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Innovations bringing care at home

Healthwise conference
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Agenda

- › Payment systems
- › Population management
- › Pursuing the Triple Aim
- › Bringing care at home
 - example: Coaching at home COPD patients
- › Contractual and Relational Governance

Payment systems in health care

> **Traditional payment systems:**

- Fee-for-service
- Capitation
- Budgets

> **New Approaches:**

- Bundled payment
- Pay-for-performance
- Shared-savings



How to Pay for Health Care

Bundled payments will finally unleash the competition that patients want.

BY MICHAEL E. PORTER AND ROBERT S. KAPLAN

The United States stands at a crossroads as it struggles with how to pay for health care. The fee-for-service system, the dominant payment model in the U.S. and many other countries, is now widely recognized as perhaps the single biggest obstacle to improving health care delivery.

PETER CRONIN/HR

Positive effects**Negative effects****Fee-for-service****Capitation****Budget payment****Bundled payment****Pay-for-performance****Shared savings**

Population management

Population management is characterized by the proactive and complete approach towards care and well-being over a full spectrum, in order to attain the most optimal result regarding health of the population, the quality and costs of care.

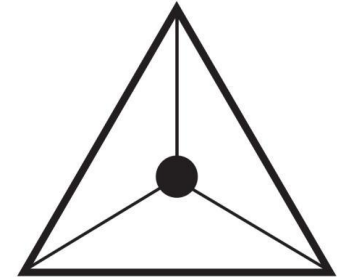


Population management by pursuing the Triple Aim

Triple Aim

- > *Health gain* or better *well-being*
- > Better perceived *quality of care*
- > Lower *costs* per capita

'Systems designs that improve three dimensions'



The IHI *Triple Aim*

Pursuing the triple aim: an approach based on three principles

1. Creating the Right Foundation
 - Identifying a Relevant Population
 - Identifying and/or Creating Leadership and Governance
 - Articulating a Purpose
2. Managing Services at Scale for a Population
 - Identifying a population segment
 - Conducting a Needs and Assets Assessment
 - Developing a Portfolio of Projects
 - (Re)designing Services
 - Developing a plan for delivering at scale
 - Using Population Level Measures

Pursuing the triple aim: an approach based on three principles

3. Developing a Learning System for Population Management

- Developing an Explicit Theory/Rationale for System Changes
- Learning by Iterative Testing
- Using Informative Cases to “Act with the Individual, Learn for the Population”
- Selecting leaders to Manage the Learning System

Integrated care and population management

Example: “Gesundes Kinzigtal GmbH”

- › Population-based integrated care approach; set up in 2006
- › Joint venture between OptiMedis AG (health management company) and Medizinisches Qualitätsnetz-Ärzteinitiative Kinzigtal (network of more than 40 physician members)
- › Cooperation with almost 100 providers of all kinds and also with e.g. pharmacies, health and sport clubs, self-help groups and local governments
- › All providers are paid by the insurer in usual ways
- › Insurer and Gesundes Kinzigtal share the savings

Integrated care and population management

Example: “Blauwe zorg”

