



Value Based Healthcare

Tobago, 6 November 2014



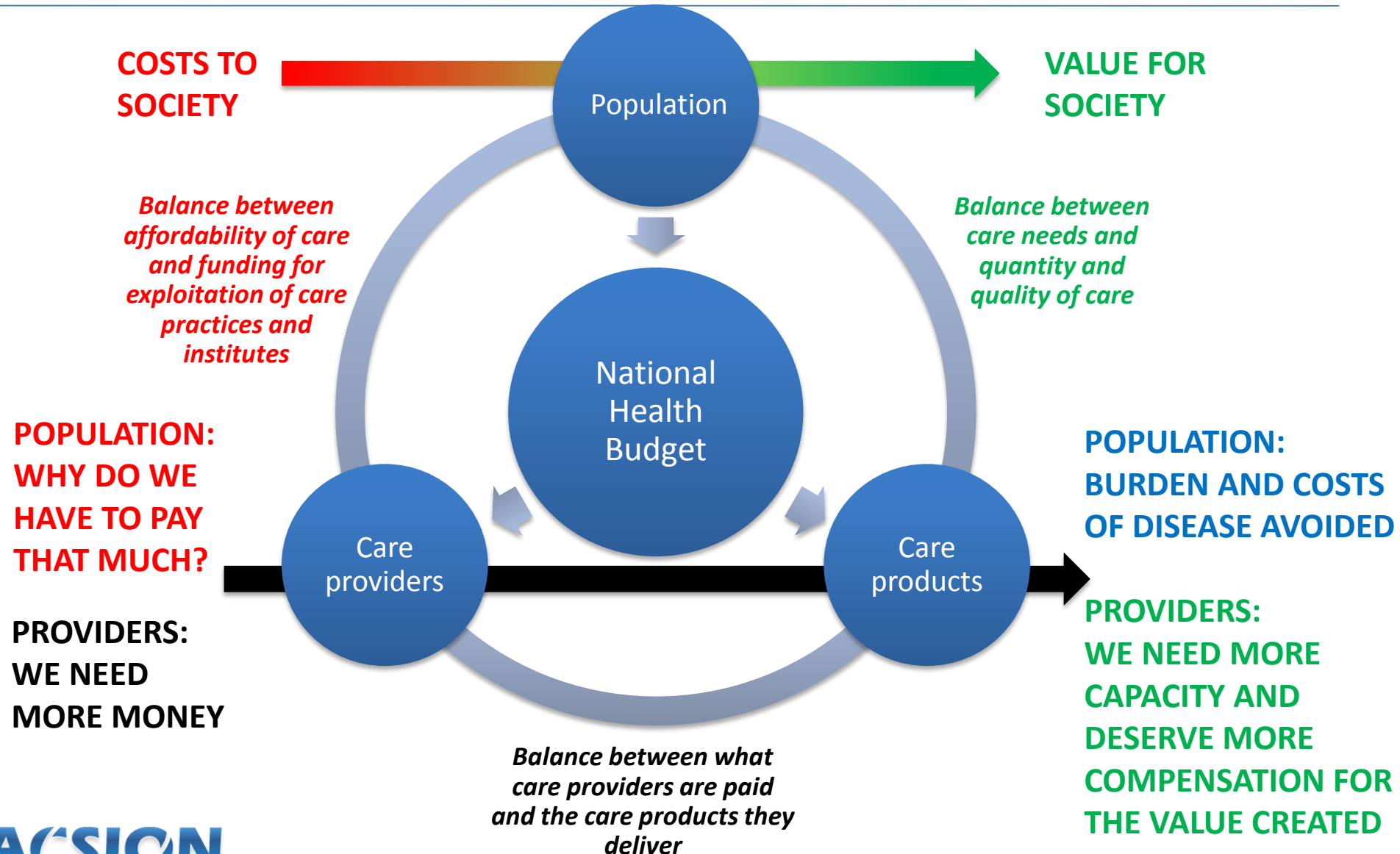
ACSION Group

	ACSION Nederland	ACSION Curaçao
Address	Orteliuslaan 850 3528 BB Utrecht	Van Engelenweg 21A Curaçao, NA
Phone	+31 (0)20 8200338	+(599-9) 737-3595
eMail	info@acsiongroup.com	
Website	www.acsiongroup.com	

ACSION: '*Advanced Care Solutions and Insights for Optimization.*' ACSION is a group of companies located in the and Curaçao. ACSION provides strategic consultancy, concepts, tools and services to enable optimization of chronic care. Our customers are parties willing to ensure optimal care for chronic patients with optimal patient outcomes. These clients include health authorities, health insurers, pharmaceutical companies and care institutions.

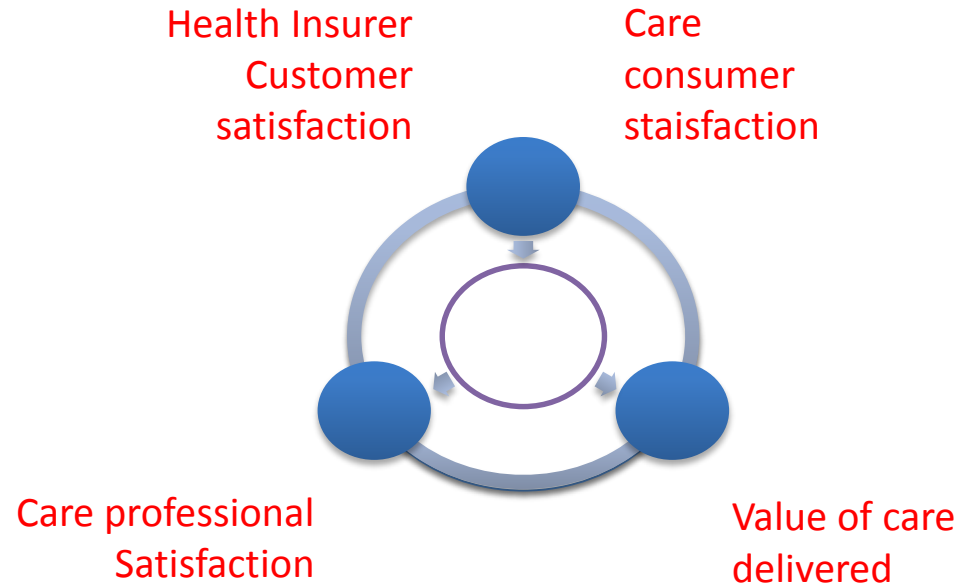
The information in this document may not to be copied, stored in an electronic database, made publicly available in any way or form, either electronically, mechanically, by means of photocopying, recording or any other way without the prior written consent of ACSION

We have to make sure that the health budget is well spent And is considered an investment rather than cost to society



In a balanced system, persons are willing to pay for care, because care professionals are eager to deliver highly valued care

CREATE WILLINGNESS TO PAY



CREATE WILLINGNESS TO PARTICIPATE

INCREASE PERCEIVED VALUE OF CARE

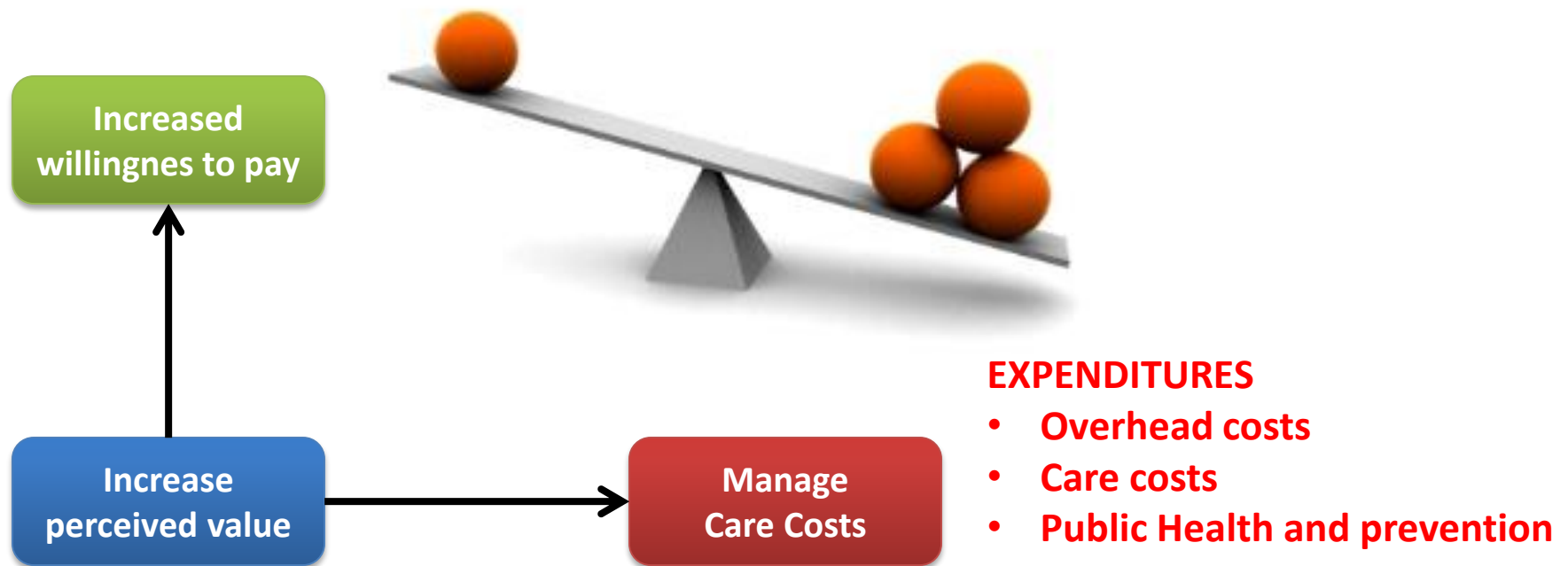


Paradigm shift is needed to balance the budget

Implement services to manage costs and increase willingness to pay at the same time

INCOME

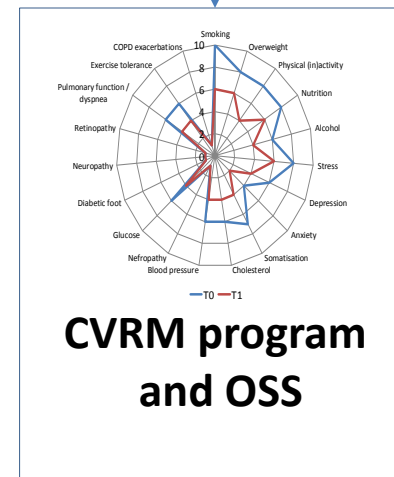
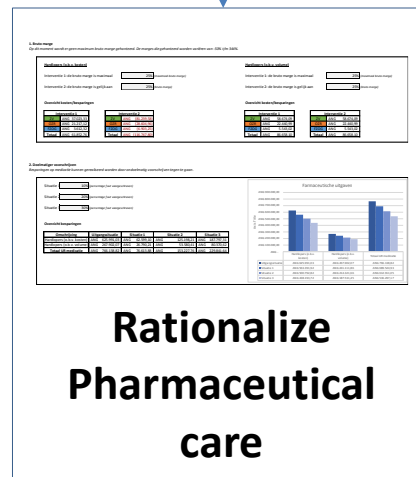
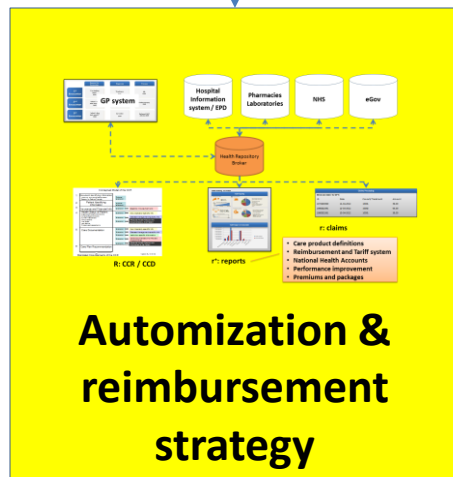
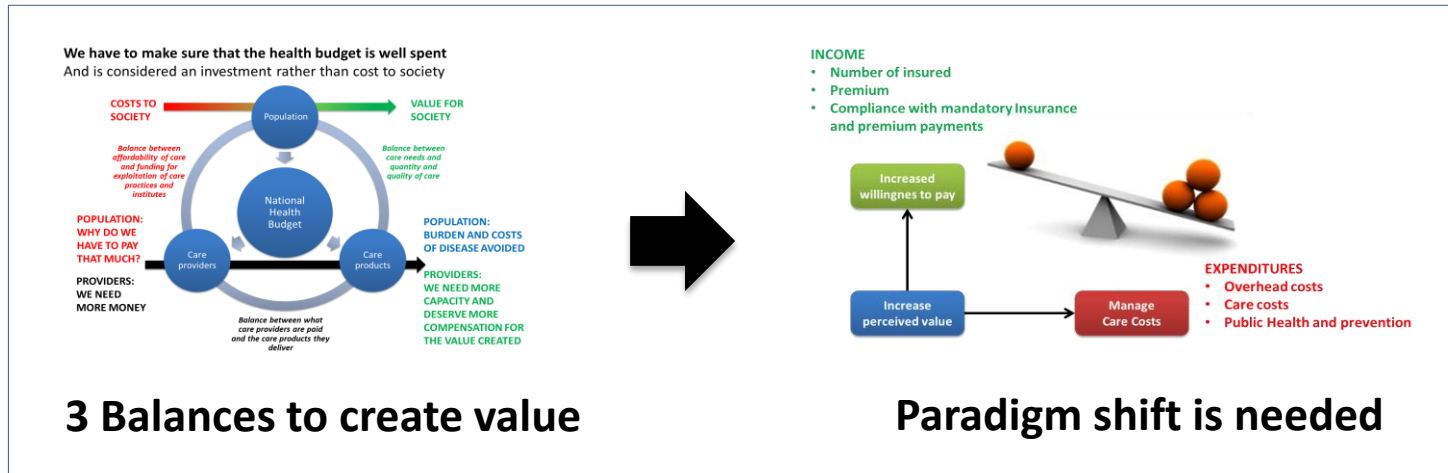
- Number of insured
- Premium
- Compliance with mandatory Insurance and premium payments



Payers and care professionals should team up to fight avoidable costs
They have more common objectives than you currently perceive

