Waarde Gedreven Zorg

Proeftuin Longoncologie

8314468

10-01-2019

Ambitie Waarde Gedreven Zorg

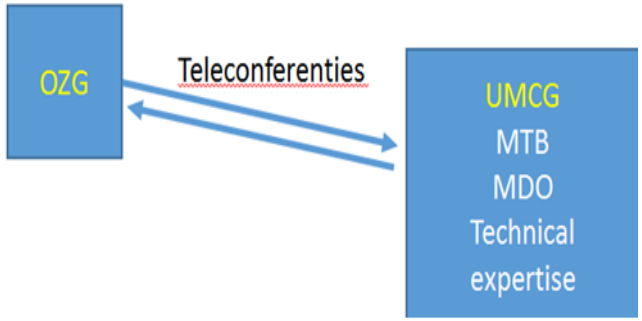
Vanuit een patiëntgerichte benadering longoncologische zorg optimaliseren door:

- Shared Care model met OZG
- Inzicht in processen, uitkomsten en kosten
- Doorlopen PDCA-cyclus
- Benchmarking en evaluatie met MZH

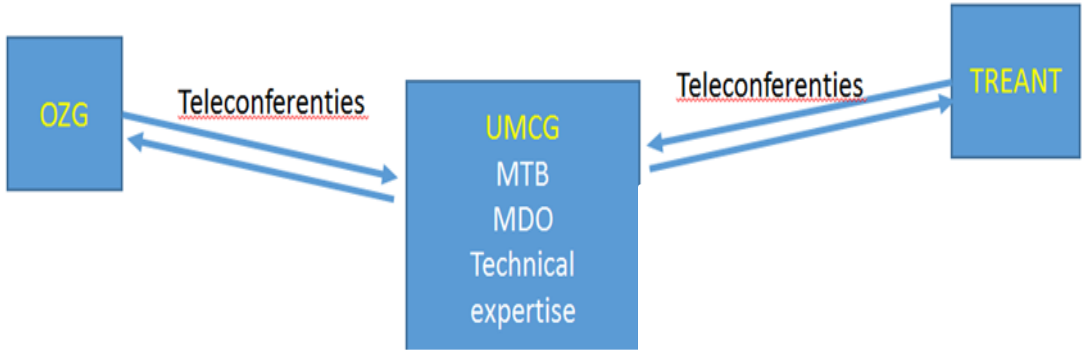
Doelstellingen

- Quality control: Periodieke toetsing en benchmarking van kwaliteit obv ICHOM-set, doorlopen PDCA-cyclus
- Voorkomen ongewenste praktijkvariatie
- Juiste zorg op juiste plek voor de juiste patiënt; optimaliseren inzet capaciteiten/middelen regionaal
- Adequate inzet en bekostiging expertise UMCG

