

# Alternatieve bekostigingsmodellen

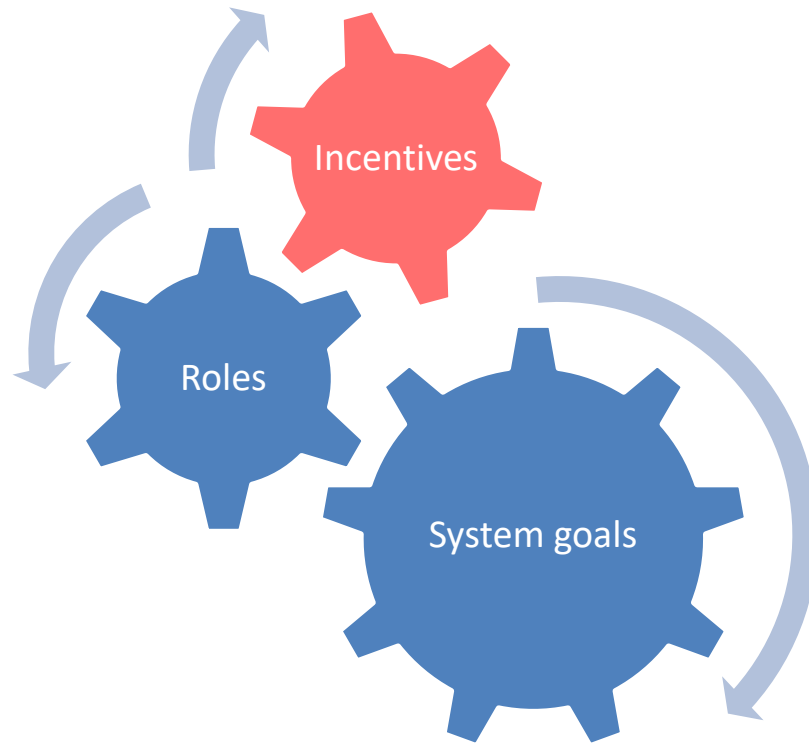
Jeroen n. Struijs, PhD

RIVM

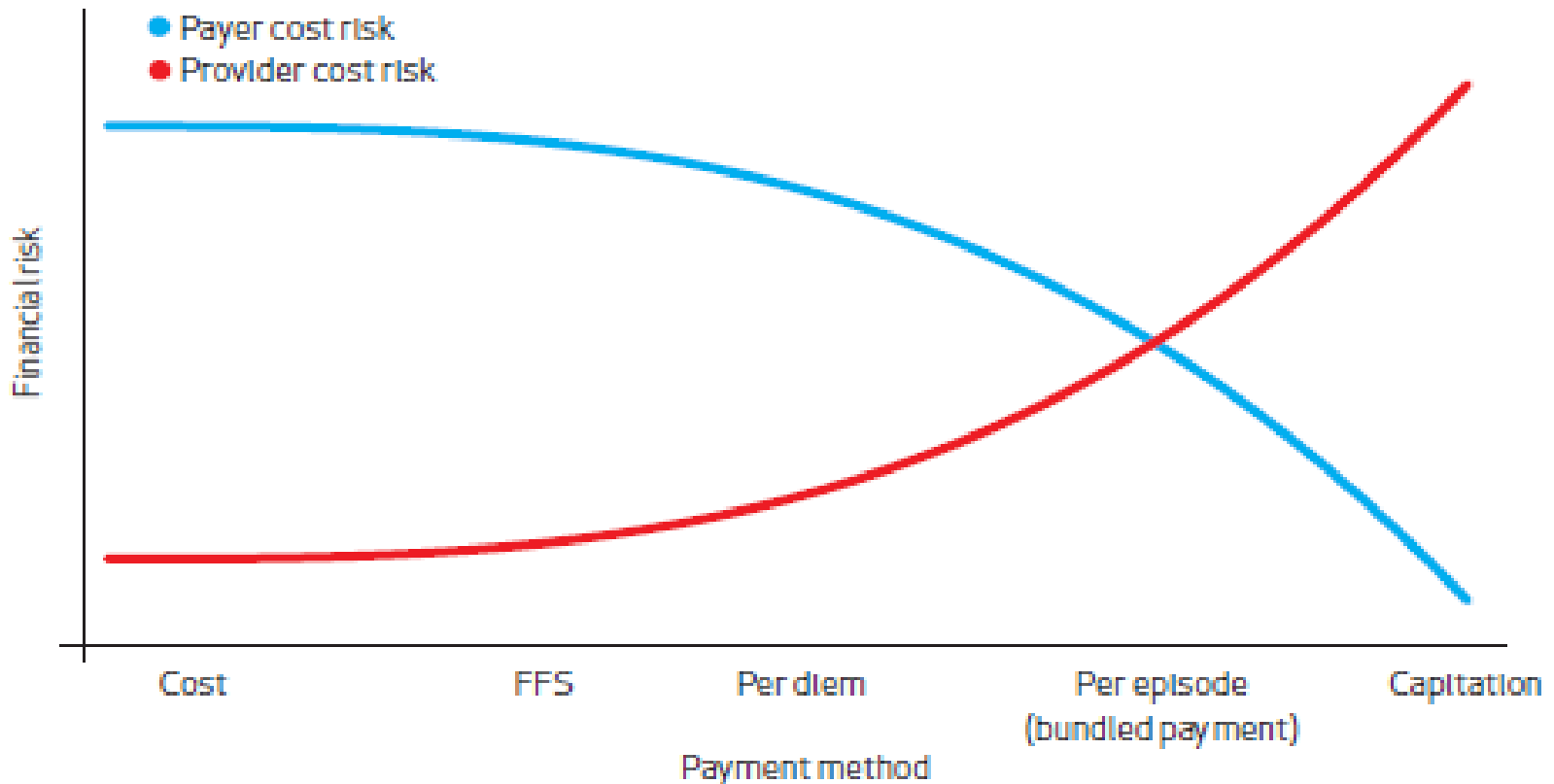
LUMC- campus Den Haag

*18/11/2019, Proscop, Arnhem*

# Why?

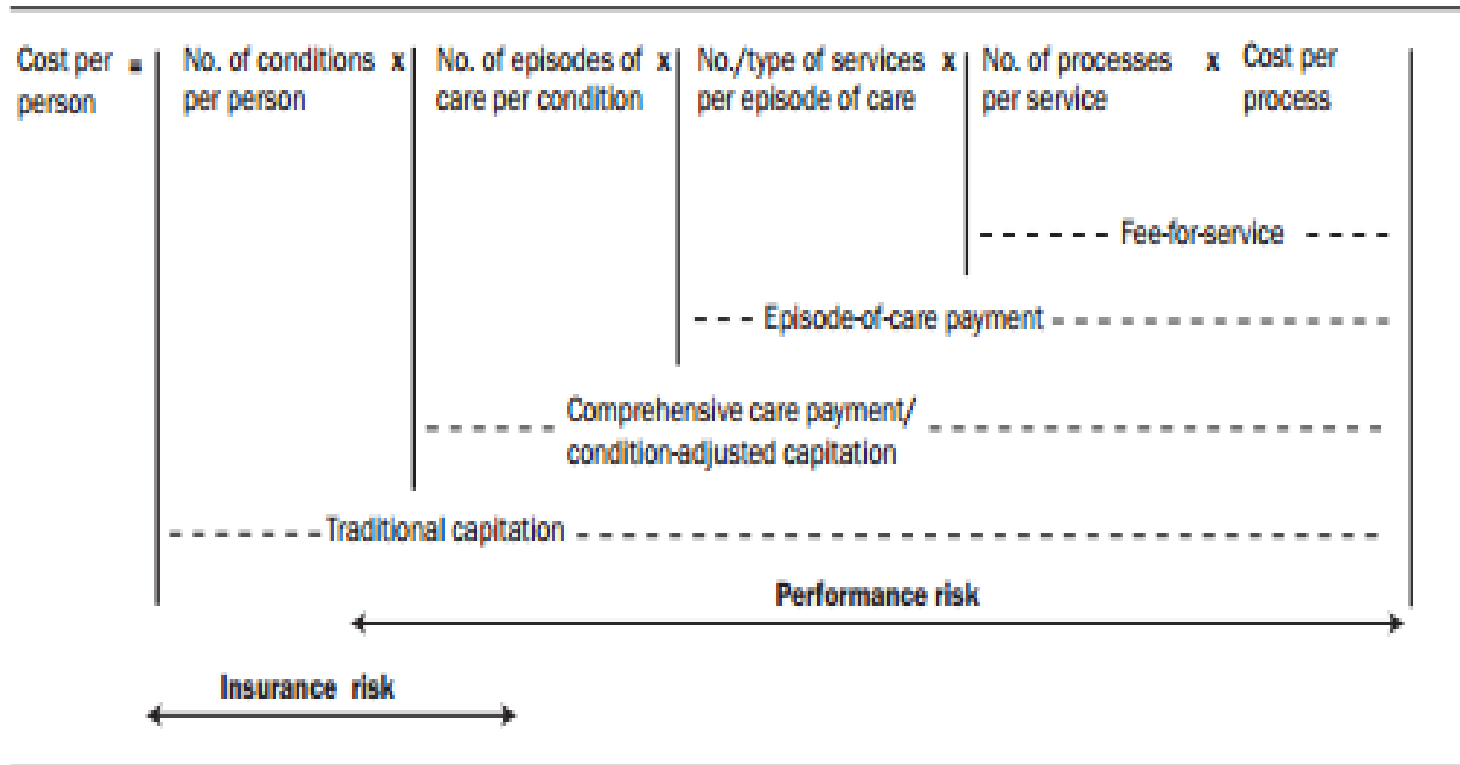


# Allocation of risk



Bron: Frakt *et al.*, (2012) Beyond capitation: How new payment experiments seek to find the 'sweet spot' in amount of risk providers and payers bear

# Performance vs. Insurance risk



Bron: Miller, H.D., *From volume to value: Better ways to pay for health care*. Health Affairs, 2009.