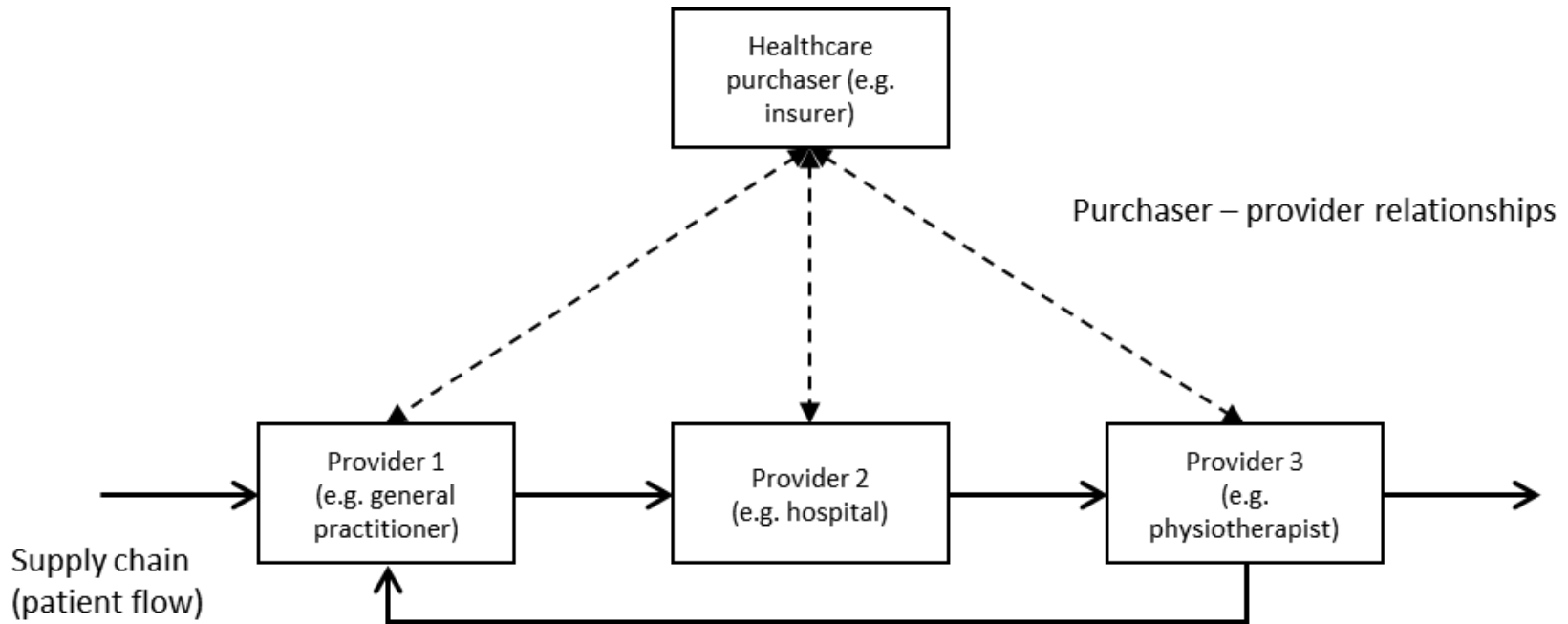
- › Population management in the region Maastricht started in 2013
- › Involved parties: VGZ (health insurer), zorggroep Regionale Huisartsenzorg Maastricht en Heuvelland (RHZ) (all 90 general practitioners in the region), Huis voor de Zorg (patient organization)
- › Population: registered at general practices
- › Substitution of care: pulmonologist visits outpatient clinic/ health center of general practitioners

Integrated care and population management

Example: “Coaching at Home in Friesland”

- › Maatschap Friese Longartsen (Pulmonologists); Hospitals Drachten, Heerenveen, Leeuwarden, Sneek; General Practitioners; Physiotherapists; 11 specialised nurses; De Friesland (insurer)
- › Individual coaching of COPD patients with a readmission within 12 months
- › Aims: Quality of Life, Reduction readmission, Reduction Costs of Care and Reinforce collaboration between primary and secondary care

“Supply chain” COPD patients



Contractual and relational governance: do they complement or substitute each other?

A theoretical lens to study the relationship between healthcare purchaser and healthcare provider

Mechanism	Practices	Theoretical foundation
Contractual	Governance by a contract which stipulates responsibilities of each party and prices	Transaction Cost Theory
	Infrequent information/knowledge exchange/formal communication	
	Short-term horizon	
Relational	Governance by trust, relational norms and flexibility	Social Exchange Theory, Relational Exchange Theory
	Frequent information/knowledge exchange/informal communication	
	Long-term horizon	



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Thanks you for your
 attention

