INTEGRATED CARE EVALUATION
Connecting those who care.

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Maastricht University

SUPERVISING CARE NETWORKS

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28TH EPSO CONFERENCE

25-09-2019 (Malmö, Sweden)

Sources:

- Valentijn et al. (2015)
- Hughes (2011)

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WHY

CARE NETWORKS?

WHAT

IS NEEDED IN PRACTICE?

HOW

TO MEASURE PROGRESS?

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WHY

CARE NETWORKS?

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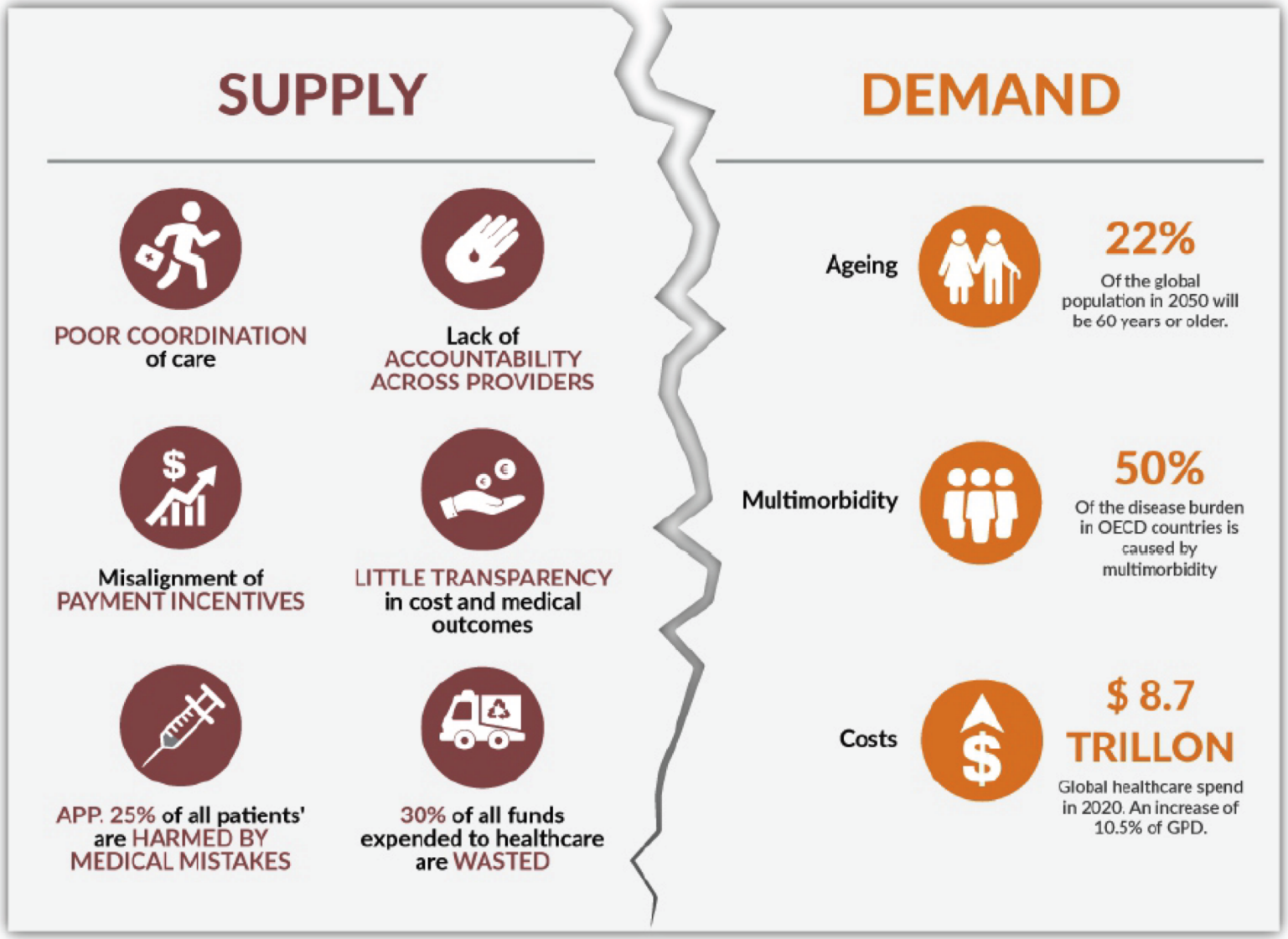
MIND THE GAP



Source
- Valentijn et al. (2018)

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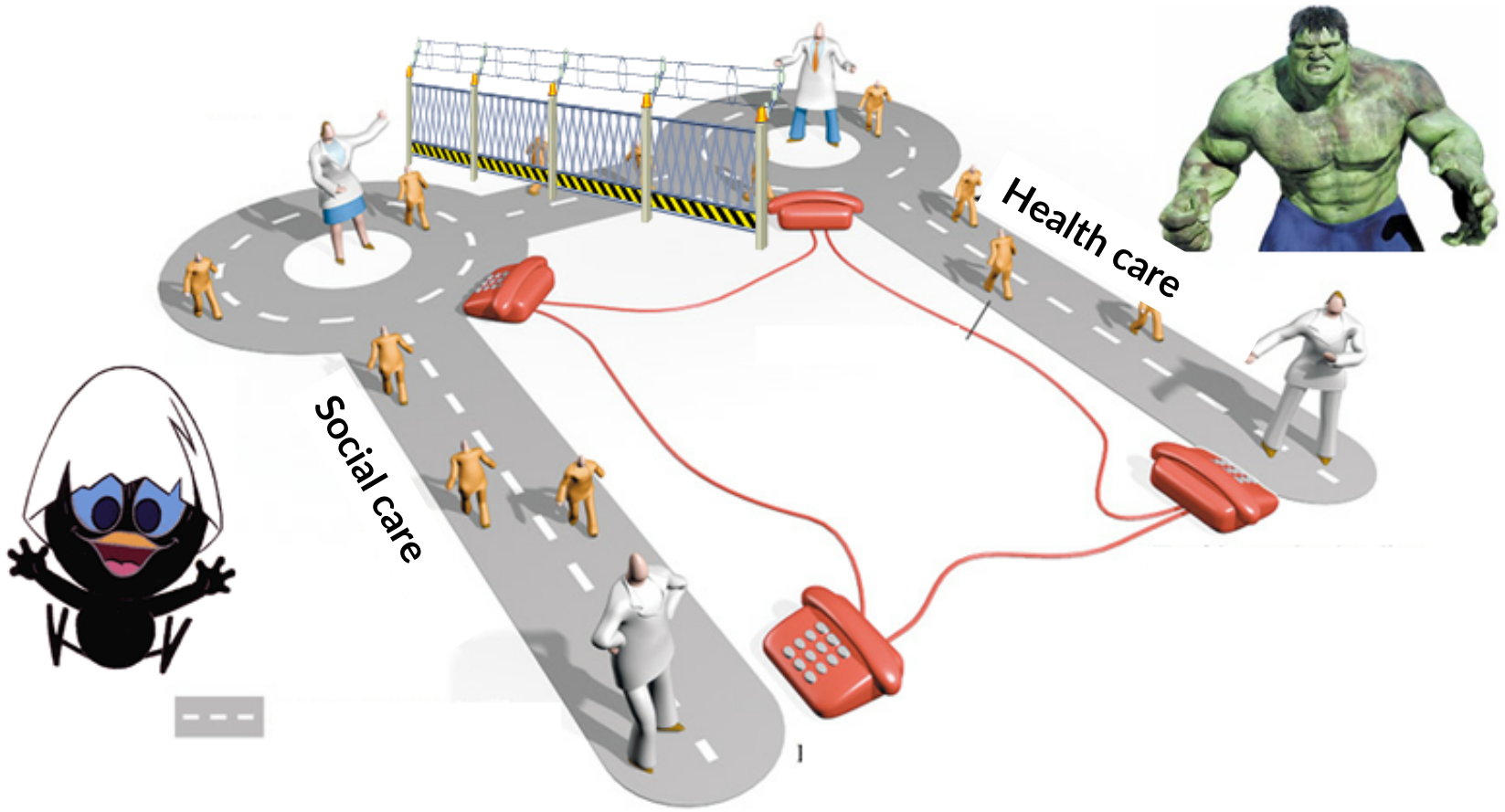
THE PROBLEM



