

CONFERENCE ABSTRACT

Toward integrating birth care by bundled payments in the Netherlands. Describing the model and expectations of key stakeholders

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Background: In recent years, various policies have been implemented in the Netherlands to improve quality of birth care and collaboration between birth care providers in order to lower the relatively high mortality rates. In 2017, the Dutch Ministry of Health, Welfare and Sport will introduce a payment reform in order to enhance the collaboration between different birth care providers. This voluntary payment reform consists of a bundled payment including all care services delivered by midwives, gynecologists and maternity care providers. Currently, these providers are mainly based on a fee-for-services basis.

Objective: To describe the key premises of the Dutch bundled payment model and to identify perceived barriers and facilitators for implementing the bundle payment model in birth care.

Method: Semi-structured interviews, focus groups and document analyses were executed in the period November – June 2016. In total, 37 participants were interviewed using face-to-face, audio-recorded semi-structured interviews, focused on organizational processes of the current work environment through transition of the new bundle payment, teamwork among obstetrical professionals, and perceptions of birth care quality, access, and costs. Respondents were purposively selected from all relevant stakeholders. Transcribed data were coded and analysed to generate themes relating to the study aims. In addition, four focus groups with the key stakeholders were held to confirm the findings of the individual interviews. Next to that, document analysis was applied.

Results: Most providers, as they prepare for the introduction of the bundled payment model, mentioned that they see opportunities, but also threats and uncertainties. Providers are discussing how to govern a provider-led entity, which is needed as a general contractor of the bundled payment contract. This discussion appears to be complex due conflicting interest between involved providers and requires specific knowledge with respect to governance, finance and tax laws. Most providers lack this specific knowledge, which in turn leads to uncertainties among providers regarding the (financial) consequences of potential organization models. Further, uncertainties exist about the design of the bundled payment

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itself. The lack of a broadly agreed on health care standard for birth care, and differences in purchasing policies between insurers increase these uncertainties.

Conclusion: The various topics in how to implement the bundled payment for birth care – and the difficulties providers experienced so far – make clear that implementing such a payment reform will not be smoothing sailing. As the first contracts will be signed in 2017, learning from these designs, successes and failures will be critical.

Keywords: birth care; bundled payment; implementation; expectations; the Netherlands
