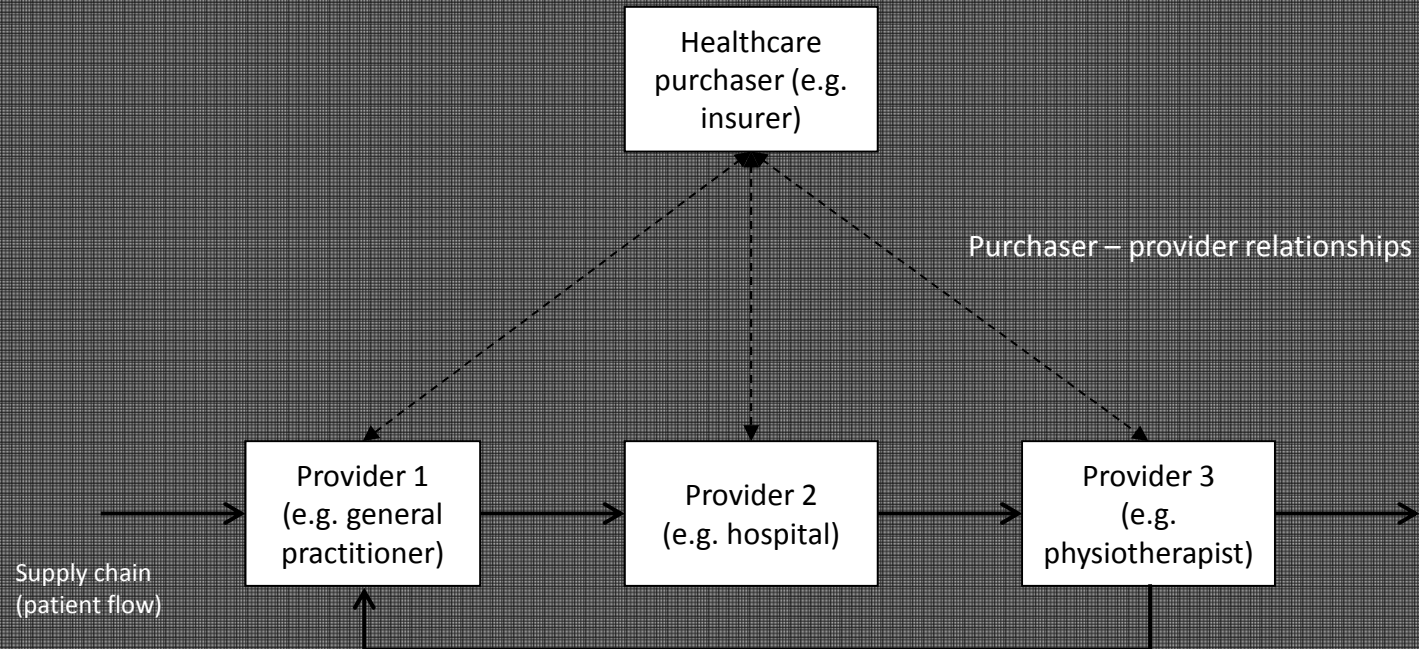


The COPD care pathway: the right care at the right place?

- › Bart Noort
- › Department of Operations Management



The role of the insurer in the care chain



Chronic Obstructive Pulmonary Disease (COPD)

- › Dyspnea, immobile, over-weight
- › Often associated with socio-psychological problems



COPD care

No right care at the right place

- › Specialist care: Focus on physiological problems and medicinal treatment
- › Knowledge general practitioner:
 - No effective preventive care (smoking, diet etc)
 - Diagnosis: severe patients not referred to specialist
- › Lack of physiotherapy, dietician, psychologist care
- › No 'Dreamteam': Home situation not understood

The solution

Task division and collaboration between care providers should be improved

In theory:

