



PROGRAMM Population Health Management

Summer course: Fundamentals of population health management (leading expert: Public Health and Primary Care)

Day 1: Monday 3 July 2017
Room 318

Why Population Health Management

Lecturer: Marc Bruijnzeels PhD

Based on several trends and developments the need for another approach to health care is explained. Epidemiological (ageing, multimorbidity etc), technological (IT, medical technologies), societal (individualism, patient empowerment/preferences, ethical issues) and political/economic trends (rising costs) show the problems with the sustainability of our current system.

The current culture in health care is characterized by achieving the optimal situation in each segment/part of the whole health care chain. So current culture is based on rational individual choices of professionals and organizations within their own knowledge domain. Current culture is not based on rational common choices for the whole health care chain or population at large.


As a next step for health care: new values based on patient experiences, professional values and costs are considered. Triple Aim, Value based Health Care etc are examples of these new approaches.

The term for this approach in which value creation for persons and populations is central is Population Health Management.

Fundamentals of Population Health Management

Lecturer: Marc Bruijnzeels PhD

In this lecture students will be confronted with the various definitions of PHM, various models (CCM, etc.). Based on this knowledge 7 critical elements of PHM will be discussed: Defined populations, risk stratification ranging from lowest thru highest predictive risk, more than one condition, whole care continuum (prevention thru rehabilitation), more than one single point of entry and coordination, predictive modelling, and focus on clinical and financial outcomes. The distinction with Public Health and Disease Management approaches are presented.



Monday 3 July 2017

Room 318

09.00 – 10.45

Why Population Health Management?

Marc Bruijnzeels PhD

10.45 – 11.00

Coffee break

Location: second floor, behind the restaurant

11.00 – 12.00

Gesundes Kinzigtal

Jurriaan Pröpper, OptiMedis

12.00 – 12.30

Population Lab: Defining the ambition

Based on epidemiological, technological, societal and economic trends students will use information they find on the internet to specify burning platforms in the populations at stake. An ambition to tackle this burning platform is formulated

12.30 – 13.30

Lunch break

Location: second floor, behind the restaurant

13.30 – 15.00

Fundamentals of Population Health Management

Marc Bruijnzeels PhD

15.00 – 15.30

Tea break

Location: second floor, behind the restaurant

15.30 – 17.00

Population Lab: Population and health aims

The population that is to be tackled is more precise defined based on all relevant risk indicators and risk factors. Health problems in the future are predicted. Health goals for the specified population based on the predication are formulated in quantitative terms.

17.00 – 18.00

Dinner

Location: second floor, behind the restaurant

18.00 – 19.30

Capita Selecta

Jeroen Struijs, RIVM

Day 2: Tuesday 4 July 20167

Room 348

Health outcomes and personalized healthcare

Rosalie van der Vaart PhD & Sandra van Dijk PhD

We start this day by looking into the concept of health. The question ‘what is health’ will be discussed and reviewed from different angles. PHM distinguishes itself from a disease oriented approach, by putting the person and population needs central. Following a multidimensional approach to assess a person’s needs, the health care viewpoint shifts from a “what’s the matter”-perspective to a “what matters to you”-perspective. Several essential risk groups will be discussed and the viewpoint of personalized health care will be translated to these risk groups. Students will learn how to assess the needs of people in these and other risk groups through a combination of qualitative and quantitative data collection methods. Based on these needs assessments students will be challenged to perform more specific analyses of the determinants that may address the needs of the individuals and population.

Life style in cardiovascular diseases – motivational interviewing

Veronica Janssen PhD

In this example, cardiovascular rehabilitation care will be used to demonstrate personalized health care on an individual level in clinical practice. Motivational interviewing will be introduced as an assessment method to tailor an intervention to a person’s personal life goals and motivation to change health behavior. Students will practice this technique themselves as well, related to the previously introduced risk populations.