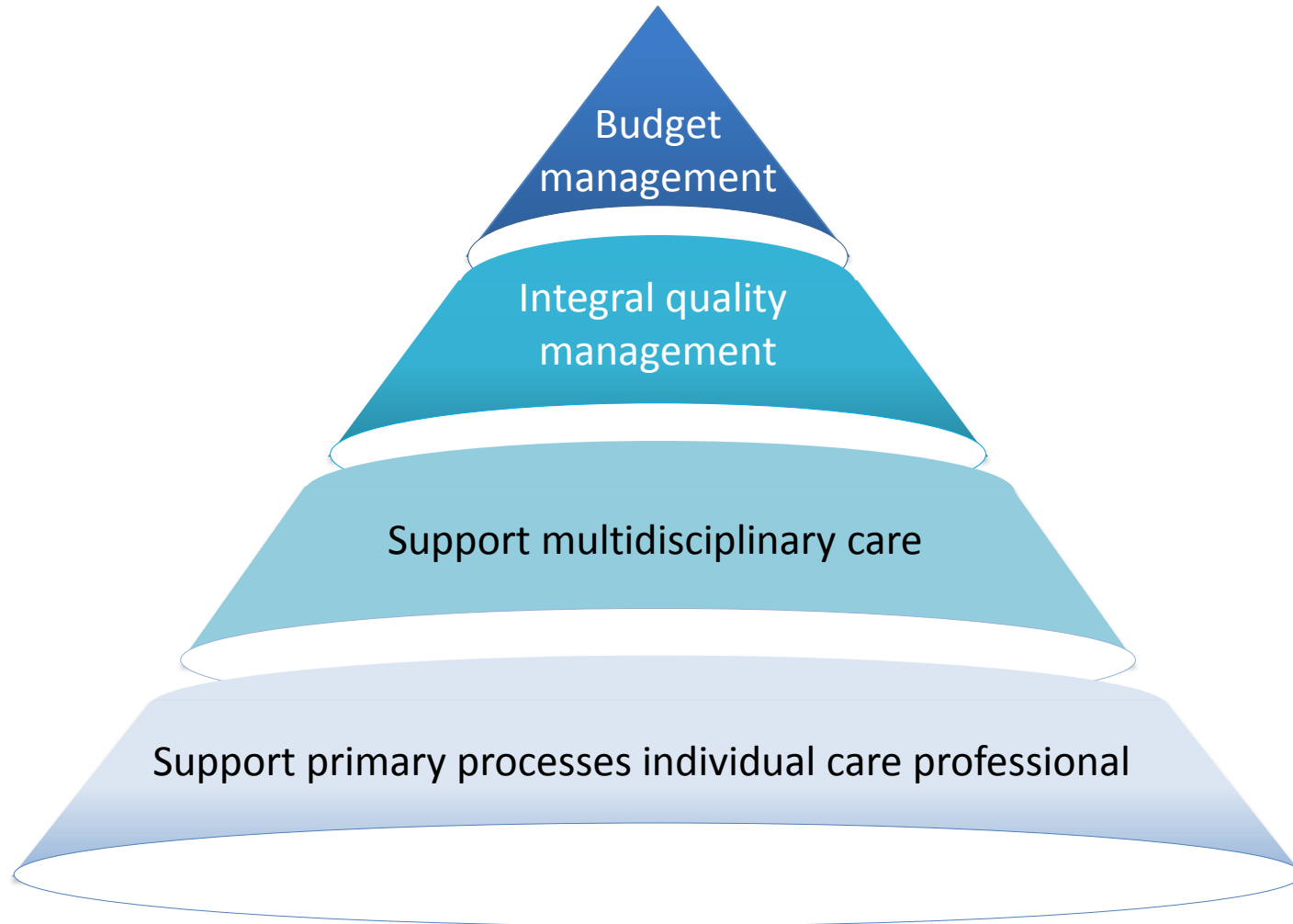
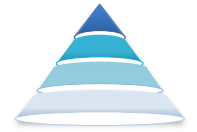
Examples from Dutch speaking countries

How to engage with care professionals and the population to enhance results

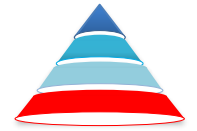


Data pyramid

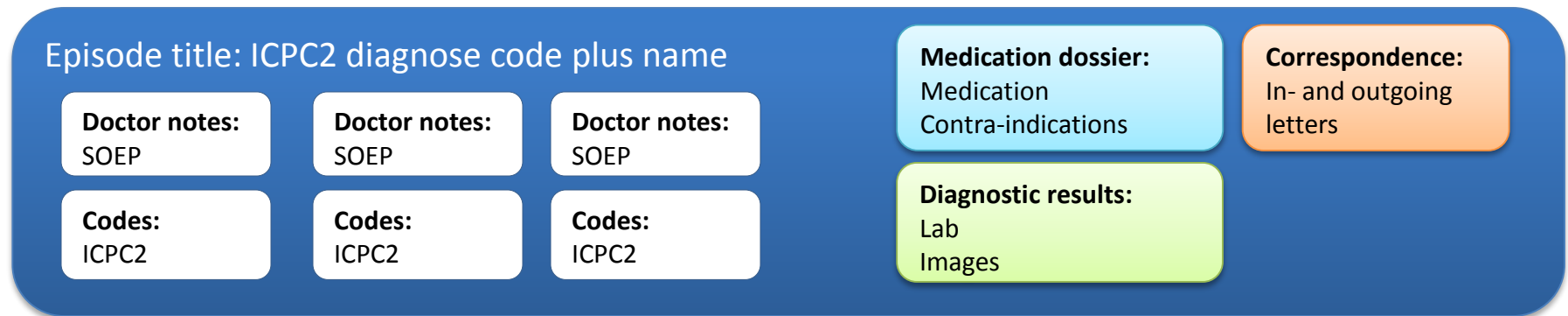
Registration primarily meant for primary process support



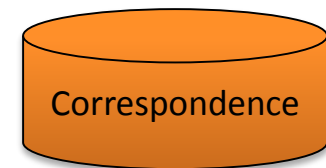
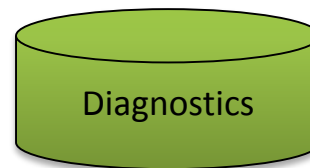
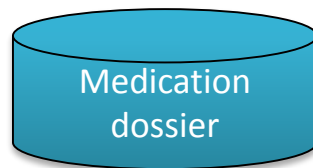
Episode registration to ensure all relevant information is readily available at the right moment



- All data from care contacts are organized and saved within the care episode



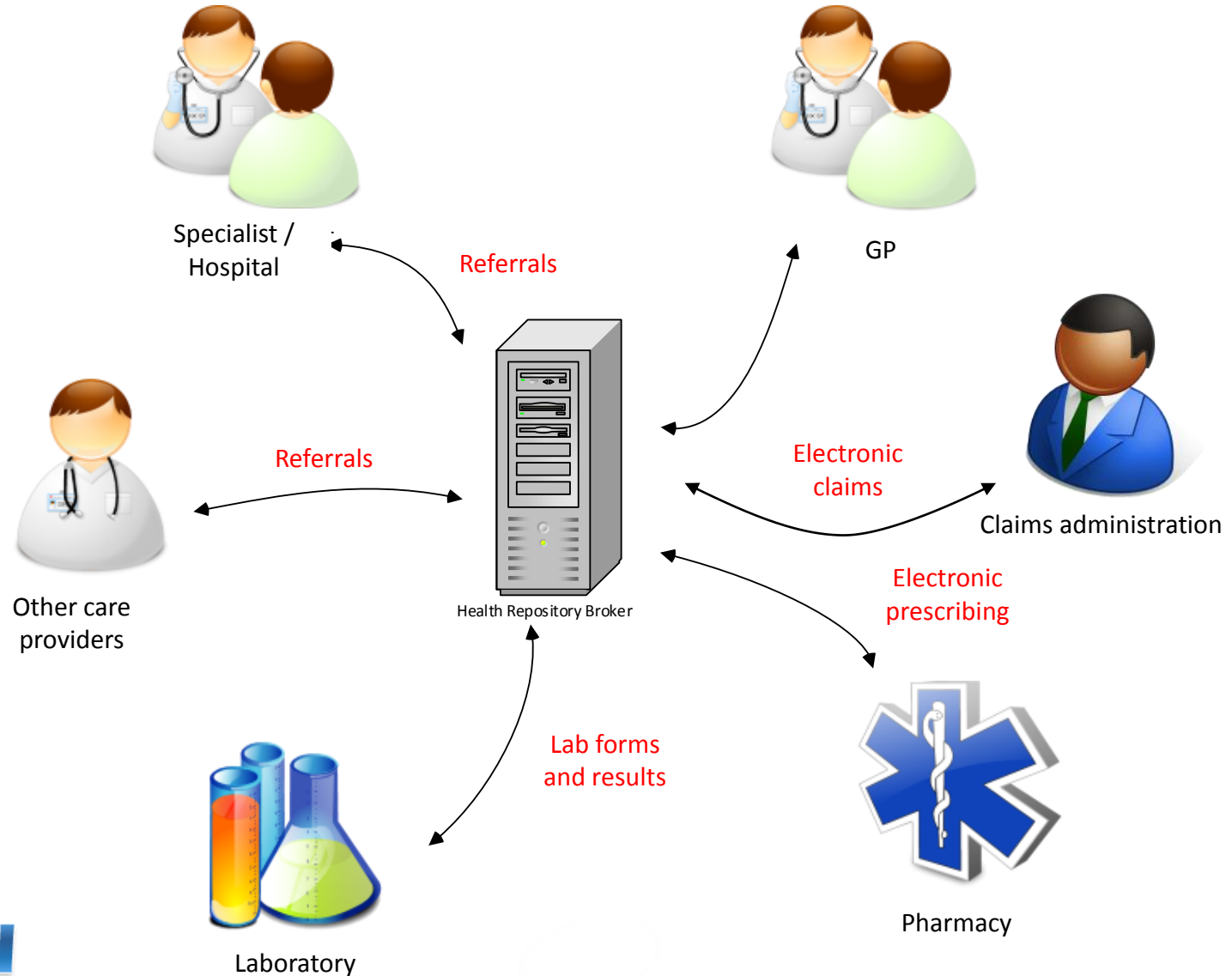
- Relevant and important information can be found by episode or by type of information



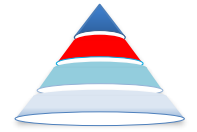
- **Additional information**
 - Family history, Social history
 - Profylaxis, contra-indications, allergies

- **Medical summary and attention page**

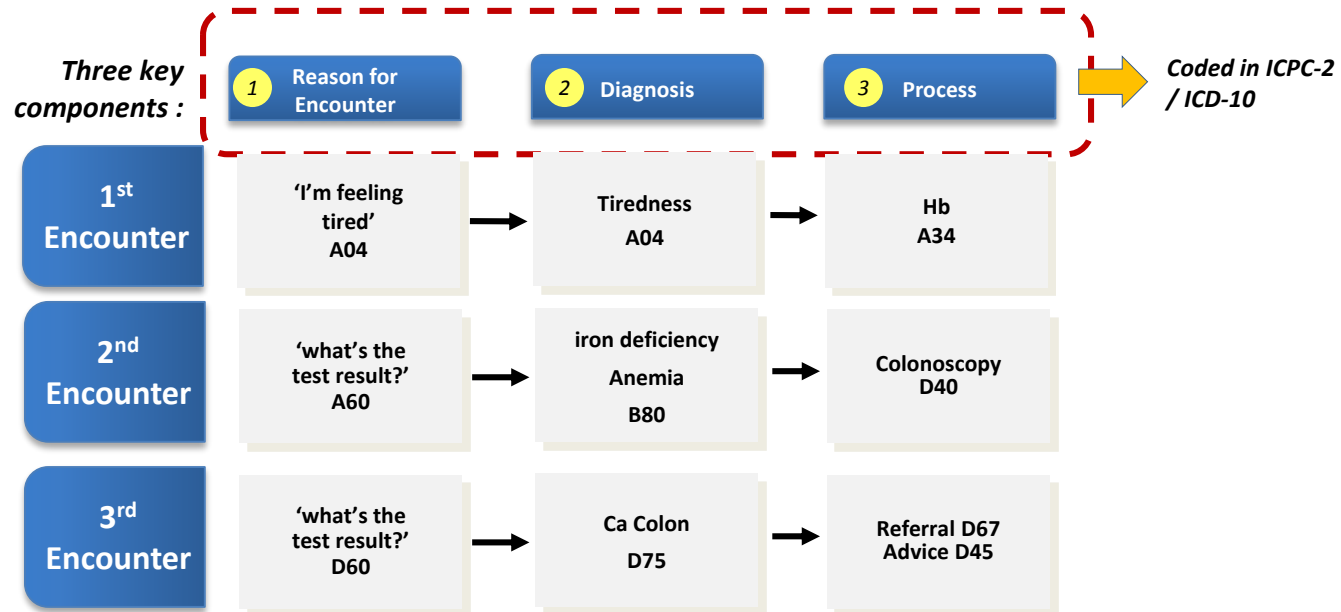
Support multidisciplinary cooperation and continuity of registration – integral set of requirements



Episode registration: what needs to be registered?

