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 tijdsschema opgenomen in dit overzicht. Tijdens de masterclasses wordt geen gebruik gemaakt van powerpoint. Om die reden zijn deze niet geïncludeerd.

**7 februari – PROMs**Better Quality of Life and VBHC team performance: rethink your PROMs!

*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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15:30 – 16:45 uur:  Deel 1: uitleg case  
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18:00 – 18:30 uur:  Deel 3: nabespreken, vraag-antwoord, toepassen van inzichten voor eigen

implementatie  
18:30 uur:              Borrel

**28 februari – Beyond Lean**Lean & Value-Based Health Care: lessons-learned. Wanneer werken Lean en Value-Based Health Care synergetisch en wanneer tegenstrijdig.

*Onderwijzer*

Prof. dr. Fred van Eenennaam

*Abstract*

At the turn of the millennium, Dr. Gary Kaplan, an internal medicine physician, became CEO of Virginia Mason Medical Center in Seattle, Washington. The medical center was facing significant challenges – it was losing money for the first time in its history, staff morale was declining, and area hospitals presented ardent competition. Considerable change was imminent. Within two years, Kaplan had rallied the organization around a new strategic direction, first and foremost to become the quality leader in health care. What Kaplan and his top administrators lacked was an effective tool to execute their strategy. Soon thereafter, a series of serendipitous events led to the discovery of the Toyota Production System, a manufacturing management method focused on quality and efficiency created by automaker Toyota. Kaplan and Virginia Mason Medical Center became entrenched in a challenge: how to institute a management model previously utilized only in manufacturing into health care.

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**14 maart – Special Masterclass Costs**Hoe kom ik achter mijn VBHC kosten per patiënt episode? Krijgen wij een faire vergoeding? Dragen wij bij of kosten wij geld?

*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.

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18:30 uur:              Borrel

**26 maart – VBHC The Basics**Leg in 3 uur tijd het fundament om zelf aan de slag te gaan met Value-Based Health Care. De blik van de arts en de verpleegkundigen.

*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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**4 april – Masterclass Culture Change**Cultuurverandering in een ziekenhuis, de beste case. Hoe Providence onder extreme druk succesvol werd. Providence lijkt qua omvang op veel ziekenhuizen in Nederland. Ondanks lagere budgetten in combinatie met een zwaardere zorgvraag wisten zij niet alleen het tij te keren; niemand werd ontslagen! Hoe zij dit deden? Leer er alles over tijdens de masterclass.

*Onderwijzer*

Prof. dr. Fred van Eenennaam

*Abstract*

It was October 14, 2014, and Josie Walsh, president and chief executive officer (CEO) of Providence Healthcare (Providence) in Toronto, was in her office, thinking about the October 27 strategic planning retreat with her board. Appointed president and CEO in 2011, Walsh had led Providence through massive change and turnaround, from potential crisis to financial health and innovation in four, short, action-packed years. Two critical questions demanded her attention. How could she integrate and embed the values that had helped her drive change and foster collaboration with Providence and with its key partners? What could 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? She reached for the phone to call key members of her team for input.

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**17 april – Special VBHC Prize 2019 Masterclass**

Gerenommeerde sprekers zullen hun inspirerende VBHC-verhalen delen. Verder zullen er veel mogelijkheden zijn om te netwerken met experts op het gebied van VBHC.

*Onderwijzer*

Prof. dr. Fred van Eenennaam

*Abstract*

It was October 14, 2014, and Josie Walsh, president and chief executive officer (CEO) of Providence Healthcare (Providence) in Toronto, was in her office, thinking about the October 27 strategic planning retreat with her board. Appointed president and CEO in 2011, Walsh had led Providence through massive change and turnaround, from potential crisis to financial health and innovation in four, short, action-packed years. Two critical questions demanded her attention. How could she integrate and embed the values that had helped her drive change and foster collaboration with Providence and with its key partners? What could 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? She reached for the phone to call key members of her team for input.

