Full report

May 2019

VALUE AGENDA NL
ValueBasedHealthCare

The Value Agenda for the Netherlands 2019-2020

12 key actions to take charge

and let VBHC initiatives flourish!

#ValueAgendaNL

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Preface

The climate for the implementation of Value-Based Health Care in the Netherlands has been improving significantly the last years. Not least by setting the VBHC Value Agenda and the many other efforts to help remove hurdles for good doctors and teams to focus on patient value first and everything else second.

We look back at past successful Working Sessions in the last three years. In the Working Session with Prof. Porter, PhD. in 2017, the 'Value Agenda for the Netherlands' was composed. In 2018, the Working Session with Dr. Bohmer en Prof. Cripps resulted in key actions to stimulate leadership and culture.

In this years' Working Session with Prof. Teisberg, PhD, it became evident that leadership and culture remain highly relevant topics. Great progress has been made since the Value Agenda in 2018. As we are approaching the next phase of VBHC, in which the questions and challenges are even more complex and demanding, collaboration is more important than ever before. Therefore, we feel it has become a good tradition once a year to have a group of key people across the Dutch Health Care landscape work on action, so we can all help strengthen the positive VBHC implementation climate together.

Since Prof. Porter, PhD was our first advisor for the first Working Session in 2017, much has been done; the Linnean initiative, the expansion of bundled payments, progress on VBHC leadership and culture education, over 600 VBHC projects, Dutch government focus on the start of measuring and working with outcomes, collaborations between hospitals, industry, health insurers, primary and hospital care have been emerging using VBHC to amplify these efforts. New inspiring examples of VBHC implementation successes are arising on a daily basis.

The interest abroad in our VBHC Value Agenda and the impact we have seen on policy documents has been both encouraging and rewarding. As Prof. Teisberg, PhD stated: 'the world is watching you and cheering for you'.

Prof. Teisberg, PhD and the organizing partners, Amgen and Medtronic, hope you get inspired by the Value Agenda 2019-2020. Please share this agenda with as many relevant people as possible to help move the needle on patient value creation VBHC style together. Let's create the best environment for VBHC-initiatives to succeed. I am already looking forward to the fourth Value Agenda Working Session on May 14th, 2020.

Prof. Dr. F. van Eenennaam
Founding Partner The Decision Group

Content

Executive summary

Now, with more than a decade of experience in Value-Based Health Care implementation, the Netherlands is looking for ways to scale-up implementation to maintain its leading position in the world. The number of VBHC initiatives is increasing rapidly and so is the tension with the way our current health care system is organized. One of the main challenges we face today is to improve the climate for VBHC implementation within our traditional health care system to let these initiatives flourish and let them focus on what they do best: continuously improving patient value.

In 2017, 25 key decision makers together with Prof. Porter composed the Value Agenda for the Netherlands to initiate this climate change in favor of VBHC implementation. This Working Session resulted in six Calls for Action to which all stakeholders could respond from their own practice.

In 2018, a follow-up Working Session was organized with Dr. Bohmer and Prof. Cripps to identify practical actions and solutions for each stakeholder group to respond to these six Calls for Action.

During this year's third edition of the VBHC Working Session, founding mother of VBHC Prof. Elizabeth Teisberg inspired and helped us to formulate the next actions to stimulate the right climate and therefore should be on the Value Agenda for the Netherlands. Also, the VBHC Working Session 2019 explicitly included the voice of patients by including a patient panel that was frequently asked to share their genuine advice.

Based on the input from the attendees and various key decision makers in health care, two Calls for Action were considered most important at this stage. These two, equally important, actions were: 'Leadership & Culture' (24%) and 'Universal Measurement' (26%). The Working Session 2019 resulted in the four main actions to stimulate leadership & culture and promote universal measurement.

Next to the two main topics of the Working Session, eight additional actions were formulated completing the Value Agenda NL, resulting in the 12 actions on the Value Agenda for the Netherlands.

