

# Redefining Value

## A discourse analysis on value-based health care

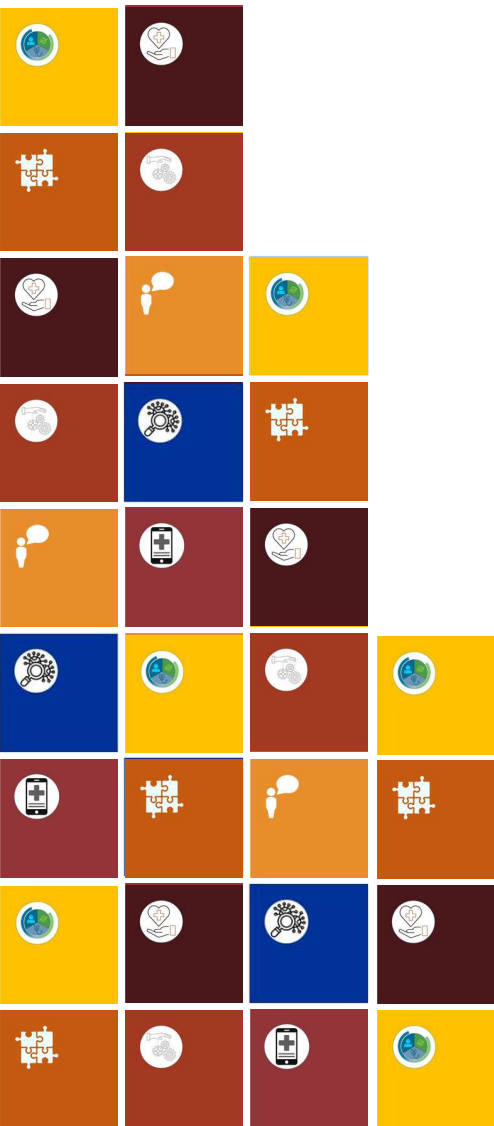
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# Ambiguity surrounding VBHC



"management concept" (Fredriksson et al. 2015)

"management innovation" (Colldén & Hellström 2018)

"business strategy approach" (Groenewoud et al. 2019)

"health policy framework for integrated care" (Busink et al. 2019: 158)

Contradictions concerning outcome measurements

Contradictions regarding value-based payments

Various explanations for this ambiguity

A handwritten signature in black ink, appearing to read 'Erasmus', is positioned in the lower right area of the slide.

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# Discourse Analysis

## Discourse analysis

*well-suited approach to uncover the presuppositions that shape the rhetorical use of ambiguous concepts.*

## Methods

- Interviews (n=23)
- Document analysis (n=22)
  - Actors and organizations that monitor and influence the quality of health care in the Netherlands

## Discourse:

*Verbally expressed line of reasoning regarding a certain issue (e.g. VBHC) founded on presupposition(s) & frame of reference*





## Patient Empowerment

<b>VBHC</b>	Framework that can improve patients position regarding medical choices
<b>Assumption</b>	Patients in disadvantaged position, inequality in patient doctor relation
<b>Main use of outcome info</b>	Choice information (keuzeinfo)



*Ezafus*



**Patient Empowerment**      **Governance**



<b>VBHC</b>	Framework that can improve patients position regarding medical choices	Common language, to steer & incentivize on value (quality & costs)
<b>Assumption</b>	Patients in disadvantaged position, inequality in patient doctor relation	Incentives can improve behavior of medical professionals
<b>Main use of outcome info</b>	Choice information (keuzeinfo)	“Mirror information” (spiegelinformatie, inzicht & vergelijken)



*Erasmus*



## Patient Empowerment

## Governance

## Professionalism



<b>VBHC</b>	Framework that can improve patients position regarding medical choices	Common language, to steer & incentivize on value (quality & costs)	Methodology for organizing and improving healthcare delivery
<b>Assumption</b>	Patients in disadvantaged position, inequality in patient doctor relation	Incentives can improve behavior of medical professionals	Professionals intrinsically motivated to serve patients interest and deliver value
<b>Main use of outcome info</b>	Choice information (keuzeinfo)	“Mirror information” (spiegelinformatie, inzicht & vergelijken)	Professional learning and improving



*Erasmus*



## Patient Empowerment

## Governance

## Professionalism

## Critique



<b>VBHC</b>	Framework that can improve patients position regarding medical choices	Common language, to steer & incentivize on value (quality & costs)	Methodology for organizing and improving healthcare delivery	Dogma of manufacturability
<b>Assumption</b>	Patients in disadvantaged position, inequality in patient doctor relation	Incentives can improve behavior of medical professionals	Professionals intrinsically motivated to serve patients interest and deliver value	Health care is too complex for standardized value
<b>Main use of outcome info</b>	Choice information (keuzeinfo)	“Mirror information” (spiegelinformatie, inzicht & vergelijken)	Professional learning and improving	Learning & within patient-doctor relation



*Ezopus*

# Results

- **Four discourses on VBHC in NL**
  - Each framing the meaning of VBHC in their own way.
- **Incorporation of shared decision-making (SDM)**
  - SDM Key component of VBHC in the Netherlands
- **Absence of competition**
  - Contrasts with the pioneering literature on VBHC



# Conclusion

- Ambiguity surrounding VBHC is visible in academic publications; reflected in diversified and fragmented implementation efforts; and shines through in our discourse analysis.
- *Frames of reference determine what value-based health care is perceived to be.*

For more on this, see <https://rdcu.be/b7cS9>



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# Questions?

## Redefining Value

### A discourse analysis on value-based health care

<https://rdcu.be/b7cS9>

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