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**25 april – IPUs**12 jaar VBHC. Duizenden ervaringen met IPUs. Hoe ontwikkel ik onze IPU? De lessen van UCLA/ParkinsonNet, Karolinska, Santeon en vele anderen. Na 12 jaar VBHC hebben we geleerd hoe je IPU je moet ontwikkelen, wat voor soorten en vormen IPU je hebt, dat op zich Integrated Practice units in alle typen zorg voorkomen (eerstelijn, hoog-volume & laag-complex (knie-heup), laag-volume & hoog-volume (complexe zorg).

*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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**8 mei – Value-Based Health Care: successful collaboration between doctors, patients, and industry**Value-Based Health Care: de nieuwe samenwerking met de industrie. Part of the solution of part of the problem?

*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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**23 mei – Patient-centered in een ziekenhuis**Einde aan de patiënten ping-pong: hoe zorgprofessionals verantwoordelijkheid kunnen nemen voor de integrale patiëntenzorg. Patiënt heeft steeds wisselende medische, sociale en mentale behoeftes. Hoe zorg je dat de zorgprofessionals en de bestuurders integrale zorg kunnen leveren.

*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.

Dr. John Noseworthy, President and CEO of Mayo Clinic, focused on how to ensure Mayo Clinic’s relevance for the next century. Mayo Clinic has formed the 2020 Initiative to develop a strategic plan for transforming the clinic over the next twelve years. Many believed that increased quality, reduced costs, or, ideally, both would be achieved through large delivery systems, such as Mayo, taking on responsibility for ‘population health’- serving the full spectrum of health care needs for a defined population of patients ranging from wellness and primary care to acute hospital treatment and skilled nursing care, all at a fixed price per person. Encouraging hospitals and physicians to shift their focus toward population health was an implicit objective of the 2010 federal Affordable Care Act (ACA). Should Mayo, historically a destination medical center focused on providing hospital care to patients with the most complex medical conditions – referred to as tertiary and quaternary care modify this strategy?

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**11 juni – VBHC The Basics**Leg in 3 uur tijd het fundament om zelf aan de slag te gaan met Value-Based Health Care. De blik van de medisch specialist.

*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

**13 juni – Bundled Payments & VBHC Implementation challenges**Tijdens deze sessie komen eerst de belangrijkste uitdagingen voor VBHC implementatie aan bod, waarbij u wordt uitgedaagd de vertaalslag naar uw organisatie te maken Bundled payments: successen en learnings.

*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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**18 juni – Data & IT**VBHC Data/IT-issue opgelost. 'Wij' op basis van onze ervaring, deze mensen uitgenodigd om deze ruwe en groeidiamanten uit te nodigen.

*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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**27 juni – Medical Leadership & Your role in implementation**Uw rol in VBHC implementatie komt aan bod, aan de hand van de begrippen ‘medisch leiderschap’ en ‘teamwork’. Dit avontuur vergt moed: voorbeelden van mensen die die rol hebben opgepakt.

*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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**2 juli – Summer School I: Care & Cure**Tijdens deze Summer School de integrale patiëntzorg passeert de revue.

*Onderwijzer*

Prof. dr. Fred van Eenennaam

*Abstract*

Michael Pykosz, Geoff Price, and Griffin Myers opened Oak Street Health’s first clinic in 2013. By 2016, with backing from venture capital, Oak Street was serving 22,000 patients in 19 locations in Chicago, Indianapolis, Rockford, Detroit, Fort Wayne, and Northwest Indiana. Oak Street brought comprehensive primary care to residents in medically underserved communities. Most of Oak Street patients were seniors and covered by Medicare. A typical location served 2,000-4,000 patients, employing about 50 clinical and administrative personnel. In 2016, the leadership team was considering a range of opportunities to improve the care model, grow in new and existing markets, take on new patient populations and create new partnership offerings for payers and providers.

Tijdschema Summer School  
09:00 uur:               Aanvang  
09:10 - 09:55 uur:  Deel 1: uitleg case  
09:55 - 10:00 uur:  Korte Break  
10:00 - 12:00 uur:  Deel 2: case discussie  
12:00 - 13:00 uur:  Lunchbreak  
13:00 - 15:00 uur:  Deel 3: nabespreken, vraag-antwoord, toepassen van inzichten voor eigen implementatie  
15:00 uur:              Borrel

**27 augustus – Summer School II: Value-Based Health Care implementation: successes and lessons learned**Deze Summer School is een intensieve bijeenkomst waarin alle tijd wordt genomen om diep in te gaan op Value-Based Health Care implementatie en integratie. De combinatie tussen de bekende successen en uitdagingen en uw eigen ervaringen met de systematische verbetering van de gezondheidszorg leiden aan het eind van de summer school tot een praktisch toepasbare 'checklist voor implementatie'.

