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**POSTER ABSTRACT****Value based health care in the rotterdam stroke service**19<sup>th</sup> International Conference on Integrated Care, San Sebastian, 01-03 April 2019

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**Introduction:** Delivering stroke care in integrated care services means that patients receive care in multiple steps in several healthcare facilities by numerous professionals, according to the clinical phase of stroke. Since so many healthcare providers are involved, patients experience fragmented care and care after stroke. Furthermore, there are multiple reasons for delay in transferring patients from acute care to rehabilitation care and community care, and this likely has a negative impact on quality of care. Therefore, affiliates from the Rotterdam Stroke Service started a project with a health care insurer. Together they are convinced that raising value is beneficial for patient and society, and better collaboration should make it possible to optimize care processes.

**Policy context and objective:** Value is defined by means of the relation between relevant patient outcomes and integral health care costs. The aim of the project is to improve (functional) patient outcomes and a high quality of life for patients after stroke, by delivering seamless and high quality of integrated care alongside the lowest possible costs.

**Targeted population:** Four partners within the Rotterdam Stroke Service and one health care insurer (Zilveren Kruis) work on bundled payment concerning cure and care for stroke patients in Rotterdam (The Netherlands).

**Highlights (innovation, impact and outcomes):** At the start of the project, multiple steps were defined: step 1: patient selection (inclusion criteria), step 2: selection of relevant products/services in the bundle, step 3: add up all costs and calculate the bundle prize. The affiliates from the integrated care network entered "Pay for Value" agreements into a contract instead of "Pay for Service" agreements. Therefore, a huge dataset was determined. However, for "Pay for Value" longitudinal data on clinical, functional and patient-reported outcomes are needed. At the start of the project those outcomes were not yet available. Therefore, agreements were made about "Pay for Performance". For "Pay for Performance" the affiliates made agreements about improving their performance. The indicators that should measure performance in the first phase of the project where: Modified Rankin Score (functional), EuroQoL-5D (quality of life) and Picker (patient experiences).

After that, the affiliates defined a distribution code in which the distribution of shared savings/losses will be determined..

**Comments on transferability:** The affiliates in the integrated care service have a shared responsibility for the outcomes in the project. They've decided that the incentives for collaboration need to be improved. Thus, a management team was installed with the task to evaluate outcomes and to implement innovations and best practices. The aim was not to expand on overhead and have no extra administrative burden. In addition, agreements were made about investments in improving

quality. The affiliates strive for equality, so there is no hierarchic relation in the contract and the affiliates take a collective, shared risk.

The project will be scaled up in the future by allowing other affiliates from the Rotterdam Stroke Service to join, in order to accomplish the aim: integrated, quality driven care for all stroke patients in the Rotterdam area.

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**Keywords:** value based health care; stroke

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