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.

**9 januari - Hoe implementeer ik uitkomst gerichte 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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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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**10 januari – Masterclass 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. 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.

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**6 februari – PROMs / ICHOM**Hoe implementeer ik uitkomst gerichte zorg?

*Onderwijzer*

Prof. dr. Fred van Eenennaam

*Abstract*

Medtronic is leading the way into Value Based Healthcare with acquisitions such as Diabeter. Outcomes driven care delivery could be a strong contributor towards the sustainability of healthcare systems around the world. Diabeter as a pioneering integrated practice unit for the management of diabetes type 1 has already proven great success in the Netherlands. An international well driven expansion is needed to ensure that other patients and healthcare systems benefit from better outcomes at equal or better cost as a contributor to the transformation and viability of care.

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**5 maart – Beyond Lean**Hoe verbeter ik zorgprocessen zodat ik uitkomst gericht zorg kan leveren?

*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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**2 April – Special Thinkers Masterclass**Dr. Martin Ingvar, oprichter ICHOM en professor in neurofysiologie in het Karolinska Institute: Dr .Martin Ingvar zal zijn ervaringen komen delen over de nieuwste ontwikkelingen, inzichten en trends op het gebied van VBHC.

Onderwijzer

Prof. dr. Fred van Eenennaam & Dr. Martin Ingvar

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**23 april – Ontschotten van de zorg**Hoe gaan we de zorg ontschotten? Het belang van leiderschap en cultuur.

*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.

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**7 mei – Uitkomstgerichte zorg**

Hoe implementeer ik uitkomstgerichte zorg?

*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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**13 mei – Special VBHC Prize 2019 Masterclass – patient value 2.0**

Dr. Christina Akerman, zal ons komen vertellen over de laatste ontwikkelingen, inzichten en trends op het gebied van VBHC. De focus zal liggen op het patiënten perspectief en vergroten van waarde voor de patiënt.

*Onderwijzer*

Prof. dr. Fred van Eenennaam & Dr. Christina Akerman

*Tijdschema*

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**26 mei – Patiënt journey**

Hoe betrekken we de patiënten bij VBHC?

*Onderwijzer*

Prof. dr. Fred van Eenennaam

*Abstract*

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 – Ontwikkelen van eerlijke contracten**

Hoe ontwikkelen we eerlijke contracten tussen payer en provider? Het creeren van vertrouwen tussen payer en provider. Bundled payments.

*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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**30 juni – VBHC: Succesful collaboration between doctors, patients and industry**Het avontuur vergt moed: voorbeelden van mensen die de rol hebben opgepakt.

*Onderwijzer*

Prof. dr. Fred van Eenennaam

*Abstract*

Medtronic is adapting its strategy to changes in healthcare competition and payments. It has decided to develop new relationships with payers, hospitals, and physicians to become more accountable for patient outcomes and total costs. The case describes new forms of partnerships for therapy optimization, management of acute care episodes, and management of chronic care patients. The case also illustrates how integrated practice units (IPUs) provide focused, comprehensive care for two high-volume and expensive medical conditions: type-1 diabetes and morbid obesity.

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**2 juli – Summer School I**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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**27 augustus – Hoe implementeer ik uitkomst gerichte 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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**28 augustus – Masterclass Implementation Challenges**

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**10 september – Uitkomst gerichte zorg**

Hoe implementeer ik uitkomst gerichte zorg.

*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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**1 oktober – Data & IT**Hoe benutten we de kracht van eHealth en informatie technologie bij de implementatie van VBHC?

*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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**22 oktober – Special VBHC Thinkers masterclass**

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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**26 november – de rol van de verpleegkundige in VBHC implementatie**

Hoe gaan de verpleegkundigen implantatie van VBHC dragen?

*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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