Conference Abstract

An overview of the transition towards population management in the Dutch pioneer sites: a workshop

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Abstract

Introduction: The economic crisis has heightened the pressure to bend the cost curve in health care. In addition, current health care systems are not fully equipped to respond to the needs of their ageing populations. In response, several countries adopted population management (PM) to achieve Berwick’s Triple Aim: simultaneously improving quality of care, improving population’s health, and reducing per capita costs.

Also in the Netherlands, the concept of PM is embraced. The Dutch Ministry of Health selected nine pioneer sites, working with the concept of PM for inclusion in the Dutch National Monitor of Population Management (NMPM), executed by the RIVM. These pioneer sites - compiling a variety of interrelated individual, organizational and societal interventions - have a strong regional perspective involving multiple actors (e.g. hospitals, municipalities, primary care groups). Given the complexity of the system transition in the pioneer sites, it is of importance to trace the organizational transition of these pilots as well as the experiences of professionals in order to learn and be able to anticipate. In addition, methodological issues arise such as what indicators can be used to estimate these transitions in terms of Triple Aim goals and to what extent are these indicators sensitive for the changes over time.

In this workshop, the transition towards population management will be elaborated on, based on three topics: transition in organizational characteristics, experiences of stakeholders so far and methodological and conceptual aspects of evaluating PM.

Theory/methods: The workshop is based on data from the Dutch NMPM that monitors and evaluates the nine pioneer sites (covering about 2 million people in total) in the period 2013-2018. Underlying the NMPM an applicable analytical framework is developed. By applying a mixed-methods approach in this analytical framework, the Dutch NMPM aims to derive transferable ‘lessons learned’ and to methodologically further underpin the concept of PM. The following
information about the pioneer sites is collected each quarter using interviews, published documents and websites: 1) aims of the PM site; 2) structure (legal entity, involved organizations and their roles, governance); 3) risk stratification and population identification; 4) financing and incentives; 5) included interventions; 6) barriers/facilitators. Next to this, sixty semi-structured interviews were conducted, including all members of the board of the nine pioneer sites. Interviewees’ roles varied, but they were mostly directors/ managers of care groups, hospitals and patient-organizations. The interviews focused on barriers and facilitators in achieving the sites ambitions. Additional elaborated themes were: 1) financial incentives/ contracts, 2) quality of care and 3) transparency of information between involved organizations. Last, several literature reviews and 2 focus groups are conducted to gain insight in the needed methodology to evaluate system transitions and improvement on the triple aim.

Keywords

Population management; system transition; triple aim; evaluation

PowerPoint presentation

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