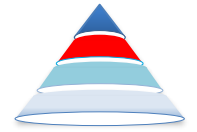


An episode of care is a health problem from its first presentation to a health care provider until (and including) the last encounter for it :
an individual patient's problem followed over time



Reporting on the main care episodes

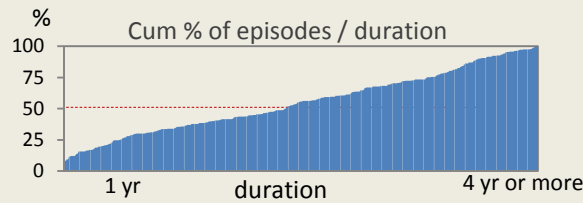
Example: Uncomplicated hypertension (K86)



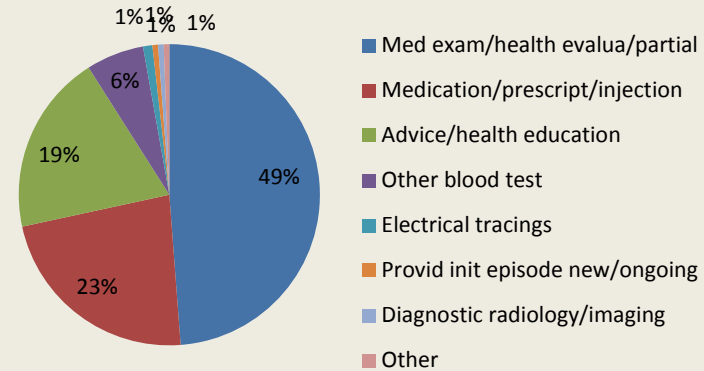
Duration of the episode



64% > 1 year
50% > 2 years



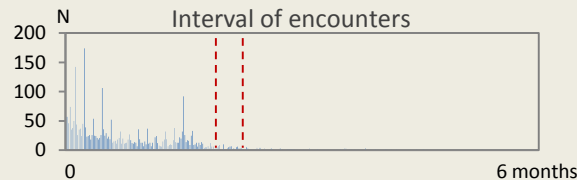
Activities



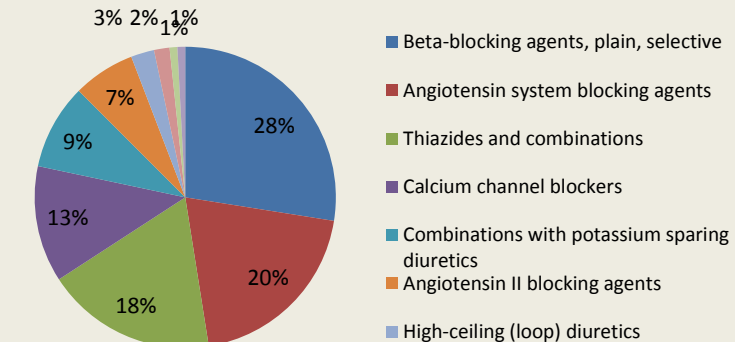
Care contacts



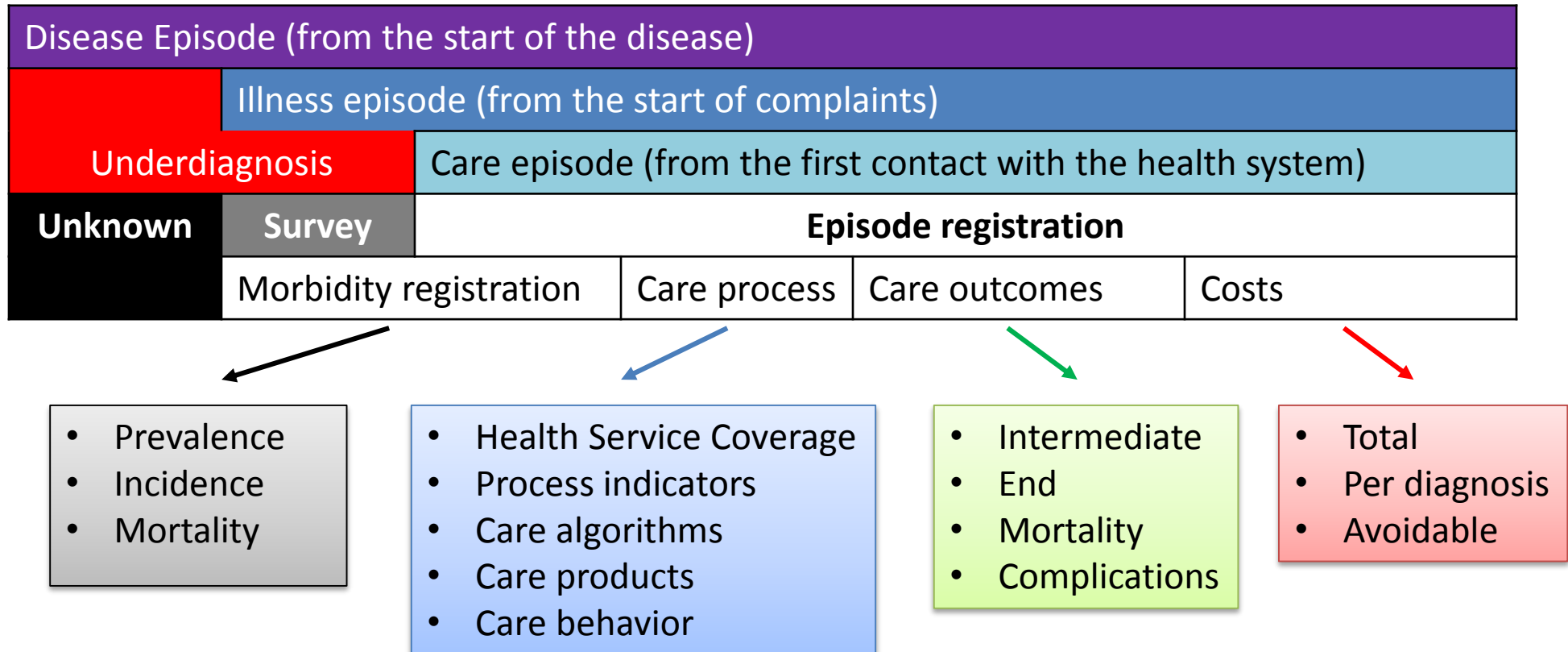
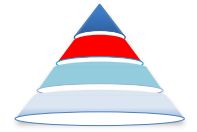
~6 times a year
Median: 1 per 55 days
Average: 1 per 65 days



Prescribed medication



























Multiple reports possible with episode registration and automatic claims handling



Medical tariffs study St. Maarten

Pro's and con's of different reimbursement systems

Criteria	Pay for Service (Activity based)	Pay for products (Value based)	Subscription fee (Capitation based)
Stimulates productivity where it is needed			
Limits overtreatment			
Limits overconsumption			
Stimulate quality			
Predictable expenses			
Administrative burden minimized			
Fraud proof			
Implementable in daily practice			

From budget to activities to products

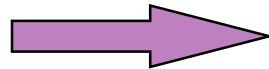
Hospital Activities

Care products

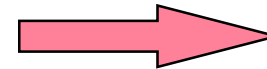
Cost Efficiency

Cost effectivity

Budget



Care activities



Care Products

Manpower
Materials
Instruments
Management

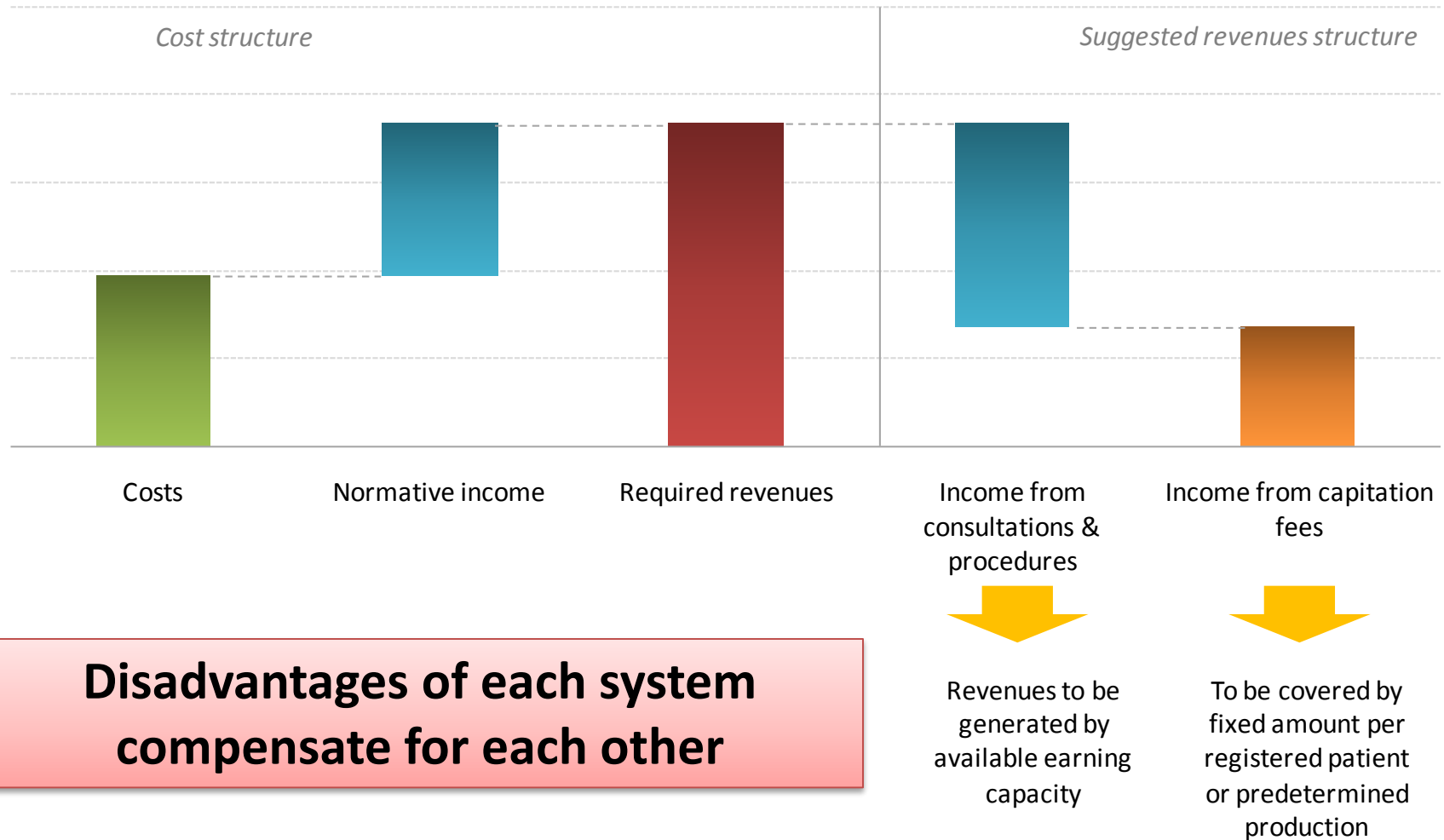
Consultations
Hospital days
Lab tests
Radiology
Surgery
PA

Cataract
Total hip replacement
Total knee replacement
VSD
Hernia inguinalis
Kidney stone

Essential activities
Quality indicators

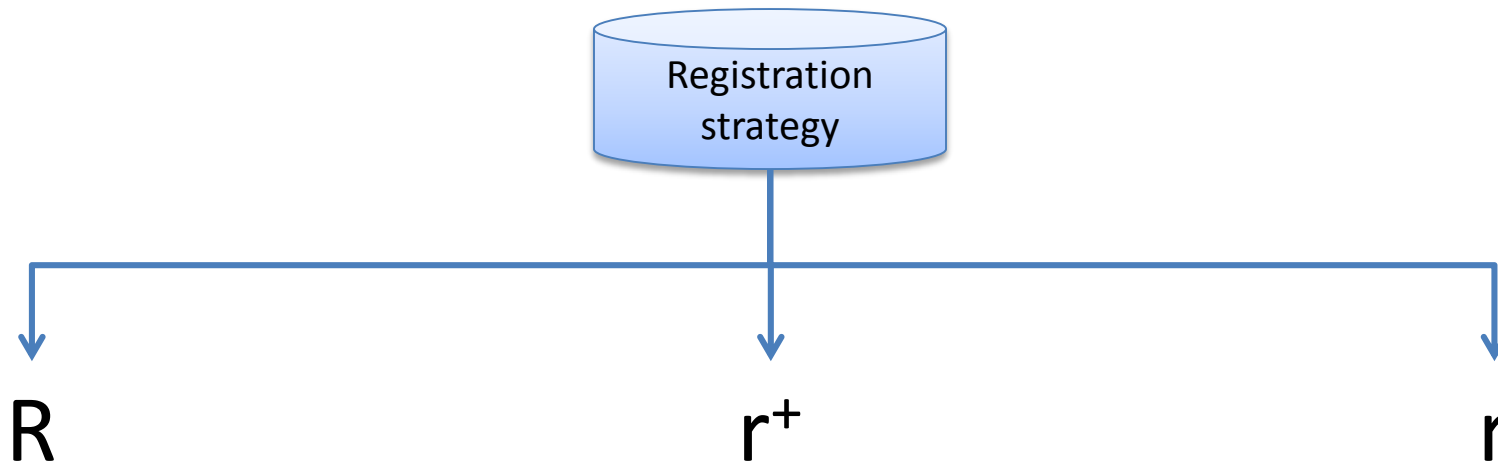


Start with a relatively simple hybrid tariff system with predictable expenditures



Short term registration strategy:

Reporting for reimbursement and to build new tariff structure



- Health Information Systems for GPs, Hospitals, Pharmacies and Laboratories
- International standards for health record keeping
- Continuity of Care Record (CCR) / Continuity of Care Document (CCD)

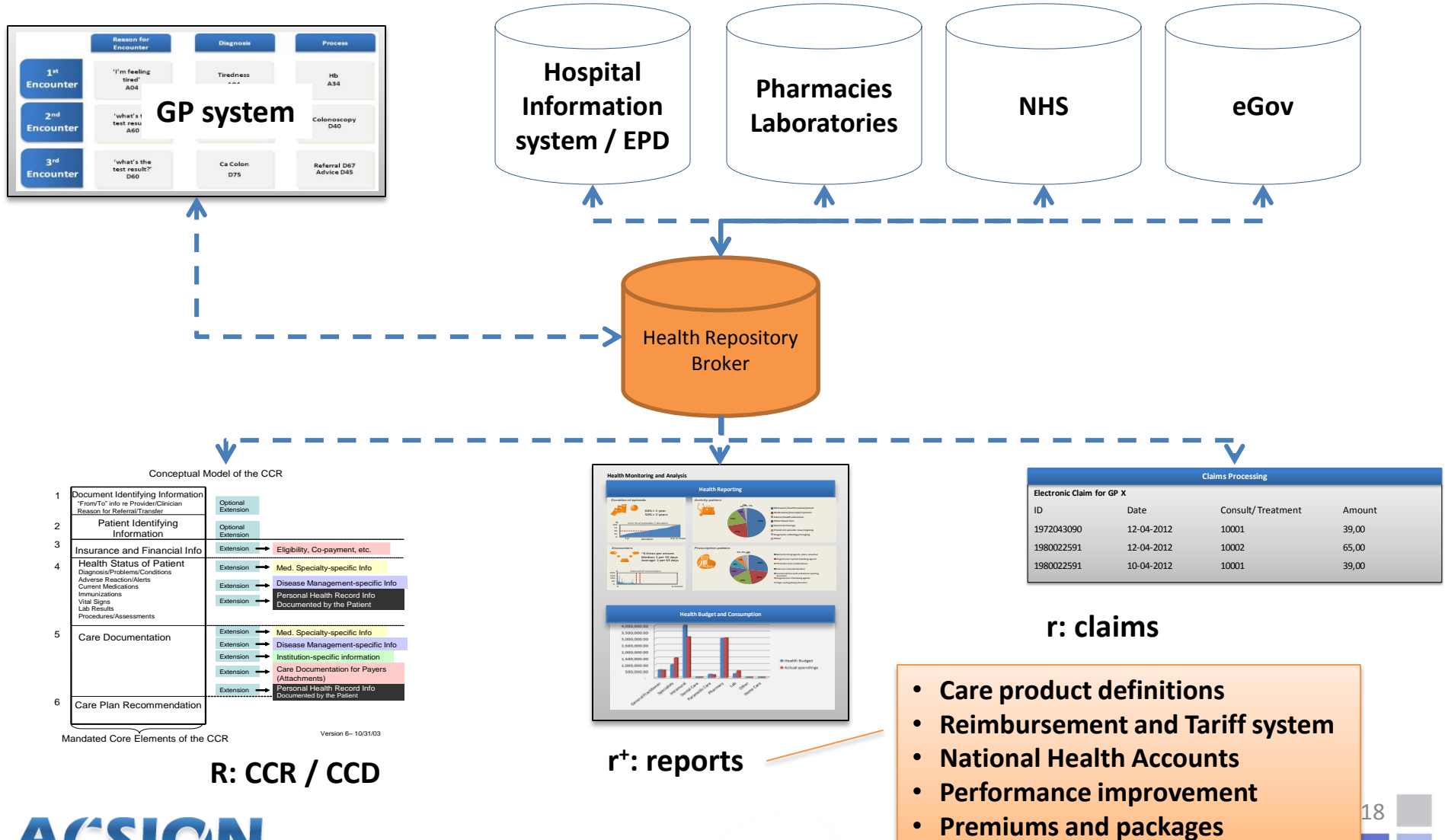
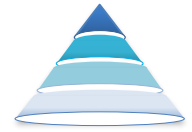
- Reporting mandatory + information for further development of funding system
- Data to monitor care consumption linked to diagnoses (DIS)

