

Event Report VBHC Webinar

November 4th, 2021

**VBHC - The answer to our future
healthcare challenges?**

The sense and non-sense of VBHC today,
with recommendations for tomorrow

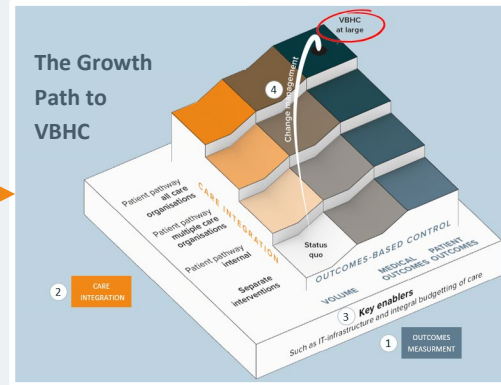
For the full recording click here 



HOW CAN WE USE VBHC TODAY ...



VBHC "What is your answer to this?"



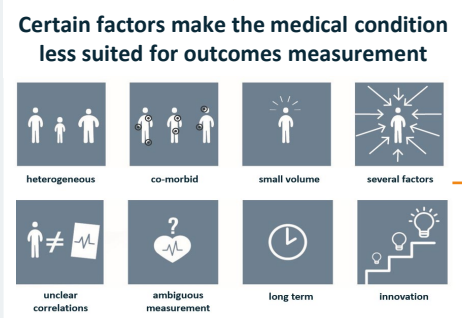
VBHC requires movement along two main axes; care integration and outcomes measurement

My Key Takeaway; The importance of change management, good communication and engagement with key stakeholders. This includes government and key decision makers that are necessary for scaling up structural enablers to facilitate the VBHC vision. We need to prioritize care integration, because care integration leads to outcomes improvement, but not vice versa.

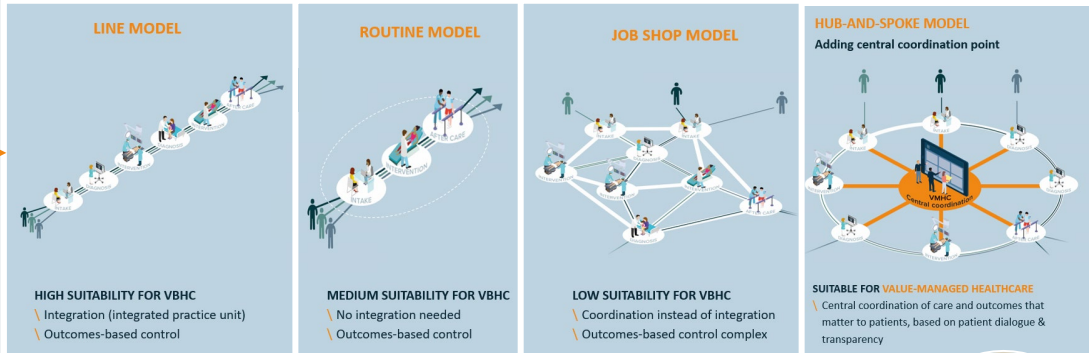


- Lessons learned**
- 1 Outcome definitions resulting in lengthy exercise (scientific approach)
 - 2 Translating outcome insights into improvement actions is not always easy
 - 3 Integration of care appears to lead to faster results
 - 4 There is usually no hard integration, as we often see coordination
 - 5 Data infrastructure is an important precondition
 - 6 Direct link w/ reimbursement is often missing
 - 7 Silos in the budgets stand in the way of innovation and scalability
 - 8 Make tangible improvements transparent to drive an improvement culture
 - 9 Keep it manageable: do not boil the ocean
 - 10 Broaden the support base among healthcare professionals

We have gathered 10 lessons learned from case studies



The type of care delivery model also determines whether care integration and outcomes measurement are possible and whether it will unlock value



In summary ...

VBHC at large is not applicable everywhere. It is not one-story fits all.

However, applying a subset of VBHC principles can also create value.

There are about 10-20 different healthcare professionals involved per patient in the treatment of Parkinson's disease. We decided to organize this in a hub-and-spoke model with 'Point for Parkinson' as the central coordination point. We are now in the process of building an advanced ICT-system via which we can share and receive info.



