcare professional** decide which diagnostic and treatment options align best with the **medical necessity** and the **patient's needs**, and are most likely to achieve the desired outcomes in the process of **shared-decision making**. For this purpose, the **standardized outcome set** has been prepared for the specific patient group and visualised in **dashboards**. This is based on the **care pathway**, which has been fully described. This way, the patient and the healthcare professional can see at a glance all the activities that may take place, and when. And because the treatment plan has been drawn up together, it is also immediately clear what diagnostic procedures and treatment are needed.

### COSTS AND REIMBURSEMENT

The team knows exactly what the care for the patient group **costs** throughout the entire care pathway. Because it also has insight into the outcomes, the team can make **informed decisions**. It is possible to make comparisons between different diagnostic and treatment options, **prioritise** improvement initiatives, monitor their **impact**, and clarify differences between healthcare professionals and institutions. There are also **Value-Based reimburse-ment arrangements** or **Value-Based payments** between the healthcare organisation and the health insurer, which stimulate the provision of the best care.

#### **COLLABORATIVE NETWORKS**

The team not only works together, but is also actively engaged in **collaborative networks**. Together, they ensure that the patient receives a **total package of care** that is personally tailored to them and streamlined. For the patient, it is clear who the primary caregiver is, who the contact person is, who the scheduler is, and who to go to for 24/7 assistance.

#### EDUCATE, INNOVATE, IMPROVE

Healthcare professionals who get even better at their jobs every day. Team members understand the idea of Value-Based Health care and do not miss an opportunity to **learn and improve**, from the individual patient, from patient groups, from each other and from others. The results are shared **transparently** with the outside world so that the patient, referrer and colleagues have immediate insight into where the best care is provided for a specific patient (or patient group).

#### IT & DATA

IT and data systems that help. The relevant data are **findable**, **accessible**, **interoperable** and **reusable**. Above all, the data are **reliable**, **available** in time and **high in quality**. This makes it possible to interpret the data quickly and easily, for example in clear **dashboards**. And, of course, all of this is done in a **secure IT environment**. Accordingly, the data stimulate quality of care, communication with patients and fellow healthcare professionals, as well as innovation and scientific research.

#### LEADERSHIP & CULTURE

A culture in which the focus is put back on the patient and the best care delivery for that patient. Care delivery has become a **team effort** because team members **share responsibility** for the entire care pathway. To do so, people **collaborate** effectively, are aware of each other's activities, **trust** each other, are **transparent** and open, and **learn from mistakes** (their own or those of others). **The leadership** has **guts** and **ambition**, take **responsibility** and ensure an atmosphere of trust and **safety, learning and improvement.** 

### HOW DO YOU DO IT?

You now know what Value-Based Health care is, why you should start working with it and what it requires. But how do you do it? All the important questions are addressed in this checklist.



### **COLLABORATIVE NETWORKS**

- 1. Does the multidisciplinary team participate in collaborative networks?
- 2. Does the multidisciplinary team collaborate with other teams for related (medical) conditions?
- 3. Does the multidisciplinary team collaborate with suppliers (data & IT, medtech & biotech, pharma)?



### **MULTIDISCIPLINARY TEAM**

- 1. Is the (medical) condition or patient group clearly defined?
- 2. Does the multidisciplinary team consist of the relevant healthcare professionals and patients?
- 3. Is leadership safeguarded?
- 4. Have progress and improvement meetings been scheduled?
- 5. Have sufficient resources been committed?
- 6. Are the appropriate internal stakeholders involved?



### **EDUCATE, INNOVATE, IMPROVE**

- 1. Do members of the multidisciplinary team have and maintain sufficient knowledge of Value-Based Health care?
- 2. Is there a system that enables continuous learning and improvement and encourages application of innovations?
- 3. Are health outcomes shared transparently with the outside world?



### **CARE PATHWAYS AND OUTCOMES**

- 1. Have the care pathway and times at which measurements will take place been identified?
- 2. Has the set of outcomes been determined for and with the patient group?
- 3. Are the individual outcomes discussed in the consulting room?



### **IT & DATA**

- 1. Are the relevant data recorded and analysed in a uniform manner?
- 2. Are the data visualised in an attractive and accessible manner?
- 3. Are the data handled in a secure and correct manner?

### COSTS AND REIMBURSEMENT

- 1. Are the costs of the care activities clear?
- 2. Is the cost-to-reimbursement ratio of the care activities known?
- 3. Can the multidisciplinary team manage costs and revenues itself?
- 4. Have arrangements about Value-Based Health reimbursement been made with the preferred health insurer?



### **LEADERSHIP & CULTURE**

- 1. Are the leaders inspiring and skilled in communicating?
- 2. Do all members of the multidisciplinary team know their roles and take their responsibility?
- 3. Is there a culture within the team of enthusiasm and trust, of safe collaborative learning and improvement?
- 4. Does the leadership team have guts and ambition, take responsibility and ensure an atmosphere of trust and safety, learning and improvement?

If you would like to get started or have not been able to answer all the questions positively yet, scan the QR code on the next page to view the guide online (in the near future also available in English, please use Google Translate in the meantime). There you will find further explanations, useful tools and practical examples that can help you!

### **ABOUT THE GUIDE**

Value-Based Health care is very appropriate and very valuable for health care organisations in all levels of the health care system. For care as well as cure. For large and small organisations, institutions and teams. This guide is intended to encourage anyone who has anything to do with healthcare to start working with Value-Based Health care.

In short: are you a physician, nurse or allied health professional? Caregiver or patient? Policy advisor or care manager? And would you and your colleagues like to start working enthusiastically with Value-Based Health care? Take advantage of the knowledge, experience and expertise of healthcare professionals *and* patients who are already working with value-based care. Their insights and experiences have been compiled and transformed into the practical guide 'Getting Started with Value-Based Health Care'. That way you can be sure you have thought of everything.

Really there is only one requirement for those getting started with this: look forward to it! Be enthusiastic and motivated, curious and pragmatic.

On behalf of the full Core Group and Working Group 'Accelerating Value-Based Health Care' of the Linnean Initiative, we wish you and your colleagues every success! And remember, we're happy to help!

### About the Linnean Initiative

The Linnean Initiative is a bottom-up, nationwide collaborating network of > 1.250 Dutch patient (representatives), healthcare providers, health insurers, researchers and suppliers with the common goal to improve quality of care by accelerating the pace of Value-Based Health Care implementation in the Netherlands. We connect, inspire and provide solicited and unsolicited advice on major topics in VBHC implementation via network meeting, in working groups and via our website.

For more information, please visit the 'About us' page on our website *www.linnean.nl*.

The Linnean Initiative is located on Willem Dudokhof 1, 1112 ZA, Diemen, The Netherlands.

### GET STARTED!



Scan the QR code and get started.