The 12 actions together will assist in creating the right climate to let VBHC initiatives, that aim at improving patient value, flourish. Now it is time to encourage everyone in healthcare to respond to these actions to move the VBHC needle together by putting patient value first!

"As a patient you can exhaust hope that we will not be forgotten and that it would be nice if the patient were to become more central than he is nowadays"
Comment from patient

12 key actions to take charge and let VBHC initiatives flourish!

Call for Action I: Leadership & Culture

1. Collaboratively take charge in decision making
2. Don't wait for others to change

Call for Action II: Integrated Care

3. Reset from services for individuals to solutions for segments
4. Medical condition in cure setting, meaningful patient segments in care setting

Call for Action III: Universal Measurement

5. Start with simple actionable outcomes
6. Ditch the data privacy discussion

Call for Action IV: Bundled Payments

7. Capture learning and innovation within contract, not a rigid payment model
8. Involve other suppliers of care to better manage bundled payment contracts

Call for Action V: Patient Choice

9. Provide medical teams with more time to listen
10. Watch out for the data trap – start with what's relevant and meaningful for patients

Call for Action VI: Complex Care

11. Start creating smart segments of patients based on complexity
12. Invest in decision supporting tools to better make use of available data

Valuable input from patient panel

Introduction

The next chapter in the health care transformation

"The Netherlands always pops up in international discussions on VBHC implementation as a leading country, please know the world is cheering for you!" was the closing statement of Prof. Elizabeth Teisberg at the VBHC Working Session 2019.

While VBHC is gaining traction globally, the Netherlands is one of the leading countries putting this concept into practice to make transition from volume-based care towards value-based care. Since the appearance of 'Redefining Health Care' we have seen numerous efforts in making this transformation reality and fundamentally change healthcare delivery. VBHC is all about maximizing the health outcomes that matter most to patients per euro spent by continuously improving care and organizing care based on the patients' medical need. This demand driven way of health care delivery will put an end to the supply driven health care we used the know. In the end, VBHC creates a uniform language for all stakeholders in healthcare to contribute and improve patient value in the way each of them can.

The Value Agenda NL

To stimulate the generation of actions to take VBHC implementation to the next level, The Decision Group, Amgen and Medtronic organize a yearly VBHC Working Session with a renowned international VBHC expert. In 2017 Harvard Prof. Michael Porter, founding father of VBHC, and 25 key decision makers in Dutch healthcare set out the Value Agenda for the Netherlands. In 2018, Dr. Bohmer and Prof. Cripps continued by setting the Value Agenda for the Netherlands for 2018, emphasizing the need for leadership and culture.

Prof. Teisberg

Introduction

VBHC Working Session 2019 – Prof. Elizabeth Teisberg

After welcoming the founding father of VBHC, Prof. Porter at the first Working Session in 2017, it was the founding mother of Redefining Health Care's turn this year. At the 2019 Working Session, held on April 18th, Prof. Elizabeth Teisberg and thirty key decision makers in healthcare (from a wide range of stakeholders, including patients and representatives from the government) discussed what should be on the 2019-2020 Value Agenda for the Netherlands.

The Working Session had two main goals:

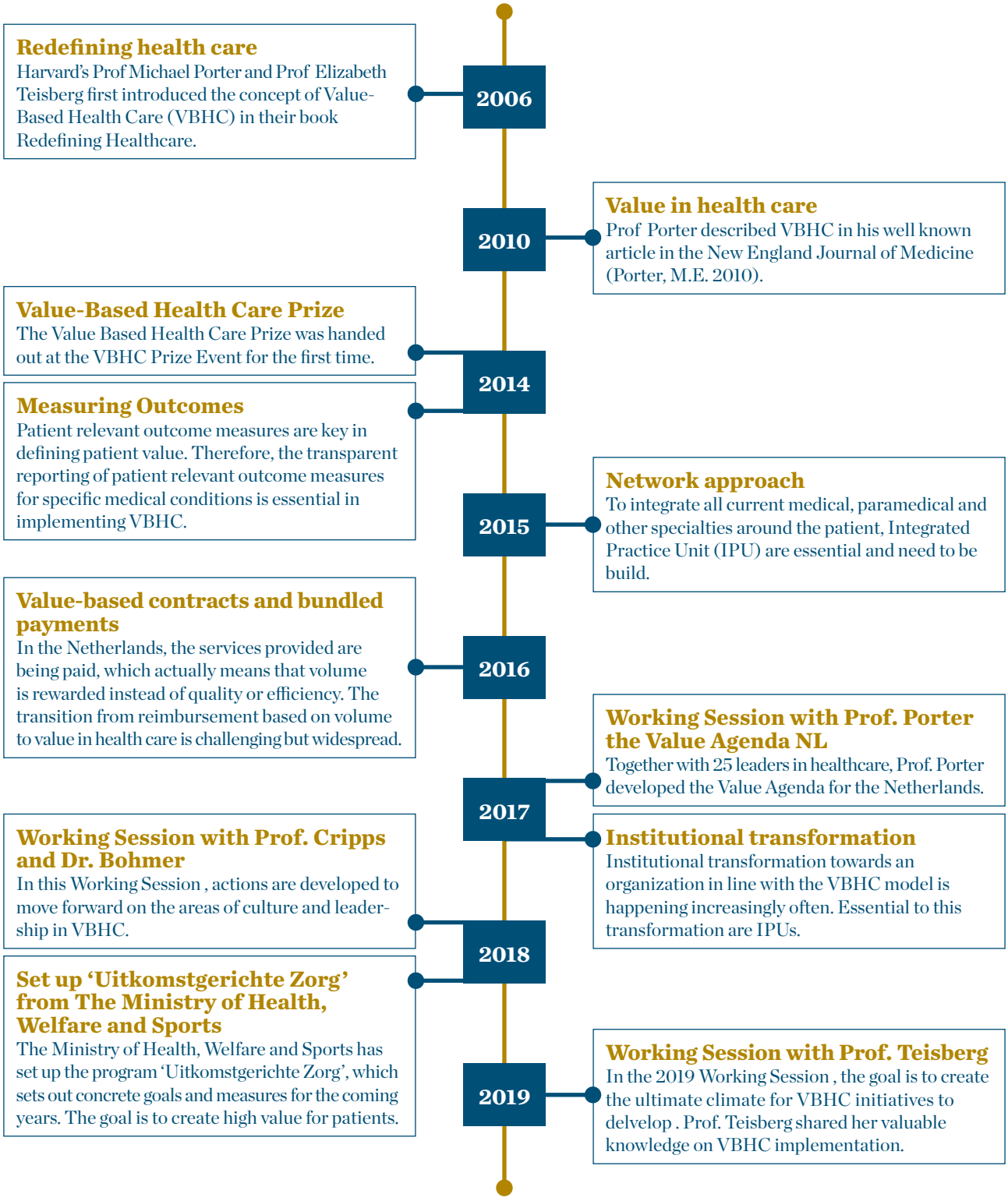
1. To build on the Value Agenda 2018 and the progress made;
2. To define the key actions for the coming year(s) to ensure the right climate for VBHC initiatives

Prior to the Working Session, attendants and other key decision makers in healthcare identified the main hurdles and challenges to overcome to respond to the six Calls for Action as stated in the Value Agenda NL 2017. Also, they identified the Calls for Action on which most progress was observed over the last year and selected the Calls for Action that could possibly generate most impact over the next year(s).

During the Working Session, the Calls for Action with highest impact potential was collectively chosen. Both 'Leadership and Culture' and 'Universal Measurement' were expected to have most impact. During a highly interactive Working Session multiple practical actions and solutions were defined with the help of VBHC expert Prof. Elizabeth Teisberg, which can be found in this report. We encourage all of you working in healthcare to act upon this Value Agenda and help to collectively take charge and responsibility in putting patient value on top.

Progress made in 2018 - 2019

Since the appearance of the first Value Agenda for the Netherlands in 2017, much progress has been made on the agenda and undeniably have had a huge positive impact on patient value.



