



VBHC@Santeon

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London, 4 Oct 2017

Topics for discussion

- **Setting the scene**
- VBHC@Santeon
- Key lessons learned

Key Dutch statistics



17 million
inhabitants



90
hospitals



10%
of GDP spent
on healthcare



€22 billion
spent on
medical specialist
care

Three main principles of the Dutch healthcare system



- Acces for everyone
- Solidarity through mandatory and accessible insurance for everyone
- High quality of care

Netherlands: regulated market forces

Roles in the Dutch healthcare system

Government

- Sets budgetary constraints and growth levels
- Determines which care is insured
- Determines when care is provided

Insurance companies

- Selectively contract care providers within budgetary constraints
- Provide access for all



Care providers

- Provide high quality care

Dutch people

- Mandatory health insurance
- Choose their insurance company and provider

Santeon is a national hospital cooperative of seven teaching hospitals in the Netherlands



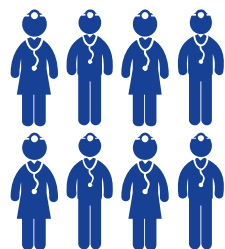
Combined >13% of national hospital care



€2,6 billion
revenues



26.600
employees

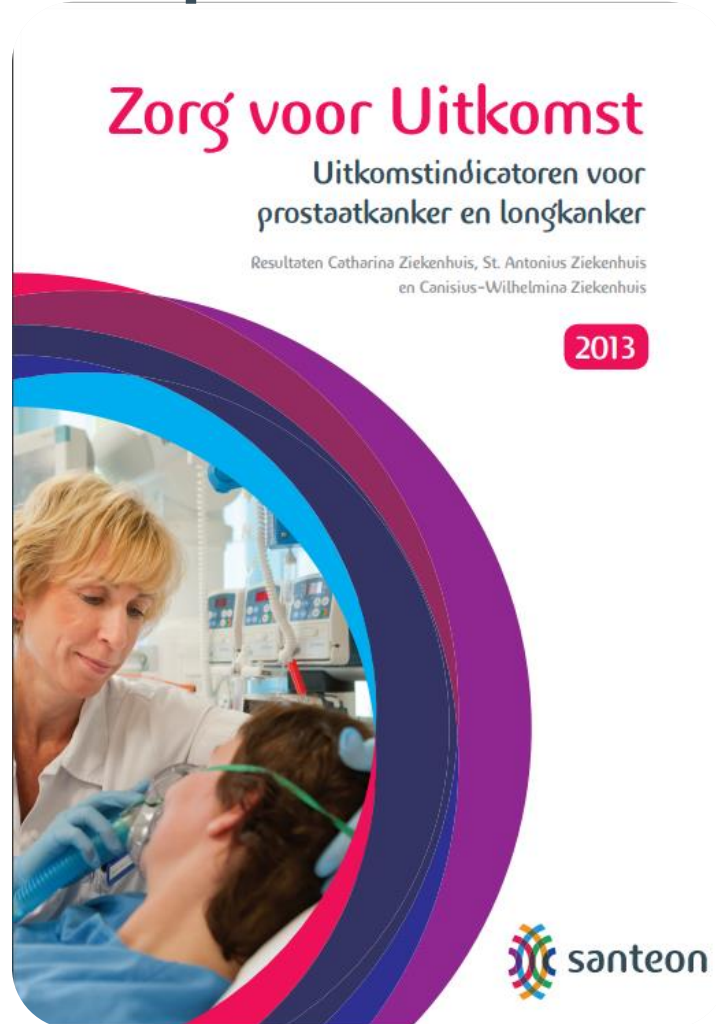


1580
physicians



13,3%
national volume
hospital care

Santeon started with developing en publishing outcomes for prostate and lungcancer



WHICH *OUTCOMES* MATTER MOST TO PATIENTS?

1. Health status
2. Process of recovery
3. Sustainability of health

Then added breast and colon cancer to the list

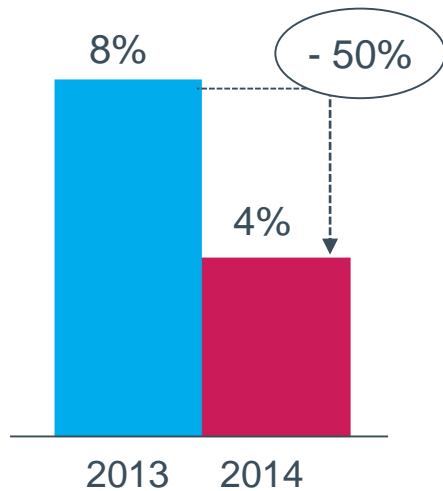


Results of our collaboration: concentrating prostatectomies in one centre

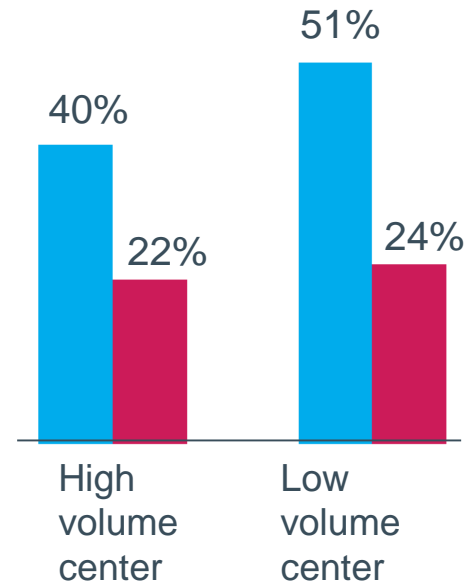


Comparing individual doctors' results: significant improvements

Decrease in surgical complications after prostatectomy (Clavien >2)