*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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13:00 - 15:00 uur:  Deel 3: nabespreken, vraag-antwoord, toepassen van inzichten voor eigen implementatie  
15:00 uur:              Borrel

**29 augustus – VBHC Core Concepts & Lean and other VBHC tools**De belangrijkste begrippen van VBHC, zoals patiëntwaarde, uitkomsten en kosten, komen aan bod. Eveneens, verschillende VBHC tools, waarmee u een praktische start kunt maken in uw organisatie, passeren de revue.

*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.

At the turn of the millennium, Dr. Gary Kaplan, an internal medicine physician, became CEO of Virginia Mason Medical Center in Seattle, Washington. The medical center was facing significant challenges – it was losing money for the first time in its history, staff morale was declining, and area hospitals presented ardent competition. Considerable change was imminent. Within two years, Kaplan had rallied the organization around a new strategic direction, first and foremost to become the quality leader in health care. What Kaplan and his top administrators lacked was an effective tool to execute their strategy. Soon thereafter, a series of serendipitous events led to the discovery of the Toyota Production System, a manufacturing management method focused on quality and efficiency created by automaker Toyota. Kaplan and Virginia Mason Medical Center became entrenched in a challenge: how to institute a management model previously utilized only in manufacturing into health care.

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**30 augustus – VBHC Implementation challenges & Your role in implementation**Tijdens deze sessie komen eerst de belangrijkste uitdagingen voor VBHC implementatie aan bod, waarbij u wordt uitgedaagd de vertaalslag naar uw organisatie te maken. Vervolgens komt uw rol in VBHC implementatie, aan de hand van de begrippen ‘medisch leiderschap’ en ‘teamwork’, aan bod.

*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.

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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**12 september – VBHC Core Concepts**De belangrijkste begrippen van VBHC, zoals patiëntwaarde, uitkomsten en kosten, komen aan bod.

*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**Leg in 3 uur tijd het fundament om zelf aan de slag te gaan met Value-Based Health Care. De oncologische zorg zal hierbij extra aandacht krijgen.

*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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implementatie  
18:30 uur:              Borrel

**3 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.

*Tijdschema*

15:30 uur: Aanvang  
15:30 – 16:45 uur:  Deel 1: uitleg case  
16:45 – 17:00 uur:  Break  
17:00 – 18:00 uur:  Deel 2: case discussion  
18:00 – 18:30 uur:  Deel 3: nabespreken, vraag-antwoord, toepassen van inzichten voor eigen

implementatie  
18:30 uur:              Borrel

**17 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.

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implementatie  
18:30 uur:              Borrel

**24 oktober – VBHC In de eerste lijn**Tijdens deze sessie de integrale patiëntzorg passeert de revue aan de hand van de Oak Street case.

*Onderwijzer*

Prof. dr. Fred van Eenennaam

*Abstract*

Michael Pykosz, Geoff Price, and Griffin Myers opened Oak Street Health’s first clinic in 2013. By 2016, with backing from venture capital, Oak Street was serving 22,000 patients in 19 locations in Chicago, Indianapolis, Rockford, Detroit, Fort Wayne, and Northwest Indiana. Oak Street brought comprehensive primary care to residents in medically underserved communities. Most of Oak Street patients were seniors and covered by Medicare. A typical location served 2,000-4,000 patients, employing about 50 clinical and administrative personnel. In 2016, the leadership team was considering a range of opportunities to improve the care model, grow in new and existing markets, take on new patient populations and create new partnership offerings for payers and providers.

*Tijdschema*

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18:30 uur:              Borrel

**28 november – Your role in implementation**

Tijdens deze sessie komt uw rol in VBHC implementatie, aan de hand van de begrippen ‘medisch leiderschap’ en ‘teamwork’, aan bod.

*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.

*Tijdschema*

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