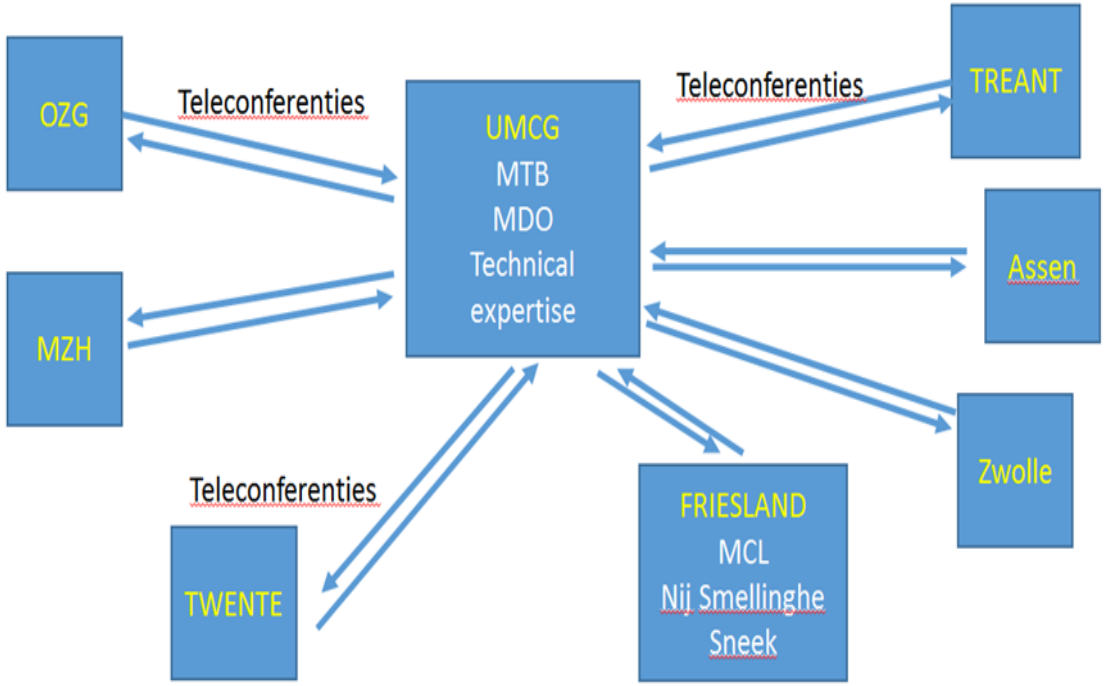
Regionaal netwerk longoncologie



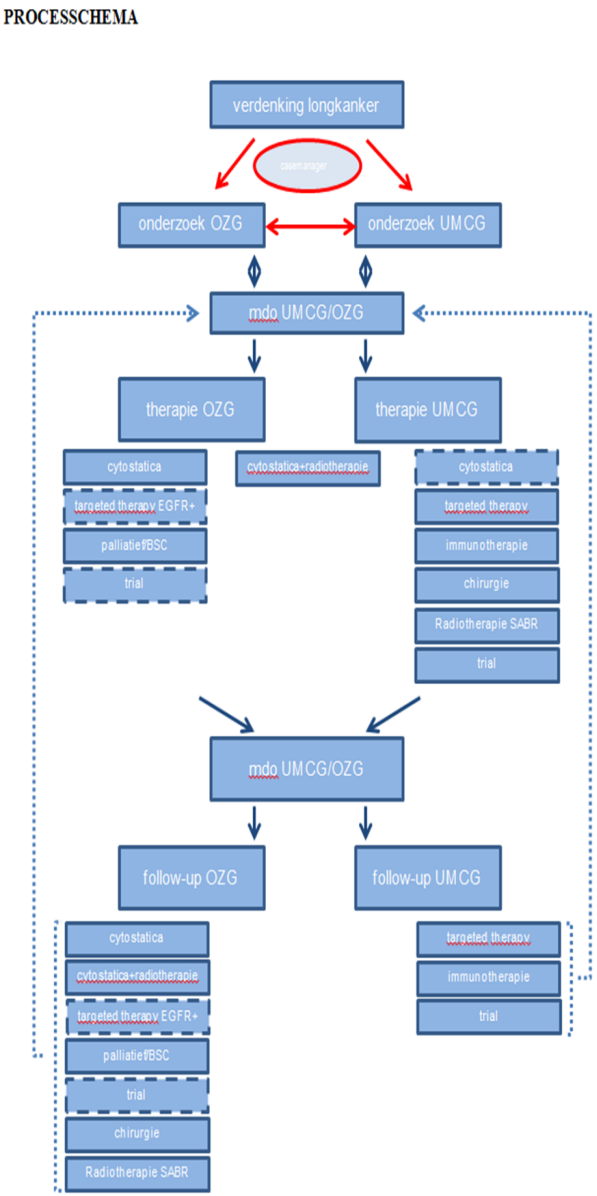
Regionaal netwerk longoncologie



Regionaal netwerk longoncologie



Shared Care UMCG-OZG 2018



Tijdlijn WGZ Shared care UMCG-OZG

- Looptijd: jan – maart 2019
- Mijlpalen:
  - Plan samenwerking en uitwerking zorgpad (Q1)
  - Opstellen meetplan deel ICHOM-set, naar voorbeeld MZH (Q2)
  - Opstellen meetplan consultaties oa Moleculaire Tumorboard
  - Uitvoeren meting over periode Q3, Q4
  - Evaluatie Q1 2019, evt bijstellen zorgpad/protocol, bekostigingsmodel MTB ea.
- Acties korte termijn:
  - Opvragen indicatoren MZH tbv regionale benchmark, samenstellen klankbordgroep patiënten, opstellen meetplannen

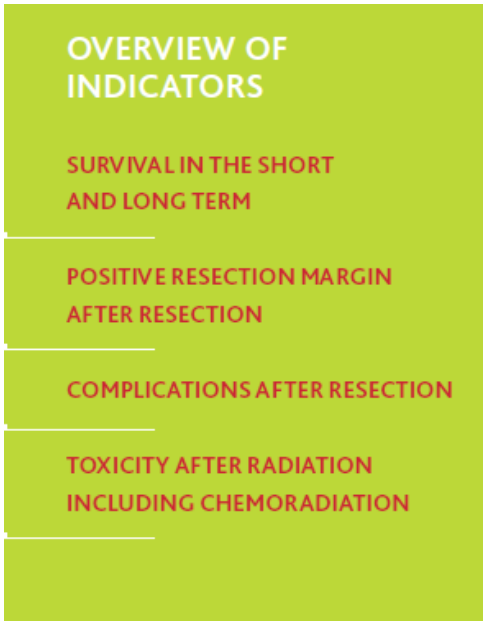
Value-based Health Care improvement cycles by evaluation of 3 variables

Outcomes	U2.1	30 days survival after resection for patients with stage I and II
	U2.2	90 days survival after resection for patients with stage I and II
	U3.5	Reintervention after resection for patients with stage I and II
	U5-10	Response PROMs questionnaire for patients with stage I and II
	U5-10.1	Response PROMs questionnaire for patients with stage I and II at diagnosis
	U5-10.2	Response PROMs questionnaire for patients with stage I and II 3 months after diagnosis
	U5-10.3	Response PROMs questionnaire for patients with stage I and II 6 months after diagnosis
	U5-10.4	Response PROMs questionnaire for patients with stage I and II 12 months after diagnosis
	U12	Number of unforeseen N2 stages after surgery for patients with stage I or II
Costs	K3.3	Subindicator: number of admission days before or after surgery for patient with stage I and II
