



# Population-based research in integrated care: A short introduction

Lecture on Wednesday 26 November 2014  
at the  
University of Sydney

# To introduce myself



Guus Schrijvers

- Health economist and former professor in Public Health
- Evaluated in holland many integrated cre innovations
- Chairman of the International Foundation of integrated Care



# Nine phases of population-based research in integrated care



Guus Schrijvers

1. Defining the problem
2. Literature and document study
3. Design of the local integrated care model or concept
4. Design of the first version of the business case
5. Simulation of the integrated care model
6. A pilot with a few patients
7. A pilot in some settings
8. Evaluation on Triple Aim
9. Making the model sustainable

Source: Schrijvers G, health care innovation and the Cappuccino-model, utrecht, 2014 (in Dutch)

# Researchers play an important role



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# Designing the integrated care model



Guus Schrijvers

- Availability of scientist, patients, care providers and financiers
- Co-creation\*
- Better solutions
- Better support base
- Financer in the lead

\*Bason C., Leading Public Sector Innovation. Co-creating for a Better Society, The Policy Press, University of Bristol, 2010.

# Ten aspects to be designed in an integrated care model\*



Guus Schrijvers

1. The target group of patients or clients
2. Client education and empowerment
3. Emphasis on both prevention and treatment
4. Based on EBM guidelines
5. Defining decision trees and clinical pathways
6. Task shifts from doctors to nurses
7. Use of modern Health IT
8. Using feedback for a learning organization
9. A robust and accountable organization structure
10. Population based financing of integrated care

\* Schrijvers G. (red.), Disease management in de Nederlandse context, Igitur, Publishing & Archiving Services, Universiteit Bibliotheek, 2005 Utrecht. [www.igitur.nl](http://www.igitur.nl).

# The non-linear Canvas model for a business case



Guus Schrijvers



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7. A pilot in some settings **case study research**
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Robert K. Yin



Guus Schrijvers

# Case Study Research

Design and Methods

*Fourth Edition*



APPLIED SOCIAL RESEARCH METHODS SERIES

*Volume 5*

# Six sources of information for case study research



Guus Schrijvers

1. Documents
2. Data from registrations
3. Surveys
4. Interviews
5. Participation
6. Description of physical aspects



# Six sources of information for case study research



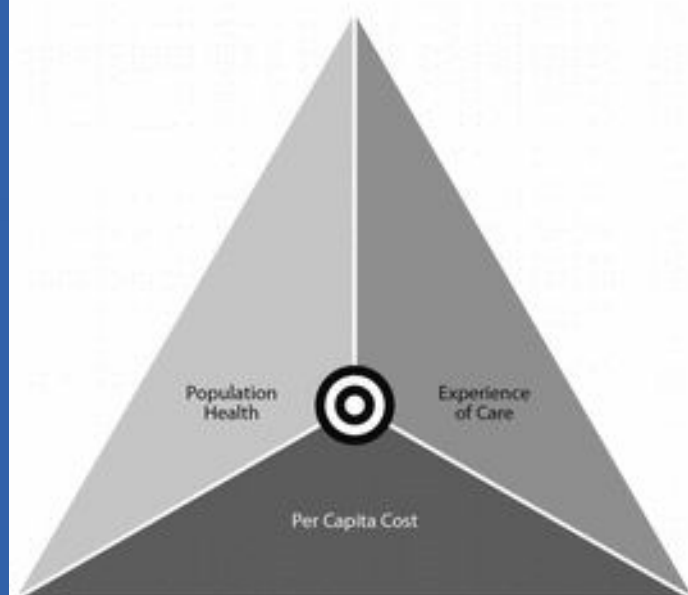
Guus Schrijvers

1. Documents
  2. Data from registrations
  3. Surveys
  4. Interviews
  5. Participation
  6. Description of physical aspects
- Triangulation
  - Checking all solutions
  - Reporting per sources plus synthesis
  - The researcher as detective

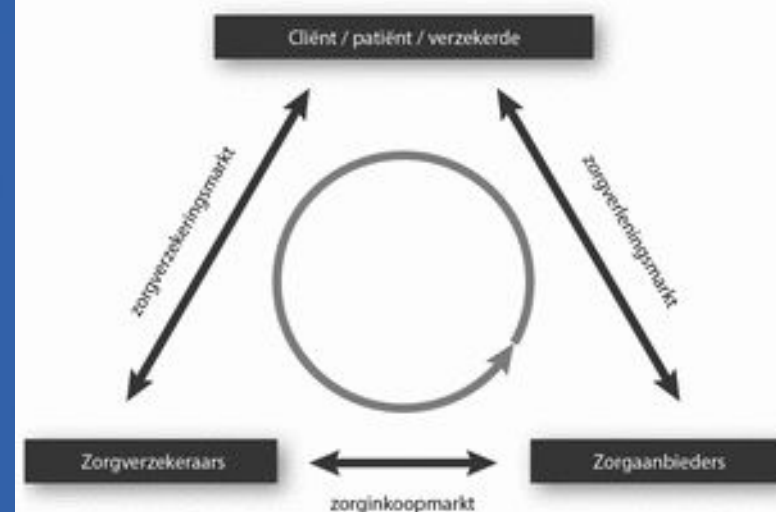




Afbeelding 1.2 Het Triple Aim model



Afbeelding 1.3 Het model van de marktwerking



# Question to be answered in this lecture:



Guus Schrijvers

Is it possible

1. to improve the public health in the periode 2014-2020
2. To increase quality of care
3. To keep the costs on the level of 2014?\*

\*Berwick D.M. et al., The Triple Aim: Care, Health, And Cost, [Health Aff \(Millwood\)](#), 2008; 27(3): 759-69.

