

Geachte meneer/mevrouw,

Hieronder staat een overzicht van het programma. Per masterclass vindt u een korte beschrijving van de masterclass en de onderwijzer/begeleider van de case discussie. Verder is er een samenvatting weergegeven van de case en de cases zelf zijn bijgevoegd als bijlagen t.b.v. accreditatiecommissie. Ook is er een concreet tijdschema opgenomen in dit overzicht. Tijdens de masterclasses wordt geen gebruik gemaakt van powerpoint. Om die reden zijn deze niet geïncludeerd.

28 augustus - Patient-reported outcome measures

Hier worden de belangrijkste lessen gedeeld over het definiëren, inzichtelijk maken, gebruiken en verbeteren van patiëntrelevante uitkomsten, aan de hand van de Martini Klinik case.

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

Since its establishment in 2005, Hamburg's Martini Klinik had single-mindedly focused on prostate cancer care with a commitment to measure long term health outcomes for every patient. A wholly owned subsidiary of the Hamburg University Hospital, Martini was a "hospital in a hospital" in close proximity to other hospital departments and services. By 2013, Martini Klinik had become the largest prostate cancer treatment program in the world with 5,000 outpatient cases and more than 2,200 surgical cases annually, with patients coming from all over Germany and from other countries. However, German private insurers were cutting reimbursement for prostate cancer by 15 percent, and denying extra payment for some new procedures, while reimbursement by public health plans was not covering costs. Dr. Hartwig Huland, Martini's founder and Medical Director, was considering how to respond.

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18:30 uur:	Borrel

6 september – Change, Culture, Community

Zorg doen we samen. En tegelijkertijd is VBHC een andere benadering van zorg verlenen. Hoe bouw je een netwerk op waar alle betrokken zich concentreren op het creëren van *patient health outcomes* tegen lagere kosten over de volledige zorgcyclus. Hoe zet je medisch leiders in hun kracht, hoe creëer je draagvlak, wat doe je met critici? Dergelijke onderwerpen worden behandeld aan de hand van de Providence case.

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

The president and CEO of Providence Healthcare needs to devise a plan to sustain positive change at the health care company. In just four years, she has led the organization through massive change and turnaround, from potential crisis to financial health and innovation. She now needs to consider how to integrate and embed the values that helped her drive change and foster collaboration, both at Providence and with its key partners. What more can she do to sustain positive change at Providence Healthcare through her values-based leadership and to win the support of key stakeholders well into the future? Much of the success thus far has depended on her values and character as a leader.

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11 september – Getting Payed for Patient Value & Risk Sharing

"Moving from Volume to Value". De Nederlandse overheid heeft bepaald dat in 2022 zorg de helft van alle zorg op basis van uitkomsten moet worden vergoed. In deze masterclass komen nieuwe vergoedingsmodellen voor de zorg aan bod, die de focus leggen op het vergoeden van geleverde zorg op basis van waarde in plaats van volume. Tevens wordt bekeken welke modellen het beste passen bij het concept van Value-Based Health Care en komt aan bod wat de kernaspecten zijn van VBHC-contracten bij dergelijke modellen.

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

In 2010, organ transplantation remained among the few sets of medical conditions in the US for which bundled payments were a dominant reimbursement model, and for which patient health outcomes were universally measured and reported. In 1986, UCLA Medical Center was approached by Kaiser to develop a new bundled pricing approach to kidney transplant care that was quickly adopted by many payers and providers for various transplant types. This case study examines the history and current state of care delivery, reimbursement, and measurement for the UCLA Kidney Transplant Program, among the nation's highest-volume transplant providers. The UCLA Kidney Program is an interdisciplinary unit that involves clinicians from multiple Departments and engages in continuous care management throughout the often protracted transplant care cycle.