- Reporting mandatory for reimbursement
- Short term solution



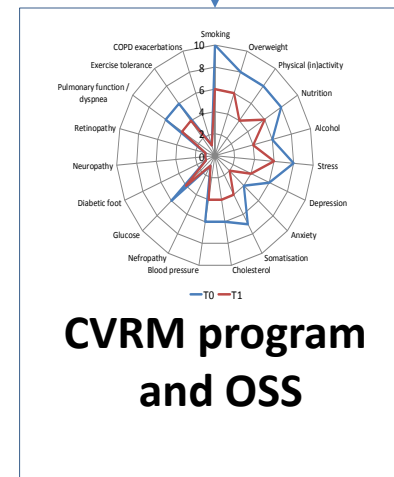
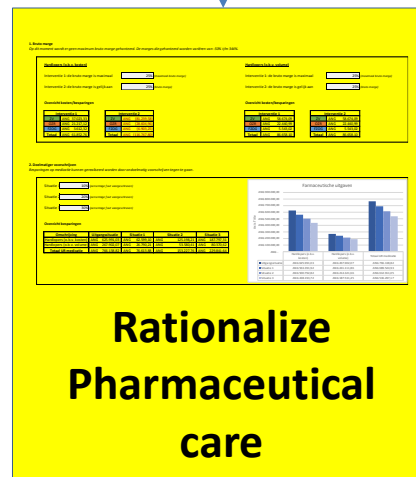
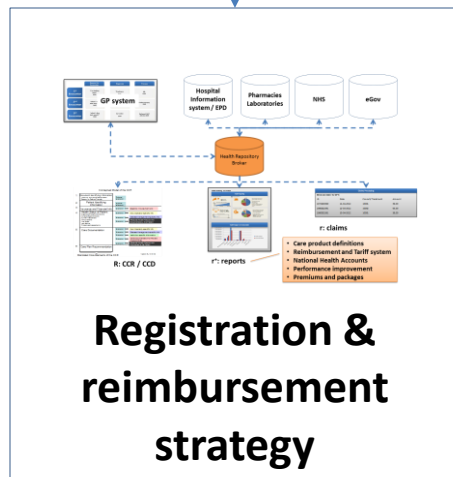
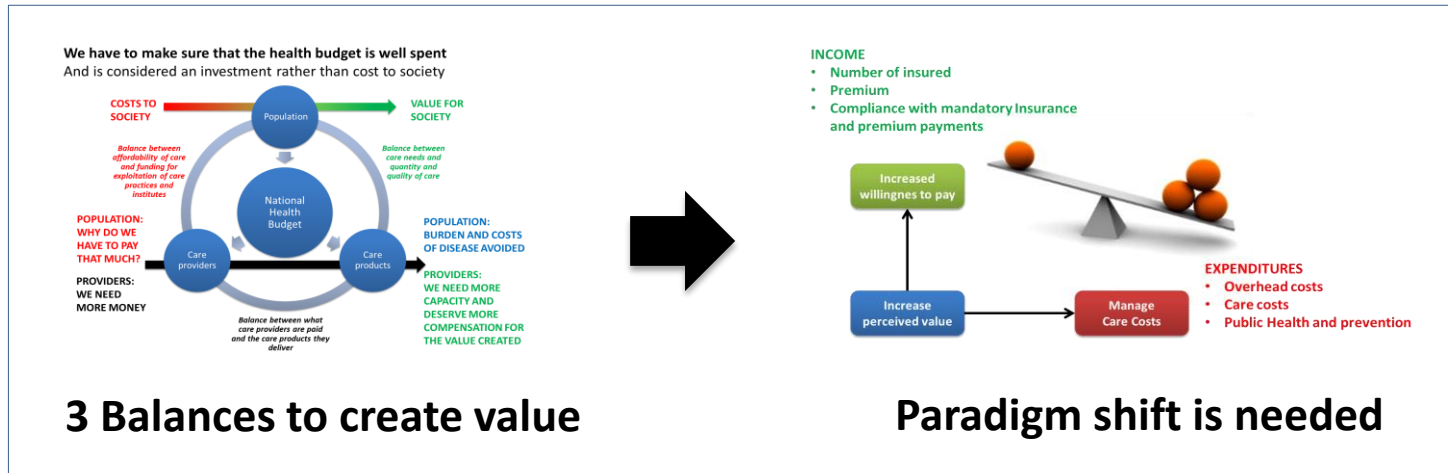
Health Information Management System (HIMS):

Episode registration → same data serves multiple purposes

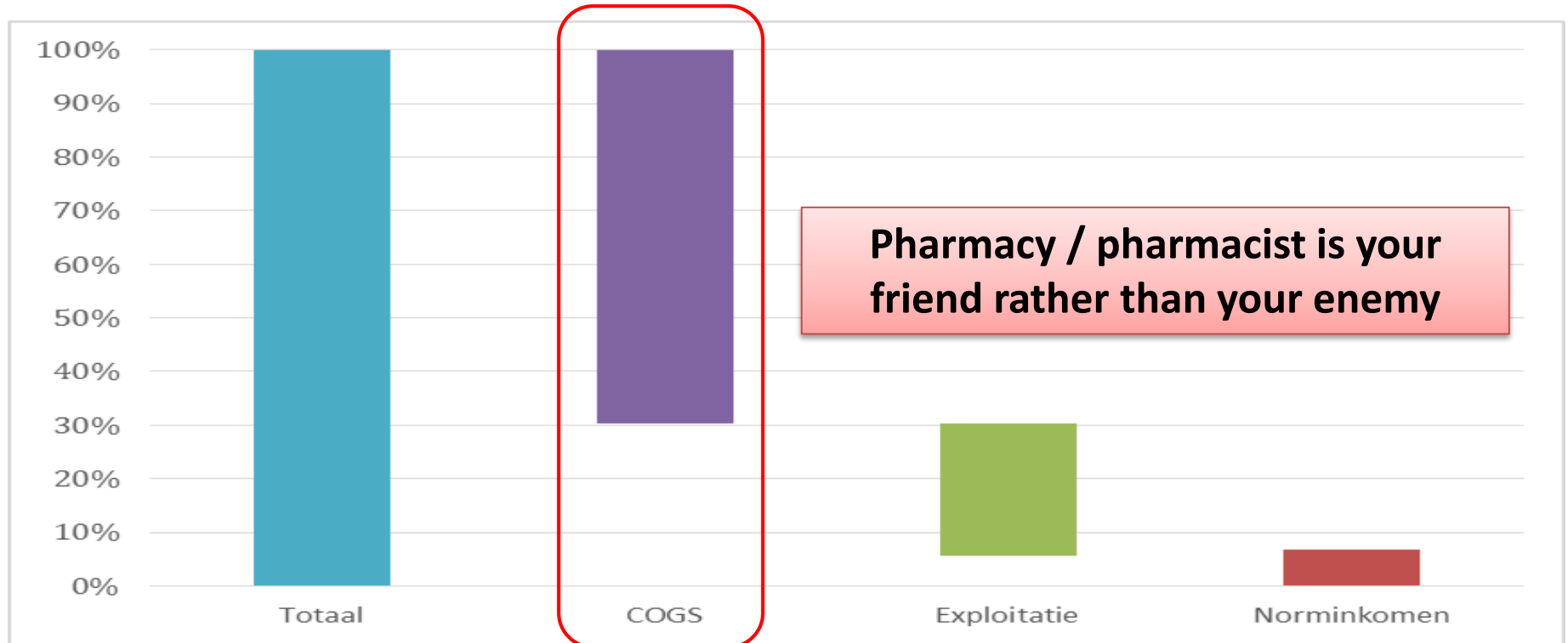


Examples from Dutch speaking countries

How to engage with care professionals and the population to enhance results

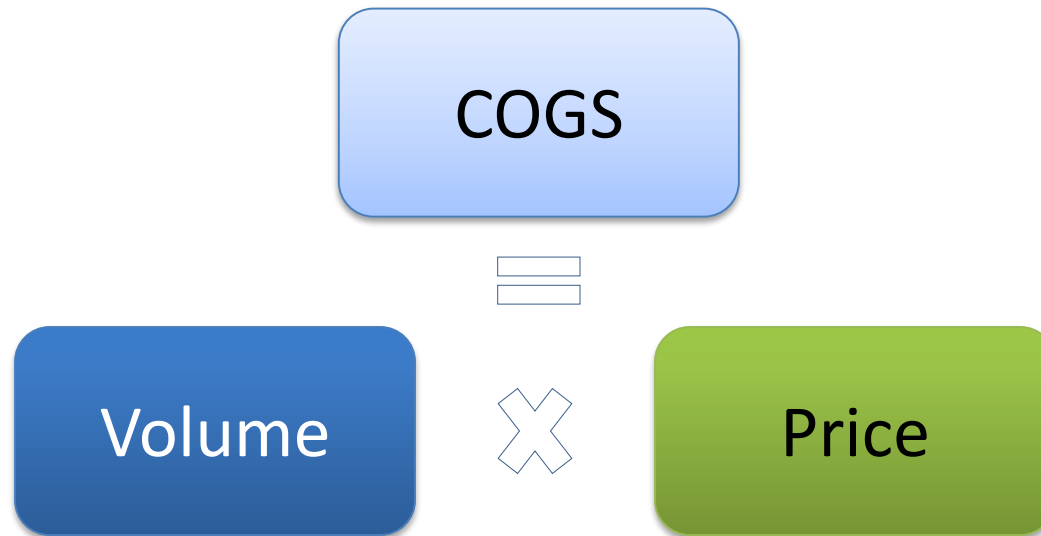


Average expenditures pharmaceutical care in the region



- COGS account for 70% of the expenditures on pharmaceuticals
- Biggest saving potential

Cost of goods sold (COGS)



Volume can be rationalized by

- Reducing the package of reimbursed medication
- Stimulating rational prescribing of medication

Prize can be rationalized by

- Reviewing the pharmaceutical value chain
- Analyze cost(driver)s and profit margins



Policy support dashboard

Virtual savings with different measures

1. Bruto marge

Op dit moment wordt er geen maximum bruto marge gehanteerd. De marges die gehanteerd worden variëren van -50% t/m 344%.

Hardlopers (o.b.v. kosten)

Interventie 1: de bruto marge is maximaal (maximaal bruto marge)

Interventie 2: de bruto marge is gelijk aan (bruto marge)

Overzicht kosten/besparingen

Interventie 1	
ZV	ANG 37.023,33
OZR	ANG 21.217,12
FZOG	ANG 3.612,32
Totaal	ANG 61.852,76

Interventie 2	
ZV	ANG (81.239,58)
OZR	ANG (28.604,96)
FZOG	ANG (6.903,25)
Totaal	ANG (116.747,80)

Hardlopers (o.b.v. volume)

Interventie 1: de bruto marge is maximaal (maximaal bruto marge)

Interventie 2: de bruto marge is gelijk aan (bruto marge)

Overzicht kosten/besparingen

Interventie 1	
ZV	ANG 58.674,09
OZR	ANG 22.440,99
FZOG	ANG 5.543,02
Totaal	ANG 86.658,10

Interventie 2	
ZV	ANG 58.674,09
OZR	ANG 22.440,99
FZOG	ANG 5.543,02
Totaal	ANG 86.658,10

2. Doelmatiger voorschrijven

Besparingen op medicatie kunnen gerealiseerd worden door ondoelmatig voorschrijven tegen te gaan.