Progress made in 2018 - 2019

After the agenda was set in 2017, the Working Session in 2018 resulted in 15 key actions and specified the stakeholder group(s) per action that is most likely to move forward on it. Since the Value Agenda 2018, all stakeholders continued to progress on the agenda and a few trends became visible on each of the Calls for Action:

Observed progress	Call for Action	Visible trend
 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** **Patiens' 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 om complexity / risk profile**

Call for Action I: Leadership and Culture

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

The number of VBHC initiatives on local, regional and national level is growing rapidly. What can be observed across these initiatives is the remarkable emphasis on patient centricity. This patient centricity can be seen in many initiatives, often involving recent technology to allow for a patient friendly interface. For example OLVG's Value-Based HIV Care has over 10 years of experience in Value-Based Health Care and recently developed an eHealth tool together with patients 'Happi' to provide patients with more control on their disease. Another initiative, HartWacht, enabled patients to measure their vital functions at any place, anywhere, making it possible to remotely intervene if necessary.

But for many VBHC initiatives patient centricity is reflected in a shift in the way care is delivered. For instance, Cordaan and Amsterdam UMC observed that post-stroke care for elderly patients was delivered by at least two organizations centered around the physicians, not the patient. They started to collaborate and act as one team and paired care givers from both organizations to align care around the vulnerable elderly stroke patient. It is clear from these initiatives that the adoption of demand thinking from the patient their perspective is embedded in these initiatives and the real challenge is making the best possible solution for patients work in practice.

Next to the growing number of initiatives, and increased emphasis on patient centricity, the hesitation with regards to measuring health outcomes within care organizations has turned into understanding the importance of health outcomes, making the technics of measuring secondary.

Call for Action II: Integrated Care

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

In 2018 and the beginning of 2019, much effort was observed to pursue integrated care. The Reinier Haga prostate cancer clinic was founded, a joint effort in which three hospitals act as a single IPU, building on examples like the Martini Klinik. Integration between primary care and hospital care was also observed in various initiatives. For example, Cardiology Primary Care Plus is focusing on the integration of all services in health care, including prevention, social care and welfare. In this initiative, cardiologists provide specialist consultation in the primary care setting to stimulate integrated care on behalf of patients. Overall, breaking down the siloed structure in health care was mainly seen by increased emphasis on:

1. Building (regional) care networks – Many care providing organizations successfully partnered with (multiple) other stakeholders, while staying in the driver's seat. Other, non-care providing, partners in healthcare were included to overcome project hurdles and keep progressing their initiative.
2. Collaboration within the hospital – As VBHC projects are progressing and more advanced questions arise, other expertise is needed for progression. In 2018, many initiatives reached out to other departments for their expertise, while simultaneously align other departments on a shared purpose. The most frequently observed interorganizational alignment was found at Business Intelligence (IT) for data capture/ extraction; the communication department being second.

Also, in 2018, the Taskforce 'Juiste zorg op de juist plek' (Right care at the right place) issued its report to further improve the organization of care delivery across facilities in an integrated way from a patient's perspective.

Call for Action III: Universal Measurement

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

The Dutch Ministry of Health, Welfare and Sports, present at the Working Session '18 & '19, presented their clear and concrete five year working agenda (2018-2022) on outcome-based healthcare. In 2018, the ministry presented her ambition to achieve outcome transparency for >50% of the disease burden by 2022. "There is no masterplan, it's a combined effort", a representative of the Dutch ministry said during the Working Session 2019. To meet the ambition, four workstreams are developed and running:

I. Workstream 1: More insight into outcomes;
II. Workstream 2: More Shared-Decision Making;
III. Workstream 3: More outcome-based organization and payment;
IV. Workstream 4: Better access to relevant and up-to-date outcome information.

Meanwhile, the national workforce Linnean has been progressing with the implementation of outcome sets in 2018. For various medical condition there is a consensus on the preferred outcome set used (either an ICHOM set or a nationally developed set), accepted by nationally spanning workforces or registries.