Decrease in positive surgical margin rate

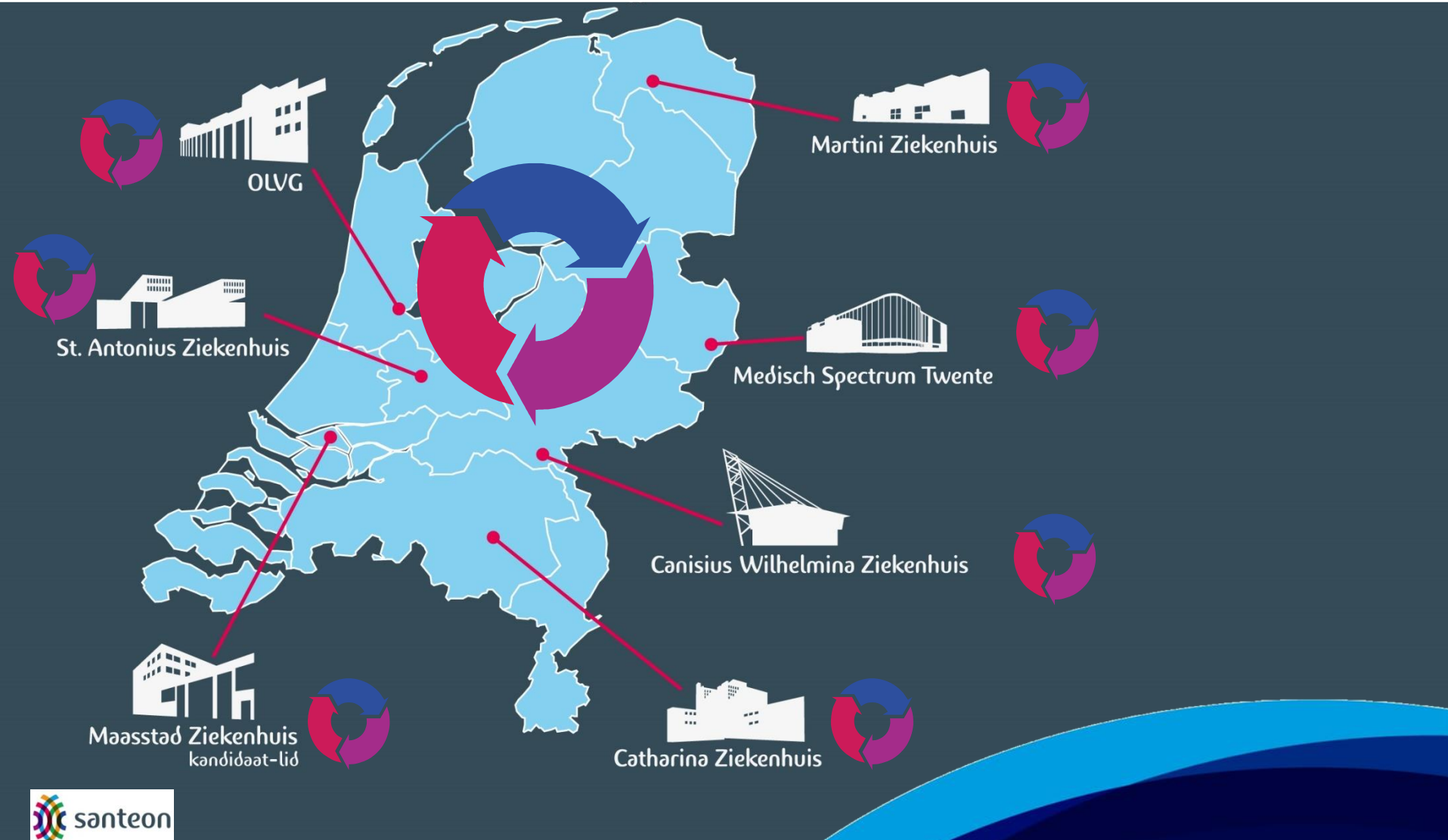


Santeon rule: prostatectomy is offered based on on three factors



- Age
- Level of comorbidity
- Agressiveness of the tumor

Need for a centralized and decentralized improvement cycle



"We're going to have a party
and I've organised it" said Rabbit.

