



2025, March 5th
ENSA OLDER ADULTS AND DISABILITY WORKING GROUPS
Social and Health Integration, Dementia and disabilities

Oscar Zanutto

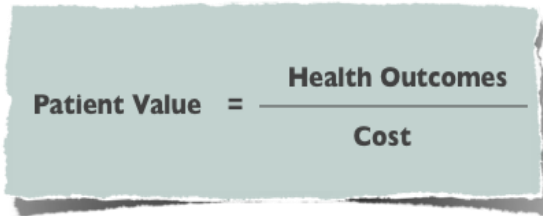
zanutto.oscar@israa.it

Head of Innovation and Development Department

www.israa.it

In four modules, the VBHC concepts, how to implement VBHC, latest literature and recent cases about VBHC are explained through theory and practical examples.

1. VBHC Core Concepts



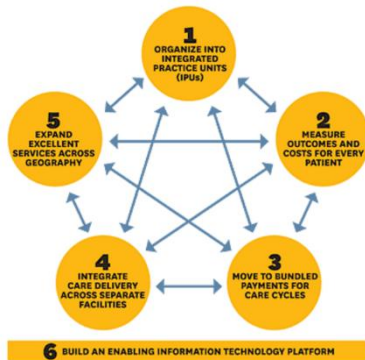
2. Implementation Tools of VBHC

The Care Delivery Value Chain Breast Cancer Care

	KNOWLEDGE MANAGEMENT	INFORMING	MEASURING	ACCESSING	MONITORING PREVENTING	DIAGNOSING	PREPARING	INTERVENING	RECOVERING REHABING	MONITORING MANAGING	IMPACT	
KNOWLEDGE MANAGEMENT	Education and awareness about regular exams, lifestyle and diet, genetics	Counseling patient and family on the diagnostic process and the disease	Self exams, Mammograms, Ultrasound, Biopsy, Genetic testing	Office visits, Mammography, lab visits	Medical history, Monitoring for signs, Control of risk factors, Genetic testing, Genetic counseling	Imaging tests, Laboratory tests, Genetic testing, Pathology, Imaging, Treatment plan	Medical history, Genetic testing, Pathology, Imaging, Treatment plan	Medical history, Genetic testing, Pathology, Imaging, Treatment plan	In-hospital and outpatient care, Psychological counseling, Physical therapy, Rehabilitation, Pain management, Medication, Radiation	Psychological counseling, Physical therapy, Rehabilitation, Pain management, Medication, Radiation	Office visits, Mammography, lab visits	Survival, Degree of recovery / health, Time to recovery or return to normal activities, Quality of care or treatment process, Sustainability of recovery or health over time, Long-term consequences of therapy