When defining value, it's important to look at outcome rather than output. Measuring a medicine's value across 4 components: 1) clinical value, 2) patient value, 3) healthcare system value, and 4) societal value is a better overall determinate of a medicine's potential impact. This intrinsic value becomes even more transparent when available treatments aren't reaching those that need them. If we truly want to remove barriers, improve access, and ultimately change lives impacted by disease, we must overcome the current bottlenecks.



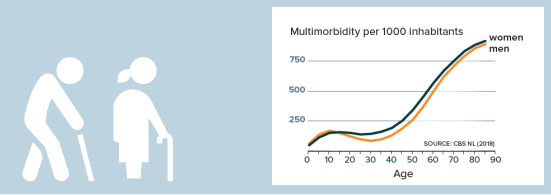
TO SHAPE THE VBHC OF TOMORROW

Payers need to be convinced of the 'new' end point; value. Payers however are often scared that the increased value may also increase costs, which hampers the switch to a new system. The question is if the payers want to pay for real added-value across the healthcare system, despite existing budget silos.

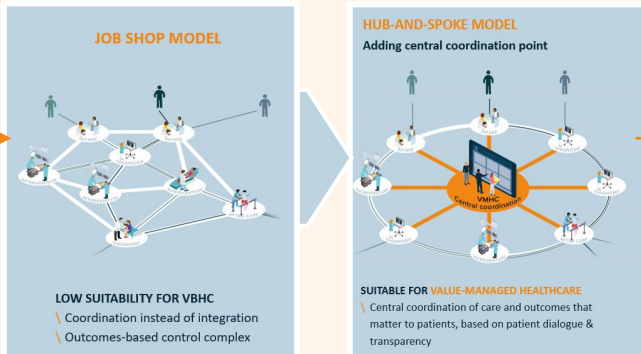


In elderly care, applying the pure VBHC principles is also difficult

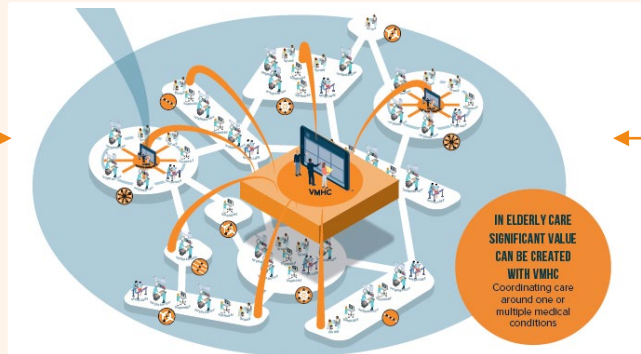
- Comorbid and heterogenic elderly patients are not really fit for pure VBHC
- There is no single unambiguous care process
- No standardized outcomes linked to specific interventions, only holistic outcomes



Care for elderly is organized according to the job-shop model. However, a job-shop model, without coordination, leads to undertreatment, overtreatment, miscommunication, & errors



We cannot afford this inefficiency and can overcome this by organizing in a hub-and-spoke model. Ultimately, we need to coordinate across multiple diseases, to achieve VMHC at large

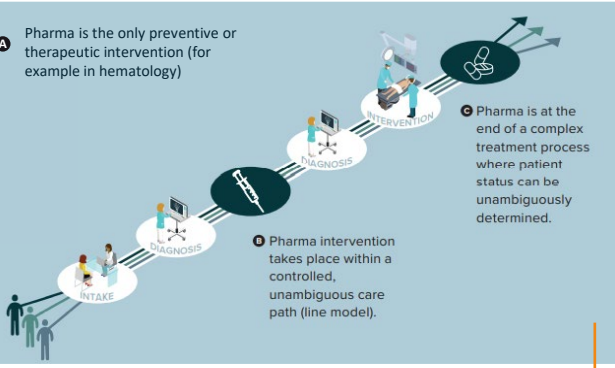


VMHC is pertinent in oncology. We currently use a line model for distinct patient segments. With innovative treatments, and a view of cancer as a more chronic condition, we are moving from a curative approach for cancer to a more holistic view including quality of life. The hub-and-spoke or coordination model will help (often heterogeneous) patients navigate the healthcare system.