	K3.3.1	Subindicator: number of admission days before surgery for patient with stage I and II
	K3.3.2	Subindicator: number of admission days after surgery for patient with stage I and II, starting at day of surgery
	K3.3.3	Subindicator: number of patient with stage I and II admitted at day of surgery
Process	P1	Number of days between first outpatient visit and multidisciplinary meeting deciding start first treatment for patients with stage I and II
	P1.1	Less than 35 days between first outpatient visit and multidisciplinary meeting deciding start first treatment for patients with stage I and II
	P2.1	Number of days between multidisciplinary meeting deciding start first treatment and day of radical resection for patients with stage I and II
	P2.1.1	Less than 14 day between multidisciplinary meeting deciding start first treatment and day of radical resection for patients with stage I and II
	P2.3	Number of days between multidisciplinary meeting deciding start first treatment and day of start radiotherapy for patients with stage I and II
	P2.3.1	Less than 14 day between multidisciplinary meeting deciding start first treatment and day of start radiotherapy for patients with stage I and II

Santeon, 2018

Patient Reported Outcome Measures in Lung Cancer: preliminary results

- Low response of patients
- Improvements by estimating and comparing between hospitals process, costs and outcome



Patiëntenparticipatie

1. Het idee is om patiënten al vanaf de start te betrekken in het geheel. Zij hebben waardevolle informatie. Overwogen wordt om een klankbordgroep te vormen.
2. Spiegelbijeenkomsten