- › **Shared treatment plans** (Minkman, Ahaus et al. 2009, Van Houdt, Heyrman et al. 2013)
- › **Providers should agree on expertise, tasks, referral of patients** (Van Houdt, Heyrman et al. 2013, Minkman, Ahaus et al. 2009, Wagner, Austin et al. 2001)
- › **Management: shared vision between managers of providers, availability of finances** (Ouwens, Wollersheim et al. 2005, Wagner, Austin et al. 2001)



But

Financial incentives provided by purchasers
hamper task division and collaboration (van Raak, Paulus et al.
2005, Wagner, Austin et al. 2001)

And the purchaser's role is broader:

- › Threatening to withdraw a contract
- › Involving medical professionals in developing care pathways
- › Building trust and long-term relationships

(Halbersma, van Manen et al. 2012, Ashton, Cumming et al. 2004, Sheaff, Charles et al. 2015)



Contractual and relational purchasing practices

- › Contractual governance: *The extent to which roles, obligations, responsibilities, contingency adaptation, and legal penalty are specified or well-detailed in formal agreements*
- › Relational governance: *The extent to which the relationship is governed by trust, flexibility, solidarity, information exchange, fairness, and informal rules and procedures*

(Cao & Lumineau, 2015)



Research questions

- › *How do financial incentives influence task division and collaboration within inter-organizational care pathways?*
- › *How do purchasers use contractual and relational purchasing practices to improve these pathways?*



The project: Reducing re-hospitalizations of patients with severe COPD ('draaideurpatiënten')

Interventions:

- › Case manager
- › Preventive care
- › Communication between specialist care and primary care
- › Informal care network (the Dreamteam)

Stakeholders:

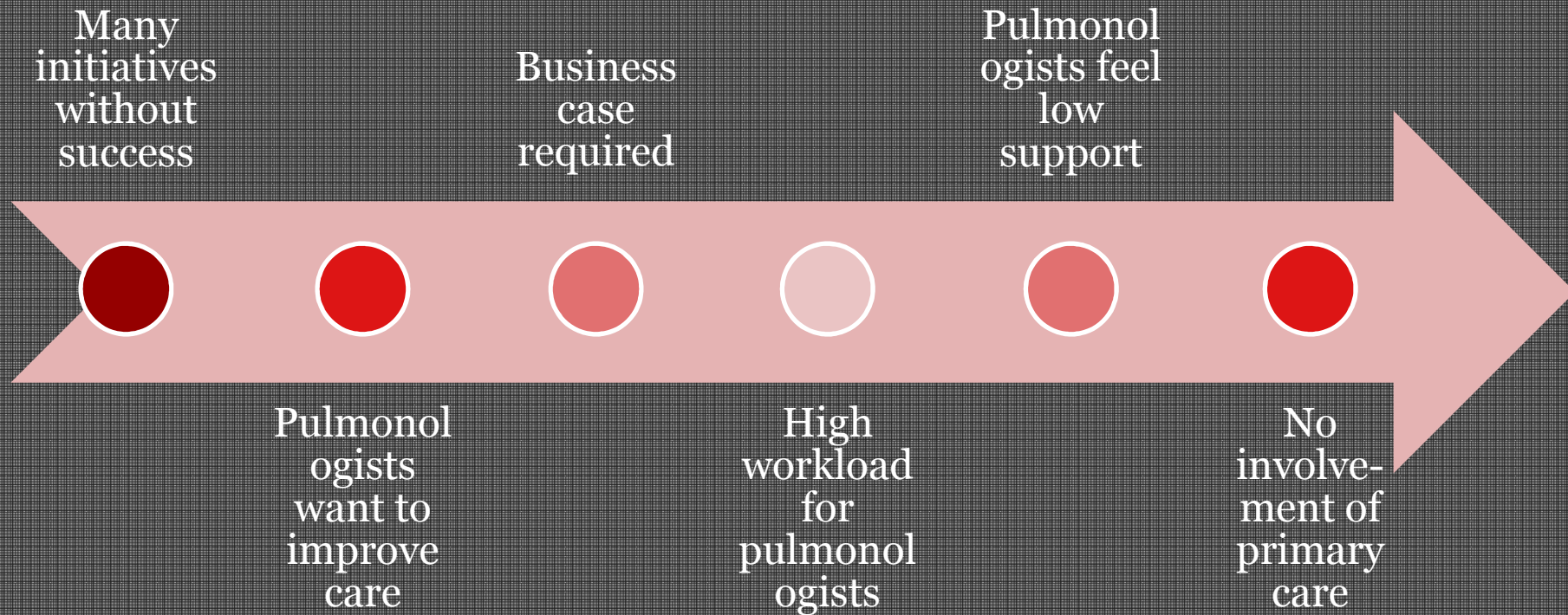
- › Leading insurer of region
- › Specialists: pulmonology partnership
- › Primary care:
 - General practitioners, partly organized in Care Groups
 - (Para) medical care: physiotherapist, dietician, etc