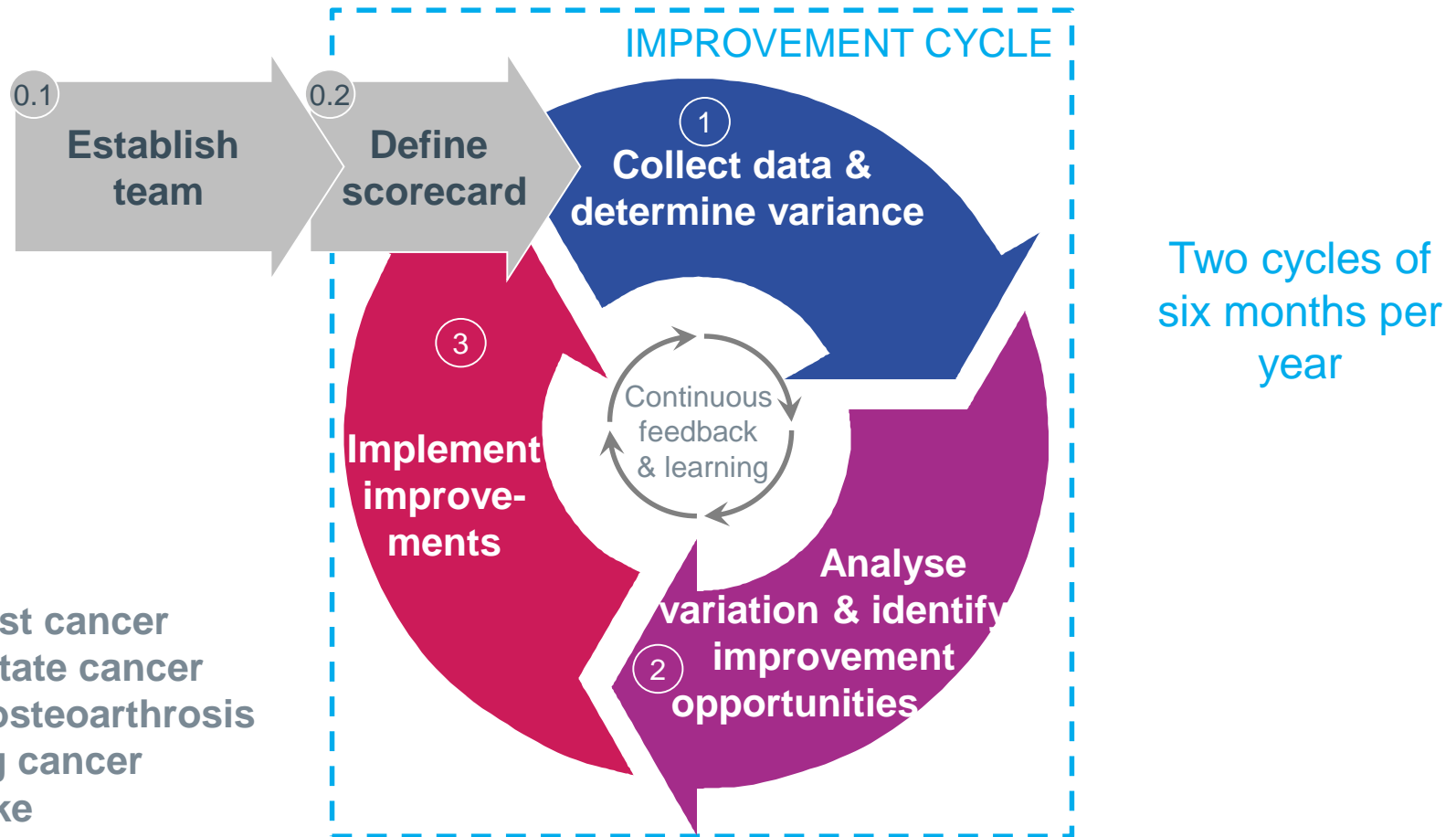


"You've done what to it?" asked Pooh.

Topics for discussion

- Setting the scene
- **VBHC@Santeon**
- Key lessons learned

For each condition a continuous improvement cycle with meetings at fixed intervals



- Breast cancer
- Prostate cancer
- Hip osteoarthritis
- Lung cancer
- Stroke
- *Kidney failure*
- *Colon cancer*

Core: interdisciplinary improvement team per condition in each hospital

BREAST SURGEON

PROJECT LEADER

DATA ANALYST

1-2 PATIENTS

PATHOLOGIST

RADIOTHERAPIST

ONCOLOGIST

PLASTIC SURGEON

NURSE

PRACTITIONER

RADIOLOGIST

NURSE

PHARMACIST



Together we prepare a Santeon score card, starting with defining the patient group

DEFINE PATIENT GROUP
(inclusion / exclusion, mix)



TREATMENT PATHS
(high level)



SCORE CARD
(outcomes, costs, process)