Sources
- Engel (1977)
- Stange (2002, 2009)
- Kodner (2009)
- Hoangmai et al (2007)

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WHAT

IS NEEDED IN PRACTICE?

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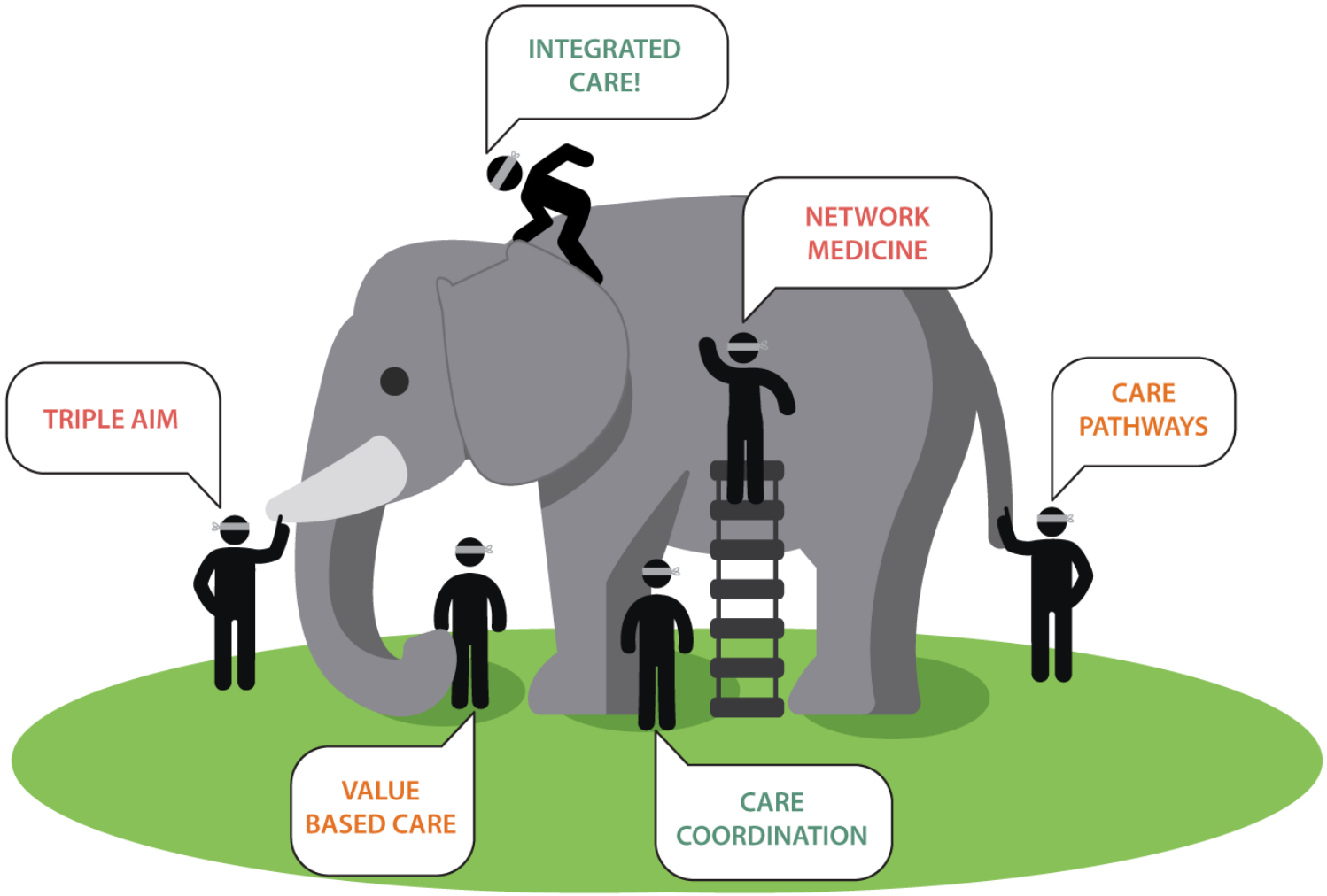
THE LAND OF THE BLIND



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THE SHIFT FROM VOLUME TO VALUE

Fee for service	Payment	Shared Risk/Reward
Treat	Incentive	Prevent
Patient	Focus	Human
Retrospective	Information	Predictive

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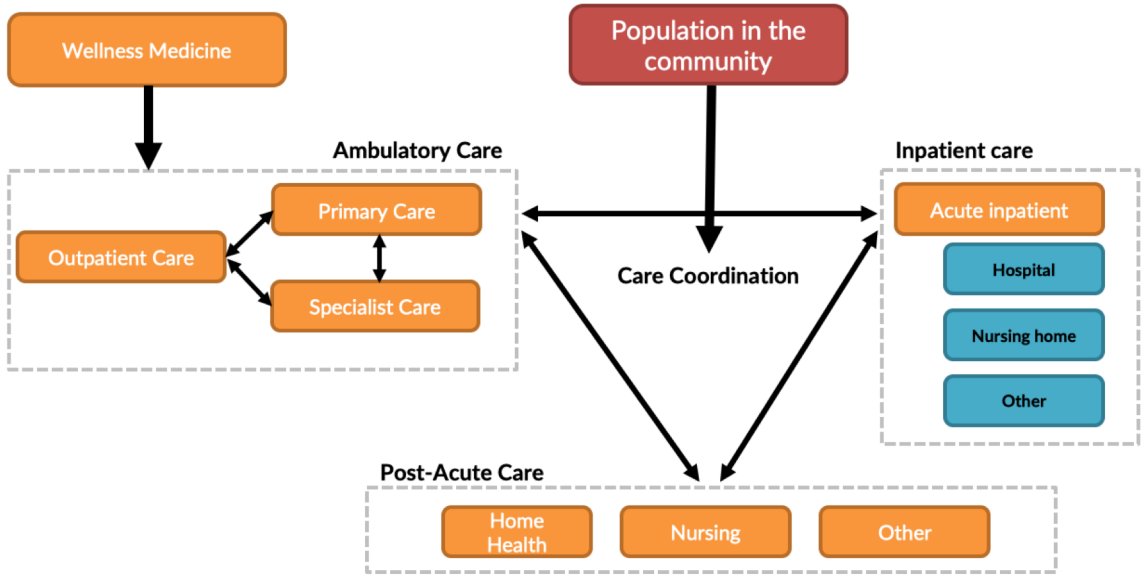
VALUE-BASED INTEGRATED CARE (VBIC)

Value-based integrated care (VBIC) can be defined as patients' achieved outcomes and experience of care in combination with the amount of money spent by providing accessible, **comprehensive** and **coordinated services** to a targeted population. The group of care providers is **collectively accountable** and is willing to take the **risks** for the quality and costs of care. (Valentijn et al., 2016)

CHARACTERISTICS:

1. Person-focused;
2. Inter-sectorial collaboration;
3. Doing business together & taking risks; and
4. Realizing change & results.