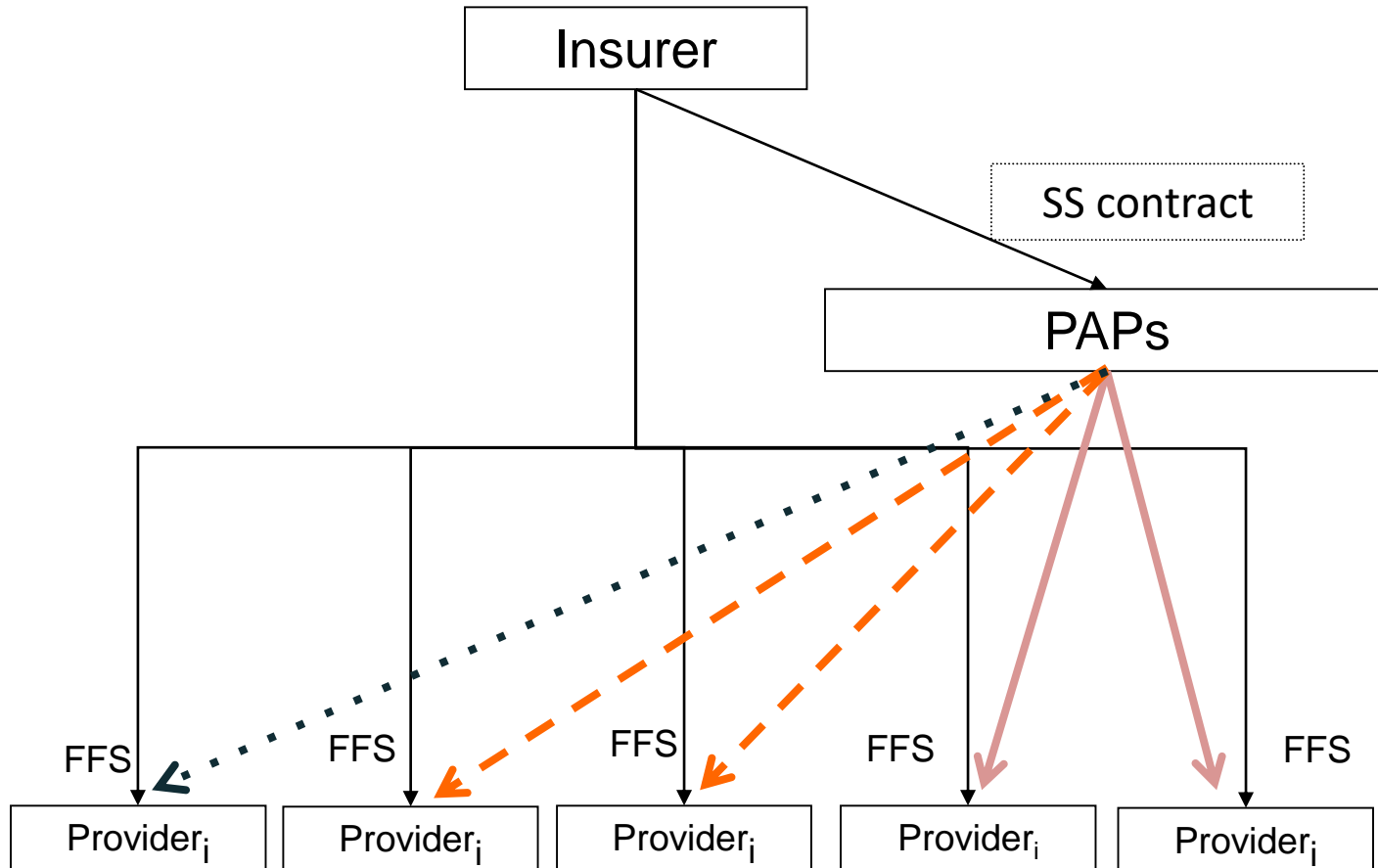


## The challenge

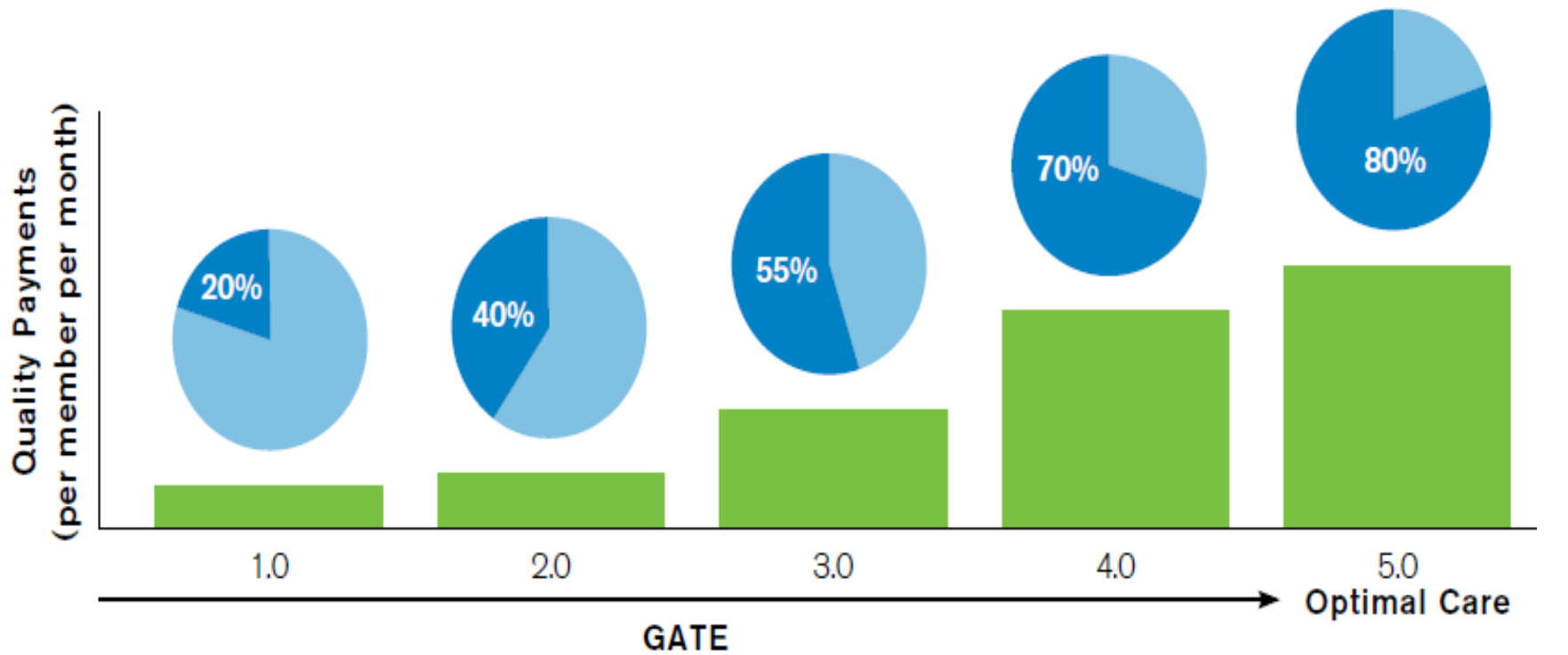
*How can we design payment models in such a way that provider incentives are better aligned with the overarching system goals?*