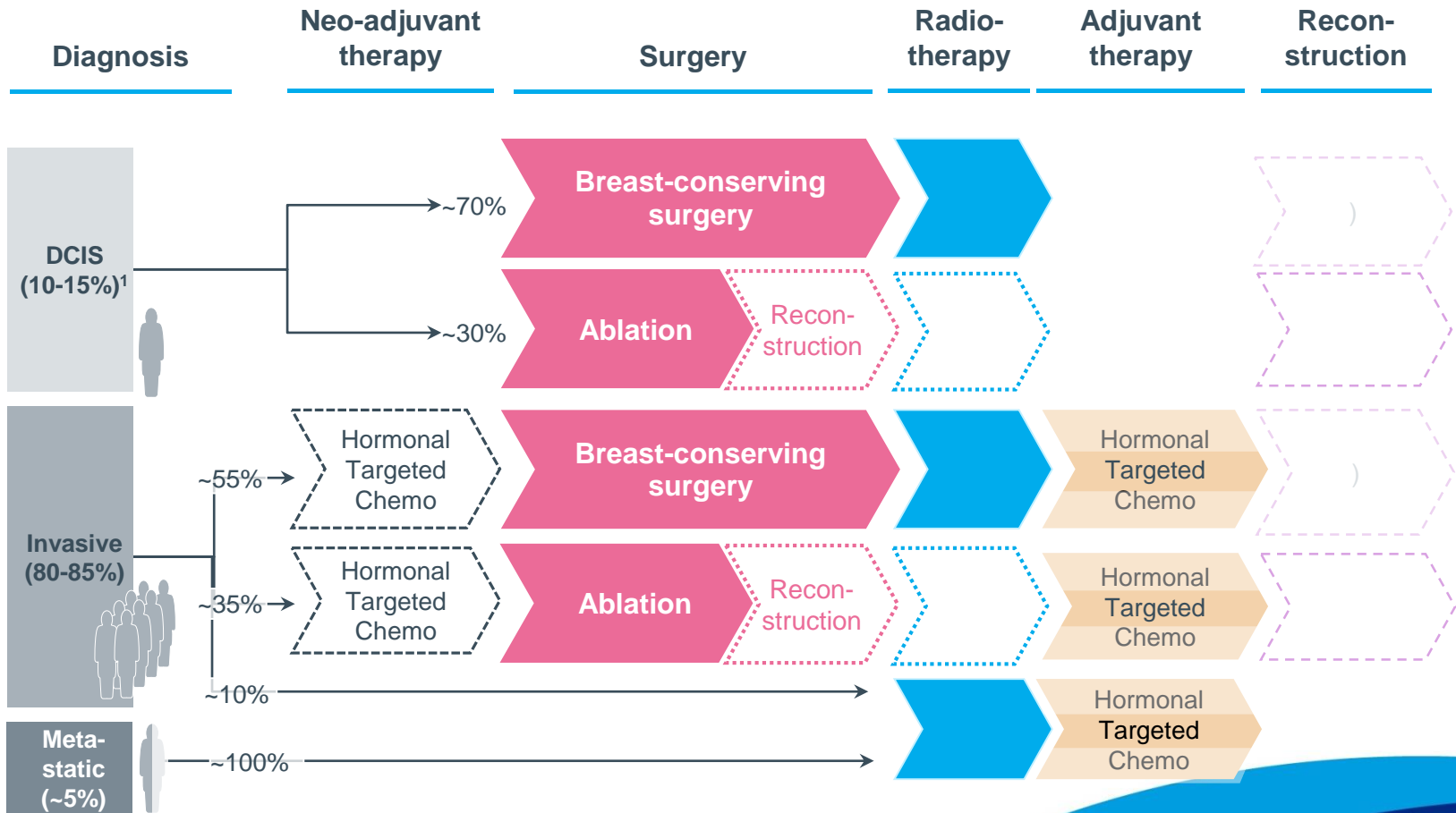
INDICATOR	DEFINITE
LIFECOSTEN	
SOORTEN	
PROCES	

Starting point: Readily available data

Important: Keep it simple and practical!

Then, high level treatment options are determined - breast cancer example

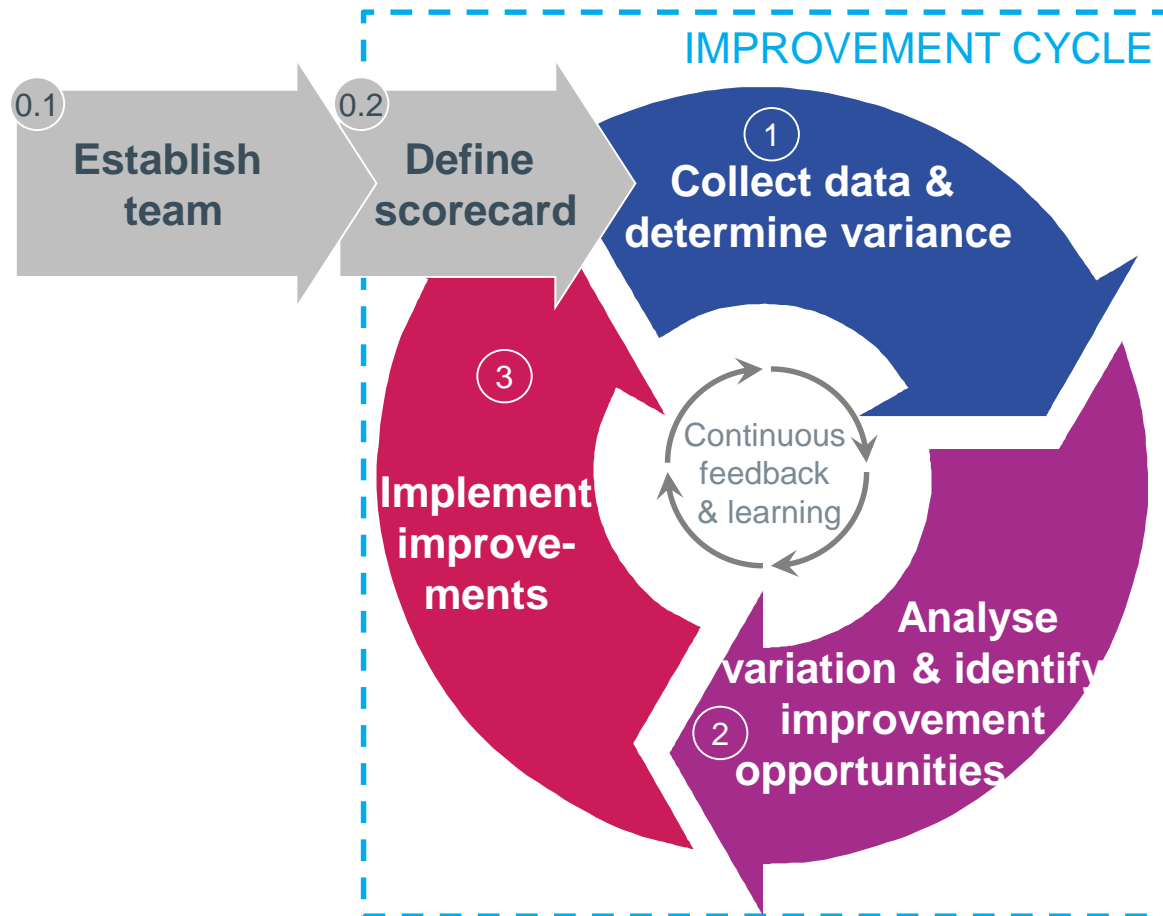
 Standard step
 Optional step /
 Not always applied