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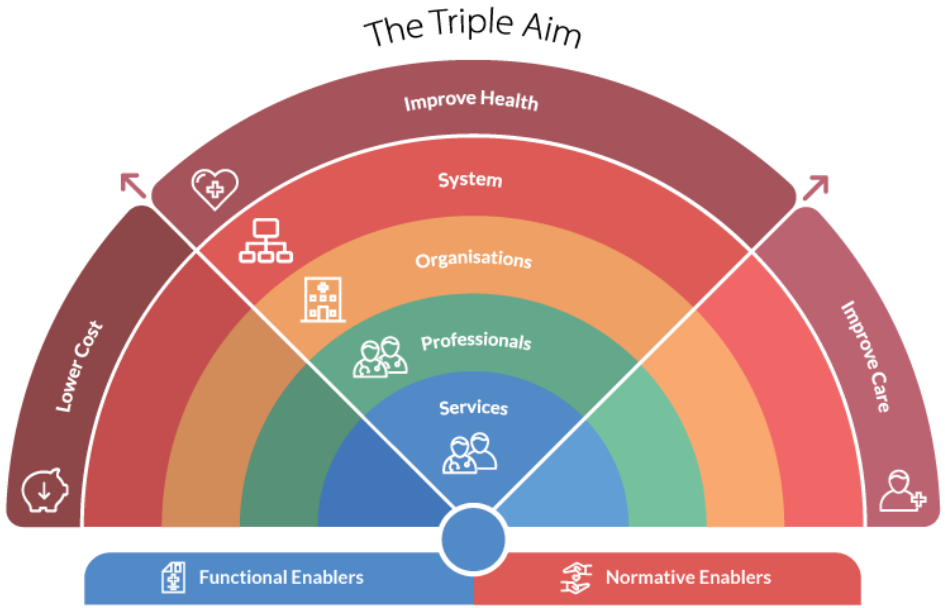
TYPE OF CARE NETWORKS

THE RAINBOW MODEL ®



Domain	Niveau	Description	Examples
System	Macro	Influence of laws and regulations on the collaboration between healthcare providers	➲ Integrated health and social care policies ➲ Value-based payment models ➲ Population Health Management
Organisations	Meso	Collaboration between different departments and organisations	➲ Disease management ➲ Shared electronic health records ➲ Accountable Care
Professionals	Meso	Collaboration between different professionals	➲ Multidisciplinary teams ➲ Shared guidelines and protocols ➲ Interdisciplinary curriculum
Patients	Micro	Coordination of care at the patient level	➲ Shared decision making ➲ Personal health record ➲ eHealth tools

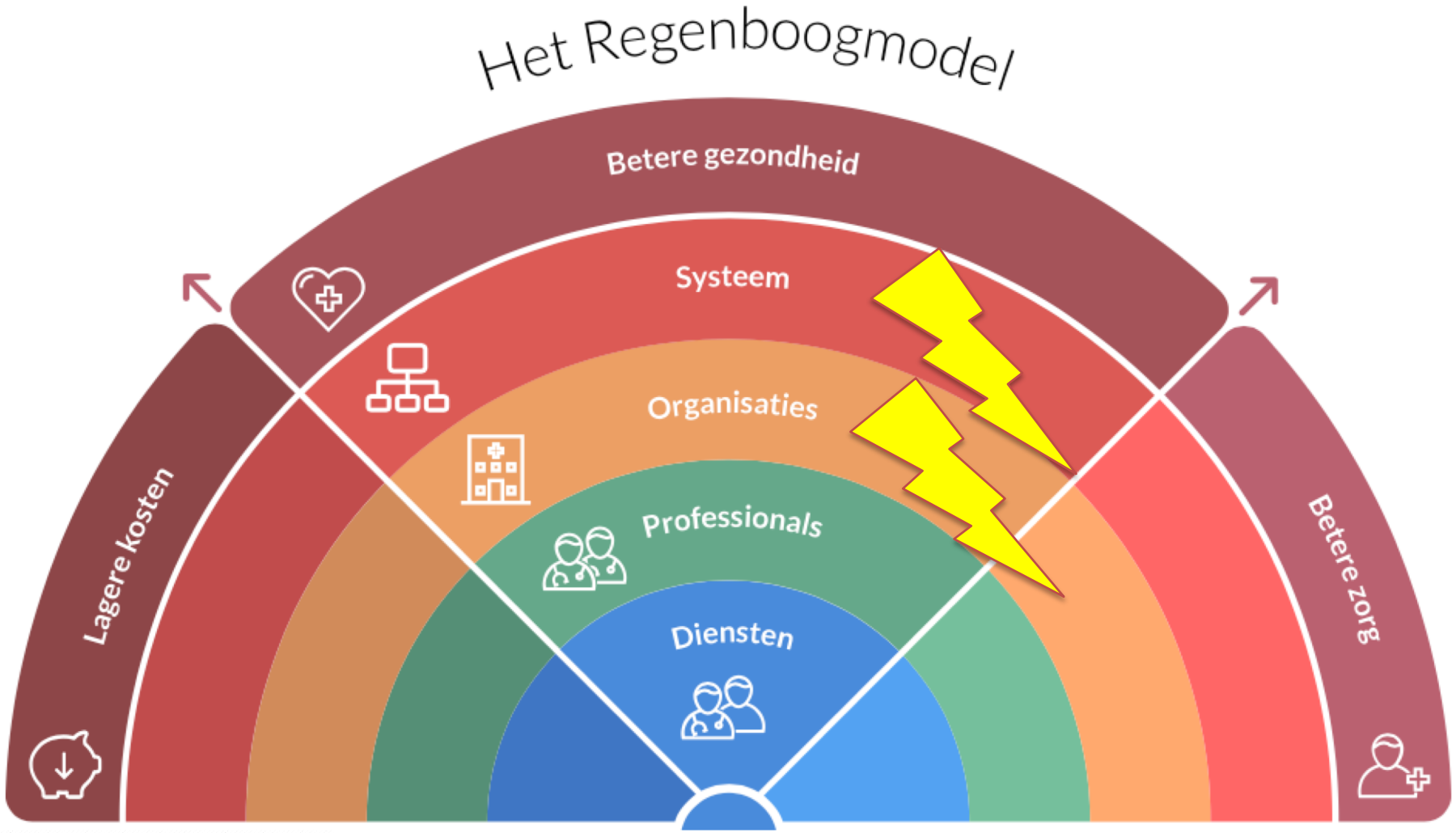
BEST PRACTICES

Best practice	Country	Integration	Enablers	Outcomes		Reference
				Costs	Quality	
Blue Cross Blue Shield Alternative Quality Contract		Primary and secondary care	5-year contract Shared savings & payment per transaction	↓	↑	Song et al. (2012 & 2014)
Torbay/Devon Community Care Group		Social, primary, and secondary care	Multi-year budgets Health & Social Act 2012	↓	↑	Wade (2010)
Gesundes Kinzigtal Disease management		Primary and secondary care	10-year contract Shared savings	↓	↑	Hildebrandt et al. (2010)
Ketenzorg DM & CVRM Disease management		Primary care	Bundled payment Disease management contract	↑	→	Struijs et al. (2011 & 2016)

Legend:
↓: Decrease compared to the benchmark group; ↑:Increase compared to the benchmark group; →: Marginal effect.