Situatie 1 (percentage fout voorgeschreven)

Situatie 2 (percentage fout voorgeschreven)

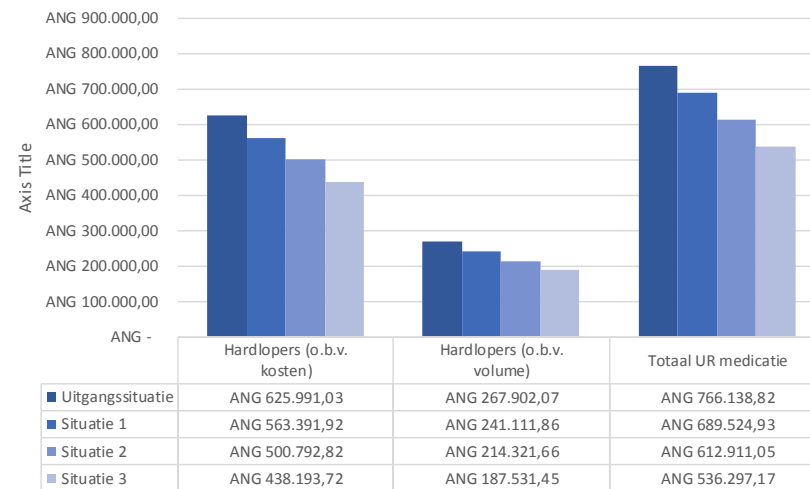
Situatie 3 (percentage fout voorgeschreven)

Overzicht besparingen

Omschrijving	Uitgangssituatie	Situatie 1	Situatie 2	Situatie 3
Hardlopers (o.b.v. kosten)	ANG 625.991,03	ANG 62.599,10	ANG 125.198,21	ANG 187.797,31
Hardlopers (o.b.v. volume)	ANG 267.902,07	ANG 26.790,21	ANG 53.580,41	ANG 80.370,62
Totaal UR medicatie	ANG 766.138,82	ANG 76.613,88	ANG 153.227,76	ANG 229.841,64

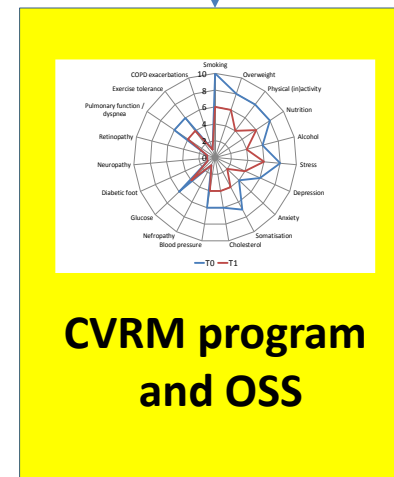
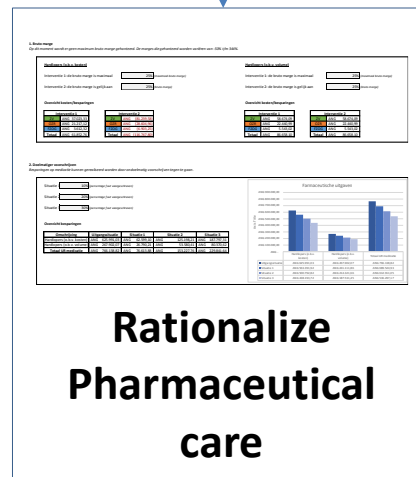
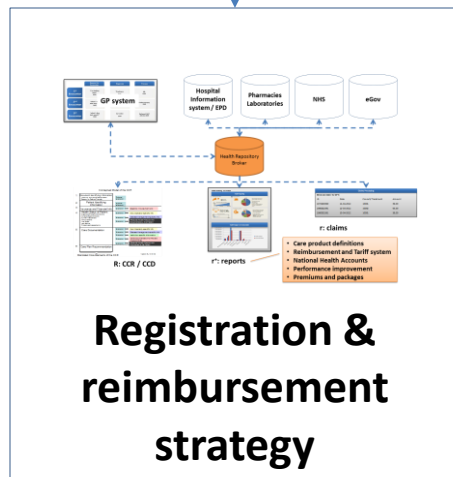
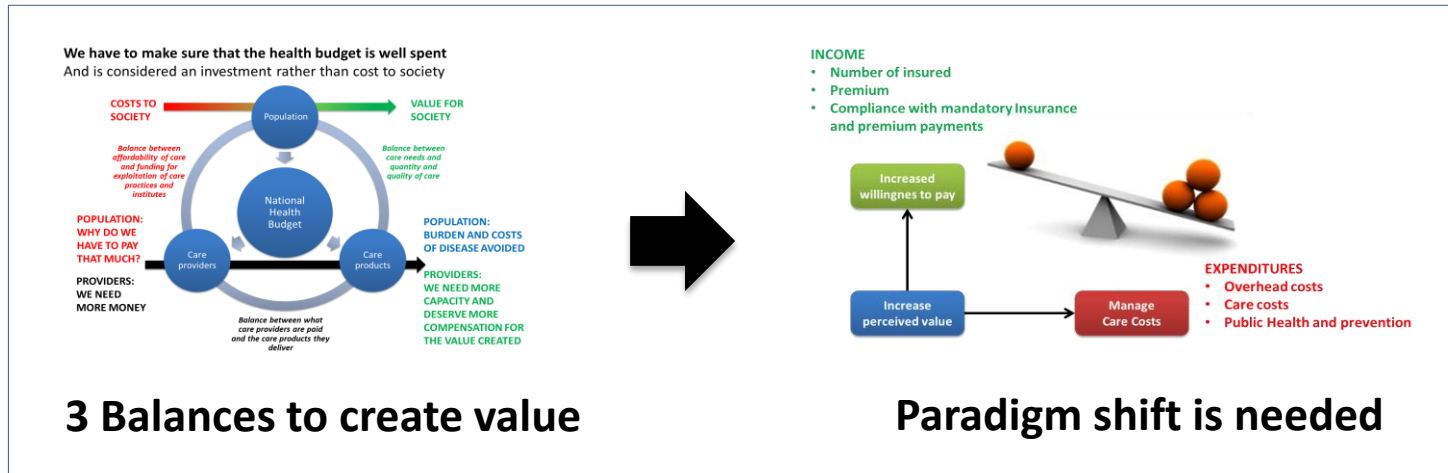


Farmaceutische uitgaven



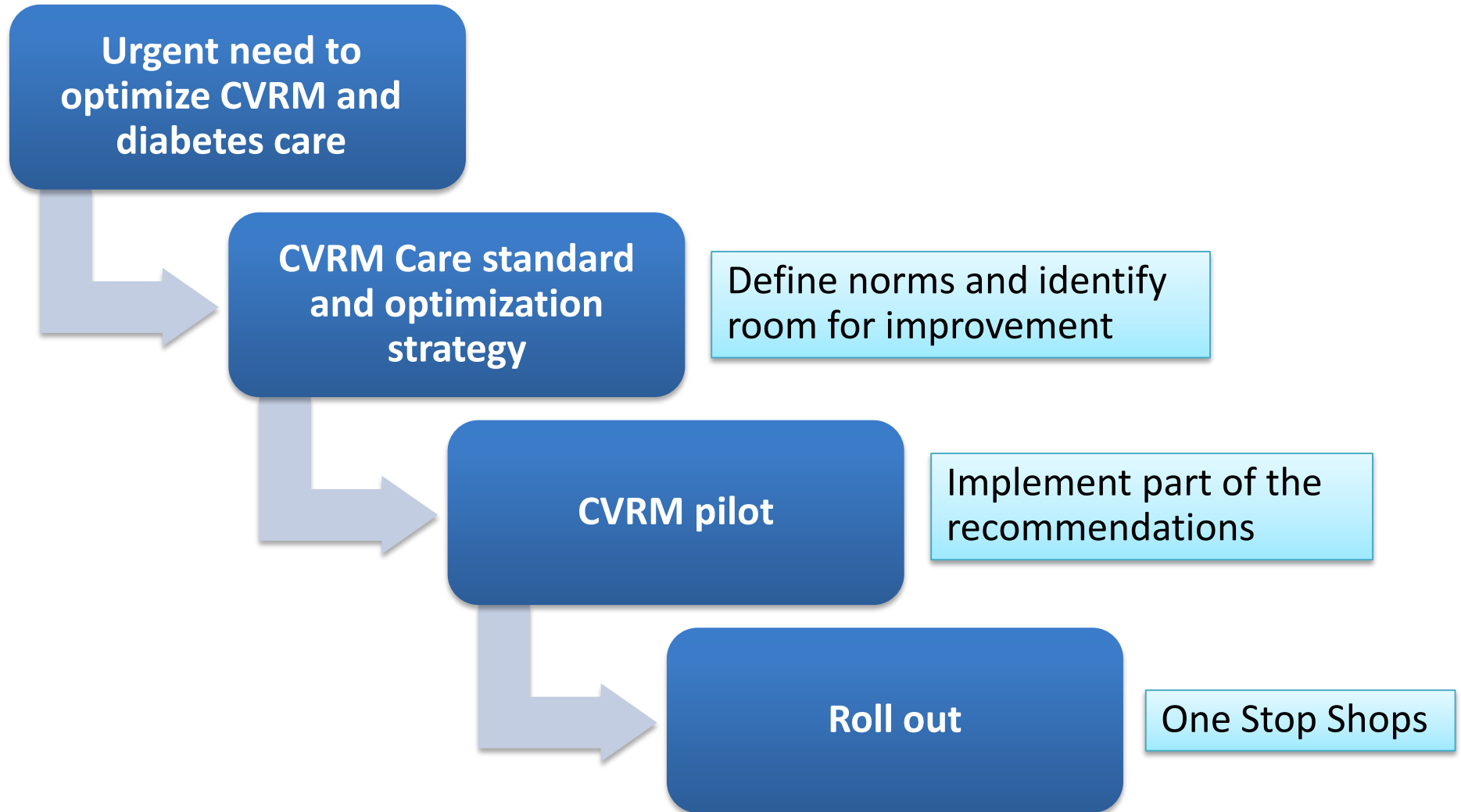
Examples from Dutch speaking countries

How to engage with care professionals and the population to enhance results



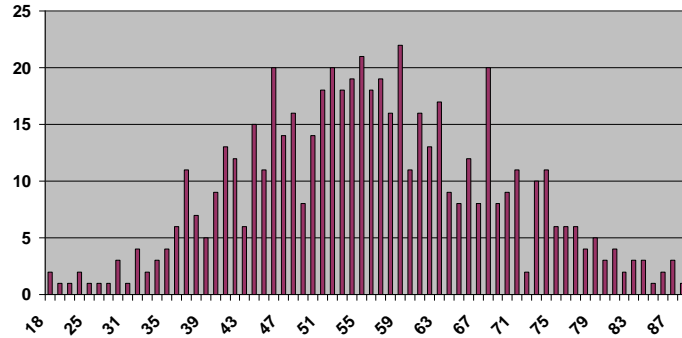
CVRM and diabetes care

Summary and results of projects in Suriname, St. Maarten and NL

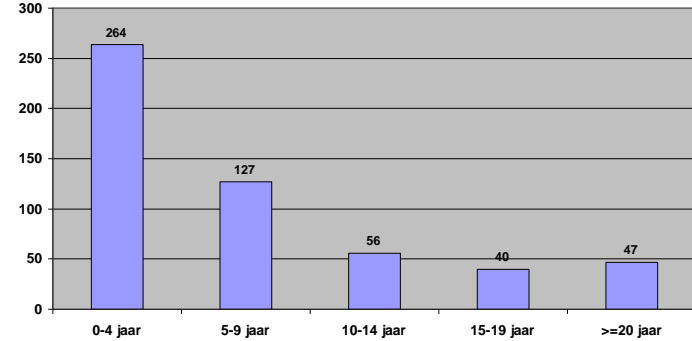


Importance of optimizing CVRM/DM2 care: urgent!

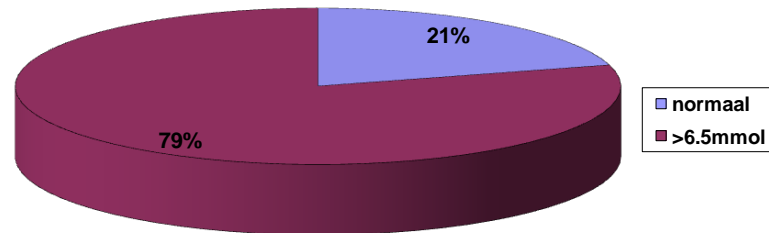
Diabetes population in Suriname:
Peak 20 years younger dan elsewhere!



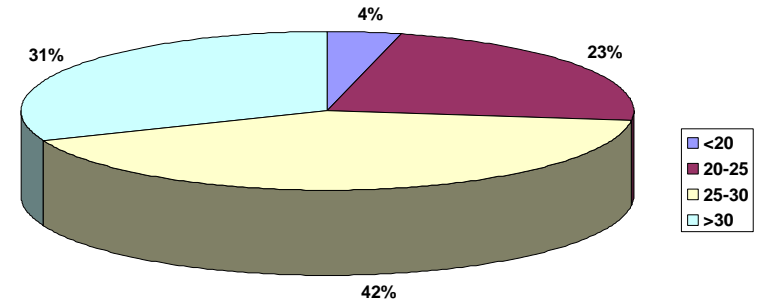
Less than 10% of diabetics survives longer than 20 years!



79% of diabetics is not well regulated!

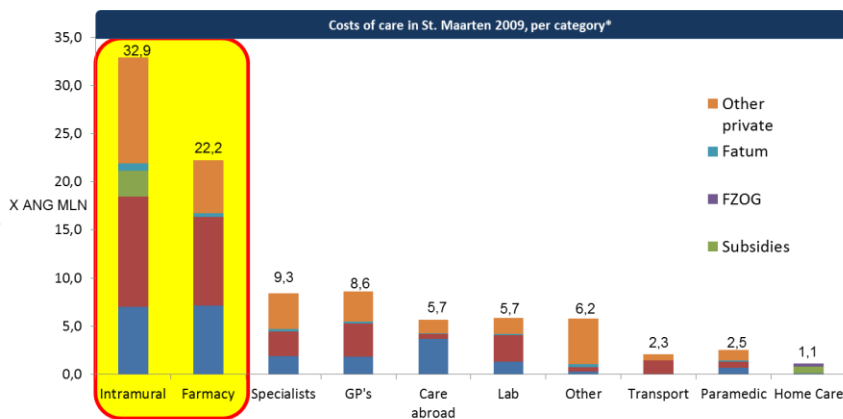


73% of diabetics has overweight

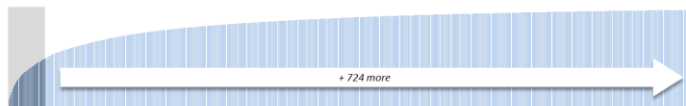
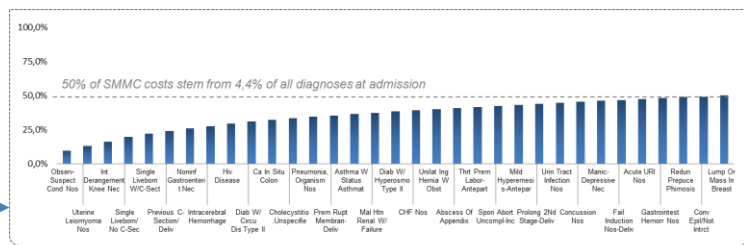


