

Medical Condition-based Organizations and VBHC Implementation Thermometer

Authors: Matthijs van der Linde, MSc.^{1,2}, Maarten Koomans, MSc.

¹Linnean Initiatief, ²National Health Care Institute, ³Reframing Healthcare

Introduction

Implementing value-based care (VBHC) often requires a different way of working together and sharing responsibilities. Our experience in the Dutch healthcare landscape revealed that the concept of IPU (integrated practice units) was insufficient to guide the implementation of VBHC and design purposeful organizations. Additionally, we observed significant differences in the state of implementation of VBHC principles. As a working group, whose members hold key VBHC positions in their respective hospitals, we pooled our collective experience and expertise to refine IPU thinking and assess the current state of VBHC implementation.

Methods

The working group employed experience-based research, organization design (OD) principles, quantitative research methods, and a group process fueled by design thinking (DT) methodologies. A DT approach was used to understand core elements of VBHC implementations and OD needs, leading to the creation of eight archetypes. Desk research was conducted to gather relevant OD frameworks and design a VBHC Implementation Thermometer - which was validated with 25 VBHC teams from curated hospitals.

Results: Archetypes

We created a guide presenting four base medical condition-based organizations (MBO's) which can be stand-alone (A) or in a networked composition (B), creating a total of eight MBO's, as a logical extension and pivot from the original IPU. Based on the descriptions, readers can identify the archetype that currently shapes their VBHC journey and explore possibilities for their VBHC trajectory within other MBO's (see figure 1).

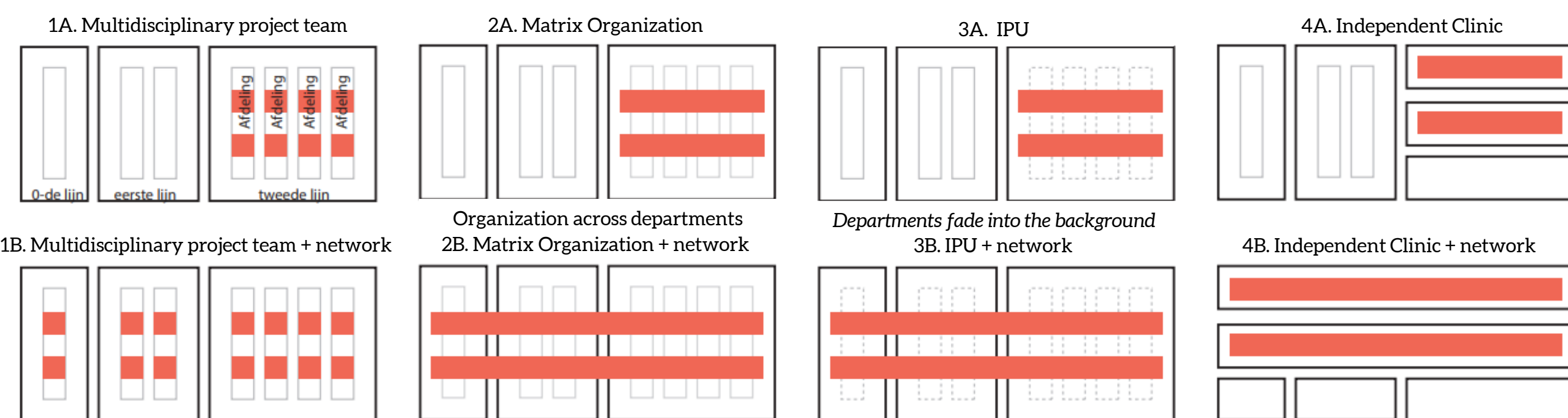


Figure 1. Four base Medical Condition-based Organizations (Multidisciplinary Project Team, Matrix Organization, IPU, Independent Clinics) that can be stand-alone (1-4) or in a networked composition (5-8). From left to right, the team around the medical-condition will become increasingly more formalized, while the departments will gradually fade into the background.

Results: VBHC Implementation Thermometer

We developed a tool providing an implementation status overview across the seven core VBHC domains. By asking three questions per domain to teams working with VBHC, we established a status report on VBHC implementation. The outcomes of the VBHC Implementation Thermometer are visualized per team, per hospital, and per type of hospital (see figures 2 and 3).