The Santeon score card contains most important outcomes, processes and cost drivers

Category	ID	Indicator
Outcome	U1	5-year survival, uncorrected
	U2	Reoperation due to positive margins (%)
	U3	Reoperation after postsurgical complications (%)
	U4	Non-surgical complications (% , per type)
	U5	PROMs: Quality of life (including pain, functioning)
	U6	PROMs: Specific conditions resulting from treatment
	U7	Local or regional recurrence within 5 years (%)
Cost	K1	# treatment days per patient
	K2	% outpatient care for breast saving treatment
	K3	OR-time per patient
	K4	# outpatient visits per patient
	K5	# diagnostic activities (MRI, PET, CT) per patient
	K6	Use of expensive medications
Process	P1	# days from referral to 1st outpatient visit
	P2	# days from 1st outpatient visit to diagnosis
	P3	# days from diagnosis to treatment plan
	P4	# days from treatment plan to start treatment
	P5	% patients informed about consequences of treatment
	P6	% patients assigned with one point of contact

Once the scorecard is agreed upon, we start with the actual improvement cycle



Santeon pulls data from many different sources

EMR



KNL integraal kankercentrum Nederland

National registries

CATEGORIE	ID	INDICATOR
Uitkomsten	U1	3-jars overleving, ongecorrigeerd
	U2	Heroperaties na primaire ingreep(en) (%)
	U3	Heroperaties na post-operatieve complicaties (wondinfecties en melkvoeding) (%)
	U4	Ongeplande opname, afwijking behandelplan en/of hartfalen na systeemtherapie (%)
	U5	PRCMA: Levenskwaliteit (welzijn, functioneren, pijn, e.a.)
	U6	PRCMA: Specifieke klachten als gevolg van behandeling (botref., arm-, vasomotor)
Kosten	U7	Lokaal incident binnen 5 jaar na eerste operatie (%)
	K1	# klinische verwijfingen > 4 dagen/opgelegen per patiënt
	K2	% primaire borstparende operaties zonder klinische opname
	K3	OK-tijd per patiënt (bruto OK-tijd in minuten)
	K4	# poliklinische consulten per patiënt
Proces	K5	Aantal aanvullende diagnostische activiteiten (MR, PET, CT, mammogram) per patiënt
	K6	Getruke dure geneesmiddelen
	P1	# dagen van verwijfing tot 1e polibezoek
	P2	# dagen van 1e polibezoek tot diagnose (PA-uitslag)
	P3	# dagen van diagnose (PA-uitslag) tot bevestigde behandelplan
	P4	# dagen van bevestigde behandelplan tot start behandeling
Behandelmix	P5	Periode te genotenoemd over bijt gevolgen van behandeling (%)
	P6	Er is een vast aanspreekpunt die de patiënt begeleidt, en deze is bekend bij patiënt (%)
	B1	% patiënten per behandeloptie (bijv. borstparend, directe reconstructie)

DICA
DUTCH INSTITUTE FOR CLINICAL AUDITING

National registries







PROMS
(Patient Reported Outcome Measures)