# Background of the Cappuccino-model



Guus Schrijvers

- The Dutch health service is Ok but fragmented
- Dutch disease: pilotitis
- Four developments are:
  1. more demand
  2. No economic growth
  3. More knowledge in citizens and more self management
  4. More digitalisation
- No big bang reorganization but innovative dissemination





## References

\* Bisognano M. et al., Pursuing the Triple Aim. Seven Innovators Show the Way to Better Care, Better Health and Lower Costs, San Francisco: Jossey-Bass, 2012.

\*\* Appleby J., Improving NHS productivity. More with the same and not more of the same, King's Dund report, 2010. [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-nhs-productivity-kings-fund-july-2010.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-nhs-productivity-kings-fund-july-2010.pdf)

\*\*\* Eijkenaar F. et al., Effects of pay for performance in health care: a systematic review of systematic reviews, *Health Policy*, 2013; 110(2-3): 115-30.

\*\*\*\* OECD, Health care systems. Getting more value for money, OECD Economics, Department Policy Notes, No. 2, 2010.



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# Making the integrated care model sustainable

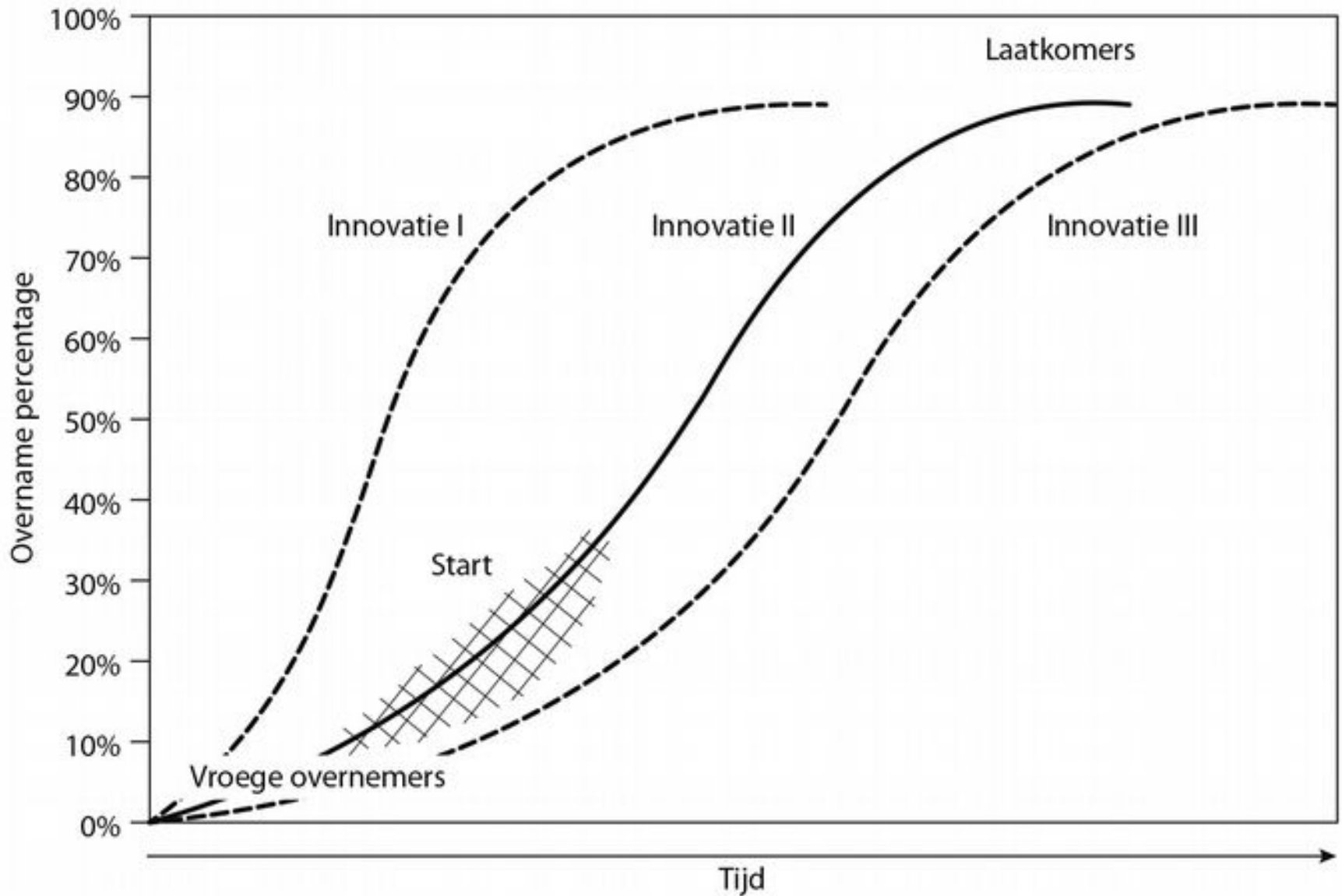


Guus Schrijvers

- Use the Roger model of dissemination
- Use the Cappuccinomodel for the financing of the new model



Afbeelding 1.7 De theoretische verspreiding van innovaties



# The cappuccinomodel



Guus Schrijvers



# Het Cappuccinomodel



Guus Schrijvers

- Population based payment of providers (coffee: 85%)
- A low fee per activity (milk, 10%)
- A fee for innovation (the foam, 5%)

Focused on Triple Aim:

- Better public health
- Higher quality of care
- Same costs



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I thank you for your attention

# Contact?



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