Source:
- Valentijn et al. (2018)

SHOWSTOPPERS IN THE NETHERLANDS



Sources:
- Valentijn et al. (2013, 2015a, 2015b, 2018)

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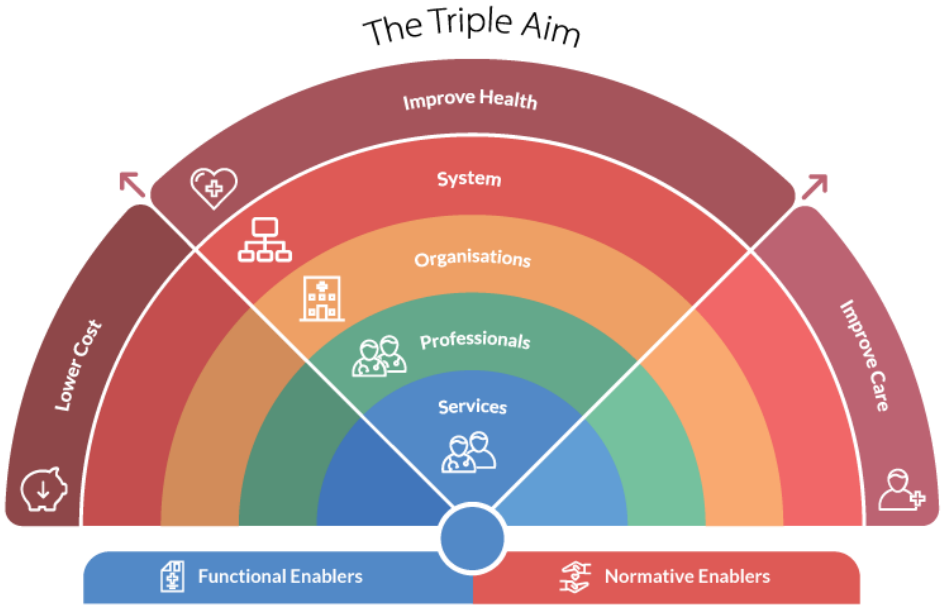
ESSENTIAL BUILDING BLOCKS

THE RAINBOW MODEL ®



Domain	Niveau	Description	Building blocks
System	Macro	SYSTEM COORDINATION	INTEGRATED HEALTH & SOCIAL CARE POLICIES
Organisations	Meso	ORGANISATIONAL COORDINATION	SHARED EHRs
Professionals	Meso	PROFESSIONAL COORDINATION	TRIPLE AIM DASHBOARDS
Patients	Micro	SERVICE COORDINATION	PATIENT ACCES TO PHRs

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HOW

TO MEASURE PROGRESS?

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AN INTERNATIONAL STANDARD

Theory

Practice

2013

Rainbow model

2014

Model validation

2015

Measurement tool 1.0

2016

Integrated Care Evaluation (ICE)

2017

Validation measurement tool 2.0 in 20 countries

2018

Evaluation studies

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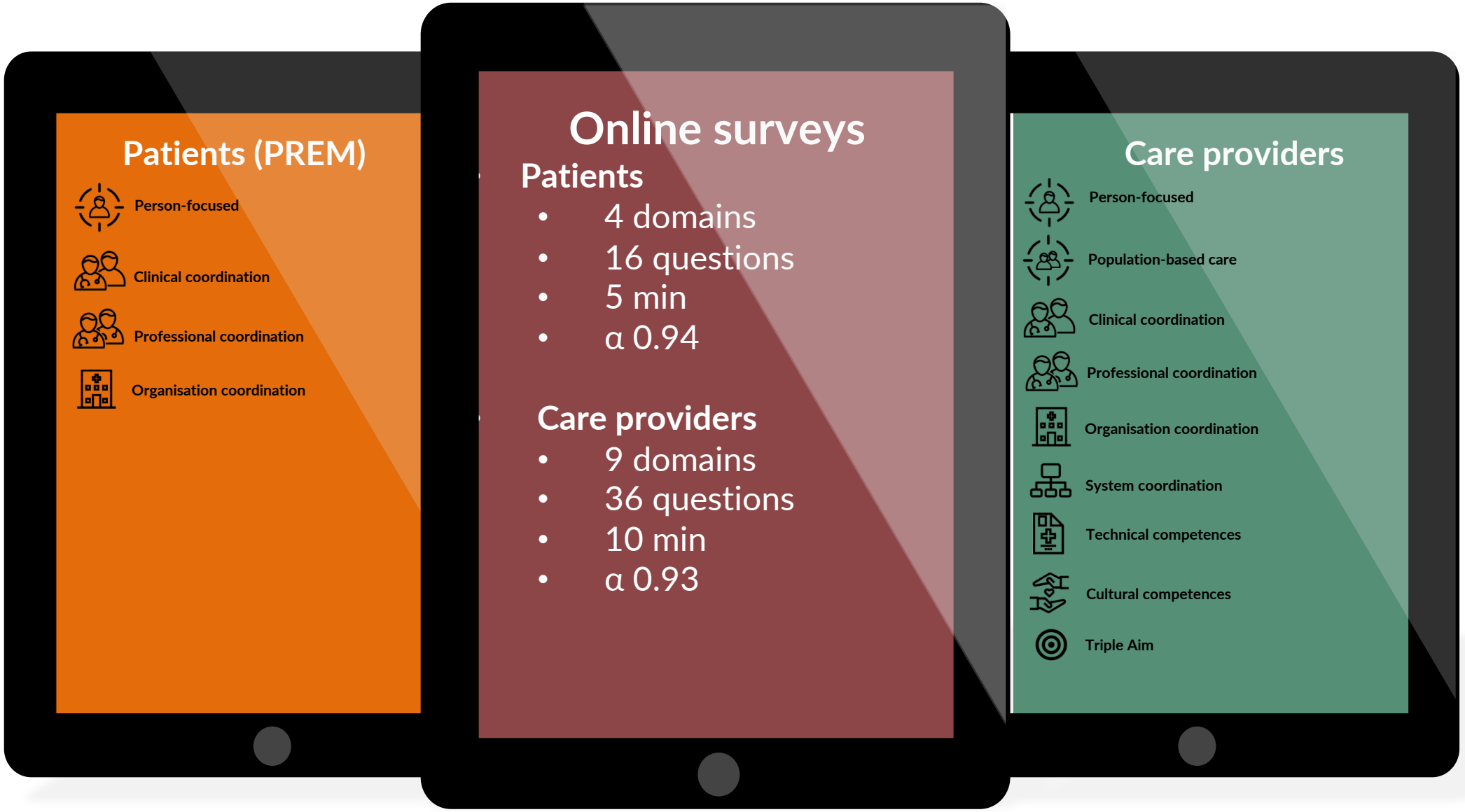
MEASUREMENT TOOLS



