

VALUE-BASED HEALTHCARE CONFERENCE 2024



22-23 AUGUST 2024

Assessment of Implementation of Value Based Healthcare (VBHC) via an Implementation Toolkit: A Dual Institution Collaboration

Authors: Dr. Yeo Jia Xuan¹(main), Dr. Jayanti Visvanathan¹, Mr. Matthijs van der Linde², Dr. Ton Hanselaar³, A/Prof. Hairil Rizal bin Abdullah¹ ¹ Office of Value Based Healthcare (OVBH), Singapore General Hospital (SGH)

² Program Manager, Linnean Initiative and Senior Advisor, National Health Care Institute

³ Chair of the Working Group 'Accelerating the Pace of VBHC Implementation', Linnean Initiative and Member of the Advisory Board, Value-Based Health Care Center Europe

Introduction

Following Singapore's recent healthcare reform to focus on preventive health and early intervention, and a shift from a workload-based to a capitationbased model¹, robust implementation of Value Based Healthcare (VBHC) has been identified by Singapore General Hospital (SGH) as a key focus area.

Linnean Initiatief is a Dutch national network of leaders driving VBHC. It organizes network meetings to discuss the implementation of VBHC and has created knowledge products² to guide robust implementation. This includes a toolkit consisting of a VBHC Implementation Thermometer and an Implementation Guide. The toolkit has been mostly applied in the evaluation of a multidisciplinary team, and this poster explores a broader application as a systematic evaluation tool to assess SGH's current status from the perspective of an institution to identify areas of strengths and improvement.

Analysis

Domain	Implementation Thermometer Questions	Areas of Strength		Areas for Growth
	 Are all healthcare professionals and support staff involved sufficiently represented in our 	SGH VBC Council	 Monthly meeting with senior leadership to present updates 	 Increased representation of
	team? 4	SGH VBHC	✓ In-house template as a step-by-step guide to aid creation of	patients

MULTIDISCIPLINARY TEAM >		Are patients represented in the evaluation and improvement of care? 2 Do multidisciplinary progress and improvement meetings take place on a regular basis? 5	Implementation Toolkit Quality Improvement	clea	ar definitions & indicator	
CARE PATHWAYS AND OUTCOMES > 3.7	2.	Is the care pathway well described and are health outcomes (Clinical and PROMs) and casemix variables structurally measured for the medical condition? 4 Are individual health outcomes discussed with the patient (as part of shared decision making)? 2 To what extent are outcome data used to continuously improve care in our team? 5	SGH VBHC Implementation Toolkit Quarterly Reporting International benchmarking	 ✓ Mean incl ✓ Pilc ✓ Quant 	re pathways described asurable clinical outcomes data that cross domains & ludes long-term outcomes of to include PROMs in routine outcomes reporting in ACDF arterly reporting of outcomes via Tableau of to adopt ischaemic stroke ICHOM Standard Set in 2024	 Systematic implementation of PROMs Increase general understanding Integration to EMR
COSTS AND REIMBURSEMENT > 2.3		Do we know the costs and reimbursements related to the medical condition? 3 To what extent is our team financially responsible? 3 Are there agreements with healthcare insurers on value-based contracts or payments? 1	Understanding components of cost bucket Developing Health Economics framework	✓ W	ost data available, represented in cost buckets /orking on how to structure existing financial data into a amework for VBHC analysis	 Deeper understanding of payments processes Identifying our cost drivers Explore value-based payment and contracting
COLLABORATIVE NETWORKS > 3.7	2.	To what extent are all healthcare providers in the entire (internal and external) care chain part of our team? 4 Is the entire care chain jointly responsible for both outcomes and costs? 3 To what extent are good practices shared outside our care chain to learn from? 4	Cluster benchmarking Cross-setting VBHC analysis	wi ✓ Cı ✓ Ar - F	uarterly benchmarking for select conditions with other providers ithin cluster ross sharing of best practices nalysing single condition across primary to tertiary care continuum Facilitated by data sharing agreement ollaboration with community partners for improvement projects	 More collaboration with external partners
EDUCATE, INNOVATE, IMPROVE > 2.7	2.	To what extent is the philosophy of value- based healthcare known to all healthcare professionals and support staff involved? 4 Is there an integrated quality policy, which also includes outcomes & costs? 2 Are health outcomes and costs shared and/or compared with regional or (inter)national parties? 2	Quality Improvement Implementation Science	✓ In m ✓ Ac in	ood knowledge on QI methods & PDSA cycles -depth analysis of root causes via case review and ultidisciplinary discussion dopting Implementation Science frameworks provides rigour driving initiatives ultipronged approaches in improvement plans	 Further rigour in statistical methods for academic publication
LI & DATA >	2.	Are outcome data unambiguously recorded at the source? 5 Are outcome data available in real time? 4 Is outcome data displayed in useful overviews for the team? 5	Analytics & Dashboards	✓ Qu ✓ Ro	nterprise analytics platform to extract data from EMR uarterly reporting of data via Tableau obotic process automation to generate individual clinician ports via Tableau	 Dashboards for patients ePROMs platform

4.7



- 1. Is/are the leader(s) inspiring and have good communication skills? 4 2. Do all members of the multidisciplinary team know their roles and take responsibility? 4
- 3. Is there a culture of enthusiasm and trust within the team, of learning and improving safely together? 4

Clinician	Champions

Improvement-focused Mindset

anonymised ✓ Frequent sharing of good practices

✓ Clinician leads have formal appointments, endorsed by leadership

✓ Leads report progress of conditions at VBHC council meetings

 \checkmark Quarterly reports not punitive in nature, individual reports

• Further empowerment of non-clinicians (nurses, allied health staff, patients)

Conclusions

Linnean's Implementation Toolkit allows for a systematic and comprehensive assessment of an institution's progress in VBHC, highlighting both strengths and opportunities for improvement. This allows for subsequent conversation for the institution to develop strategic areas to focus on in the immediate, mid and long term. This framework also facilitates discussion between different institutions to highlight different areas of strengths to promote sharing of best practices. This has shown broader applicability of Linnean's toolkit as a versatile framework that can be applied to various levels ranging from a multidisciplinary team to an organisation.

Acknowledgements

We would like to thank the teams we work with on a day-to-day basis for their invaluable contribution to our work. They include, but are not limited to, the teams at Process Transformation and Improvement (PTI), Strategic Management Analytics (SMA) and SingHealth Office of Value Driven Care. We would also like to thank Linnean Initiatief and specifically the Working Group 'Accelerating the Pace of VBHC Implementation' for their active contribution to the content of this poster.

1 "Promoting Overall Healthier Living While Targeting Specific Sub-populations" Ministry of Health, 2023, https://www.moh.gov.sg/news-highlights/details/promoting-overall-healthier-livingwhile-targeting-specific-sub-populations. Accessed 19 March 2024.

2 "Linnean products" Linnean Initiatief, 2023, https://linnean.nl/inspiratie/kennisbank/1917451.aspx?t=Linnean-producten. Assessed 19 March 2024

