**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.

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

**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.

*Tijdschema*

9:00 uur: Aanvang
9:30 – 10:45 uur:  Deel 1: uitleg case
10:45 – 11:00 uur:  Break
11:00 – 12:00 uur:  Deel 2: case discussion
12:00 – 12:30 uur:  Deel 3: nabespreken, vraag-antwoord, toepassen van inzichten voor eigen

implementatie

12:30 – 13.30 uur:     Lunch

13:30 – 14:45 uur:  Deel 1: uitleg case
14:45 – 15:30 uur:  Break
15:30 – 16:30 uur:  Deel 2: case discussion
16:30 – 17:30 uur:  Deel 3: nabespreken, vraag-antwoord, toepassen van inzichten voor eigen

implementatie
17:30 uur:              Borrel

**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.

*Tijdschema*

9:00 uur: Aanvang
9:30 – 10:45 uur:  Deel 1: uitleg case
10:45 – 11:00 uur:  Break
11:00 – 12:00 uur:  Deel 2: case discussion
12:00 – 12:30 uur:  Deel 3: nabespreken, vraag-antwoord, toepassen van inzichten voor eigen

implementatie

12:30 – 13.30 uur:     Lunch

13:30 – 14:45 uur:  Deel 1: uitleg case
14:45 – 15:30 uur:  Break
15:30 – 16:30 uur:  Deel 2: case discussion
16:30 – 17:30 uur:  Deel 3: nabespreken, vraag-antwoord, toepassen van inzichten voor eigen

implementatie
17:30 uur:              Borrel

**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.

*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

**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.

*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

**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.

*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

**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*

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

**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*

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