From theory to practice: example of a care path Lecturer:

Rosalie van der Vaart, PhD

In this last lecture of the day the focus will be on how to bring the theory that is discussed during this day into practice. A care path for people with chronic somatic conditions, which is currently being implemented in the LUMC will be demonstrated.

The knowledge gained during this day can and should all be taken into account during the population lab assignment of this day.

Programme of the day

Tuesday 4 July 2017

Room 318

09.00 – 10.45

Health outcomes and personalized health care

Rosalie van der Vaart PhD and Sandra van Dijk PhD

10.45 – 11.00

Coffee break

Location: second floor, behind the restaurant

11.00 – 12.30

Steps in self-management: From finding motivation to change, to setting personalized goals

Veronica Janssen PhD

12.30 – 13.30

Lunch break

Location: second floor, behind the restaurant

13.30 – 14.15

From theory to practice: example of a care path

Rosalie van der Vaart PhD

14.30 – 16.00

Population Lab: Quality Aim

To achieve the formulated goals, students will actually encounter the defined population. They collect the data in the population using interviews with patients in different health care settings (GP-practices, hospitals, elderly homes, etc.). The focus is on the experience of care of the target population based on the question "What matters to you?".

See next pages for the different locations

16.15 – 17.00

Plenary evaluation interviews

Rosalie van der Vaart PhD and Sandra van Dijk PhD

17.00 – 18.00

Dinner

Location: second floor, behind the restaurant

18.00 – 19.30

Capita Selecta

Prof Mattijs E Numans, MD PhD

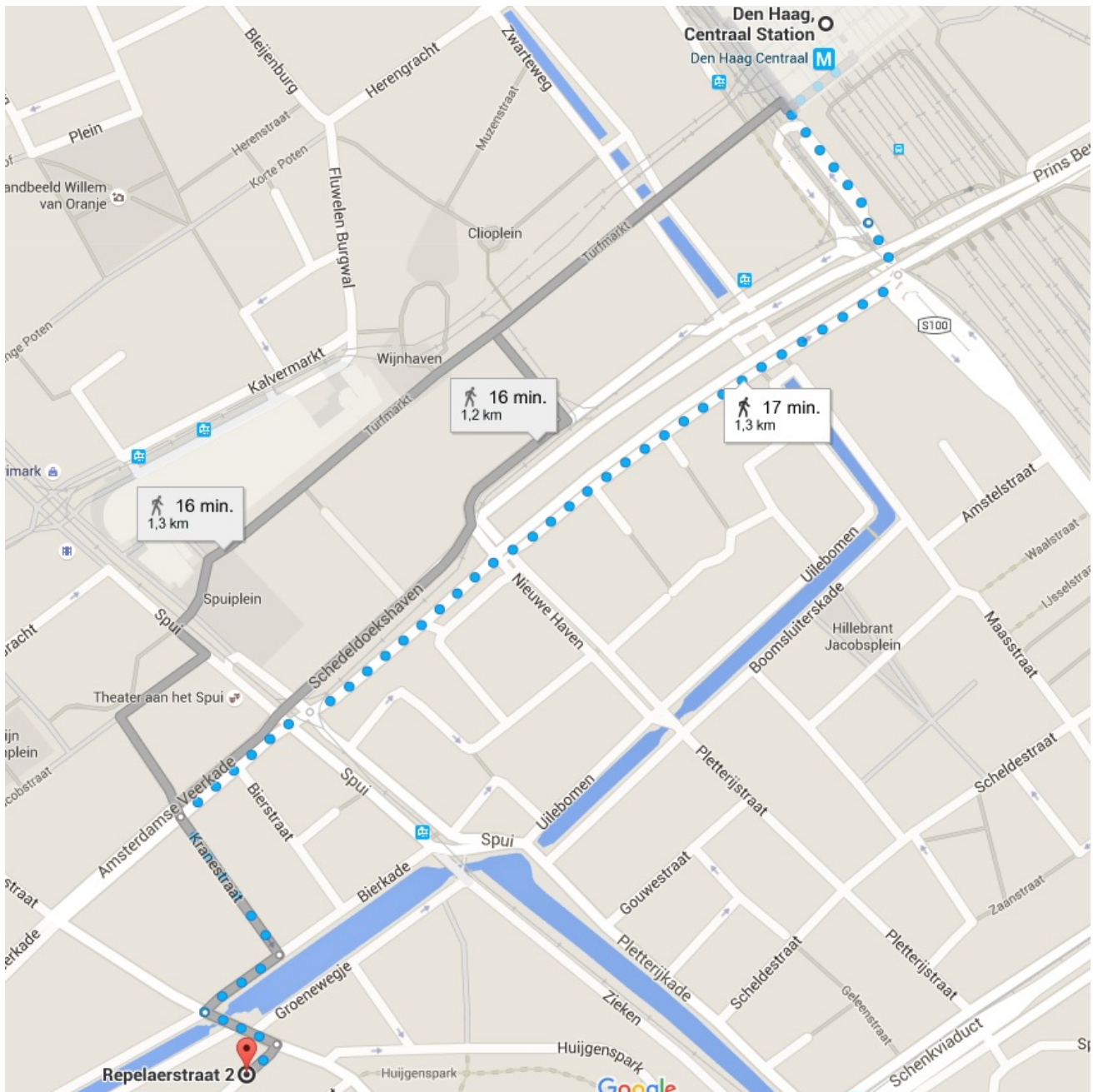
Locations interviews

Tuesday 4 July 2017

Huisartspraktijk de Doc

Repelaerstraat 2a (zijstraat Stationsweg), 070 - 382 47 77

Contactperson: Ellen Los





Locations interviews

Tuesday 4 July 2017





Locations interviews

Tuesday 4 July 2017

Huisartsencentrum Moerdijk