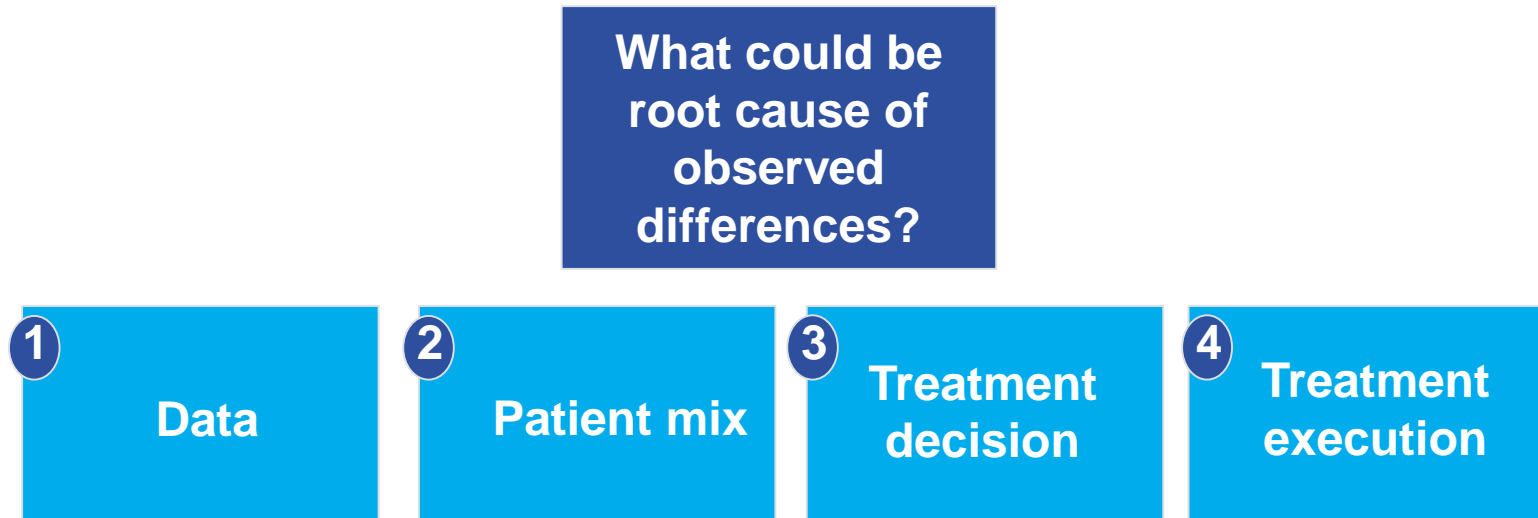
Santeon registry
(Pharma database)



On the Santeon score card, %, means, medians are presented for each hospital

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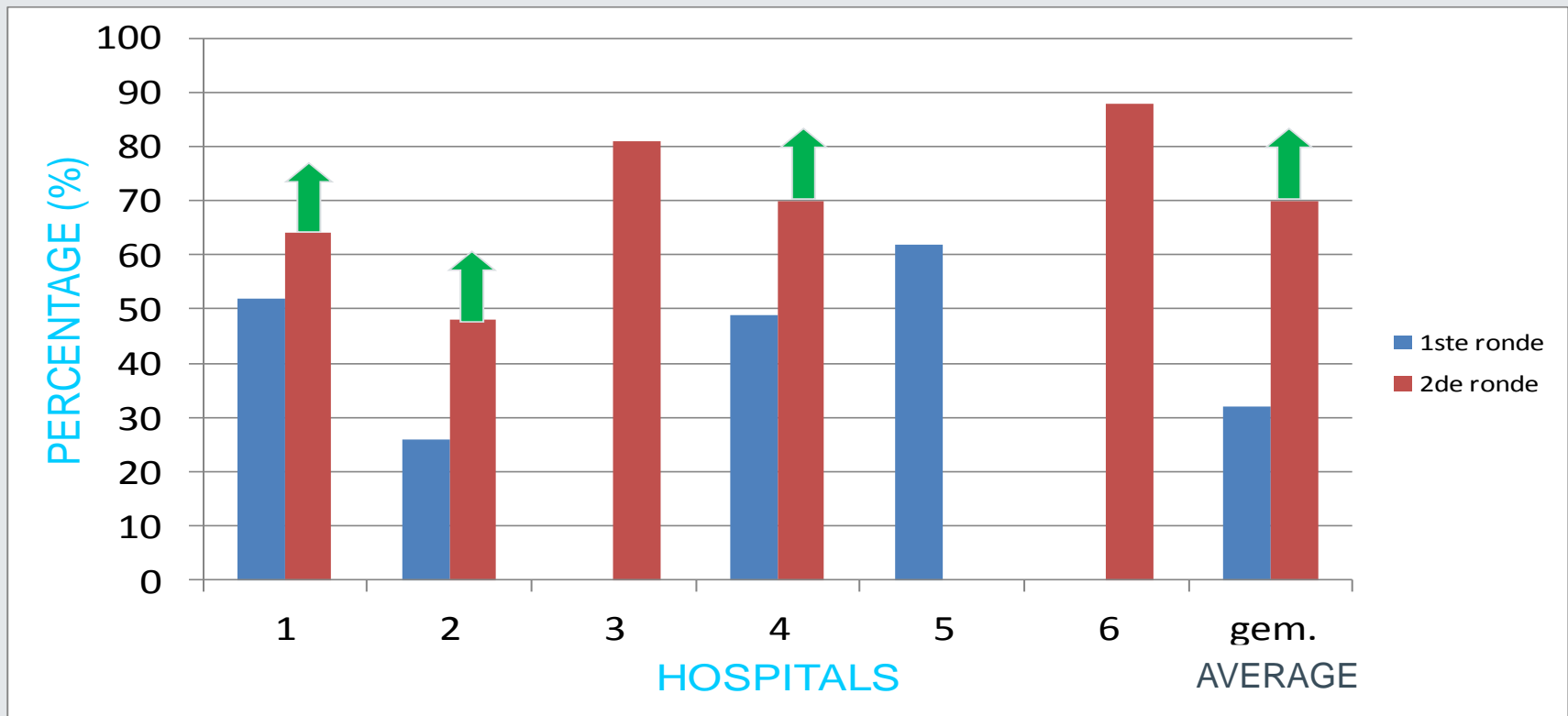
We see differences and achieve improvement, but it is not always easy