A representative from the Dutch Ministry of Health illustrating their roadmap on outcome-based care

Call for Action IV: Bundled Payments

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

In 2017 and 2018, an increased number of long-term agreements were signed including a 'value-based' component. Overall, health outcomes (either clinical or patient-reported) are incorporated more frequently in these long-term contracts. The inclusion of health in these contracts increased awareness on the importance of including the full cycle of care to incentivize care providers to reduce complications/ adverse events that are profitable in the current payment scheme. A very positive note on these value-based agreements is that the emphasis and incentives are on the improvement of the health outcomes rather than a financial arrangement (on e.g. savings achieved).

Call for Action V: Patient Choice

Engage patients to choose care providers based on quality

Since 2017, an increasing attention to shared decision-making in the consultation room is observed. Last year, the main effort has been on measuring health outcomes and making outcome information available (technically). At the same time, first steps are taken to ensure that outcome data is presented in an understandable and efficient way to care providers (users) in the consultation room. From these initiatives it has become clear that using data on health outcomes, especially PROMs, in the conversation with the patient(s) requires other (new) skills and changes the role of the physician/nurse, as well as the role of patients.

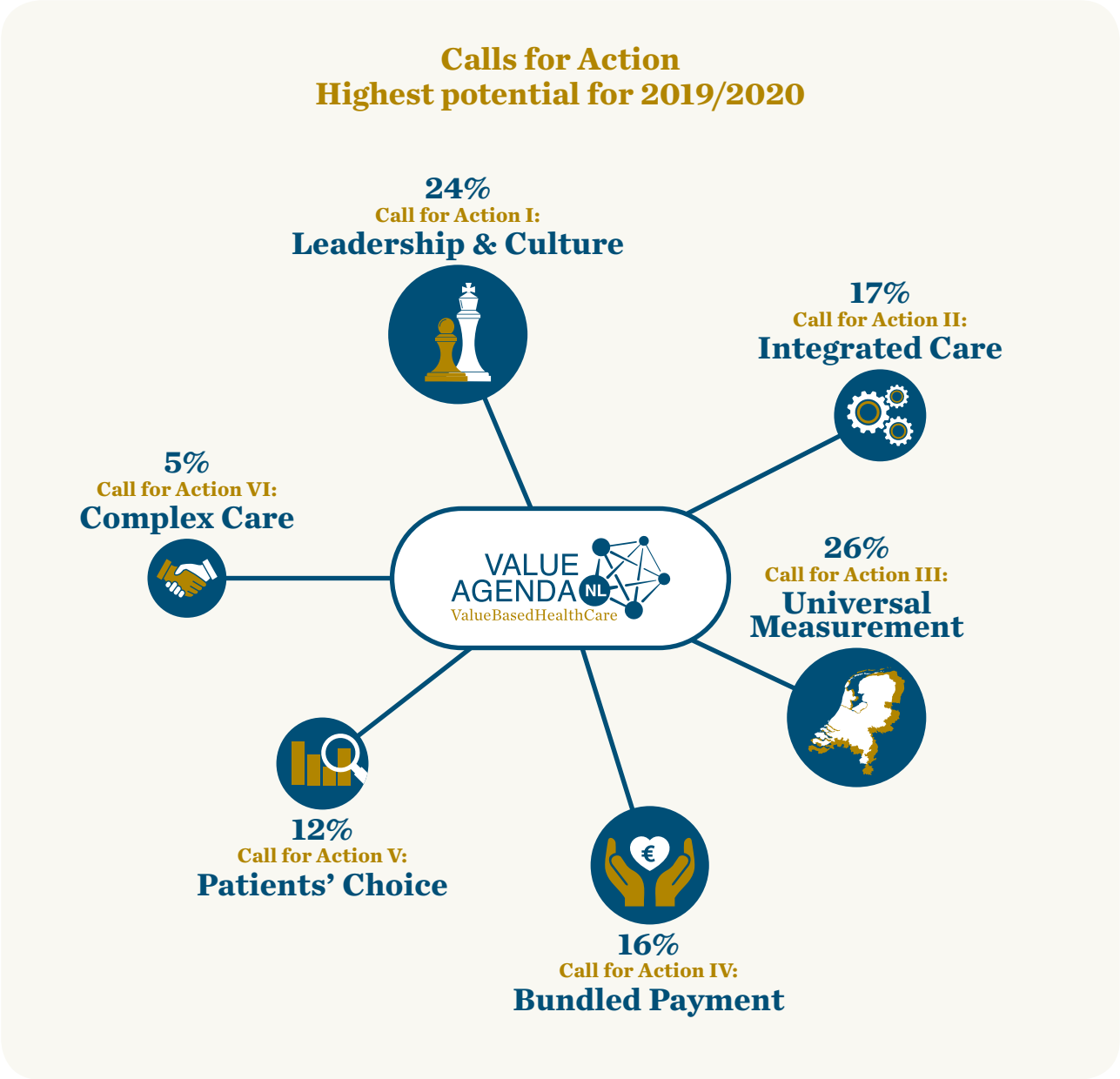
Call for Action VI: Complex Care

Build IPUs to better cater for patients with multi-morbidity

As a first step of managing complex care, an increased emphasis on secondary prevention is observed. For high-complex care many tools have been created to better predict the risk of a medical event to better manage high-risk patients and prevent the need for complex care. This focus on secondary prediction also increased awareness on prediction and prevention for non-complex care and is thought to be a big value-enhancer in the future (as Prof. Teisberg stated: "living healthy is better and cheaper than living ill").

Establishing priorities for 2019-2020 and beyond

Although we see a lot of progress with the visible expansion of implementation of outcome sets and the increased adoption of 'demand thinking' from the patient perspective, there is still room for improving the Value-Based Health Care climate. During the Working Session, key decision-makers pointed out that the Calls for Action with the highest potential for 2019-2020 are 'Universal Measurement' (26%) and 'Leadership & Culture' (24%). Also, an important remark was made by the entire group that it is crucial to empower patients to take an active role in their health (care).



