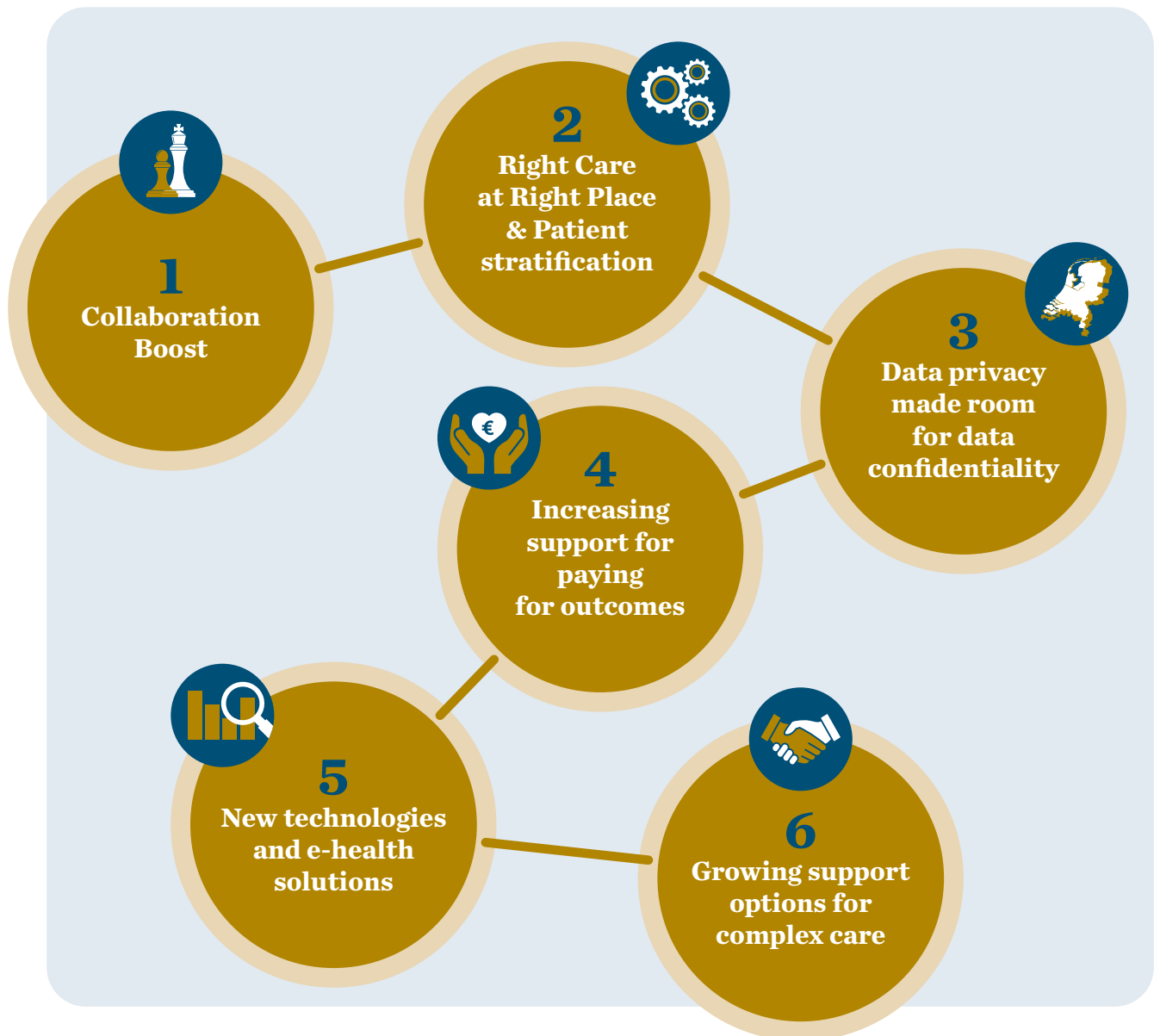


Progress on Value Agenda 2020 and impact of COVID-19

#ValueAgendaNL



Preface

Now, more than ever, the urgency to change the way we deliver healthcare is visible. COVID-19 proved to be a challenger, but more so an accelerator of change in healthcare. With respect to Value Based Health Care implementation we have observed that specific topics are being implemented with higher pace (moving care closer to home, e-health solutions & integration of care in networks) due to the nature of this challenging time. On the other hand, we are proud to still see much progress on the other topics on the Value Agenda NL despite COVID-19.