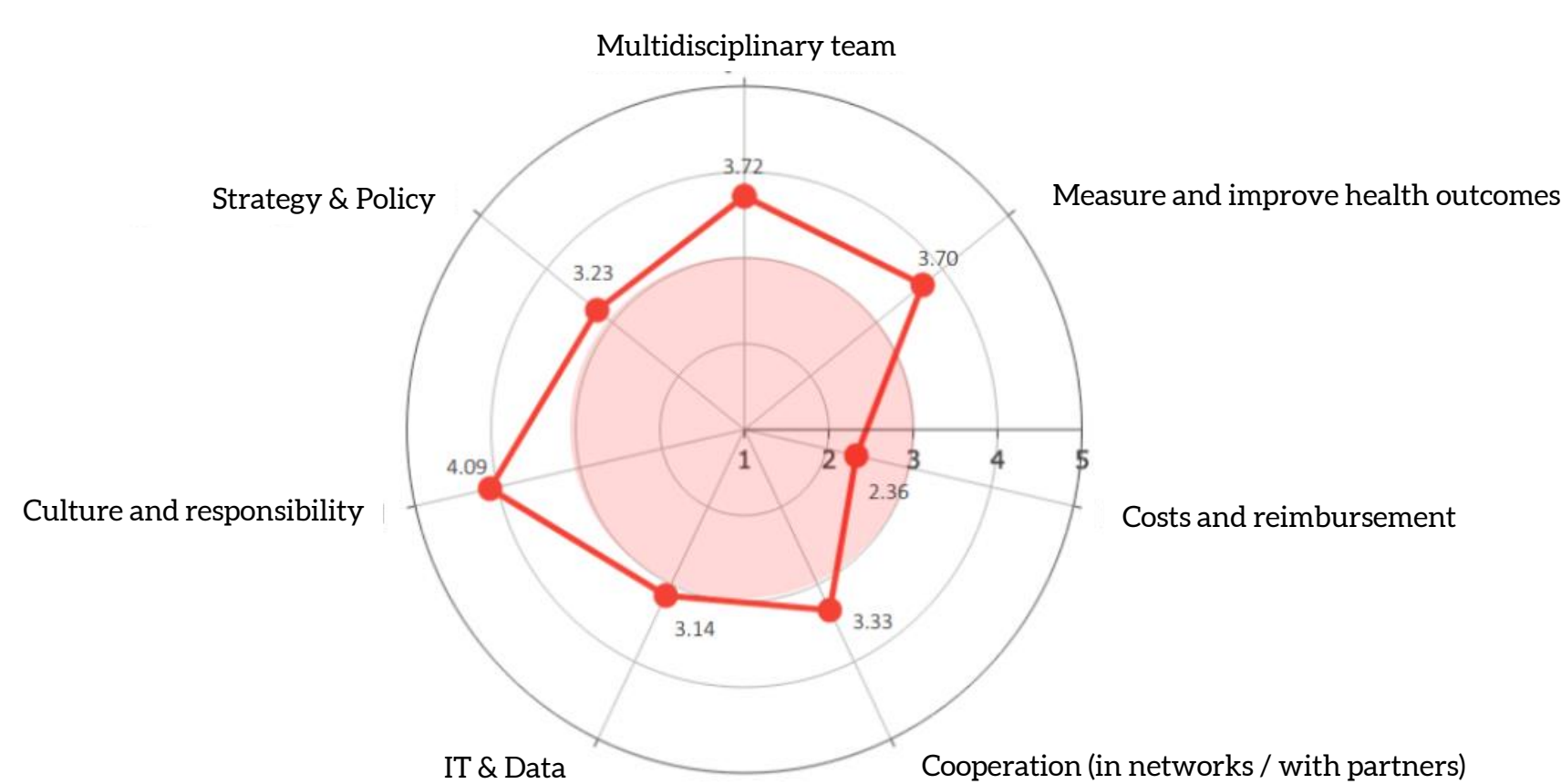


Figure 2. Aggregated scores of 25 teams around different medical conditions in different hospitals and independent clinics.