Key actions VBHC Leadership & Universal Measurement

"The problem with healthcare is that it doesn't improve health enough" stated Prof. Teisberg in her opening remark to set the scene of the Working Session 2019. Setting the example herself on the hard needed VBHC leadership, she continued: "we should use the time we now spend to coordinate care on making care better in a way that is valuable for the health care professional and the patient".

As the participants agreed with Leadership & Culture and Universal Measurement being the Calls for Action with the highest potential for 2019-2020, these two main topics were discussed in small, multi stakeholder, groups including patients. The main hurdles to move forward on these topics were discussed with the entire group to look for potential solutions and actions to take. The main actions to take on Leadership & Culture and Universal Measurement were formulated and serve as a guideline for all stakeholders in health care to act upon within their range of capabilities.

Overview of key actions VBHC Leadership and Universal Measurement

Call for Action I: Leadership & Culture
1. Collaboratively take charge in decision making
2. Don't wait for others to change
Call for Action III: Universal Measurement
5. Start with simple actionable outcomes
6. Ditch the data privacy discussion

Key action 1 (Leadership & Culture)

Collaboratively take charge in decision making

Over the past few years, an increased focus on shared decision-making can be observed. As the name implies and what was stated by the patients during the Working Session 2019: it takes two to tango. The best possible decision for an individual is a trade-off between both medical expertise and patient preferences and therefore both should be taken into account. To collaboratively take charge in decision-making:

1. Patients must be educated to take an active role in their (health) care.
2. Medical teams must transparently show the consequences and implications of treatment decisions.

Exhibit 1. Patient Voice – a spot on discussion

Patient X – "The fact that I am still alive has a lot to do with my own input!"
Patient Y adds – "The patient should be given options and the consequences of these options, but should always have the freedom to disregard the advice of the doctor"
Prof. Teisberg continues – "For this to succeed, you have to be sure that your doctor has the specific knowledge and experience about your illness to give you the information you need."