Example St. Maarten

Two thirds of highest costs are driven by CVR / CVD / Diabetes

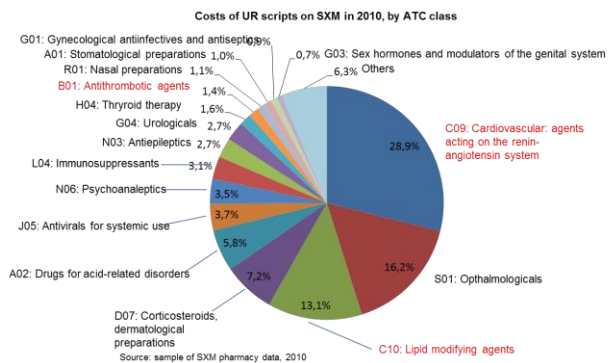


Intramural care and pharmaceutical costs biggest cost driver



Source: SMMC data, ACSION analysis

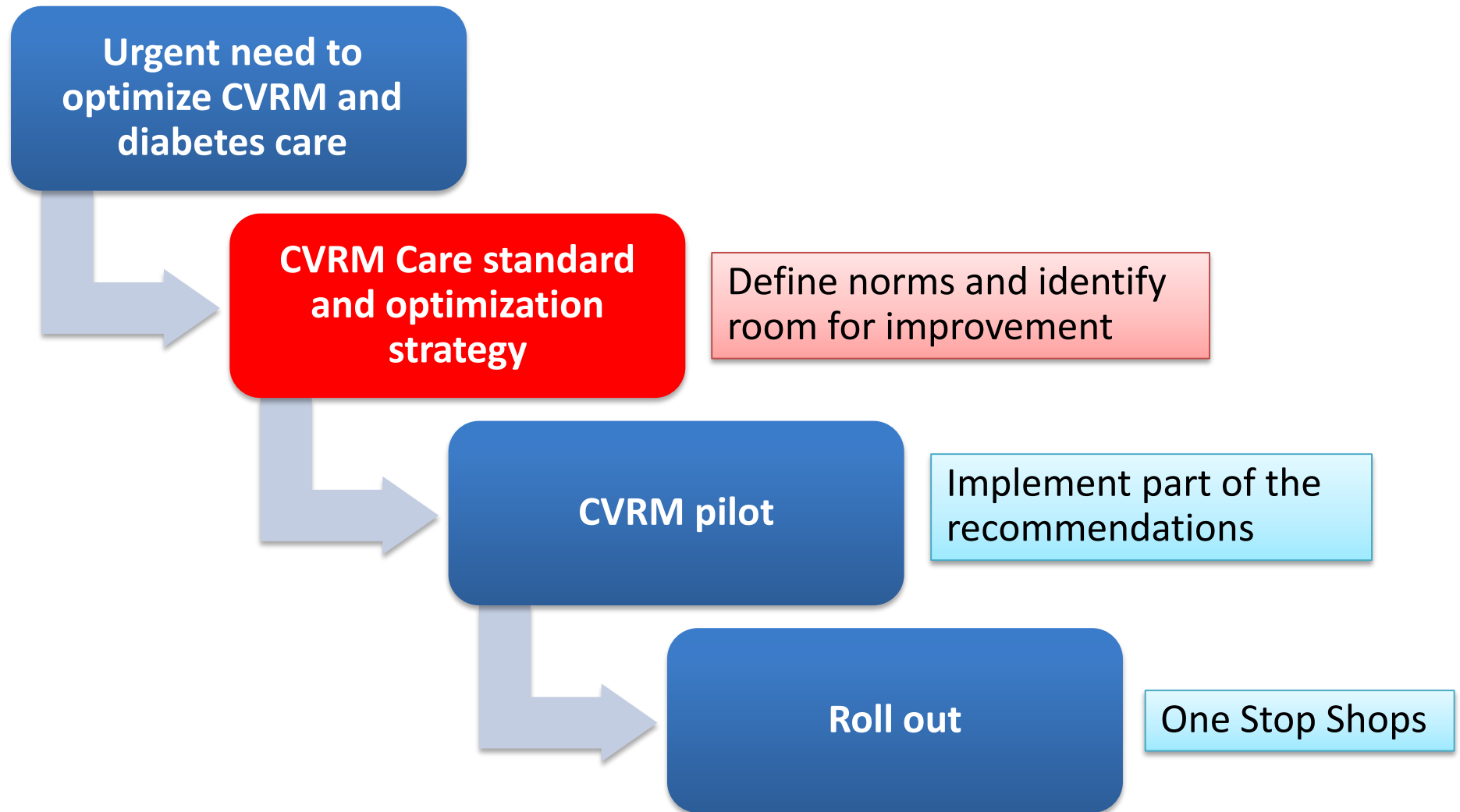
Intramural care costs driven by Ob&Gyn / HIV&Aids / CVD&DM



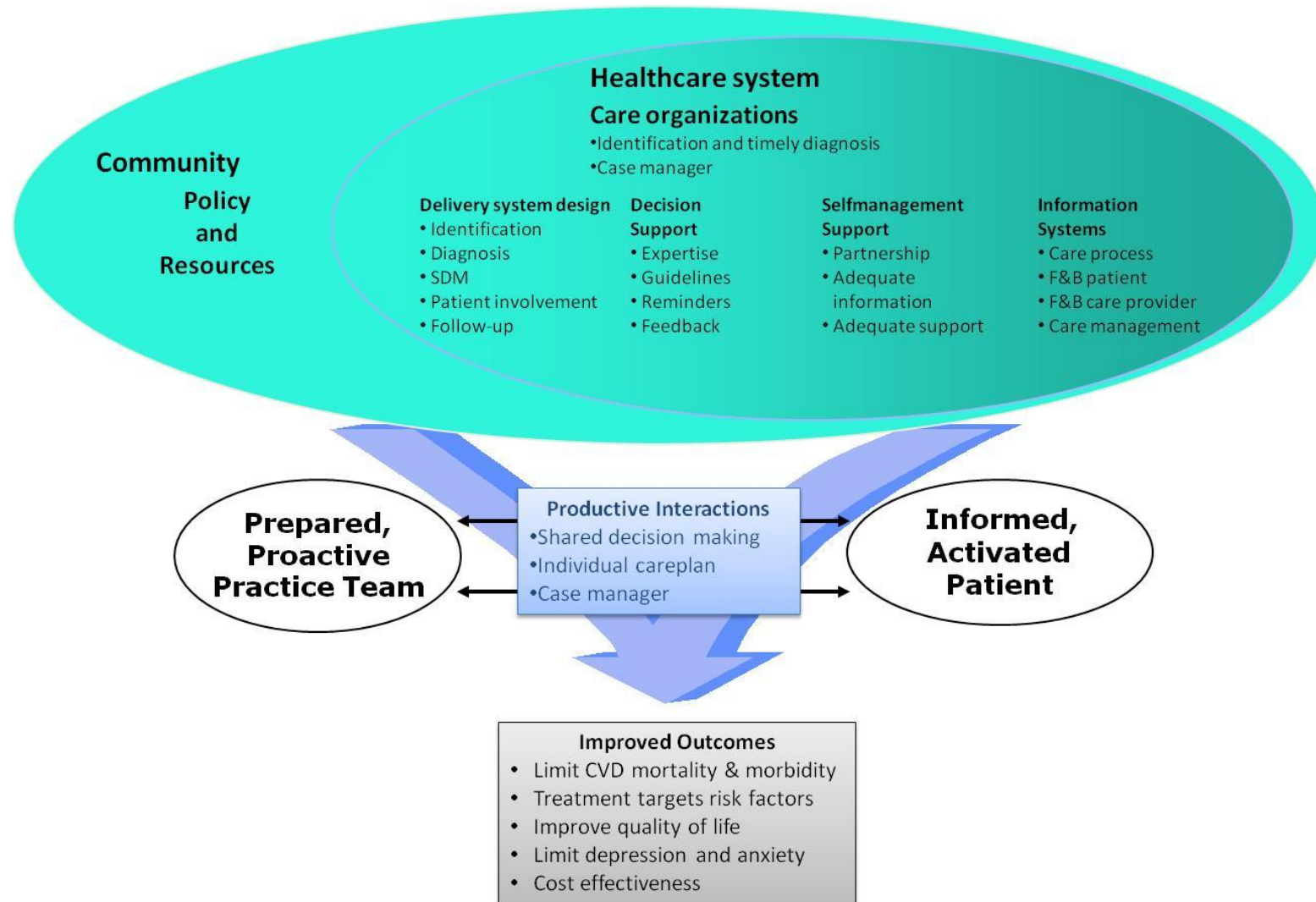
DM/CVRM cause almost 60% of costs prescription medication

CVRM and diabetes care

Summary and results of projects in Suriname, St. Maarten and NL

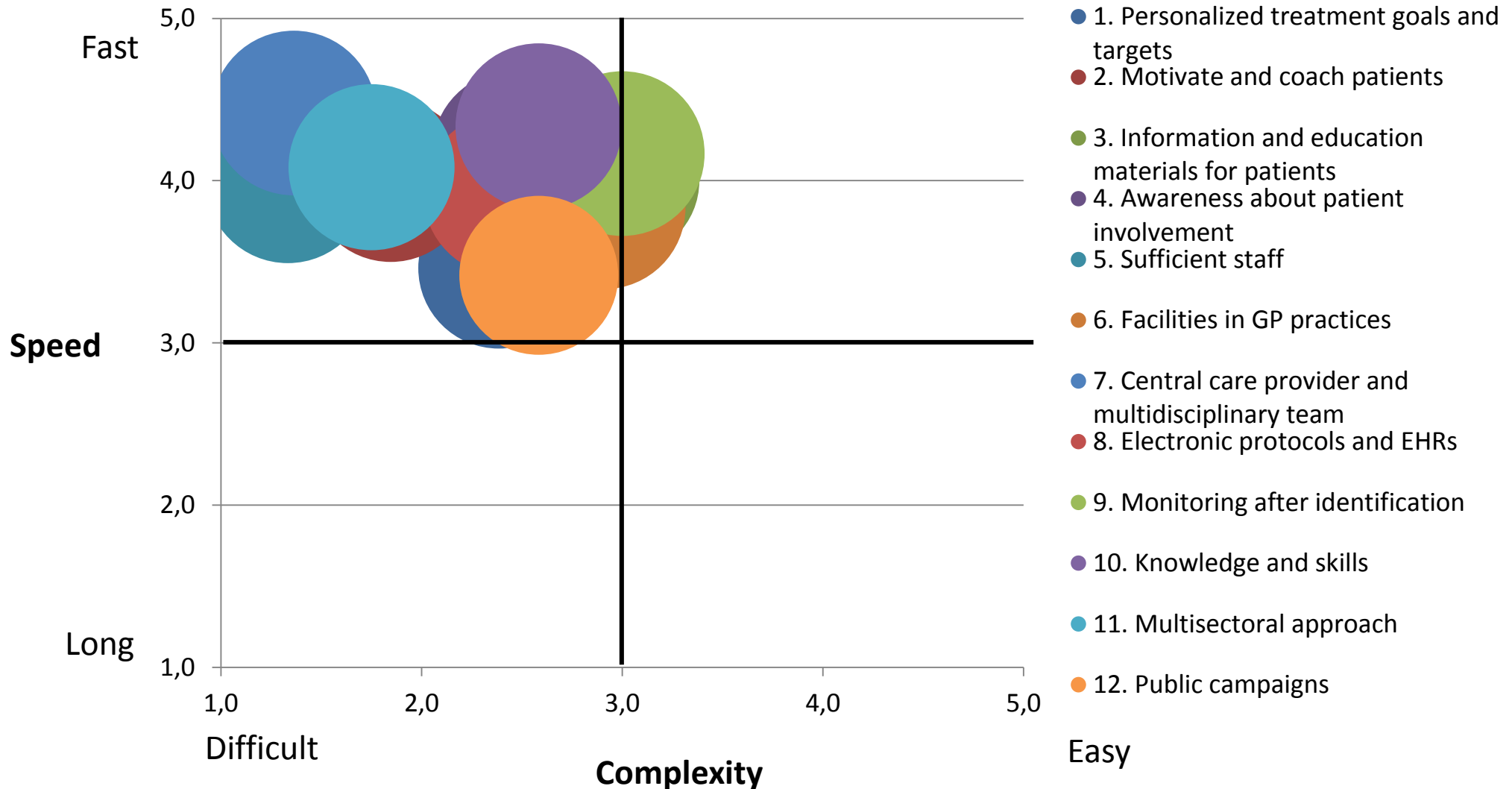


Chronic Care Model is starting point



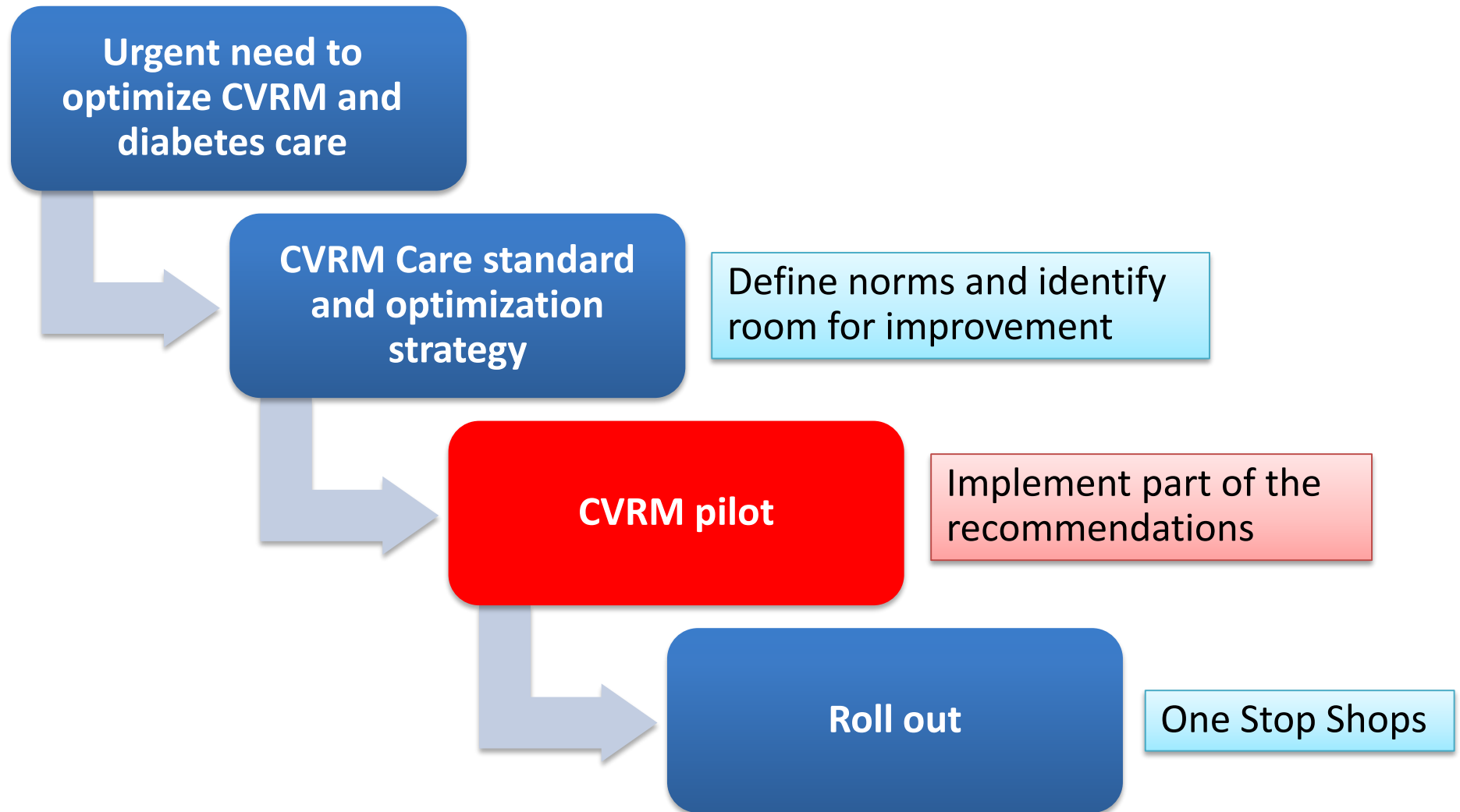
Prioritization of strategies

Complex problems, but once solved, rapid and high impact results



CVRM and diabetes care

Summary and results of projects in Suriname, St. Maarten and NL



Pilot interventions

- **Integral modular care program**
- **Trained specialized nurses**
- **Central caregiver (nurse supervised by GP)**
- **Assessment and shared decision making (SDM) with electronic protocol**
- **Intensive follow-up with multidisciplinary cooperation (teamwork)**
- **Feedback and benchmark information**
- **Assess population care needs and necessary capacity / investments**