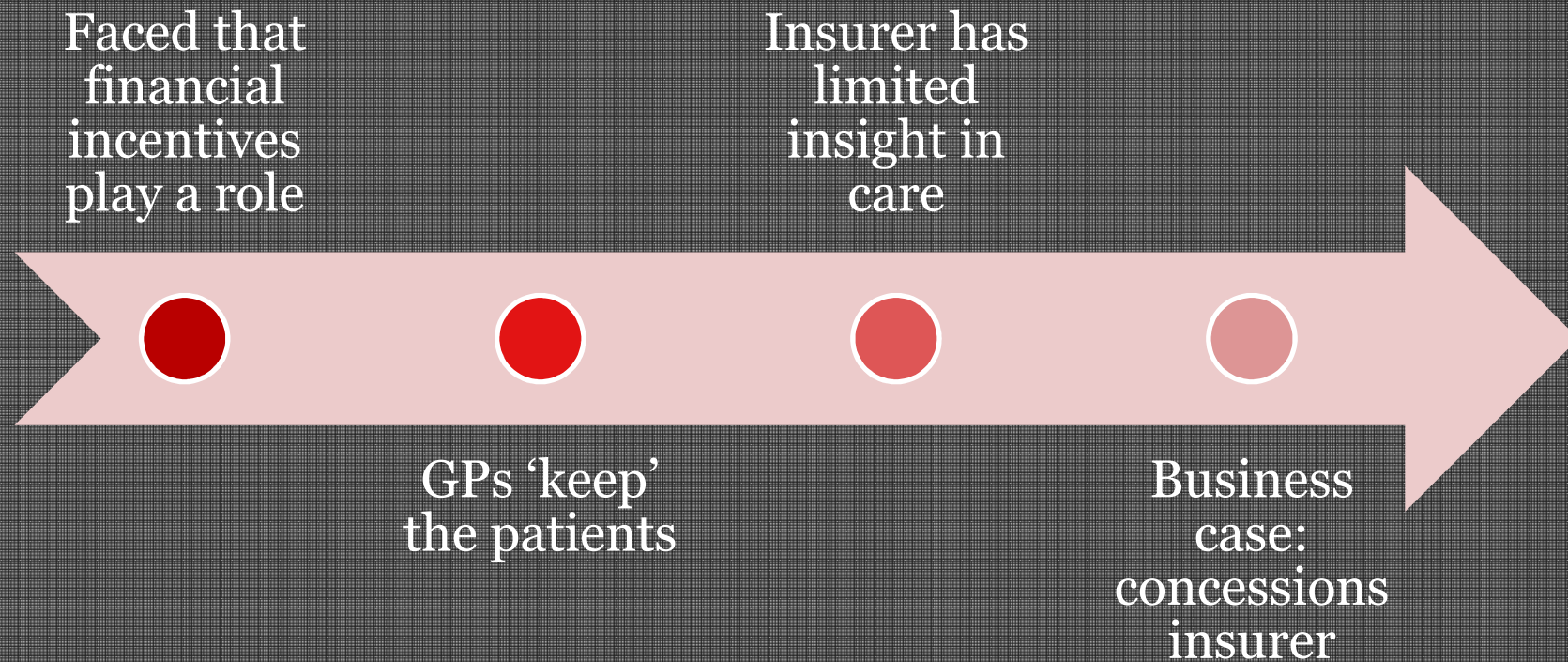
The study plan



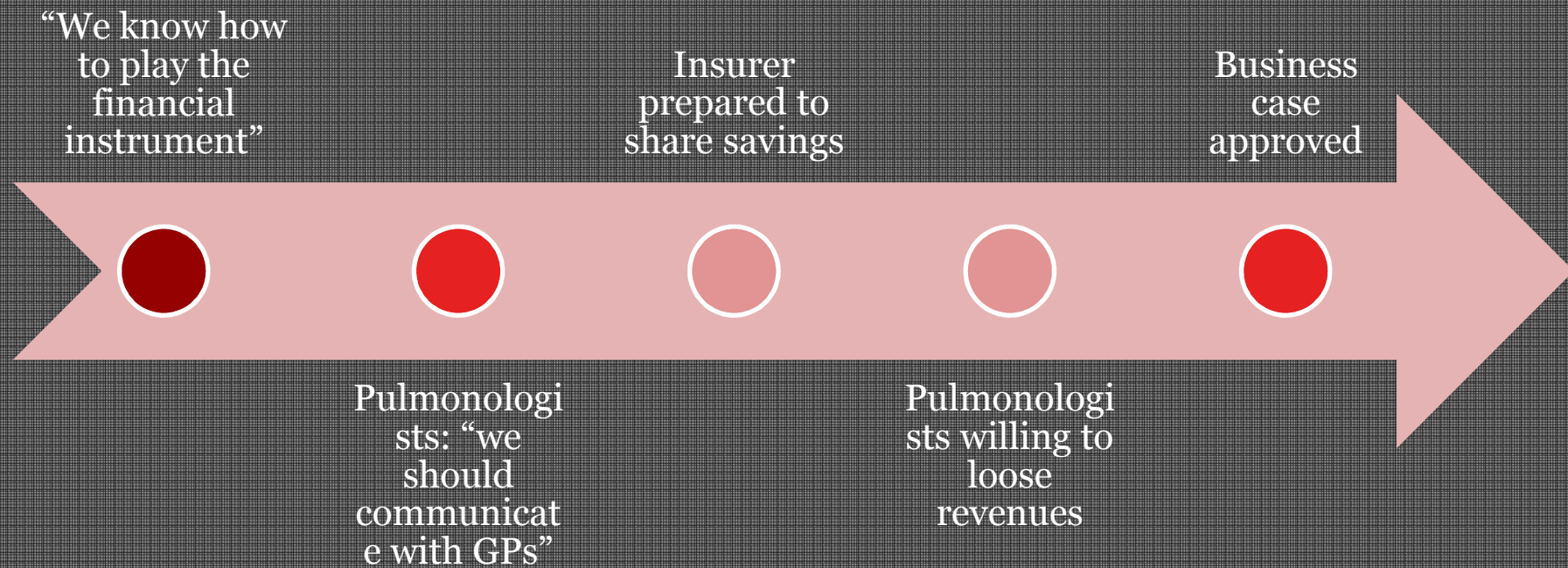
Observations May 2015



Observations June 2015



Aug-Oct 2015



Observations - summary

Incentives towards provider

- › Specialists benefit from re-hospitalizations which does not encourage improvement
- › GPs (care groups) receive integrated care payment ('keten DBC) for COPD patients which incentives keeping the patient



Observations - summary

Role insurer

- › Demands a positive business case
- › But is also flexible with respect to made assumptions
- › Stays closely involved in design of care pathway
- › Willing to share savings



Aim of interviews

- › Why do the pulmonologists exactly want to improve COPD care?
- › What did the insurer do to involve the providers?
- › View of GPs/Care Groups
- › What incentives will exactly be provided?



Discussion quiz!

Understanding the case together:

www.kahoot.it



Thank you for your attention