*(Payment model + design choices)*

# Shared savings



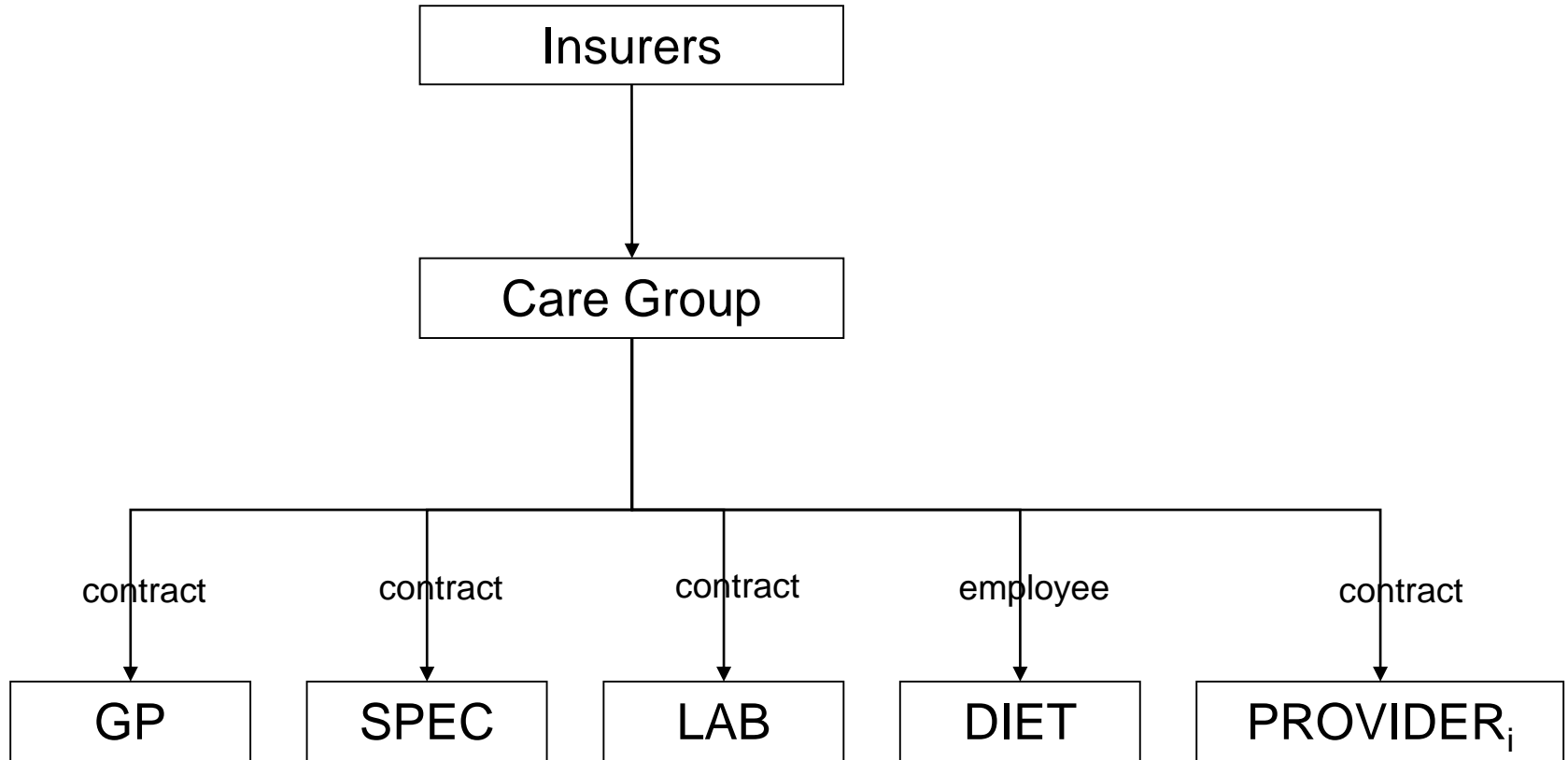
FFS = Fee For Service, PAPA: Principal Accountable Provider



- Quality Performance Incentive
- Provider Share of Surplus (increases as quality improves)
- Provider Share of Deficit (decreases as quality improves)

Source: Blue Cross Blue Shields

# Integrale bekostiging



Source: Struijs and Baan. Integrating care by bundled payments, NEJM 2011



# Samenvattend

- Integratie van kosten- en kwaliteitsprikkel is innovatief
- Beroep op intrinsieke motivatie ('joy of the workforce')
- Financiering- en bekostigingsvraagstukken
- In toenemende mate empirisch bewijs voor impact APMs

# Meer weten?

**coursera**  
education for everyone

[Browse](#) > [Health](#) > [Healthcare Management](#)

## Population Health: Alternative Payment Models

**Enroll for Free**

Starts Nov 18

Financial aid available

Offered By



Universiteit  
Leiden  
The Netherlands