To what extent can pharma take responsibility for patient-relevant outcomes?

In the below 3 situations, pharma can take accountability for patient outcomes

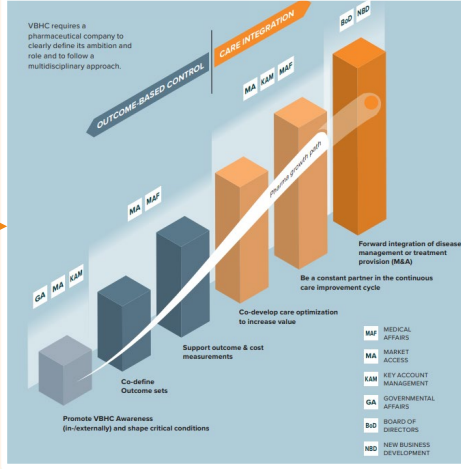


There are some additional conditions for pharma to take accountability for patient outcomes

- Cross-disciplinary collaboration and ownership regarding patient outcomes
- Insight in the entire patient care process, from intake (patient mix) to after-care
- Clear understanding of pharma intervention factors influencing patient outcomes
- Integrated infrastructure for data registration, processing and data access

As an alternative to patient outcomes measurement, pharma could consider measuring surrogate outcomes or patient response/non-response measurement

VBHC requires pharma to make a clear strategic choice and definition of its role in the healthcare system



- Improving & integrating care**
- Co-develop care optimization solutions
 - Be a constant partner in continuous care improvement
 - Developing or acquiring disease management services

- Measuring outcome**
- Pharma only intervention: real patient outcome
 - Within controlled setting: real patient outcome
 - Complex setting: surrogate outcome or response rate

NHS England and Novartis are collaborating to remove the bottlenecks for a population of CVD patients at high risk. We now have one aligned objective and are identifying patients with the highest need. We are removing hurdles that limit access innovative treatments and are measuring and improving outcomes.



WHERE TO GO FROM HERE?



VBHC: TARGETED IMPLEMENTATION based on disease and patient characteristics



VMHC: BROAD IMPLEMENTATION especially for co-morbid, chronic and elderly patients. **With a trusted third party as independent care coordinator**

If we work together across the healthcare ecosystem, we can make it a reality.

There is no time to wait.



VBHC theory made me aware of the strange way in which we work. This allowed us to achieve more patient-centric work. We need to reimburse for outcomes, not for service. It's very motivating to work for value!



We need interoperable, real-time data that is transparent and can be shared between providers so we can make better decisions.



Ultimately VBHC is a win-win-win for everyone. Yet we need to understand that it may not be a win for everyone in the short-term as well. We need to acknowledge this and find a solution to bridge it.



THE MOST IMPORTANT ADVANTAGES OF VMHC

- VMHC provides an integrated overview and puts the patient at the centre in a complex care setting
- A regional or national hub-and-spoke model is much more efficient than every healthcare provider building its own network
- More transparency in the care process and patient data between providers and for patients
- Fewer (communication) errors and less duplication
- Patients no longer fall between the cracks
- Lower burden on nursing and medical staff as non-medical staff can handle disruptive issues at the coordination point
- Central and broad engagement around patients, resulting in central shared insights for care organisations
- VMHC is a prelude to further automation, as soon as the coordination role has been physically set up and configured
- VMHC also organises the demand for care (i). VBHC only organises the provision of care
- VMHC is a short-term solution with a long-term perspective
- VMHC can be implemented quickly and yields immediate results

A lot of value can be created today by better cooperation and coordination between care providers. We need to be prepared and need to start moving. This is an invitation to everyone to join us in this journey.

IT IS TIME TO ACT NOW!



The full VBHC report can be downloaded for free at

www.vintura.com



© VINTURA

SPEAKERS AT THE EVENT



EVA VILLALBA
Executive Director at Quebec Cancer Coalition



JANNEKE VAN DER KAMP
Head of Region Europe at Novartis Pharma



TEUS VAN LAAR
Director of Research at Point for Parkinson



GÉRARD KLOP
Partner at Vintura & author of VBHC - The answer to our future healthcare challenges?



CASPER PAARDEKOOPER
Partner at Vintura

For questions, please get in touch with us via www.vintura.com

