

Linnean helps implementing value-based healthcare: how the Value Agenda is connected to practice

By dr. Marloes Zuidgeest Msc and Prof. dr. Arie Franx,

The strategy for Value-based healthcare delivery includes the collection of (outcome and cost) information and cooperation within and across organizations. The Netherlands is upfront with initiatives implementing components of value-based healthcare. Together we have taken the right direction, but the journey has only just begun. The Linnean Initiative contributes to acceleration of implementation of value-based healthcare in the Netherlands, as well as the Value Agenda with its call for action.

What is the Linnean Initiative?

Linnean is a network of healthcare providers and representatives of patient, professional and government organizations who embrace the ambition to accelerate the implementation of value-based healthcare in the Netherlands. That's why we're joining forces. We inform and inspire each other through national network meetings and work visits. Multidisciplinary connection and networking are distinguishing features of the Linnean Initiative. The ultimate goal is sustainably improved care for patients and more job satisfaction for healthcare professionals.

Linneans working groups and actions within Value Agenda

In addition to national networking meetings and work visits, experts join forces in ten working groups. The themes of the working groups touch the action lines of the Value Agenda. Both are based on the strategic agenda for VBHC as proposed by Michael Porter (see Figure 1) with the aim to transform healthcare. We highlight a number of working groups and indicate how they relate to the 'call for action' and 'action lines'.

Call for action: Don't wait for others to change

'In healthcare we often see that the same idea is invented in several places', states Monique Slee-Valentine, chair of the *Inspiration Network* working group. This is a waste of time and energy. The working group collects examples/ initiatives to show that you can already start on certain parts of value-based healthcare. Examples are scored on the basis of the same aspects as the Value Agenda. In this way, it is clear how this example contributes in working towards more values-based healthcare, see also Figure 1. This group share examples and stories on Linneans' online platform (www.linnean.nl). These inspiring examples are offered a podium and audience during national networking meetings and work visits. In addition, a working group focusing on implementation will start soon. In this way, we contribute towards working more in thoughts of value-based healthcare and show that you can start now and not have to wait for others.

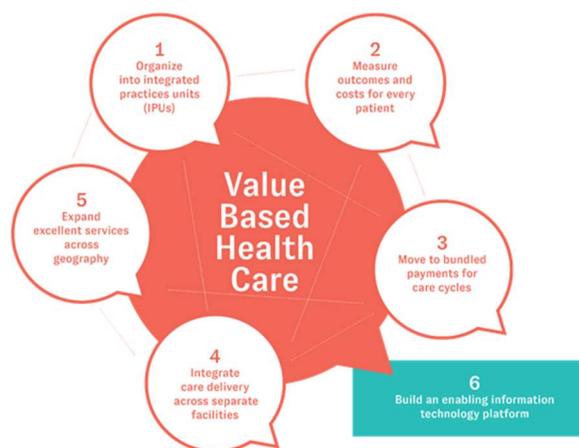


Figure 1. VBHC transformation according to Porter. The Value agenda adds culture change and leadership to the model.

Action lines II and IV: integrated and complex care

Integrated Practice Unit (IPUs) working group started early 2020, as one of the main pillars of value-based healthcare. Instead of organizing care around a specialism, the patient with his condition is the starting point (*action line IV*). What do we mean by an IPU and what is the definition? Is that a multidisciplinary team with joint responsibilities? Or can we only call such a team an IPU if it has its own governance, finances and structures? Are there different types of IPUs? Leaders in the field of value-based healthcare in the Netherlands are united in the *IPU* working group. They help healthcare professionals to get started with an IPU by defining

different archetypes, each with their own characteristics.

Action line III: Universal Measurement

Three working groups work on universal measurement: *PROMs*, *PREMs* and *Costs*. At the end of 2019, the Patient Reported Outcomes (*PROMs*) working group concluded after a process of 1 1/2-year 13 domains that are relevant to many patients, regardless of the purpose of use or their condition, see Figure 2 (see also [advise](#) [in Dutch]). This advice gives direction for those who want to start measuring *PROMs*, including possible instruments like *PROMIS*. This is in line with action 5 'Start with simple actionable outcomes'.

Measuring patient experiences is used by healthcare providers as one of the methods to improve the quality of care. Hileen Boosman, one of the two chairmen of the Patient Reported experiences working group *PREMs*: 'These experiences give a unique insight into the process that patients go through in the case of treatment or care that is provided'. The working group provides insight into the current state of measuring *PREMs* in the Netherlands, a library of questions and the importance of adding different questions. In addition, a vision on transparency 'how do you share outcomes with patients' and a research agenda are possible products.

To date, there is little insight into the actual costs incurred throughout the care cycle. Wilbert van den Hout, chairman of the Cost working group: 'Costs are called the largest black box of the Dutch healthcare. How do we measure costs? And if we have those costs, how do we use the cost information from the perspective of value-based healthcare?'. The Cost working group is considering these questions.

The efforts of these three working groups show that work is being done which contributes to elements of universal measurement of action line III.



Figure 2, PROs, outcomes of healthcare regarding the experiences healthcare of patients

Call for action: capture learning and innovation within contract, not a rigid payment model

In the Netherlands, there is an increasing focus on bundled payment, when learning and improvement is one of the objectives. The *Value-based payment* working group gives an overview of ongoing initiatives and experiences through a paper. Danielle Cattel, one of the authors, 'Pioneers are taking important first steps. They develop uniform outcome information, standardize bundled payment definitions and contract elements, concrete financial contract agreements with a multi-year horizon, and scale-up on solid evaluation'. These are crucial steps to ensure the healthcare system goals 'quality, accessibility and affordability of care' in the longer term. In December, during the national network meeting on 3 December 2020, we will discuss this topic further.

In addition to the highlighted working groups, Linnean has also working groups on the topics Evaluation, Data/ IT, Education and Training, Dashboard and Implementation. Together we take small steps towards value-based healthcare in the Netherlands, one by one.