

# Joint Value

## The Impact of Implementing Patient-Centered Value-Based Health Care over the Patient Journey of Inflammatory Arthritis

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### INTRODUCTION

Care organisations face major challenges to deliver the best care to patients.

Management strategies may help:

- **Value-Based Health Care (VBHC):** optimise patient value: *patient-relevant care outcomes* / *costs*
- **Patient-Centered Care (PCC):** prioritise patients' individual needs and desired care outcomes.

### OBJECTIVE

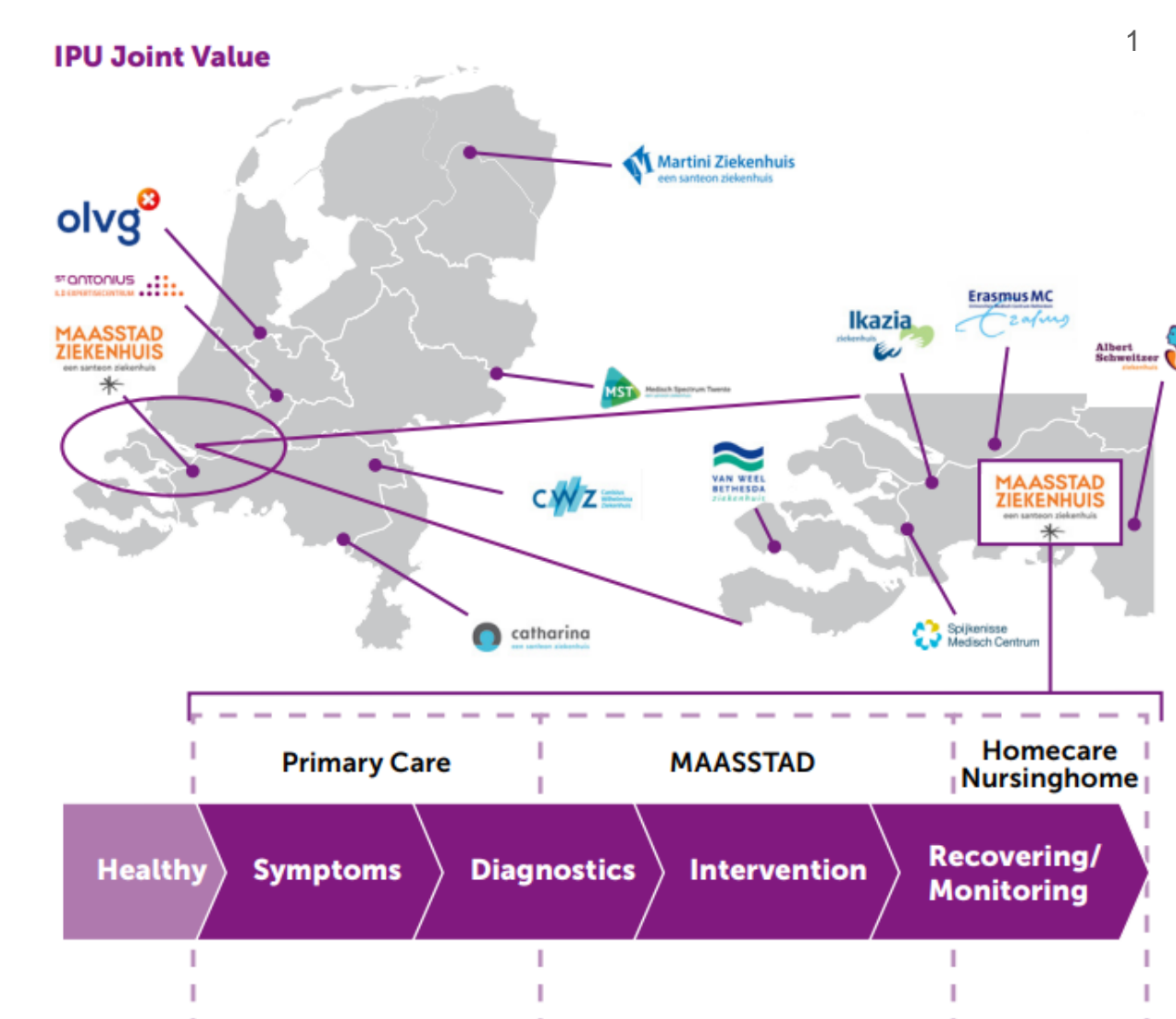
To examine the **impact of implementing patient-centered value-based health care (PCVBHC)** in daily clinical practice.

Case study: Inflammatory arthritis, Maasstad Hospital, Rotterdam, The Netherlands.

### METHOD

Focus on adding patient value across the entire patient journey, through:

- Multidisciplinary teamwork in an **Integrated Practice Unit (IPU)**.
- **Continuous collection of data** on real-world patient-relevant care outcomes and costs.
- **Internal benchmarking:** over time, between treatment options.
- **External benchmarking:** with collaborating partners.
- **Improvement initiatives initiated by and together with patients.**



### RESULTS

On the patient level:

Focus on patient-relevant care outcomes and care delivery through **investments in personalised care, shared-decision making and self-management.**

- Greater focus on patient-reported care outcomes (PROMs).
- Development Joint Decision Dashboard to monitor and steer on the patient's individual care outcomes.



On the organisational level:

**Focus on the right care at the right place.**

- Development roadmap to enable steering on patient value in daily clinical practice.



- Exploration methods to *relate* patient-relevant care outcomes to costs: what can we learn from Health Technology Assessment methods?

On the national level:

**External benchmarking with the Santeon hospital group.**

- Development Health Intelligence Platform Santeon (HIPS): a management dashboard that contains real-time real-world data to promote external benchmarking.



### CONCLUSIONS

- PCC guides VBHC implementation at the patient level, and input on VBHC at the regional and national level facilitates its core.
- An IPU accelerates PCVBHC implementation.
- More research is needed on how to distinguish efficient from inefficient care (VBHC-QALY, ICER).
- Our roadmap may serve as a PCVBHC blueprint to others.

### REFERENCES

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