Joint decision making can also start with a referral to a specialist/colleague who is more experienced or specialized in the patient's illness. Prof. Teisberg came up with an example from practice in which a physician hired a social worker himself to council the patient as he/she was better trained for it. In turn, this gave the physician more time to do the work he was specialized in. Prof. Teisberg continued: "With big data we can answer the question which doctor has the most knowledge about the patient's disease, but we don't even ask the question!"

Key action 2 (Leadership & Culture)

Don't wait for others to change

It is easier said than done to collectively embrace change, especially in the health care landscape. Often a conflict of interest is seen between stakeholders in health care and improvements by the medical can be (in)directly punished by being paid less. Although the tendency to point fingers at other stakeholders, the 'refugees', it is absolutely crucial to 'just do it' and to not wait for other stakeholders to change for your benefit (let's be honest: change without overcoming a hurdle is not really change). One of most frequently heard barriers for the transformation towards a value-based system is the fee-for-service payments scheme rewarding services instead of value. To move towards a system in which value is rewarded and paid for, you need to find new ways to incentivize and reward value in today's reimbursement scheme.

Key action 3 (Universal Measurement)
Start with simple actionable outcomes
VBHC is all about learning to continuously improve patient value. To ensure the entire medical team to assist in improving patient value one must start with simple and actionable outcomes that are more closely tied to the patient. Although starting with simple actionable outcomes, never jeopardize the relevance of outcomes. A pragmatic approach drives change, but the relevance of outcomes to both patients and the medical team should be priority number one. A concise set of actionable outcomes also helps the entire medical team to learn to manage and on outcomes in practice and fundamentally adopt working with outcome information.

Prof. Teisberg's sence of urgency: "There is no other sector but healthcare in which we only look at input on how hard people work. We don't know if we're doing harm or not."

Key action 4 (Universal Measurement)
Ditch the data privacy discussion
Data privacy is a hot and loaded term in health care. All kinds of data regarding patients cannot be shared, stored or supplied easily due to privacy issues, which is currently being perceived as one of the biggest challenges we face. Off course this is a very relevant topic and an answer should be formulated. As a first step, while the Dutch government is looking for ways to simplify data sharing between various organizations, we should realize that the use of data is not about privacy, but about confidentiality. Therefore, we should ditch the data privacy discussion and look for ways to enable data confidentiality. Prof. Teisberg states: "we should be able to use all patient data, expect the data of the patients who choose to go for an opt-out". This way the patient data that is crucial to medical and shared decision making is at the site of the patient when he/she needs it to be.

The Value Agenda NL: What else should we be doing?

Just focusing on Universal Measurement and Leadership & Culture will not be enough. More actions are needed to ensure the climate that allows VBHC implementation on a large scale. From the input of the participants of the 2019 Working Session (visit www.thedecisiongroup.nl/value-agenda-nl for the input document) we learned that many questions remain on the other Calls for Action. Based on the input of the participants and the discussion during the Working Session, two main actions for each of the remaining Calls for Actions are formulated.

12 key actions to take charge and let VBHC initiatives flourish!

Call for Action II: Integrated Care

5. Reset from services for individuals to solutions for segments
6. Medical condition in cure setting, meaningful patient segments in care setting

Call for Action IV: Bundled Payments

7. Capture learning and innovation within contract, not a rigid payment model
8. Involve other suppliers of care to better manage bundled payment contracts

Call for Action V: Patient Choice

9. Provide medical teams with more time to listen
10. Watch out for the data trap – start with what's relevant and meaningful for patients

Call for Action VI: Complex Care

11. Start creating smart segments of patients based on complexity
12. Invest in decision supporting tools to better make use of available data

Key action 5

Reset from services for individuals to solutions for segments

In the transition towards a value-based system, like in many other industries, a shift from services to solutions is observed. To align with VBHC the solutions should be created for segments of patients within a medical condition (or medical need). A focus on solutions, not services provided, encourages to assessments on value created and implicitly stimulates integration of care. Also, the shift towards solutions will create more support for the mindset in healthcare to shift focus towards more sustainable solutions to stimulate health, rather than services to cure an illness.

