**Winter Course Population Health Management**

**Governance [module 2 Research Master PHM]**

## Rationale

Donald Berwick and colleagues wrote a breakthrough paper on the Triple Aim and urged for an integrator; an entity that takes responsibility for the Triple Aim, thus the personal, clinical and financial outcomes of care. He and others state that the current organisation of health care has created its own barriers to reach this goal. He states that

*“the main barriers to reach the Triple Aim are not technical, they are political”* (Health Affairs 2008)

Other authors wrote similar quotes about the current health care system in the Western world:

*“each level of government formulates policy in relation to its own responsibilities, not necessarily taking account of the health system as a whole”,*

and that

*“current governance arrangements are contributing directly to weaknesses in the quality, effectiveness and efficiency of the Australian health system”* (Medical Journal of Australia 2014)

To reach more value for the health care euro (either through Triple Aim or Value Based Health Care) principles of population health management should be applied. Looking at the system from each own perspective with their own interests entangles the whole system. Starting from the added value for the patient/client is a more promising approach to arrange this governance challenge.

## Aim of the course

After this week students

* Understand the dynamics and governance aspects of various arrangements and constellations at different levels, including the network approach
* Are able to identify and deal with (competing) interests of various stakeholders at different levels
* Know how to build a regional health network in concordance with the population health problem

The stakeholders that have been asked to participate: primary care organisation, hospital & specialist care group, insurance company.

## Faculty

This course is a collaboration between the faculty of Governance and Global Affairs (dept Public Administration) and the Medical Faculty (dept Public Health and Primary Care) of the university of Leiden and LUMC.

# *Programme specifications*

The programme has a solid structure consisting of various elements. Each day is organised around one aspect of health care governance. The day starts with a theoretical morning (theoretical and interactive lectures). After lunch students take part in the population and governance lab. A three hour practical working group (5/6 students) around a week assignment. Each day ends with a capita selecta, in which the stake holders reflect on their own position and interests.

During this week we operate from macro to micro governance. We start with a discussion at the national and local policy levels, followed by the meso level where inter-organisational networks need to be governed, and finalised by the professional operational level of inter-organisational teamwork and leadership.

**Monday dec 19th:**

### *Population Needs and Health Care Policy*

The first lecture will be a wrap up from the previous summer course about the basics of population health management.

Next, during the first day we examine the necessity of transforming the current governance towards population health based governance. Students will be confronted with the recent policy developments at various levels and in the different domains. The developments in the cure, care and welfare are put into a broader perspective of what is happening with the health care arrangements in our social welfare states. The challenge of creating more public value in a public- private context requires specific governance. We present and discuss examples from various countries that put emphasis on more integration and societal goals as expressed in The Triple Aim.

*Tutors: Prof K. Yesilkigat PhD, N. van Loon PhD*

**Tuesday dec 20th**

### *Inter-organisational Networks in Health Care*

Based on the population needs the current organisational fragmentation will be discussed. Regional health care networks consisting of various organisations are considered solutions for this fragmentation. Based on the experiences with these care networks, inter-organisational collaboration and integrated organisations, students will discover the pros and cons of the various arrangements. However, there is relatively little evidence on their ideal effective structure and composition. During the lectures, the basics of social network theory are taught.

During the assignment students are invited to form their own social networks, calculate the various measures and assess the effectiveness of the various compositions (including their own).

*Tutor: J. Schalk, PhD (faculty of Governance and Global Affairs)*

**Wednesday dec 21st**

### *Public Affairs in Collaborative Health Care*

One of **the** main challenges in health care is to align the interests of the various stakeholders within their collaboration. Frustration about collaboration, role and responsibilities of payers, unwillingness of the board of the organisation or cooperation of the professionals; all have to do with competing interests. During this day, students will be confronted with the theory of public affairs and lobbying. How to unravel the various interests, try to understand the rationale behind the different behaviours, to be more successful in reaching your desired goal.

Students will be confronted with various strategies and tactics and are challenged in their assignment to learn how to deal with the various interests through more structured approaches.

*Tutor: Prof A. Timmermans PhD, FGGA*

**Thursday dec 22nd**

### *Health Care Governance*

Governance has different meanings and connotations. In this lecture the historical notions of governance in the organisational, juridical and sociological traditions are discussed. Through the rainbow model of integrated care, the different notions are synthesized to clarify the tensions between the various perspectives. The clinical, professional, organisational, normative and system-level aspects need to be balanced, which is a very delicate process. Examples of this delicate process are presented in several case studies.

Students are challenged to reflect on their own governance structure. In their assignment they construct their ideal governance structure for the inter-organisational collaboration.

*Tutor: D. Husselman MSc (Jan van Es Institute), M.A. Bruijnzeels PhD*

**Friday dec 23rd**

### *Leadership and teams*

At the professional (operational) level of health care, inter-organisational teams are necessary to address the population needs and the complex needs of the individual. Despite all governance and network structures, professionals deliver the health care needed. Recently, self-organised teams are the modern way of care delivery. In this lecture the theoretical basis of self-organised and interdisciplinary teams is presented. Crucial in these teams is leadership; personal and collective. Examples of the various strategies for self-organisation and leadership are illustrated.

*Tutor: B. Kuipers PhD (FGGA)*

### Overview of the programme :

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| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 9.00-10.30 | Population Health Management | Theory of Inter-organisational collaboration | Public Affairs | Historical Perspectives Governance | Leadership and Teams |
| 11.00-12.30 | Health care Policy | Social Network Analysis | Lobbying Techniques | Integrated governance model | Care networks |
|  |  |  |  |  |  |
| 12.30-13.30 | Lunch | Lunch | Lunch | Lunch | Lunch |
| 13.30-16.30 | Population and Governance Lab: | Population and Governance Lab: | Population and Governance Lab: | Population and Governance Lab: | Preparation and Presentations. |
|  | Assessing population needs | Analysis of health care network | Influencing competing interests | Constructing governance structure | 15.30: Farewell drinks |
| 16.30-16.45 | Tea break | Tea break | Tea break | Tea break | Free |
| 16.45-18.00 | Capita Selecta: public private partnerships | Capita Selecta: financial arrangements and governance | Capita Selecta: birth care as an example | Capita Selecta : tba | Free |
| 18.00 | Dinner | Dinner | Dinner | Dinner | Free |