Visualize risk profile

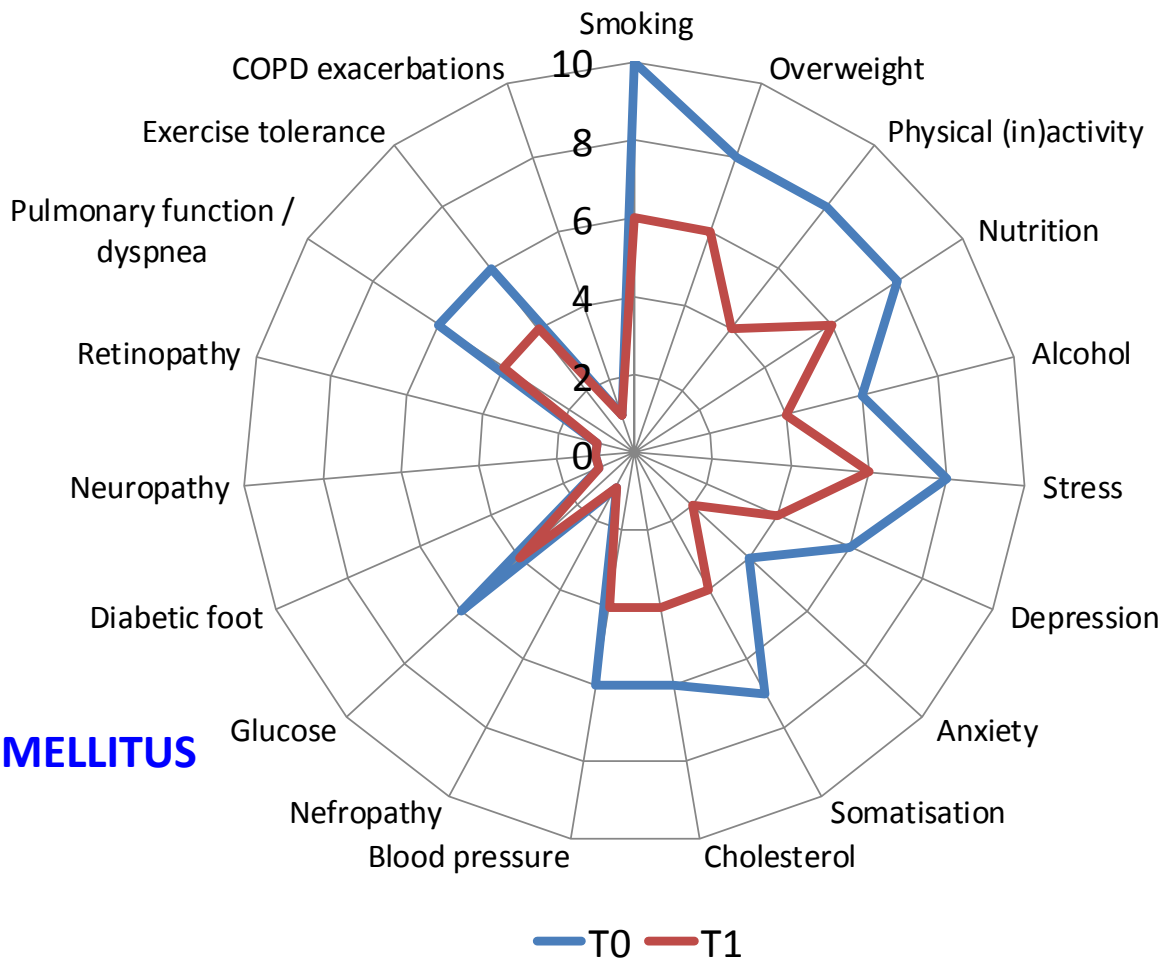
Scores from 1 to 10 for each relevant health problem

COPD

LIFESTYLE

DIABETES MELLITUS

PSYCHOLOGICAL COMPLAINTS



VASCULAR RISK

Spiderweb scores OVERWEIGHT

Co-morbidities ¹	Waist circumference (Other) (cm)	Waist circumference (Asian) (cm)	BMI				
			Asian 18,5 – 22,9	Asian 23 – 24,9	Asian 25 – 29,9	Asian 30 – 34,9	Asian >35
			Other 18,5 – 24,9	Other 25 – 29,9	Other 30 – 34,9	Other 35 – 39,9	Other > 40
No	$\sigma \leq 94$ $\varphi \leq 80$	$\sigma \leq 84$ $\varphi \leq 74$	1	2	3	5	6
	$\sigma \leq 94 - 102$ $\varphi \leq 80 - 88$	$\sigma \leq 84 - 92$ $\varphi \leq 74 - 82$	2	3	4	6	8
	$\sigma \geq 102$ $\varphi \geq 88$	$\sigma \geq 92$ $\varphi \geq 82$	3	4	5	7	9
Yes	$\sigma \leq 94$ $\varphi \leq 80$	$\sigma \leq 84$ $\varphi \leq 74$	2	4	6	8	10
	$\sigma \leq 94 - 102$ $\varphi \leq 80 - 88$	$\sigma \leq 84 - 92$ $\varphi \leq 74 - 82$	5	7	8	9	10
	$\sigma \geq 102$ $\varphi \geq 88$	$\sigma \geq 92$ $\varphi \geq 82$	6	8	9	10	10

2) Obesity related diseases: CVD, CVR, arthrosis, sleep apnoea

Make an individual care plan based on assessment

	Health issues	Stepped-care modules				
Unhealthy lifestyle	Smoking	Sc module 1	Sc module 2	Sc module 3	Sc module 4	Disease specific
	Physical activity	Sc module 1	Sc module 2	Sc module 3	Sc module 4	Disease specific
	Alcohol	Sc module 1	Sc module 2	Sc module 3	Sc module 4	Disease specific
	Nutrition	Sc module 1	Sc module 2	Sc module 3	Sc module 4	Disease specific
General wellbeing	Depression	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Stress	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Participation	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
Cardiovascular risk-management	Obesity	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Hypertension	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Dyslipidemia	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Nephropathy	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
Diabetes mellitus	Glucose	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Retinopathy	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Neuropathy	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Feet	Sc module 1	Sc module 2	Sc module 3	Sc module 4	

Individual Care Plan based on chosen SCMs

Roken 2

R2.A Leefstijladviezen

R2.F Farmacoth

R2.V Verw

R2.M Mor
Controle

Overgewicht 3

O3.A Leefstijladviezen

O3.F Farmacoth

O3.V Verw

O3.M Mor
Controle

Hypertensie 3

H3.A Leefstijladviezen

H3.F Farmacotherapie

H3.V Verwijzing

H3.M Monitoring &
Controle

Individueel Behandelplan

Adviezen

Medicatie

Verwijzingen

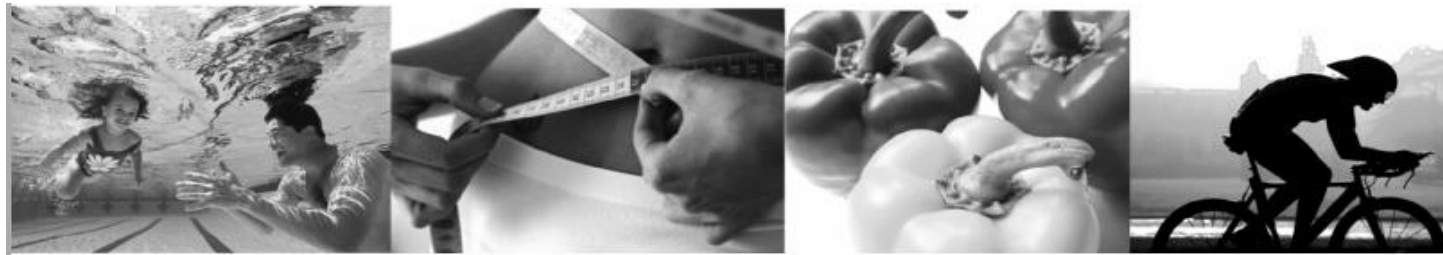
Follow-up

— 1-jun-09 — 1-jun-10

Leef- en behandeldoelen



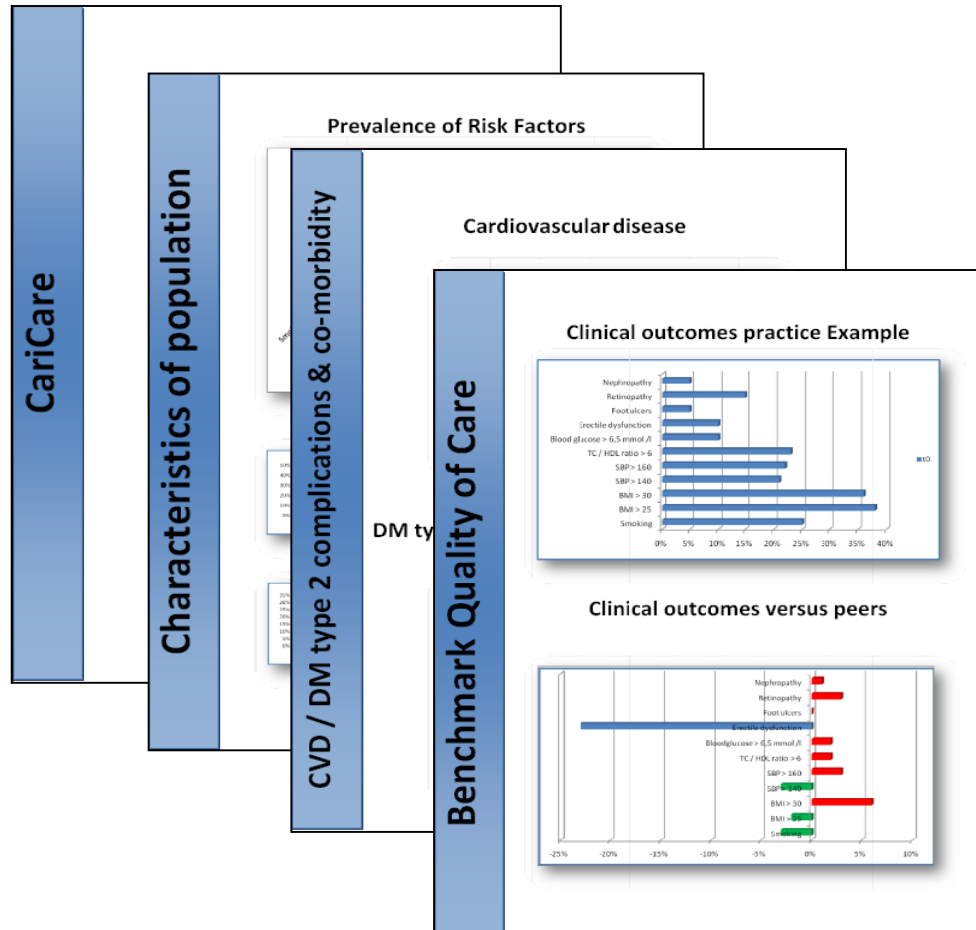
Follow-up: Monitoring visits



- **Shared care provided by specialized nurse and patient's GP**
- **Compliance support and lifestyle change**
- **Specialized foot care**
- **Progress is periodically monitored by nurse**
- **New targets**
- **New appointments**

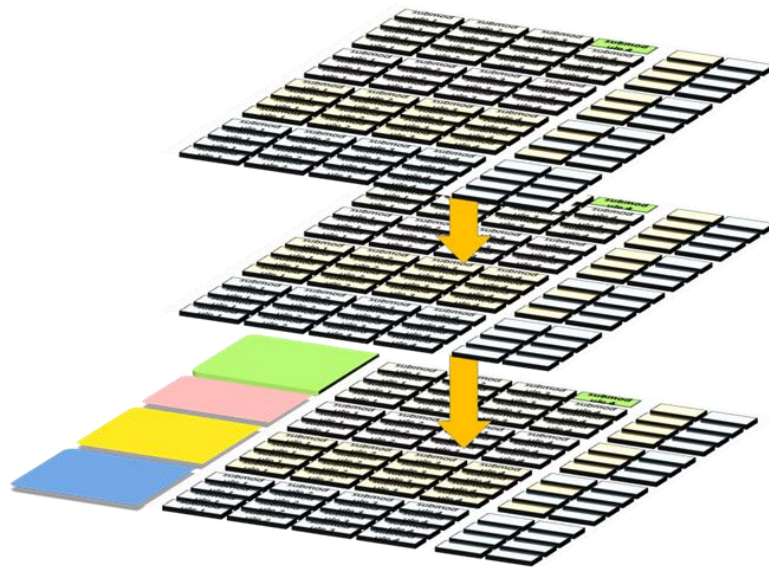


Feedback & benchmark every 3 months

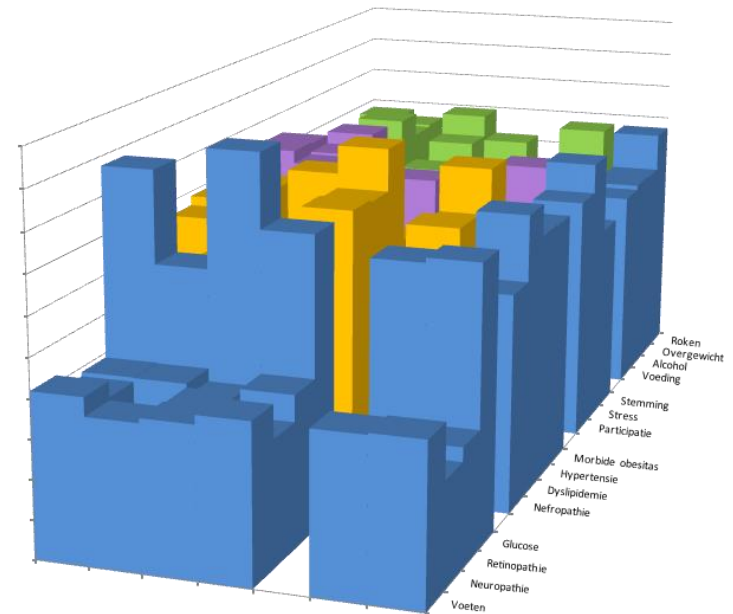


Aggregate individual profiles to a population profile

Aggregate individual patient profiles



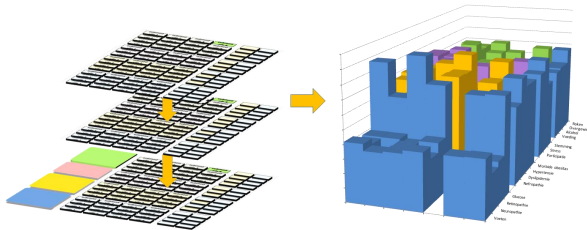
Insights in types and volumes of care to be delivered



Pay for reporting, output and changes

Aggregeren van patiëntprofielen...