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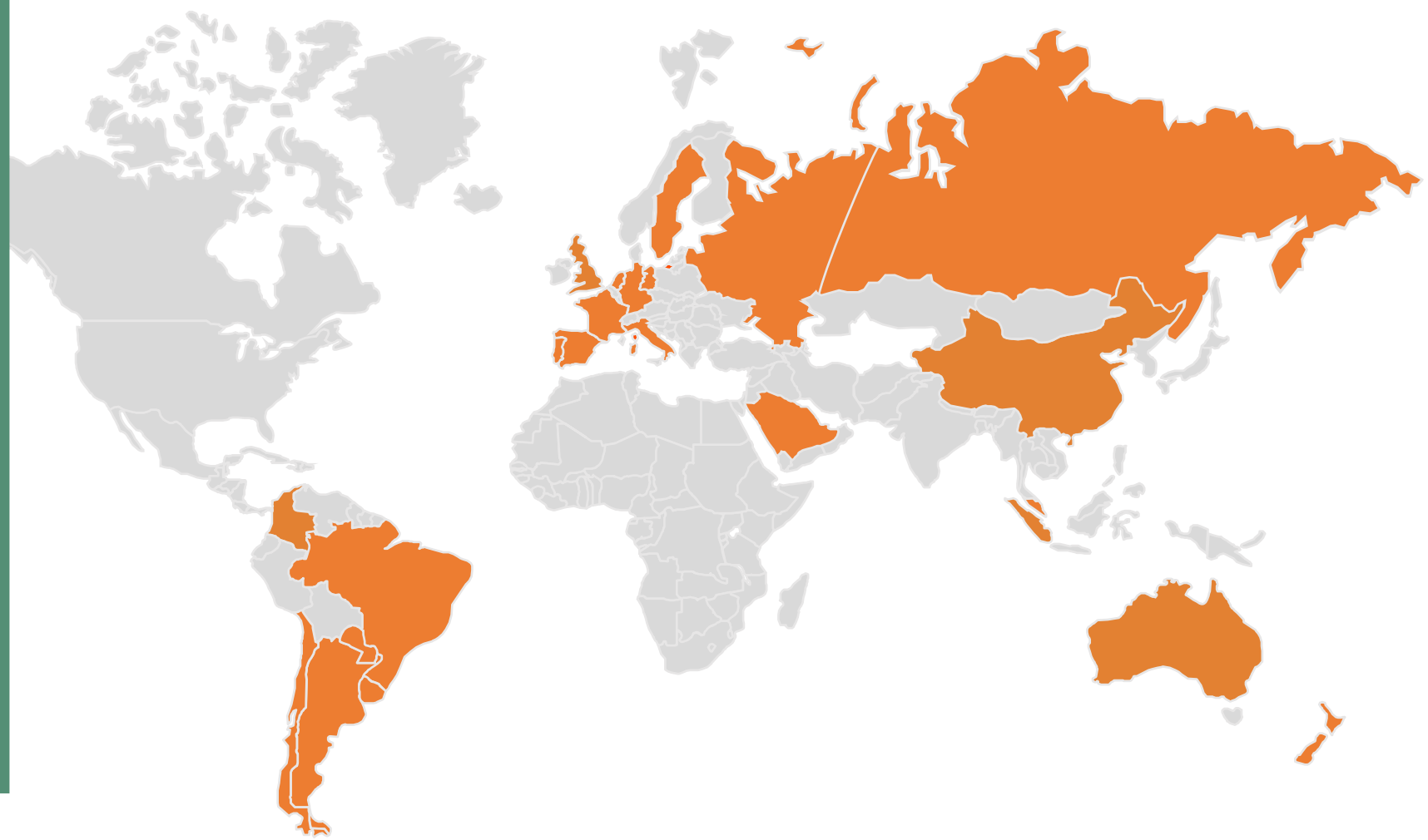
INTERNATIONAL VALIDATION & BENCHMARK

Available languages

- Arabic
- Chinees
- Dutch
- English
- French
- German
- Hungarian
- Italian
- Kazakh
- Lithuanian
- Polish
- Portuguese
- Romanian
- Russian
- Spanish
- Swedish

Countries

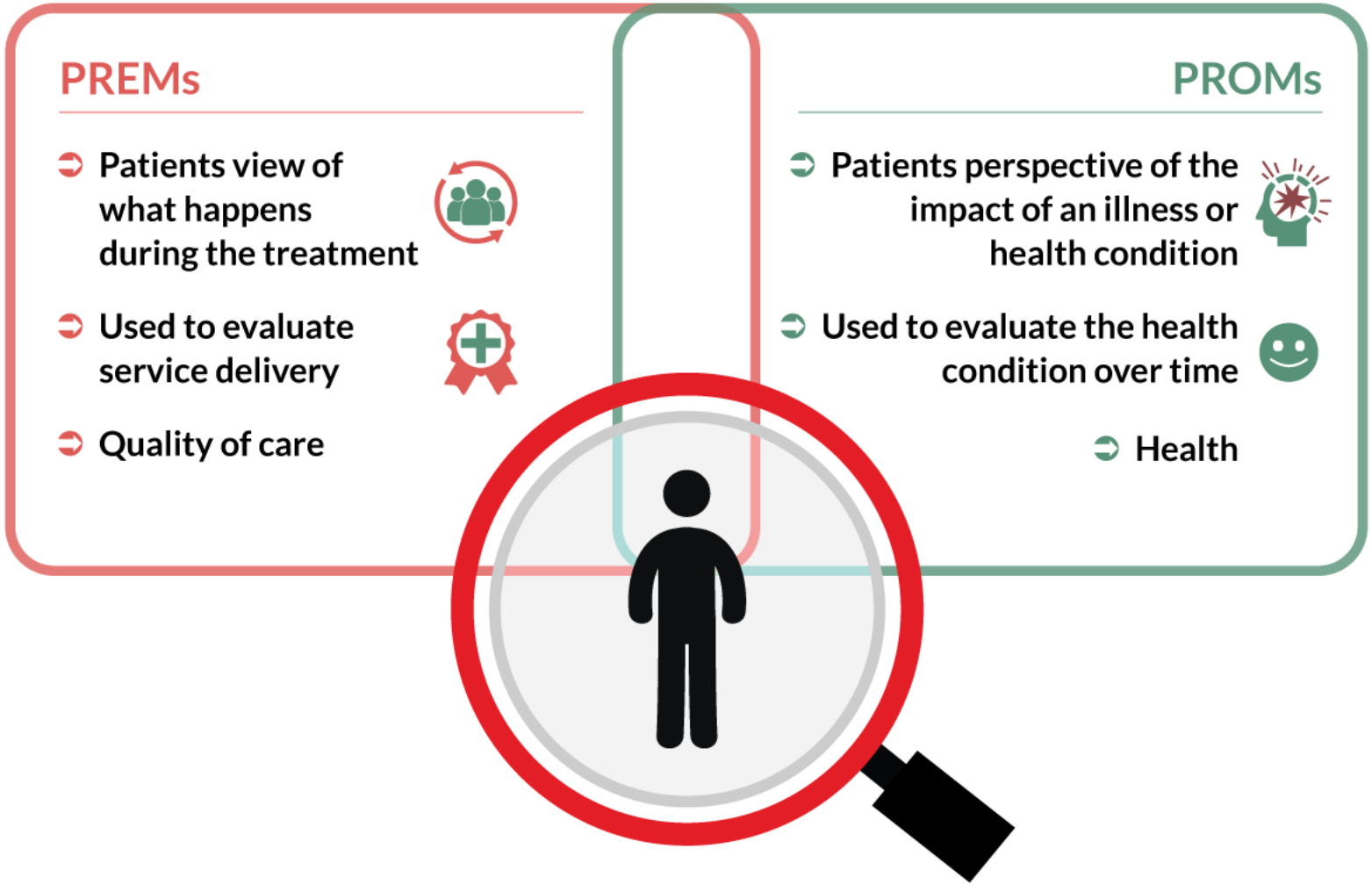
- Argentina
- Australia
- Brazil
- Chile
- China
- Colombia
- France
- Germany
- Hungary
- Italy
- Kazakhstan
- Lithuania
- New Zealand
- Poland
- Portugal
- Romania
- Russia
- Saudi Arabia
- Singapore
- Spain
- Sweden
- The Netherlands
- UK
- Uruguay