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20 september – VBHC The Basics

Deze masterclass biedt een interactief college over de basisbegrippen van VBHC, aan de hand van de case Cleveland Clinic. Daarnaast passeren tools voor implementatie de revue

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

Healthcare has traditionally focused on medical outcomes and financial performance. The big question is always, "How much is it going to cost?" What would happen, though, if healthcare also considered the question of "How does the patient feel?" This case looks at the Cleveland Clinic's attempt to answer the latter question by attempting to institutionalize empathy as part of its delivery of care.

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4 oktober – Lean & VBHC

Onder leiding van prof. dr. Fred van Eenennaam en dr. Ton Hanselaar wordt, aan de hand van de 'Virginia Mason' case, de link gelegd tussen VBHC en Lean. Hierbij wordt Lean gezien als een tool voor het toepassen van VBHC, waarbij de waarde voor de patiënt centraal blijft staan.

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

Since its establishment in 2005, Hamburg's Martini Klinik had single-mindedly focused on prostate cancer care with a commitment to measure long term health outcomes for every patient. A wholly owned subsidiary of the Hamburg University Hospital, Martini was a "hospital in a hospital" in close proximity to other hospital departments and services. By 2013, Martini Klinik had become the largest prostate cancer treatment program in the world with 5,000 outpatient cases and more than 2,200 surgical cases annually, with patients coming from all over Germany and from other countries. However, German private insurers were cutting reimbursement for prostate cancer by 15 percent, and denying extra payment for some new procedures, while reimbursement by public health plans was not covering costs. Dr. Hartwig Huland, Martini's founder and Medical Director, was considering how to respond.

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25 oktober – VBHC The Basics

Aan de hand van de Cleveland Clinic case, wordt tijdens deze masterclass het fundament gelegd om zelf aan de slag te gaan met Value-Based Health Care binnen uw eigen organisatie. Het biedt enerzijds een interactief college over de basisbegrippen van Value-Based Health Care. Anderzijds is het een training waarin beschikbare tools voor uw organisatie de revue zullen passeren, zodat u een praktische start met VBHC kan maken.

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

In 2006, University of Texas MD Anderson Cancer Center was an internationally leading institution for cancer care, education, and research. Since 1996, it had successfully reorganized itself from a cancer hospital that was physically organized around clinical specialties into one that was organized into disease-based integrated practice units called multidisciplinary care centers. These units were supported by a new construction project that had created new disease-specific facilities and a widely-supported administrative plan in which physicians reported both to leadership of specialty-based academic departments and disease-based clinical centers.

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30 oktober – Bundled Payments

VBHC gaat gepaard met Fee for Value. Hierover moeten afspraken worden gemaakt tussen de belanghebbenden, met name de zorgverzekeraar. Dergelijke afspraken zijn complex aangezien het innovatieve, transmurale en meerjarige contracten betreft. Welke elementen komen typisch naar voren in een dergelijk contract en waar moet je op letten?

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

It was the waiting that drew the attention of the Stockholm County Council. In 2008, patients seeking a hip or knee replacement in Stockholm County faced wait times of up to two years of sometimes debilitating pain, intermittent missed work and income, and the trials of disability. Seeking a new model to lower wait times, but also improve patient

choice of care, County Council Senior Medical Adviser, Dr. Holger Stalberg, set out to create a bundled payment system for hip and knee replacements in the County. The new model, called OrthoChoice, was set to go into operation on January 1, 2009.

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22 november – Diagnostics

De waarde van diagnostiek is onduidelijk. Diagnostiek behandelt geen patiënten en geneest ook geen patiënten. De impact is (daarom) minder direct zichtbaar. Toch bepaalt diagnostiek 60-70% van de medische beslissingen. Investeren in de juiste diagnostiek kan de kwaliteit van zorg in het vervolg van de zorgketen verbeteren en/of kosten besparen. Maar welk diagnosticum is waardevol en welk diagnosticum is waardeloos? Hoe maakt u een beslissing over een nieuw diagnosticum en hoe bepaalt u de waarde hiervan?