Unfortunately, this year's Working Session of the Value Agenda NL on the theme 'Pay for Value' had to be postponed to 2021 following the national measures against the coronavirus. This summary document provides a concise update on the progress on the Value Agenda NL in 2020 and the impact of COVID-19 on each of these six Calls for Action. A summary infographic can be found in this report.



“Paying for outcomes will be the biggest accelerator of Value Based Health Care”

Michael Porter

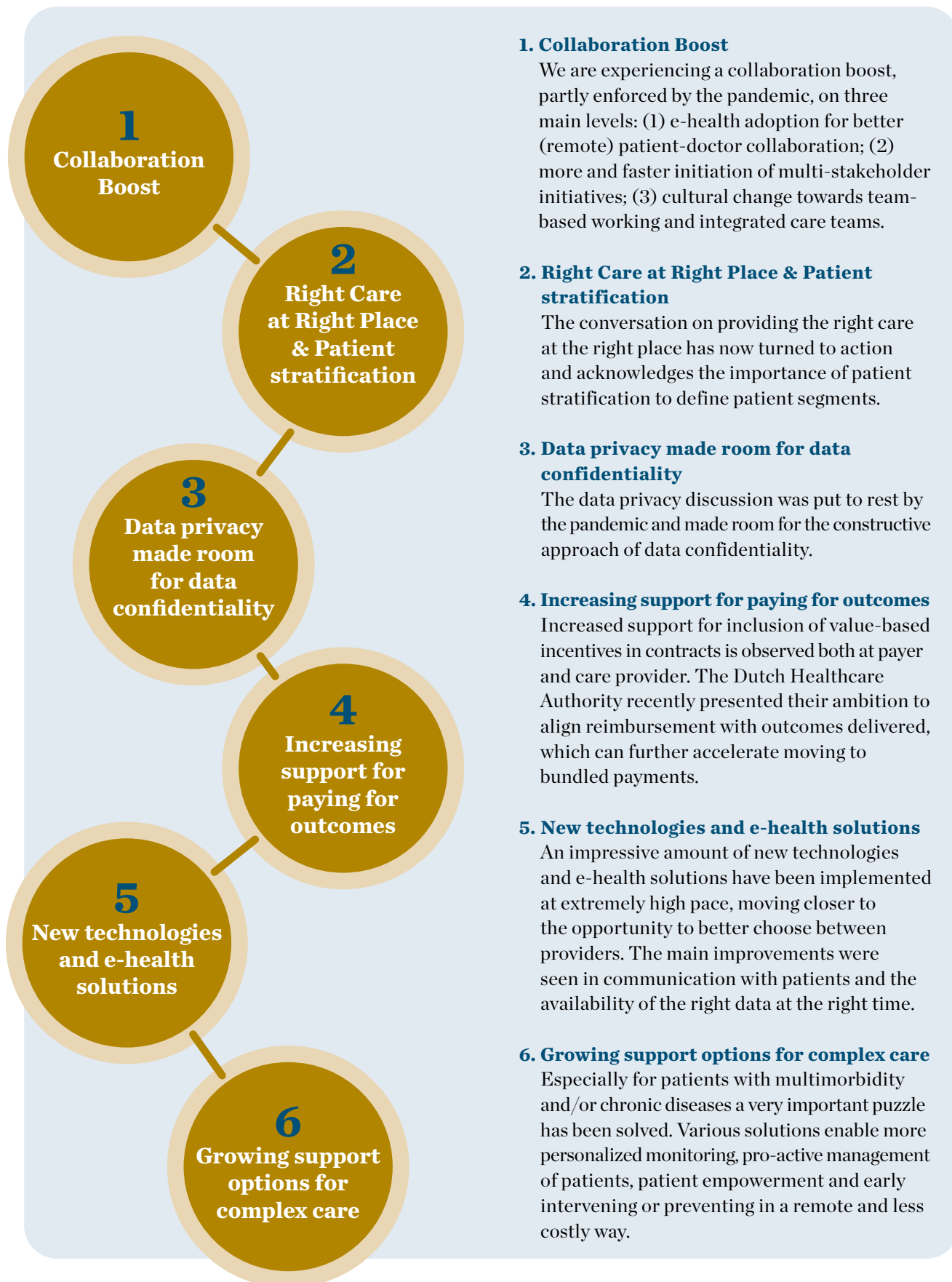
during the ICHOM conference 2020

On May 19 (date under reservation), 2021 the fourth Working Session of the Value Agenda NL will take place and will focus on the theme 'Pay for Value'. Aligning payment with outcomes delivered, not with volume of care delivered, will truly change incentives and is frequently mentioned as (one of) the biggest accelerator of Value Based Health Care. A very recent report of the Dutch Healthcare Authority (NZa) also mentions this as the road forward, so the timing could not be more perfect to have this working session with key decision makers of all stakeholders in healthcare and really move towards action on this crucial topic. Stay tuned for the outcomes of the Value Agenda NL Working Session in May 2021 and for now: keep working on the six Calls for Action and stay safe!

