

Adding Value to the Care of Rheumatoid Arthritis Patients: Defining the Care Delivery Value Chain and Mapping the Patient Journey

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# **INTRODUCTION**

The focus of healthcare is shifting towards a value-driven healthcare system. To align patient preferences and value with healthcare delivery, the mapping of patient journeys by means of a Care Delivery Value Chain (CDVC) has gained interest. The CDVC is proposed as a supportive framework to enhance the perceived value of the provision of care.

#### OBJECTIVE

The objective of this study was to define the CDVC and to establish a detailed process map for Rheumatoid Arthritis (RA) patients. Additionally, we integrated telecare in the care cycle and identified areas of "value" improvement.

### METHODS

The study was performed at the rheumatology department of Maasstad Hospital in Rotterdam, the Netherlands. To align patient preferences and value with healthcare delivery, the patient journey is mapped by means of a Care Delivery Value Chain (CDVC) and the following steps were undertaken:

- 1) Data collection from electronic patient records and interviews with involved staff.
- 2) Aligning relevant activities and resources, with the CDVC as basis, in a logical manner.
- 3) Validating the detailed process map by a delegation of medical staff and RA patient advisory board via focus groups.

Figure 1. Care Delivery Value Chain of Rheumatoid Arthritis patients

Informing and engaging Education on drugs, education on disease and treatment	
Measuring	

Measurements and Disease Activity Score (DAS) assessment Accessing Outpatient visits, laboratory visits, radiology visits and telecare (remote care)					
Diagnosing - Referral - 1 <sup>#</sup> consult rheumatologist - Diagnostics: imaging & laboratory - Consult: diagnosis - Education	Preparing - Assessments & measurements - DAS assessment - Drug verification		- DAS assessment - Consultations - Drug verification	Monitoring /managing - Diagnostics: laboratory tests - DAS assessmen - Drug verification - Consultations	

# **RESULTS**

The CDVC included resources and activities concerning the rheumatology department, laboratory, pharmacy and diagnostics. The number of steps per CDVC phase ranged from four to twelve. The majority of the activities are performed in the intervening and recovery phases. Many performed procedures are homogenous. Minor improvement suggestions were proposed during focus groups with patients and medical staff. The integration of patient reported outcome measures and developing a patient reported measurement of the disease activity score were identified as areas where improvement is warranted.

# **CONCLUSION**

Mapping the CDVC provided insight and transparency in the patient journey, delivered activities and resources concerning RA care cycle. Future research will focus at assigning the care cycle costs to these activities to transit into a thru value-based healthcare system.