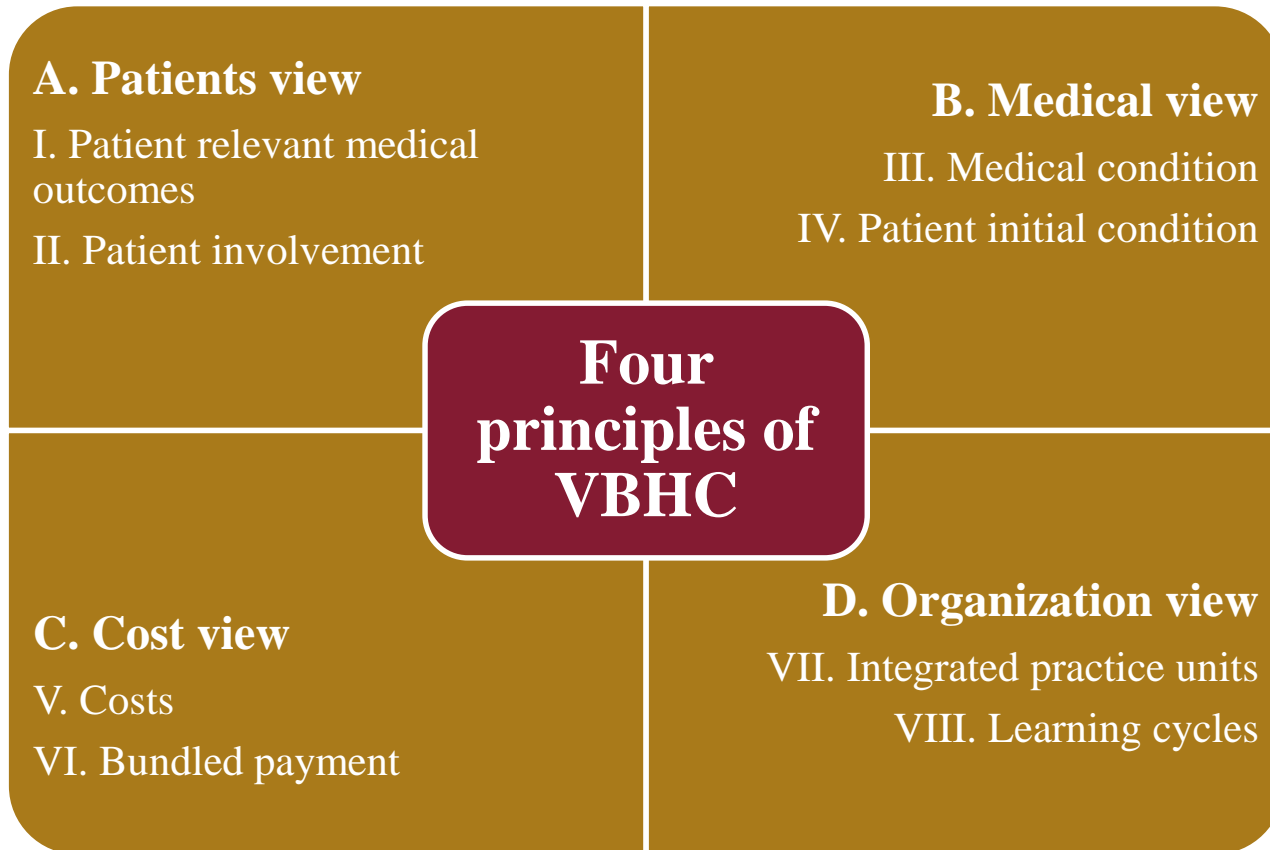
3. VBHC Implementation Challenges



4. Roles of Doctors, Patients and other Stakeholders.



*The foundation of VBHC implementation is formed by four VBHC principles and eight VBHC Core Concepts**



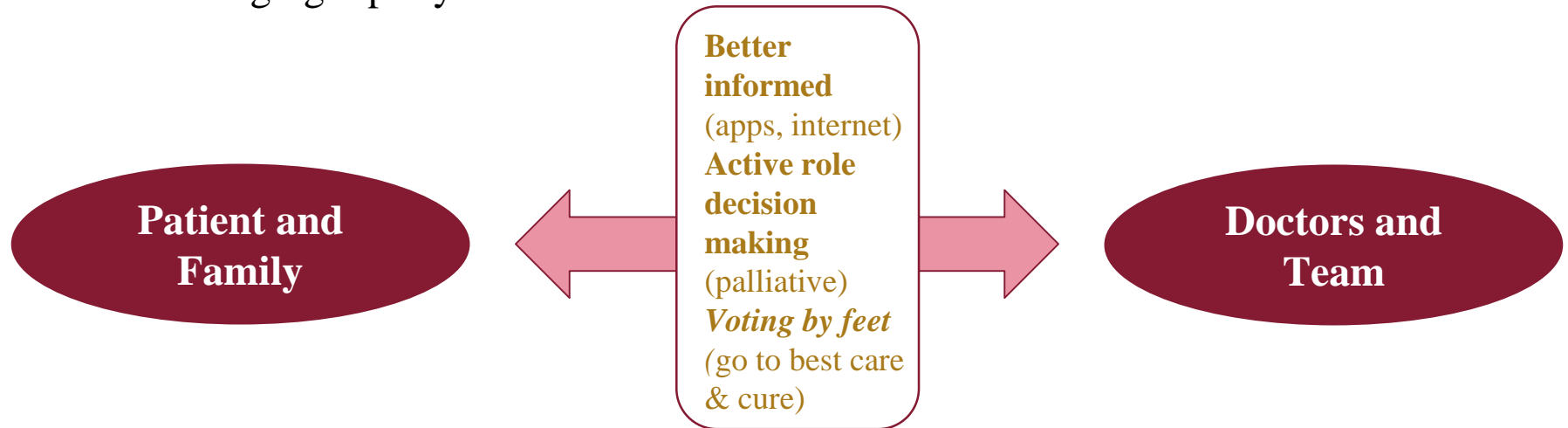
** Is based upon the VBHC implementation since 2006*

1. Patient and family – doctors and team interaction

Carefully designing and improve the touchpoints between the patient/family and the team improves outcomes and reduces costs

Four
principles of
VBHC

The interaction between patients/family and doctors/teams when jointly creating patient value is changing rapidly.

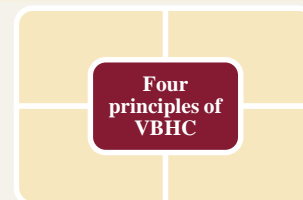


“It is not enough to measure clinical outcomes, we should also ask patients which outcomes are important to them and measure these outcomes as well”

- **Dr. MD. Christina Åkerman, former president of ICHOM - Clinical Pharmacology, Sweden**

2. Measuring patient value

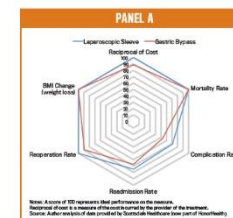
The VBHC definition of patient value is very specific and needs to be measured carefully over time.