Need for a structured problem solving approach with medical professionals

Breast cancer: improvement in % of day care surgery in 2nd VBHC@Santeon cycle

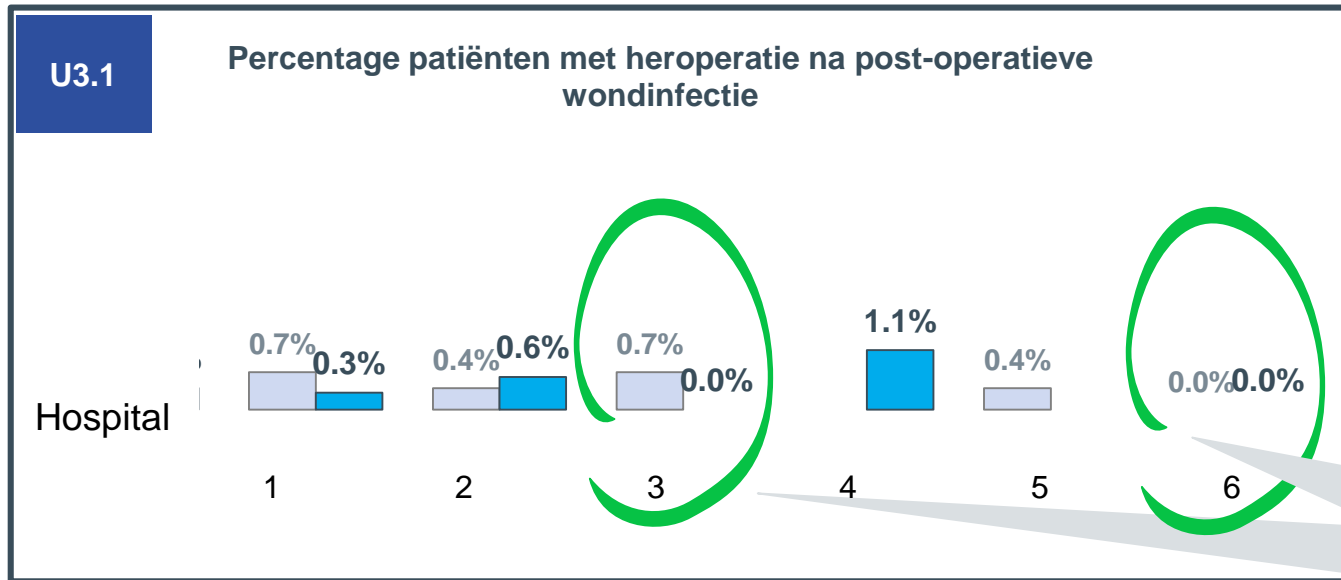
% primary lumpectomy in outpatient setting (no inpatient stay)



Best practice

- Clear communication to patients
- Theatre planning
- Adjusted pain medication

Breast cancer: improvement number of re-operations due to post-surgical wound infections in 3rd VBHC@Santeon cycle



■ 1st cycle
■ 3rd cycle

Best practice:
patient receive
antibiotics pre-
surgery

What do the doctors say?



Dr. Yvonne van Riet – breast surgeon

“This is an unbelievably good concept, it is much more motivating than the other ways we look at data and deal with quality indicators. I would definitely recommend working like this to my colleagues”



Dr. Paul de Jong – oncologist

“With the other hospitals, we look at our data in an open, unbiased and non-judgmental way. It’s the only way we can learn and improve care for our patients”

Santeon started collaboration with healthcare insurers

“Looking at quality of care in relationship to efficiency has tremendous potential. That's what we aim to achieve together with Santeon”



Santeon is negotiating value based contracting options with private health insurers

Topics for discussion

- Setting the scene
- VBHC@Santeon
- **Key lessons learned**

1. Appeal to what actually motivates people



Source: Daniel Pink - "The surprising truth about what motivates us"