Twickelstraat 120, 2531 RB Den Haag, 070 388 7102

Contactperson: Amanda de Glanville

Routedescription





Locations interviews

Tuesday 4 July 2017

Medisch Centrum Haaglanden Westeinde

Lijnbaan 32, 2512 VA Den Haag, (070) 330 20 00

Routedescription

- From Den Haag CS, take one of the following trams (Tramhalte Den Haag CS Boven):
 - Tram 2 (direction Kraayenstein)
 - Tram 3 (direction Den Haag Loosduinen)
- Tramstop: MCH Westeinde

Contactperson: Arjenne Daams

Haga Ziekenhuis, locatie Leyweg

Leyweg 275, 2545 CH Den Haag, (070) 210 0000

Routedescription

- From Den Haag CS, take one of the following trams (Tramhalte Den Haag CS Boven):
 - Tram 4 (direction Den Haag De Uithof)
 - Tram 6 (direction Leyenburg)
- Tramstop: Leyenburg

Contactperson: Arjenne Daams





Locations interviews

Tuesday 4 July 2017

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Day 3: Wednesday 5 July 2017

Room 318

Concepts of study design

Lecturer: Prof Frits Rosendaal MD PhD

PHM is a data driven approach with a strong focus on predictive modelling techniques. On this day students learn to value and apply epidemiologic measures for stratification procedures in general and risk stratification for adverse outcomes in the (near) future for specific subpopulations in particular.

Next to quantitative research methods to achieve the epidemiologic measures, use of existing data registries is advocated. How to make these registries accessible for these kind of analyses is discussed. The different advantages and disadvantages of the use of existing data is discussed. Based on some practical experiences the possibilities and pitfalls of combining existing data registries (either with specific collected data) is illustrated.

In addition to risk stratification, principles of panel management are explained. Panel management is a systematic approach to proactively address the care gaps in a specific empanelled population. Students will understand the principles and value the evidence.



