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Unfolding a Decade of Value-Based Health Care Implementation in a Dutch University Hospital

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VALUE-BASED HEALTH CARE (VBHC)

A fundamental approach to optimize patient value [1]

Patient value = Outcomes that matter to the patient / Resources throughout the patient journey

The value agenda operationalizes VBHC (Image 1)

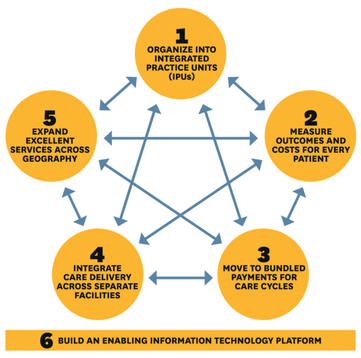


Image 1. The value agenda [2]

AIM

To inform strategic and operational change for health organizations in pursuing VBHC by

exploring the dynamic unfolding of VBHC implementation in a frontrunning Dutch university hospital over the past decade

RELEVANCE

- VBHC instigates transformative changes
- Implementation efforts world-wide
- Scarce implementation knowledge [3]

▸ Challenges in implementing and sustaining VBHC, resulting in delays and inefficiencies

METHOD

A retrospective case study analysing both available and newly collected data:

1. Available data

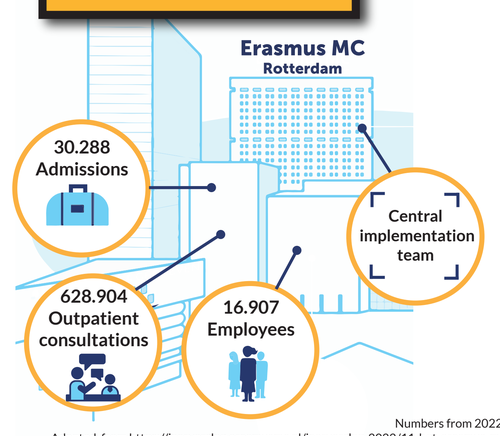
- documentation about implementation screened N=>15000 , included N=>1200
- scientific publications of the hospital on VBHC screened N=198, included N=15
- performance data (e.g. reach, compliance)

2. New data collection

- interviews with key stakeholders, N=20
- survey among clinicians in the VBHC program N=197, valid response N=47

Inductive and deductive analysis of implementation determinants, strategies and outcomes using implementation frameworks such as Consolidated Framework for Implementation Research (CFIR2.0) & Expert Recommendations for Implementing Change (ERIC)

SETTING



Numbers from 2022.
Adapted from https://jaarverslag.erasmusmc.nl/jaarverslag-2022/11-het-erasmus-mc

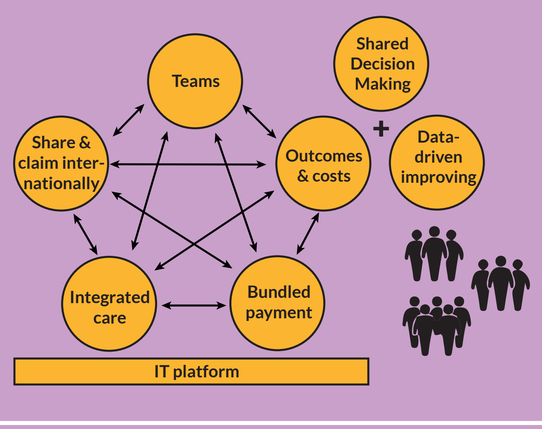
RESULTS AND DISCUSSION

TIMELINE

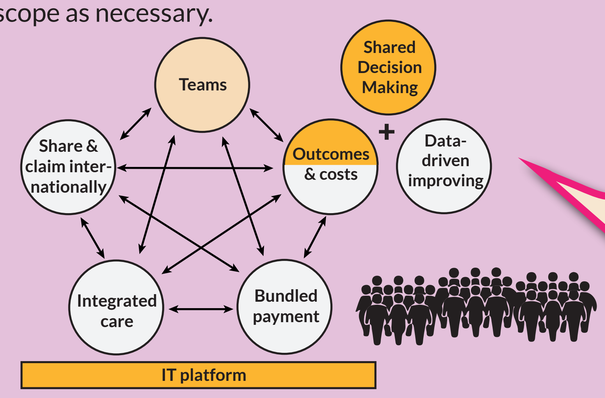
- **2013** Top-down & bottom-up interest. Start pilot & implementation
- **2018** National policy promoting Patient Reported Outcomes (PROMs) at scale
- **2019** **Major change in strategy**
- **2023** 55 (sub)departments >30% of patient population. Monthly 4700 PROMs, of which 60% completed. The eve of other VBHC elements

ASPIRATION & STRATEGY

Inch-wide, mile-deep
Driving systemic and cultural change by implementing multiple elements of the value agenda. Due to the complexity, the population started small.



Mile-wide, inch-deep
Facilitating sustainable and data-driven VBHC across the entire hospital by converging on select elements of the value agenda before gradually expanding the scope as necessary.



DOMINANT FACILITATORS

- Ability to pioneer and address small evidence-base
- Clinical leadership
- Quick visible benefits
- Patient involvement

- National policy
- Hospital's ambition to be a frontrunner
- Structural collaboration with IT
- Design quality of PROMs (e.g. EPD integrated)

DOMINANT BARRIERS

- Limited and volatile budget, hardly IT support, unstable plan
- Lack of knowledge and materials; ahead of (inter)national developments
- Incompatibility with prevailing system
- Design quality (too customized, not embedded in systems)
- No hospital-wide movement
- Too much change causing resistance

- Low tension to change among conservatives
- Small evidence-base
- Lack of local action plans
- Reduced benefit (initially too generic)
- Perverse incentives by absence systems change
- Overall change process taking long

CONCLUSION

Promising yet small-scale, not easily scalable and hard to sustain accomplishments.

Strong foundation, yet compliance and expansion into other VBHC elements require attention.

KEY INSIGHT

Intricate dynamics
- Pattern of diverging and converging
- Challenges of balancing, e.g. the pace and magnitude of change
- Solution: seeking hybrid approaches

KEY INSIGHT

Scope of achievements
- After a decade, beyond the initial implementation phase for PROMs
- Other VBHC elements in exploration and installation phases
- Contrast to the usual timeframe of 2 to 4 years for implementation [7]
- Role transition science?

KEY INSIGHT

Local operationalization of VBHC
- Outcomes over costs
- Individual-level use of PROMs during outpatient consultations
- Positive and negative effects on compliance. If PROMs are discussed, patients are **three** times more likely to complete subsequent PROMs compared to when not discussed.

KEY INSIGHT

Small evidence-base
- Heavy reliance on beliefs, hopes and anecdotal evidence
- From facilitator to barrier
- Can all outcomes be measured?
- Program theory and data availability constrained research

KEY INSIGHT

Complexity omnipresent
- From both conventional [5] and contemporary [6] perspectives



ACKNOWLEDGEMENTS

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