Managing the value of care in daily clinical practice:
Expert roadmap by the Dutch Value-Based Health Care network Linnean

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Relevance

Care organizations lack methods to differentiate efficient from inefficient care.

Value-based health care (VBHC) may help, however...

- It lacks tools for the thorough evaluation of its implementation;
- How to operationalize and measure the value equation is unknown.

$$\text{Value} = \frac{\text{Health Outcomes}}{\text{Cost}}$$

Care organizations need guidelines to steer on both patient outcomes and costs.
Working group
**Steering on Outcomes and Costs (2023)**

- **15 Dutch experts:** academics, care professionals, insurance expert and patient representative
- **Consultation group +20 (inter)national experts**
- Expert meetings and literature search to learn from e.g., Health Technology Assessment (HTA) and (inter)national frontrunners
- **Output:** webcast, roadmap, (inter)national examples and whitepaper
Expert roadmap

STEEERING ON PATIENT VALUE

- Step 1: Select a Care Pathway
- Step 2: Assemble a Team
- Step 3: Insights Into Outcomes and Costs
- Step 4: Build a Dashboard
- Step 5: Connect Outcomes to Costs
- Step 6: Balancing Outcomes and Costs
- Step 7: Steer on Patient Value
Step 5. Connect outcomes to costs

Option 1. Two-dimensional graph/matrix

- Stroke dashboard
  Nordic Healthcare Group, Estonia

- Spider chart
  Catharina Hospital, The Netherlands
Step 5. Connect outcomes to costs

Option 2. Single patient value

a. $\Delta \text{patient value} = \frac{\Delta \text{outcomes}}{\Delta \text{costs}}$

* The breast cancer populations hasn’t been casemixed for TNM classification

Quality-Cost-Indicator Framework
Franciscus Gasthuis & Vlietland, The Netherlands

Franciscus Gasthuis & Vlietland, The Netherlands
Step 5. Connect outcomes to costs

Option 2. Single patient value

b. Multi-Criteria Decision Analysis

c. Incremental Cost – Effectiveness Ratio =
\[
\frac{\text{costs}_{\text{intervention}} - \text{costs}_{\text{daily practice}}}{\text{outcomes}_{\text{intervention}} - \text{outcomes}_{\text{daily practice}}}
\]

using a patient-reported outcome measure instead of the generic health measure EQ-5D

Based on the National Health Care Institute’s guidelines for economic evaluations

SELFIE Erasmus University (lead), The Netherlands
Conclusion

- There are diverse methods available to steer on patient value.
- We need to adjust these methods to fit the care organizations context.

Future research:
- Which method fits best in certain contexts?
- Culture shifts in care organizations.
- Value-based contracting.
Call to action

- Start steering on patient value with the data you have available!
- Share learned lessons *and* effective care pathways.

Goals for 2024:

- Strengthen (inter)national learning network.
- Together alert care organizations that action needs to be taken.
- Develop a long-term research agenda.
The Linnean Initiative

Show how value-based care can be implemented in the current healthcare system; identify flaws and challenges, as well as provide solutions for the value-based healthcare system of the future.

**History**
- Started at the Dutch embassy in Washington, located on Linnean Avenue.
- Grew from 40–50 participants to > 1,600 members to date, from all healthcare domains.

**Characteristics**
- Common ambition to accelerate the pace of health system transformation
- Open, independent, bottom-up
- Everyone participates in his/her personal capacity

**Activities**
- > 25 events
- > 175 good-practices
- 20 working groups resulted in > 18 knowledge products
Want to join? Contact us!

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