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2020 progress on key actions Value Agenda



Introduction

In 2017, Prof. Michael Porter, PhD and thirty key decision makers of the major stakeholders in Dutch Healthcare set the Value Agenda NL: the agenda to accelerate VBHC implementation in the Netherlands. This was the starting point of an annual working session in which key decision makers in healthcare and an international renowned expert in VBHC formulate the needed actions to move the needle on VBHC implementation. This resulted in an impressive line up of international experts up to this point (Prof. Porter, Prof. Teisberg, Dr. Bohmer & Prof. Cripps).

Next to the Value Agenda NL, the nation-wide adoption of VBHC continues to rise, as well as the number of VBHC projects and collaborations (especially Public Private Partnerships) that seem to take on an exponential growth over the last years. Also, the Dutch government continues its 'outcome-based healthcare' program, the Linnean initiative is growing rapidly (a network of almost a thousand intrinsically motivated persons to move forward on VBHC) and most recently the Dutch Health Authority issued a report stressing out the need for outcome-based reimbursement.

Although, due the COVID-19 pandemic, the working session of 2020 was postponed to May 19, 2021, a brief update on the impressive progress made over the last year is summarized in this document. The organizing partners of this working session, The Decision Group, Amgen and Medtronic hope you get inspired by the update. Please do not hesitate to share this agenda with as many relevant people as possible to help move the needle towards a shared purpose of maximizing patient value. In the end it is all about working towards a similar goal of continuously improving patient value and that simply starts with genuinely embracing that goal!

Progress on the Value Agenda NL and the impact of COVID-19

As we all now, COVID-19 has a major impact on healthcare in the Netherlands. Despite the stress on the Dutch health care system, COVID-19 showed that innovation in healthcare was accelerated. This acceleration was also seen for VBHC implementation and therefore much progress has been made on the six Calls for Action of the Value Agenda NL (see [Value Agenda 2019](#)). This document summarizes the main progress on each of the Calls for Actions, related COVID-19 impact and includes many examples from practice to further dig into.



Call for action I: Leadership & Culture

Develop VBHC Leadership to help change the culture towards appreciation of value

Shared decision making

Partially because patients cannot physically visit healthcare professionals, there has been a rapid and unprecedented adoption of e-health technologies like apps and other solutions. The rapid development of digital health solutions directly generates insights in a patients' health situation. They create more opportunities to facilitate shared decision making as more information is available. It allows for better discussion about what patients and their families can do to improve their health or start to do so. E-health is deployed in many ways, not as a solution in itself, but related to patient behavior and outcomes.

Collaborations between doctors, researchers and industry (don't wait for others to change)

Besides e-health, inspiring collaborations are taking place focusing on for example vaccine development and treatments. Researchers, immunologist, doctors and teams, and the industry are collectively working in a way that we have never seen before. Information is shared internationally, tests are widely available, and clinical trials are much quicker than before COVID-19 where it would take two, three, or even four years, to finally have approval to start a project. This way of working is what VBHC aims for and truly speeds up and allows scale-up of great initiatives. A great multi-stakeholder initiative for example is the development of the [MM coach](#), a solution for better direction for and monitoring of Multiple Myeloma patients.

Culture change towards collaboration and team based working

We see an explosion of VBHC implementations around the world. The COVID-19 pandemic acts as a transformation catalyst, accelerating the implementation and adoption of changes in many aspects of healthcare systems. Consequently, a new model of healthcare delivery emerges with more emphasis on team-based working. Additionally, the pandemic enforces and accelerates a culture change towards integrated care teams, consisting of the entire medical team of members within and outside the own organization.