2. Trust that data are only used internally is key



3. Not about, but with the patient



4. Keep it simple and be pragmatic



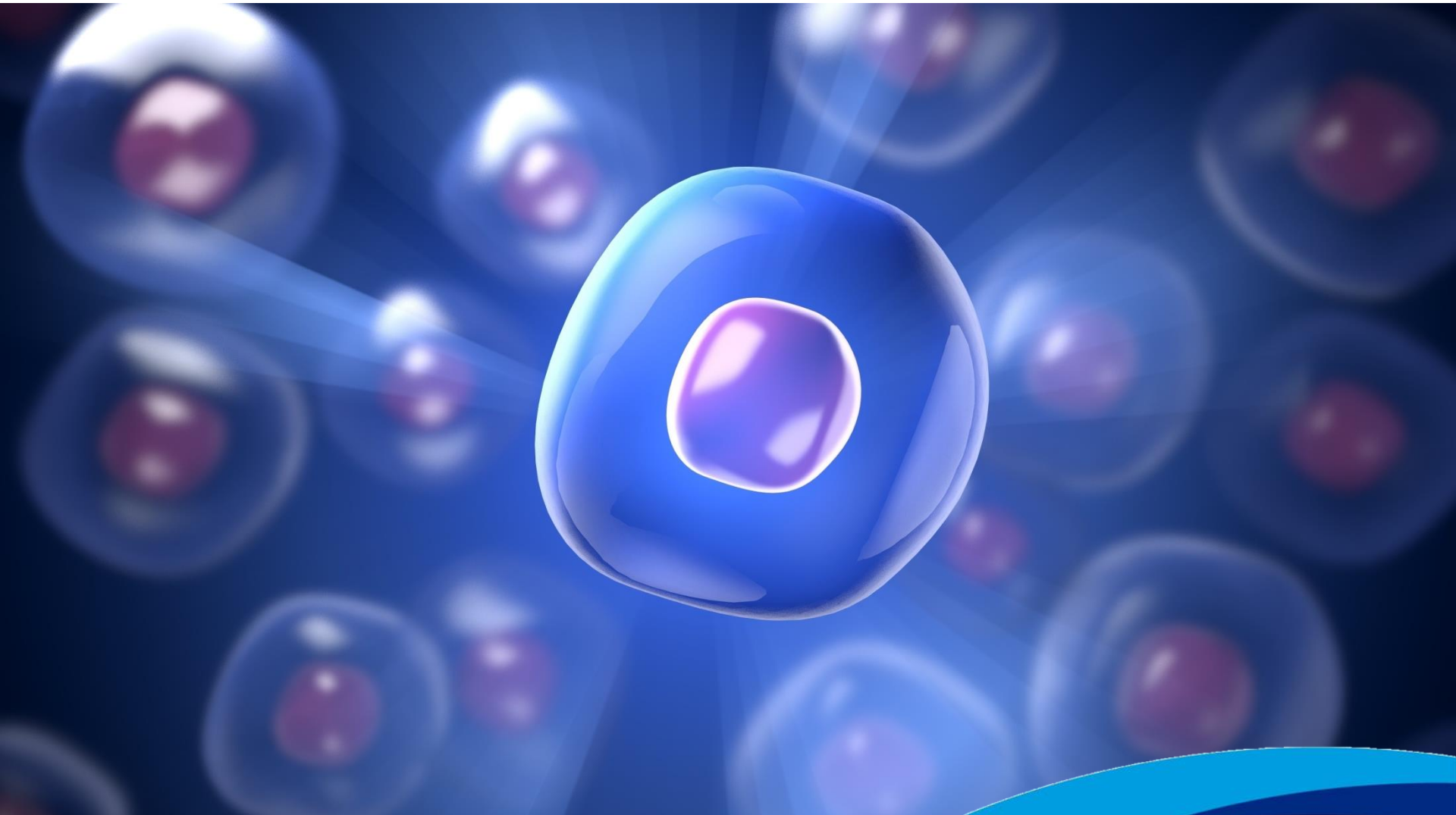
5. Use data as a mirror: don't judge but learn



6. Look in each others' kitchen to learn best practices



7. Investments in organization and support indispensable to drive innovation and improvement



8. It's hard work taking one step at a time, but worth it!



The NEW ENGLAND JOURNAL of MEDICINE

Perspective
AUGUST 25, 2016

The Hard Work of Health Care Transformation

Richard M.J. Bohmer, M.B., Ch.B., M.P.H.

Governments and regulators influence the performance of health care organizations and practitioners primarily through positive and negative financial incentives, regulatory constraints on their licenses to practice, and support of performance-improvement activities through education, research, and measurement programs. The financial approaches aim to motivate change in the way organizations and practitioners

successfully transformed themselves, however, substantially improving efficiency and quality. How have they done so? One popular approach is top-management-led structural and governance change — moving boxes on organiza-

Organizations' delivery of care is ultimately governed by structures and processes at the ward, clinic, or practice level. These elements have usually accreted over time, often in response to regulations or technology and without subsequent performance review or deliberate updating. In contrast, successful "transformers," from Seattle's Virginia Mason Medical Center to the Salford Royal National Health Service Foundation

Bron: NEJM, August 25, 2016

9. Challenges

Communication

Planning & control

Data availability

Full chain of care

Quality based health insurance contracts

Research

International collaboration



OLVG



St. Antonius Ziekenhuis



Canisius Wilhelmina Ziekenhuis



Medisch Spectrum Twente



Catharina Ziekenhuis



Martini Ziekenhuis



Santeon

an association of 7 hospitals
in the Netherlands

- ✓ Canisius-Wilhelmina Hospital, Nijmegen
- ✓ Catharina Hospital, Eindhoven
- ✓ Martini Hospital, Groningen
- ✓ Medisch Spectrum Twente, Enschede
- ✓ OLVG, Amsterdam
- ✓ St. Antonius Hospital, Nieuwegein
- ✓ Maasstad Hospital, Rotterdam

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