

## CONFERENCE ABSTRACT

### Key drivers of payment reform in population health management: lessons from nine Dutch pioneer sites

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**Introduction:** Population health management (PHM) initiatives aim to improve health outcomes and quality of care, while slowing down cost growth (Triple Aim) for a prespecified population. In theory, a key precondition for successful PHM is to redesign provider payment schemes by shifting away from the classic fee-for-service payment system. Our objective is to gain insight in the role that payment reforms play in practice, focusing on current PHM initiatives within the nine Dutch pioneer sites.

**Methods:** Interviews were conducted with at least two key representatives (e.g. health insurers and providers) involved in each of the nine pioneer sites. Additionally, we studied documentation published by the pioneer sites. In the interviews, we discussed 1) which alternative payments structures have been implemented (pay-for-performance, shared savings, bundled payments, capitation), 2) the key design elements of these payment structures (scope, contract duration, risk mitigation, benchmark, accountability, data need, quality indicators, financing structure), and 3) which barriers and successes have been experienced by implementing the alternative payment structures. Interviews are held during the period nov 2016 – jan 2017 and are analysed with MaxQda afterwards.

**Results:** Preliminary results show that payment reforms seem to be implemented to some extent. As such, shared savings have been introduced, mainly in pharmacy settings. Additionally, efforts have been made to negotiate lump sum payments with hospitals to stimulate substitution towards primary care. At the ICIC 2017 conference, the final results, including the experienced barriers and successes, will be presented.

**Discussion and conclusion:** As this study will reveal the role that payment reforms play in practice in the nine Dutch pioneer sites, it will provide useful information for policy makers who are interested in stimulating further transition in two ways. First, it may be used to anticipate on barriers that are experienced by the field. Second, successes may be extended to other sites.

de Vries; Key drivers of payment reform in population health  
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