Health Economics megatrends

Provider / Health Systems

- Change in Reimbursement Code -> Capita
- Strict outcomes orientation
- Continuum of care
- Data driven care & treatment decision support
- Health Information Exchanges

Consumer / Patients

- Mobility and digital assistants
- Remote patient care
- Mobile/Personalized Sensors / IoT
- Population Health
- Big Data Analytics

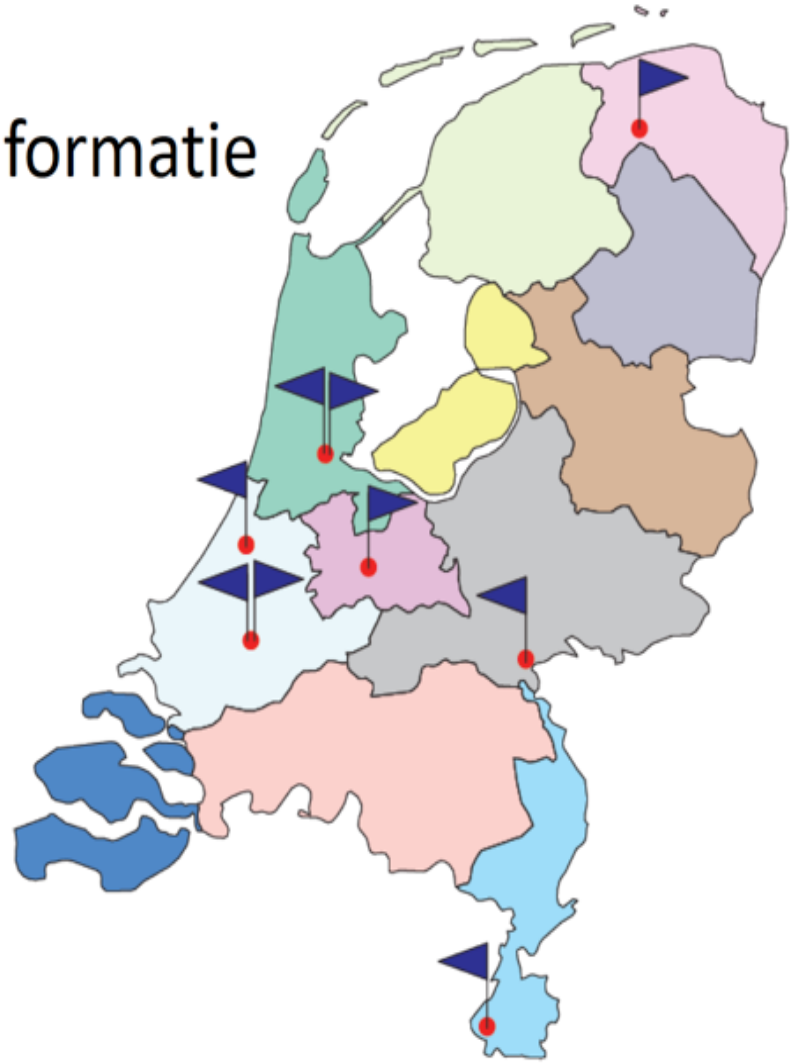
Pharma Industry

- Ineffectiveness of Therapies
- Targeted / Personalized Therapies
- Data driven diagnostics
- Data driven research optimization
- Data driven clinical trials

Moleculaire tumor boards

- Uitwisselen variant informatie
  - Annotatie
  - Classificatie
- Tumor type
- Therapie opties
  - Klinische trials

- cBioPortal?



Kernwaarde van waardegedreven zorg: herverkaveling van zorg

De essentie van de Juiste zorg op de juiste plek is: Het *voorkomen* van (duurdere) zorg, *verplaatsen* van zorg (dichterbij mensen thuis) en het *vervangen* van zorg (door andere zorg zoals e-health).

VWS Rapport Taskforce De juiste zorg op de juiste plek, 06-04-2018