Source:

- Valentijn et al. (2018, 2019)

PUTTING THE FOCUS ON PATIENTS



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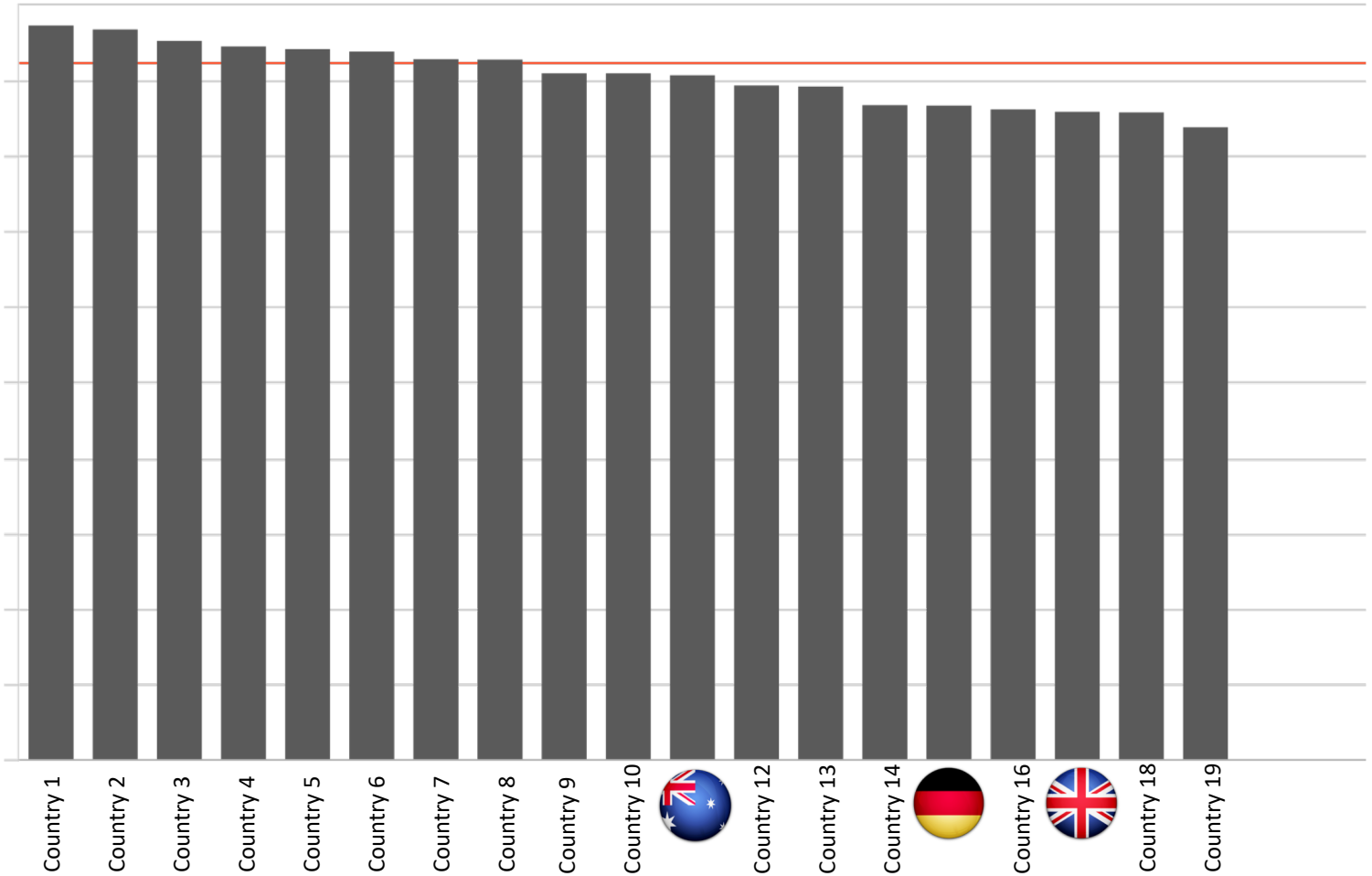
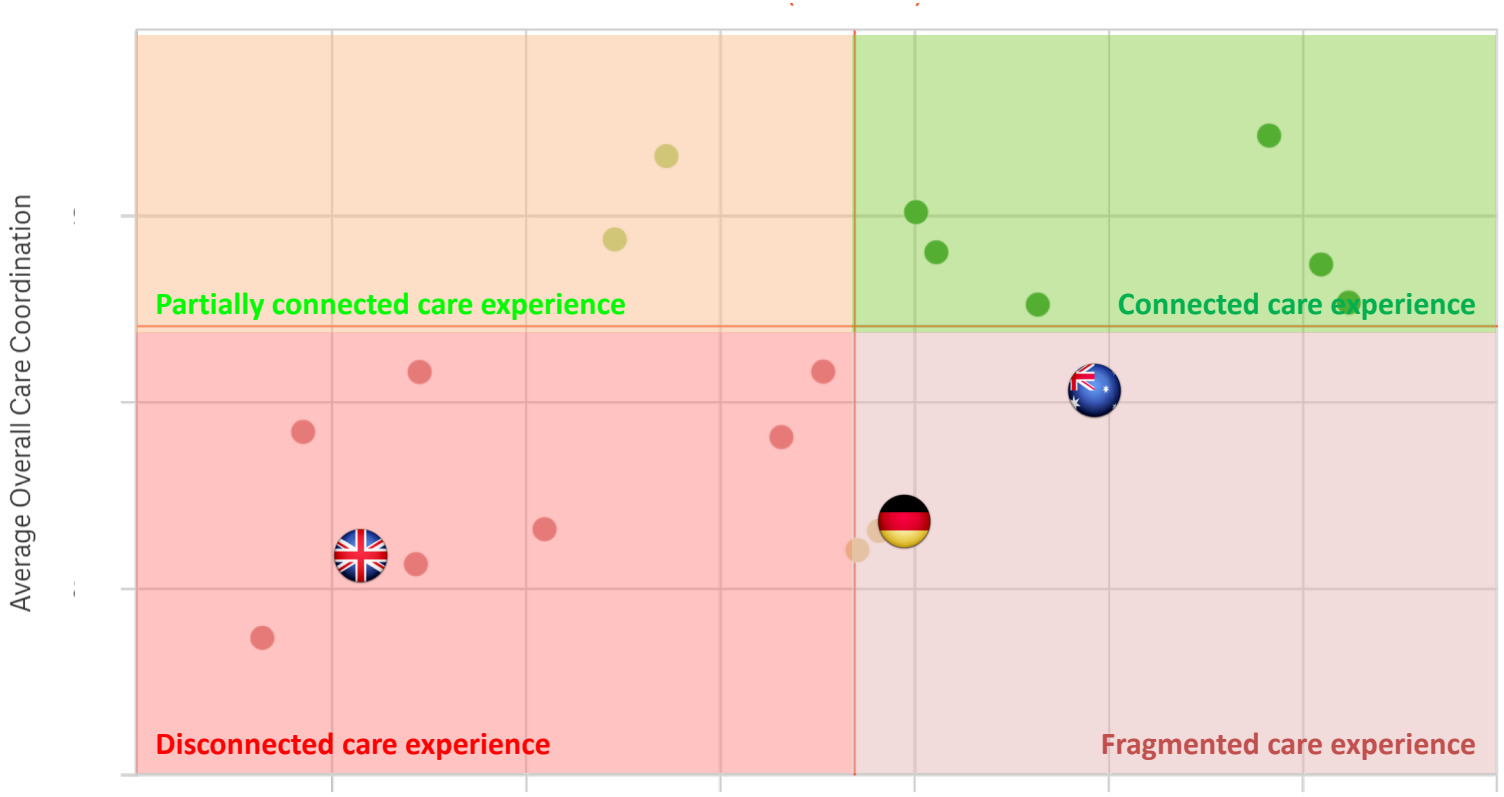
GLOBAL PATIENT EXPERIENCE