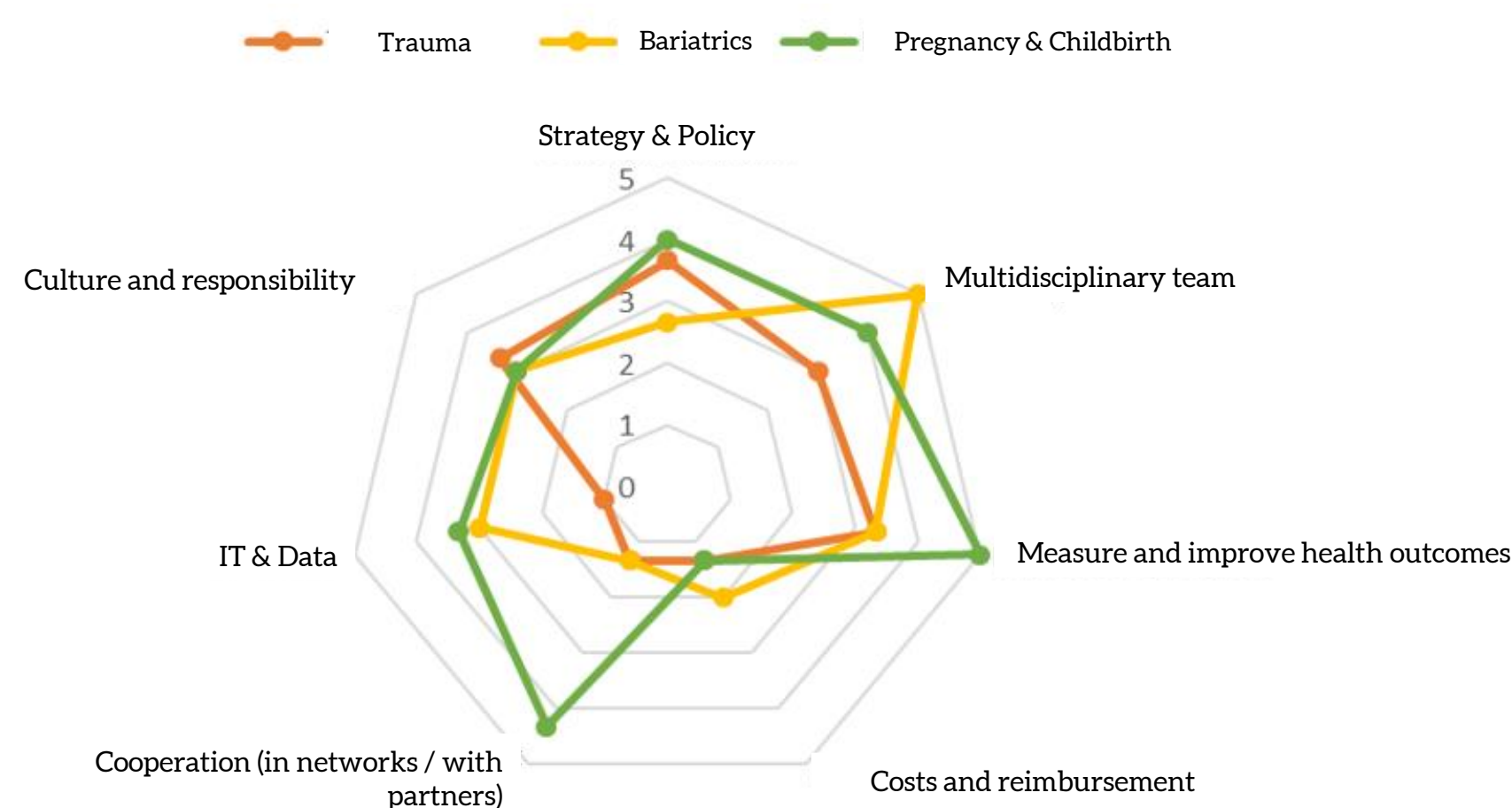


Figure 3. Scores of teams around three different medical conditions/patient populations (trauma, bariatrics, childbirth)

Discussion & Conclusion

The concept of IPU can be extended to multiple forms of organizing around medical conditions. The established archetypes reflect both the needs and examples we've encountered in practice, while also providing direction for future issues regarding organizing in networks and geographic areas. The archetypes are internationally scientifically validated. The VBHC Implementation Thermometer has proven to be a valuable tool for assessing the implementation level of each VBHC domain, and has also been scientifically validated.

The working group aims to take a deeper look at how we can organize VBHC in different geographic settings. We also intend to explore the influences and possibilities of digital transformation and artificial intelligence for the future of these MBOs.

Acknowledgements: We would like to express our sincere gratitude to all members of our Working Group.