Programme of the day

Wednesday 5 July 2017

Room 318

09.00 – 10.45	Concepts of study design <i>Prof Frits Rosendaal MD PhD</i>
10.45 – 11.00	Coffee break Location: second floor, behind the restaurant
11.00 – 12.30	Health Registries Connected <i>Dr. Frederike Büchner, LUMC</i>
12.30 – 13.30	Lunch break Location: second floor, behind the restaurant
13.30 – 15.30	Population Lab: Panel Management <i>An exercise in risk stratification in their population is carried out. Based on existing health data registries and evidence in the scientific literature of risks and determinants of modifiable adverse outcomes, students will stratify their population according to the predicted risk on preventable adverse outcomes. For each stratum the potential risk reduction is assessed.</i>
15.30 – 16.00	Walk to VWS
16.00 – 17.00	Population Health Management at national level <i>Jack Hutten, VWS</i> <i>Muzenzaal 2</i>
17.00 – 18.00	Dinner Location: second floor, behind the restaurant
18.00 – 19.30	Capita Selecta Case Mix measurement and Population Health Management <i>Stephen Sutch, DrPH, MAppSc, Johns Hopkins University</i>



Day 4: Thursday 6 July 2017

Room 318

Value based Health Care

Lecturer: Prof Job Kievit PhD

After the era of evidence based medicine, quality related to cost is the new paradigm in health care. The (unexplained) practice variation is a central concept in the value creation discussion. Value based health care, Triple Aim and reducing waste etcetera are examples of different developed approaches. All these approaches may be applied in the field of PHM. Students will learn the similarities and differences, advantages and disadvantages of the various approaches. All approaches share the search for the just outcomes in which more and more person-specific outcomes are leading next to professional health outcomes.

Based on a critical appraisal of all various approaches, students will combine the PHM approach with these VBHC models and understand in which circumstances which model is more suited to apply.



Programme of the day

Thursday 6 July 2017

Room 318

09.00 – 10.45	Value based Health Care <i>Prof Job Kievit PhD</i>
10.45 – 11.00	Coffee break Location: second floor, behind the restaurant
11.00 – 12.30	High care, high cost: Casestudy from Oregon <i>Dr. Marc Bruijnzeels, JVEI/LUMC</i>
12.30 – 13.30	Lunch break Location: second floor, behind the restaurant
13.30 – 15.30	Population Lab: Care Redesign <i>Through a combination of the quality aim and the potential risk reduction the most successful intervention for this specified population is selected. Success is formulated in value terms (either VBHC, Triple Aim or other). Criteria for the selection of the intervention is the scientific evidence to reach the specific population based aims. A business case to implement the intervention is made.</i>
15.30 – 16.00	Walk to Municipality <i>Address: Spui 70</i>
16.00 – 17.00	Population Health Management at local level <i>Gerben Hagens, Gemeente Den Haag</i>
17.00 – 18.00	Dinner Location: second floor, behind the restaurant
18.00 – 19.30	Capita Selecta



Day 5: Friday 7 July 2017

Room 348

Implementation Management

Lecturer: Prof Bert Vrijhoef

Implementation is often the Achilles heel of the success of any innovation or improvement. Due to the multidimensional and multistakeholder feature of PHM, quality improvement in PHM relies heavily on a system approach, meaning that you have to understand the whole system of care in order to optimize your processes. In this approach often Team Based Care in combination with the data driven PDSA implementation cycle is applied. Next to a system understanding the whole care process, students will experience the influence of the interests and ambitions of the various stake holders in a PHM approach. Professional leadership seems an essential driver for successful implementation.

Students will get an understanding of the various quality improvement possibilities in this complex field of PHM.



Programme of the day

Friday 7 July 2017

Room 348

09.00 – 10.45

Implementation Management

Prof Bert Vrijhoef

10.45 – 11.00

Coffee break

Location: second floor, behind the restaurant

11.00 – 12.30

Population Lab: Implementation

Based on the theory of quality improvement a plan is made to implement the intervention successfully.

12.30 – 13.30

Lunch break

Location: second floor, behind the restaurant

13.30 – 15.00

Population Lab: Preparation of presentations

15.00 – 16.00

Presentations

16.00 – 17.00

Farewell drinks