...inzicht in aard en volume te leveren zorg



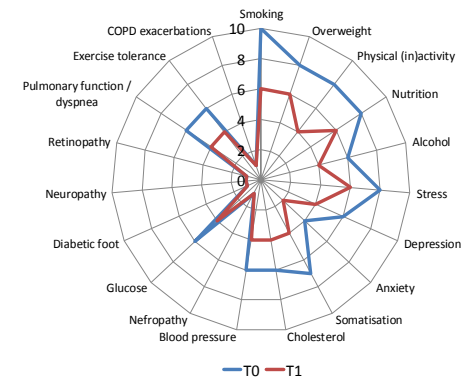
Pay for reporting

You only get paid when data is registered consistently and correctly

Health issues	Stepped-care modules					
Unhealthy lifestyle	Smoking	Sc module 1	Sc module 2	Sc module 3	Sc module 4	Disease specific
	Physical activity	Sc module 1	Sc module 2	Sc module 3	Sc module 4	Disease specific
	Alcohol	Sc module 1	Sc module 2	Sc module 3	Sc module 4	Disease specific
	Nutrition	Sc module 1	Sc module 2	Sc module 3	Sc module 4	Disease specific
General wellbeing	Depression	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Stress	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Participation	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
Cardiovascular risk-management	Obesity	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Hypertension	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Dyslipidemia	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Nephropathy	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
Diabetes mellitus	Glucose	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Retinopathy	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Neuropathy	Sc module 1	Sc module 2	Sc module 3	Sc module 4	
	Feet	Sc module 1	Sc module 2	Sc module 3	Sc module 4	

Pay for tailored care

Patients will receive the care they need and not only what the GP is paid for

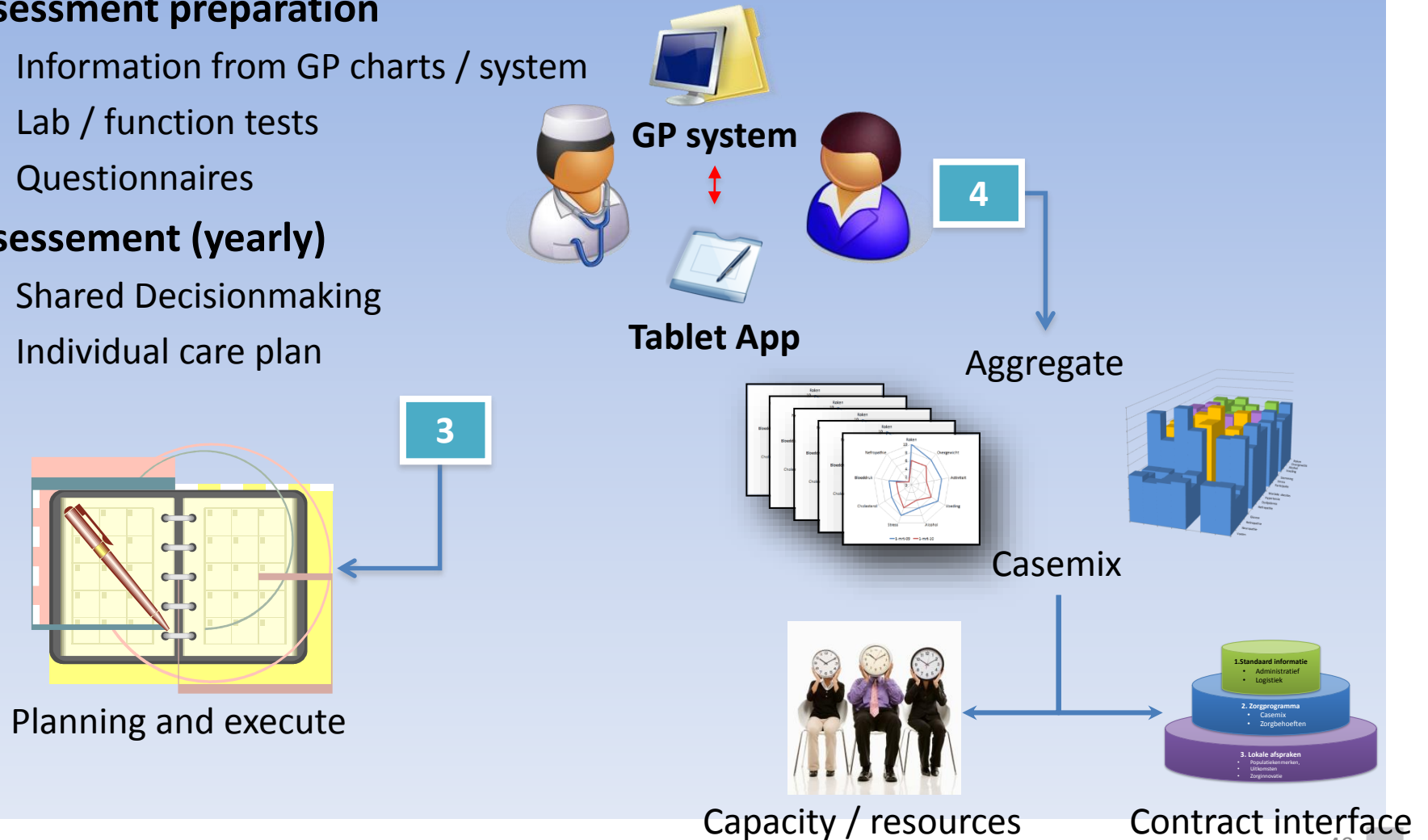


Engage with patients

Shared Decision Making
incentive for making a difference

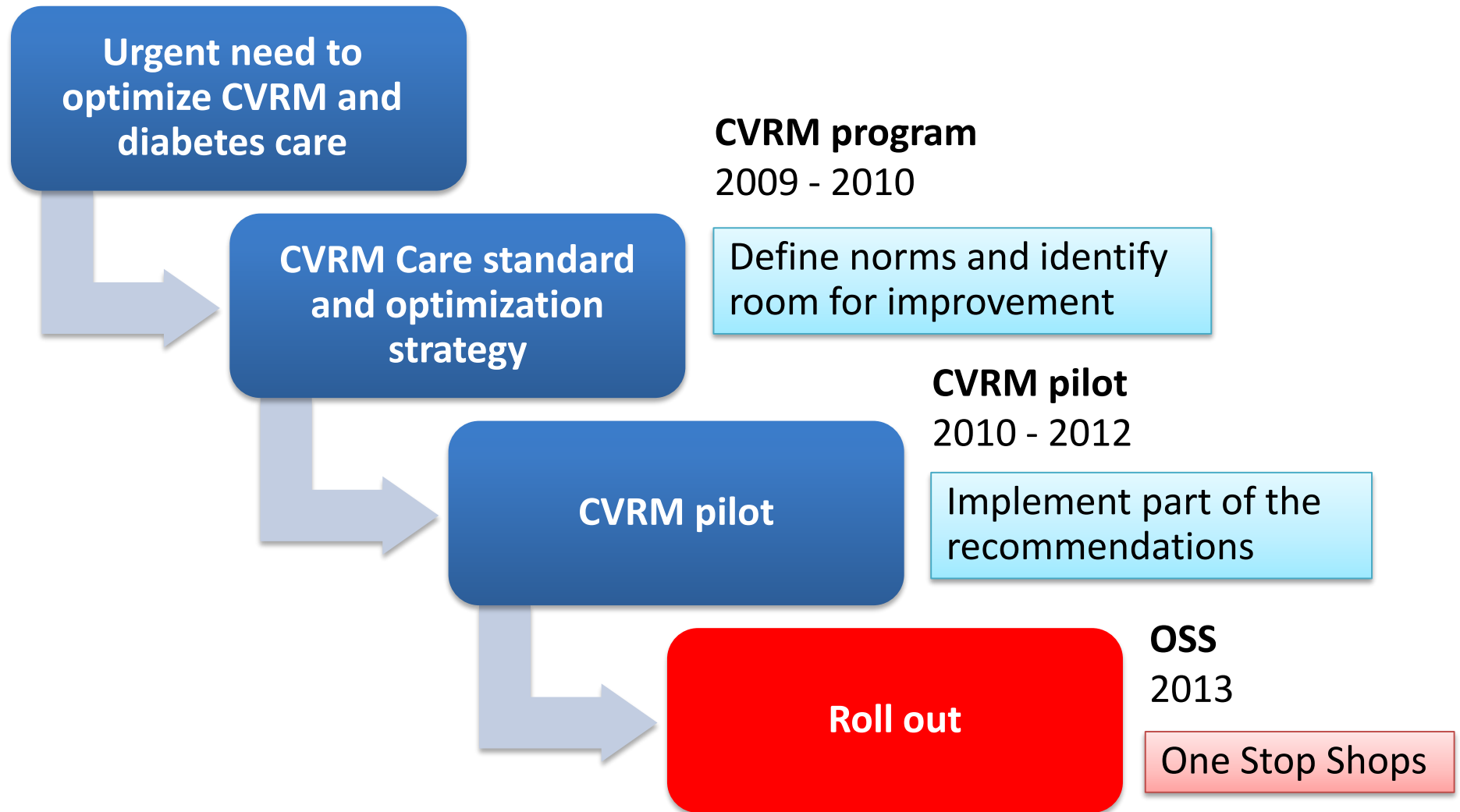
Summary

- **Assessment preparation**
 - Information from GP charts / system
 - Lab / function tests
 - Questionnaires
- **Assesment (yearly)**
 - Shared Decisionmaking
 - Individual care plan



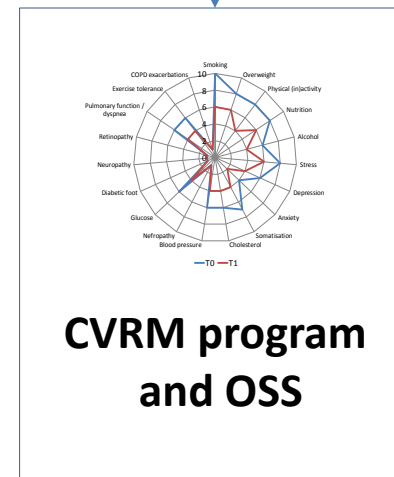
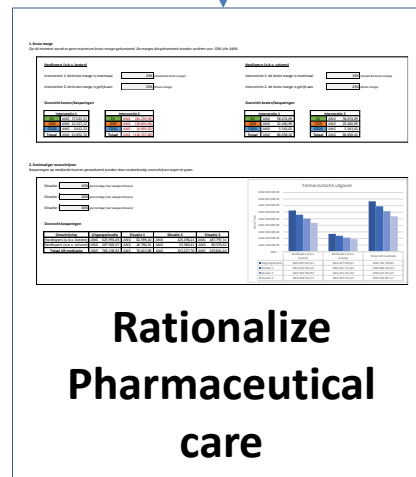
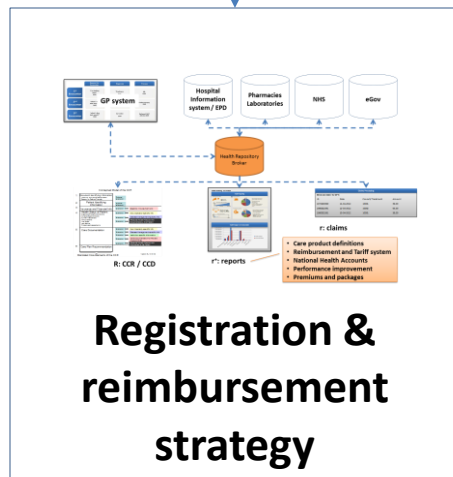
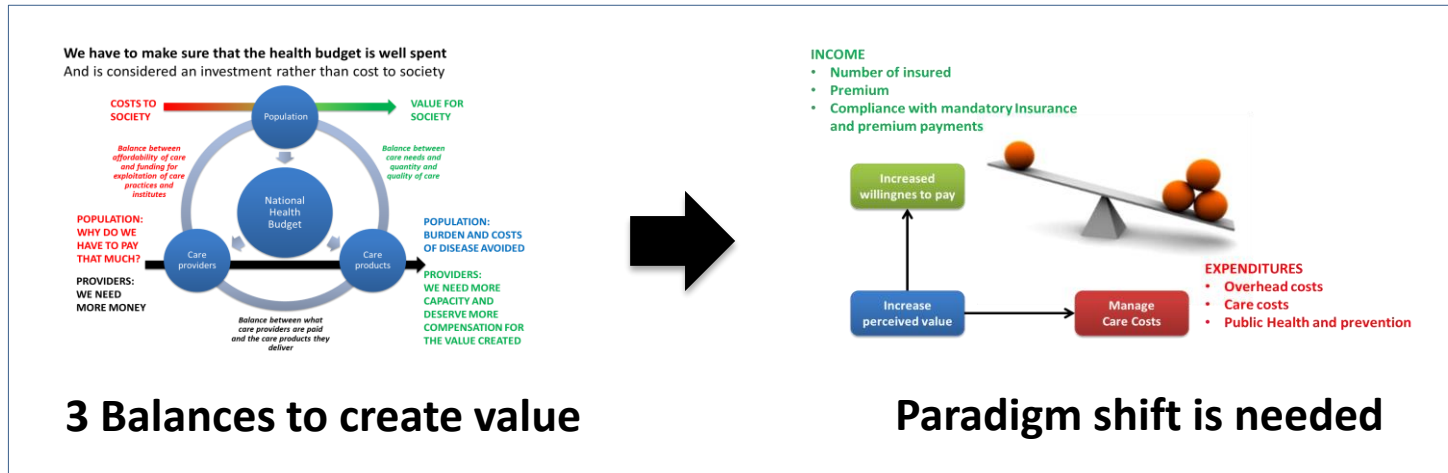
CVRM and diabetes care

Summary and results of projects in Suriname, St. Maarten and NL



Examples from Dutch speaking countries

How to engage with care professionals and the population to enhance results



Thank you!