Progress on the Value Agenda NL and the impact of COVID-19



Call for action II: Integrated Care

Continue building IPUs across institutions with medical leaders as dominant driving force and managers as enablers

From fragmented to connected care

In the Netherlands and various other countries, healthcare systems are very fragmented. Healthcare systems consist of primary, secondary, and tertiary care, and all kinds of specialties with different institutional frames, that do not easily work together. Now under the pressure of COVID-19, the large number of COVID-19-patients, the flood of non-COVID-19 patients whose treatment is postponed, and shortage of healthcare workers, collaborations between all levels of the healthcare system occur. One of the main themes is the translocation of care closer to home, which requires collaborations across lines of care and demand for inter-organizational collaboration. Great examples of connected care are several of the [VBHC Prize 2020](#) winners: Joint Value, Afferden Initiative and the Santeon better together program.

From services for individuals to solutions for segments

According to Call for action II of the Value Agenda NL, we should reset from services for individuals to solutions for segments. Applying patient stratification helps identify patient segments that need intervention and care and can therefore be approached more easily. This can be a step towards preventive care as patients can be identified early and given the care they need before it gets worse.

Progress on the Value Agenda NL and the impact of COVID-19



Call for action III: Universal Measurement

Let the Dutch government enforce the use of outcome measures

Data privacy discussion

Particularly in Europe, there will be a shift based on the COVID-19 experience in our thinking about data privacy. Hospitals had difficulties exchanging patient data between one and another. This was not due to technological limitations, but due to the regulations and privacy. Along the first wave, under the pressure of the crisis, a shift from the privacy idea to the confidentiality idea was seen. This means that the patient data was available to all hospitals in an online portal after approval of the patient.

Start with simple actionable outcomes

From the survey amongst former participants of the working session, there is a wish to move to concise (inter)national datasets instead of what is observed: different sets for different institutions. Too often it is seen that each organization wants its own addition of relevant measures, while a need for similar underlying definitions of the most relevant outcomes would be more valuable.



Call for action IV: Bundled Payments

Move quickly to bundled payments for all care

Payer involvement

For years, payers stressed that the healthcare expenses were too high, that the percentage of national income in costs was too high, that capitation was needed, that a reduction of over-treatment was needed, that a reduction on over-diagnosis was needed, and cost reductions were essential. However, during the COVID-19 crisis, also the payers have become actively involved in solving the crisis and they are actually stimulating the idea's and new approaches of doctors and teams. From a VBHC perspective, this mentality of working together, with payers as part of the team and not just as cost scrapers, is essential for a sustainable healthcare system.

Progress on the Value Agenda NL and the impact of COVID-19



Call for action V: Patient Choice

Engage patients to choose care provider based on quality

Exchanging information and data

Already before COVID-19, we have seen that technological developments have been changing healthcare. But, if there is one item that has shown the importance in health-care transformation during COVID-19, it's the fast-tracked implementation of new technologies. For example, connected care initiatives had difficulty exchanging information and data, but because of the pressure, they now figured out that it is not just about having the right appointment scheduled to one and another, but that it is also crucial to have all the data and information available to everybody; to know what the patients wants to achieve; and decide, together with the patient what needs to be done. E-health solutions offer the opportunity to do so. Various examples showed how e-health solutions amazingly speeded up the treatment and communication with the patient. Instead of waiting lists, the care flow in the hospitals can become much more efficient.



Call for action VI: Complex Care

Build IPUs to better cater for patients with multi-morbidity

Solutions that enable more personalized care at lower costs

E-health has evolved in recent years, but it now seems more important than ever before. Applying e-health works especially well for patients with chronic diseases so that their care can be continued. Since it seems very useful and working well, the switch to remote care can potentially become permanent. E-health ensures that the quality of care is maintained by measuring the accurate condition of the patients and it saves the physicians time which they could devote to other patients. It even can prevent the need for more intensive care by early detection of an abnormal condition. E-health ensures that care is focused on the patients, meets their needs, and ensures that all necessary care comes together in the e-health technology, which is why it corresponds to Value Based Health Care (VBHC).

Further readings

Report: the Value Agenda for the Netherlands 2019-2020

<https://www.thedecisiongroup.nl/wp-content/uploads/2019/05/I.-Final-Report-VBHC-Working-Session-2019.pdf>

Qruux interview Sara McCabe & Jannie van den Broek (Amgen)

<https://www.qruux.com/waarom-amgen-meer-wil-doen-dan-alleen-medicijnen-verkopen/>

VBHC Prize 2020

<http://vbhcprize.com/vbhc-prize-2020/>

Report Zorginstituut Nederland en Nederlandse Zorgautoriteit

‘Samenwerken aan passende zorg: de toekomst is nu’

<https://www.rijksoverheid.nl/documenten/rapporten/2020/11/27/samenwerken-aan-passende-zorg-de-toekomst-is-nu>

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