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

Intermountain Health Care (IHC), an integrated delivery system based in Utah, has adopted a new strategy for managing health care delivery. The approach focuses management attention not only on the facilities where care takes place but also on physician decision making and the care process itself, with the aim of boosting physician productivity and improving care quality, while saving money. This case explores the challenges facing Brent James, executive director of the Institute for Health Care Delivery Research at IHC, as he implements new structures and systems (including a data warehouse for care outcomes, electronic patient records, computer workstations, clinical data support systems, and protocols for care) designed to support clinical process management across a geographically diverse group of physicians with varying levels of interest and dedication to IHC. Also highlights an innovative strategy for creating and disseminating knowledge at the individual and organizational levels to maintain high standards in care delivery.

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18 december – Beyond Electronic Medical Records

“Build an Enabling Information Technology infrastructure’ is één van de zes concepten binnen de Value Agenda. Vaak blijkt de precieze invulling en rol die Data & IT niet volledig begrepen. In deze masterclass krijgt u handvatten aangereikt om zelf op een handige manier met Data & IT om te gaan en leert u van de meest recente ontwikkelingen en cases op het gebied van data&IT.

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

Intermountain Health Care (IHC), an integrated delivery system based in Utah, has adopted a new strategy for managing health care delivery. The approach focuses management attention not only on the facilities where care takes place but also on physician decision making and the care process itself, with the aim of boosting physician productivity and improving care quality, while saving money. This case explores the challenges facing Brent James, executive director of the Institute for Health Care Delivery Research at IHC, as he implements new structures and systems (including a data warehouse for care outcomes, electronic patient records, computer workstations, clinical data support systems, and protocols for care) designed to support clinical process management across a geographically diverse group of physicians with varying levels of interest and dedication to IHC. Also highlights an innovative strategy for creating and disseminating knowledge at the individual and organizational levels to maintain high standards in care delivery.

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10 januari – Crash Course I

De meest recente ontwikkelingen en uitdagingen op het gebied van VBHC komen aan bod. Hoe ziet het toepassen van VBHC er uit in de toekomst? Hoe staat het er (inter)nationaal voor met VBHC?

Onderwijzer

Prof. dr. Fred van Eenennaam

Abstract

In 2014, Dr. Charles D. Fraser Jr., Surgeon-in-Chief of Texas Children's Hospital in Houston, was contemplating the future direction of the congenital heart disease program. The nation's largest pediatric hospital, Texas Children's was ranked by U.S. News & World Report as #4 in the nation in 2012-2013. It was ranked #3 in pediatric heart care and heart surgery, following Boston Children's and Children's Hospital of Philadelphia (CHOP). Texas Children's had some of the highest volumes in the nation, seeing more than 20,000

congenital heart disease patients and performing over 800 cardiac surgeries annually. Fraser led the reorganization of Texas Children's care for congenital heart disease conditions beginning in 1995, and had initiated universal outcome measurement. In 2014, the challenge was to continue to improve care in a complicated patient population, and take outcome measurement to a new level. Also, Texas Children's had recently formed partnerships with pediatric hospitals in Temple, San Antonio and Mexico City, and how to structure these partnerships was under active discussion.

In 2010, organ transplantation remained among the few sets of medical conditions in the US for which bundled payments were a dominant reimbursement model, and for which patient health outcomes were universally measured and reported. In 1986, UCLA Medical Center was approached by Kaiser to develop a new bundled pricing approach to kidney transplant care that was quickly adopted by many payers and providers for various transplant types. This case study examines the history and current state of care delivery, reimbursement, and measurement for the UCLA Kidney Transplant Program, among the nation's highest-volume transplant providers. The UCLA Kidney Program is an interdisciplinary unit that involves clinicians from multiple Departments and engages in continuous care management throughout the often protracted transplant care cycle.

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11 januari – Crash Course II

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24 januari – VBHC The Basics

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