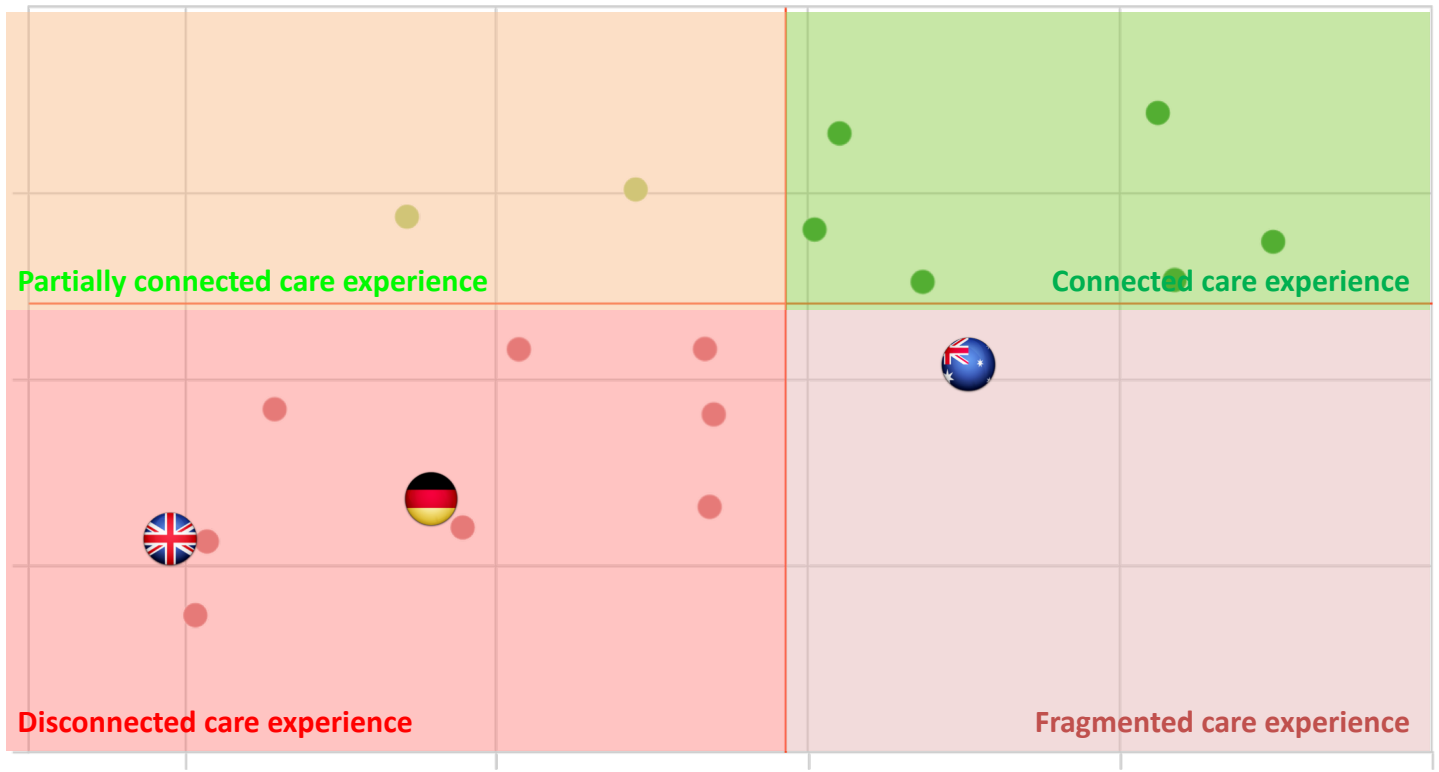
GLOBAL PERSON-CENTRED CARE EXPERIENCE

Care tailored to people's needs and values



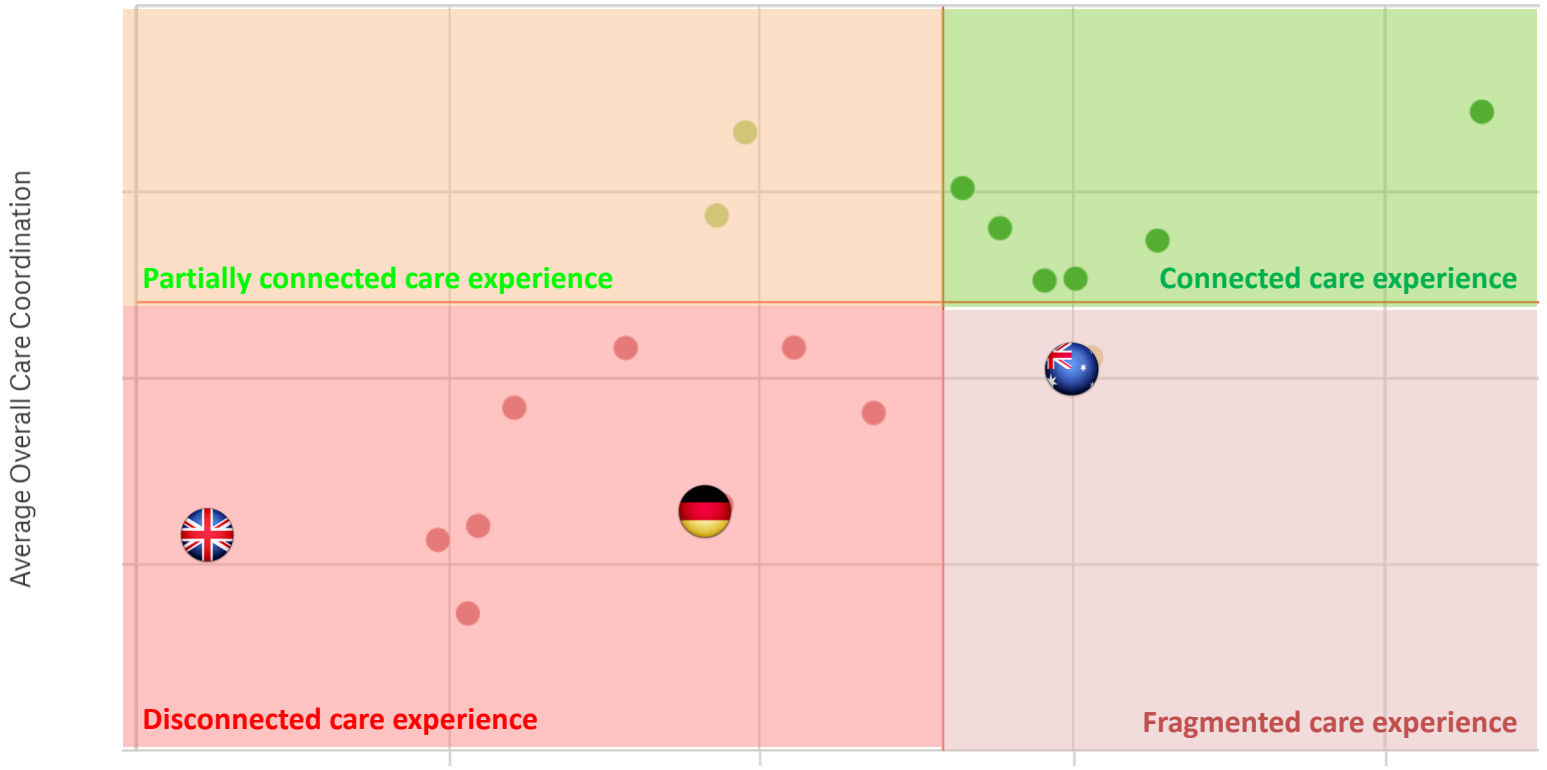
GLOBAL CLINICAL COORDINATION EXPERIENCE

Coordination of care at the individual patient level



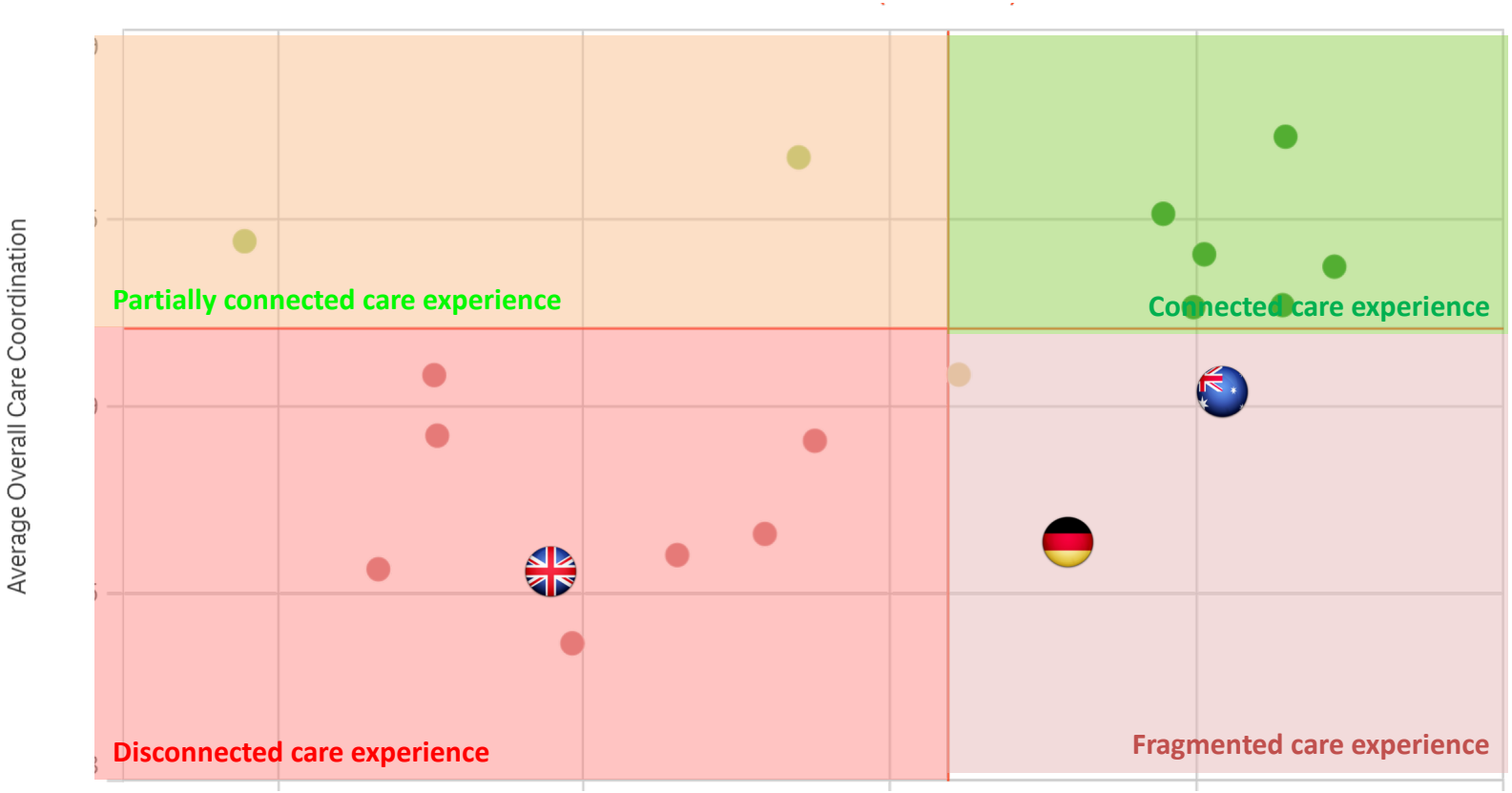
GLOBAL PROFESSIONAL COORDINATION EXPERIENCE

Coordination of care among different care providers



GLOBAL ORGANISATIONAL COORDINATION EXPERIENCE

Coordination of care among different organisational units



MEASURING CARE NETWORKS

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Micro (patient) level

- Measure the (dis)connected patient journey

Meso (professional and organisational) level

- Implement evidence-based (and not practice-based) interventions
- Make an integrated business case to solve barriers in terms of:
    I. Financing;
    II. Data sharing: and
    III. Collaboration!

Macro (policy) level

- Begin with the end in mind: Triple Aim outcomes
- Use a theory to break down policy silos

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1. We measure the (dis)connected patient journey

2. We have access to all quality & cost data of each member of the community

3. We are able to supervise a group of care providers who are collectively accountable for the Triple Aim outcomes at a community level

4. We integrated our quality standards for multiple providers across the care continuum

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