Key action 6

Medical condition in cure setting, meaningful patient segments in care settings

To further stimulate integrated care, be aware of the setting of care and the related definition of the patient's medical need. In a cure setting, the starting point is the medical condition. In a (primary) care setting, the starting point is a meaningful patient segment (based on specific patient characteristics). Both starting points are demand driven and based on patient needs for care.

Key action 7

Capture learning and innovation within contract, not a rigid payment model

When moving to bundled payments you tie a reimbursement scheme to care delivery and therefore you (in)directly influence care provider margin. Such payment models are profitable for care providers when becoming better in managing risks in health care delivery. To move safely towards bundled payments, make sure there is room for learning and innovation within the contract. Rigor and mechanical reimbursement schemes without learning potentially compromises patient value and puts an emphasis on creating scale to remain profitable.

Key action 8

Involve other suppliers of care to better manage bundled payment contracts

To enable health care providers to better manage the risk of bundled payments they need to involve other suppliers of care that have an impact on the health outcomes achieved and costs delivering these outcomes. This way, care providers are in charge of the entire equation of patient value and able to improve outcomes, manage costs and innovate. One of the reasons why VBHC should be doctor-driven is also embedded in this action: care providers are the most designated party to secure health outcomes and make sure this is never compromised (do no harm).

Key action 9

Provide medical teams with more time to listen

Medical teams are trained to actively involve patients, but reality shows that patients preferences/ wishes are often overheard. It is crucial to provide medical teams with sufficient time to thoroughly listen to patients and better understand and act upon patient needs. Prolonging the time in the consultation room, one of the main interactions where value is created, will allow for better and more tailored/individual treatment plans and referrals (and first time right for the individual patient), but also allows for a conversation to live healthy and focus on health. More time in the consultation room will contribute to one of the main statements of Prof. Teisberg: ,"what we need to achieve is for people to stay healthy and stop disease progress, living healthy is better and cheaper that living ill. People should be educated to live healthy."

Key action 10

Watch out for the data trap: start with what's relevant/meaningful for patients

An increased amount of (outcome) data is becoming transparently available inside and outside the consultation room. It is crucial that the data is filtered on its relevance, impact and meaning for patients. It is key to provide the patient with the right and relevant data, not all the data. To show the relevant data for patients, it is crucial to engage and include them in this journey, by asking which data is relevant for them. Continuously calibrate between the data available and the audience the outcome data is reported to.

Key action 11

Start creating smart segments of patients based on complexity

A first step in learning to better cater complex care is to divide patients within a medical condition based on their complexity. Creating three categories (high, medium and low) of risk will allow for taking appropriate measures to improve care for each category. Also, these risk profiles will further stimulate the focus on adoption of primary and secondary prevention.

Key action 12

Invest in decision supporting tools to better make use of available data

In complex care, less evidence is available that supports the decisions that are being made. Learning from each individual patient is key in complex care. Therefore, it is highly recommended to invest in decision supporting tools to make use of all available (big) data that can assist in making the right/best decision.

Next steps

On May 14th, 2020 (under reservation), the fourth VBHC Working Session will be held to move the needle and further advance the transition towards a value-based health care system. Naturally, we will again assess the progress made and identify the relevant and current challenges that we face as a VBHC community. If you would like to provide your input (e.g. challenges to tackle) and/or would like more information on next years' VBHC Working Session, please contact Mirte van Holsteijn at m.vholsteijn@thedecisiongroup.nl or stay up to date via de website or LinkedIn group.

Until them, we encourage all of you working in healthcare to act upon this Value Agenda and help us collectively take charge and responsibility in putting patient value on top.

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Website The Value Agenda: www.thedecisiongroup.nl/value-agenda-nl

Website Value-Based Health Care Center Europe: www.vbhc.eu

Website Value-Based Health Care Prize: www.vbhcprize.com

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