Patient value is defined as the (delta) health outcomes per (delta) costs over a full cycle of care of a patient (stratification).

$$\Delta \text{ Patient Value} = \frac{\Delta \text{ Health Outcomes}}{\Delta \text{ Costs}}$$

Breast Cancer	
Survival	<ul style="list-style-type: none"> Survival rate (10-year, 5-year, 10-year, 15-year)
Degree of recovery / health	<ul style="list-style-type: none"> Degree of recovery Functional status Reproductive health Depression
Time to recovery or return to normal activities	<ul style="list-style-type: none"> Time to return to work Time to return to normal activities
Quality of care or treatment process (e.g., patient satisfaction, adherence, financial burden, etc.)	<ul style="list-style-type: none"> Number of visits Number of tests Number of hospitalizations Number of complications
Sustainability of recovery or health over time	<ul style="list-style-type: none"> Cancer recurrence Stability of treatment
Long-term consequences of therapy (e.g., cardiovascular fitness)	<ul style="list-style-type: none"> Incidence of secondary cancers Quality of life Postoperative complications

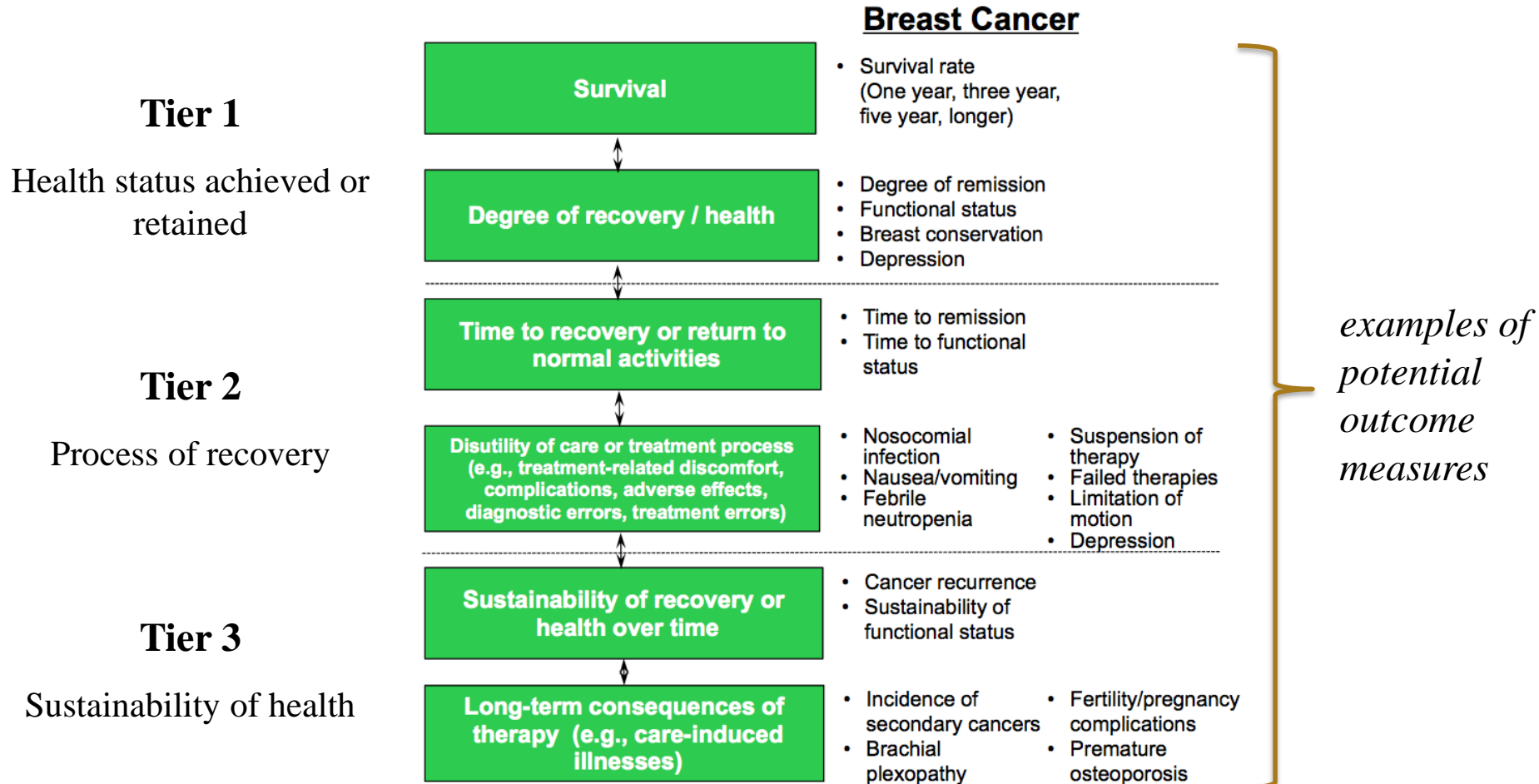
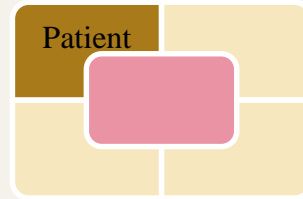


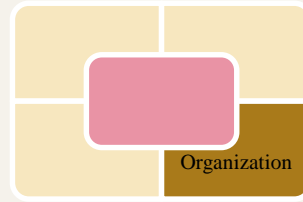
It is important to take the delta of Health Outcomes and Costs. When one of the two is 0, there is no improvement of patient value.

When there is no improvement of Health Outcomes, there will be no improvement in patient value

¹ Porter, M.E. (2013) The strategy that will fix healthcare? *The New England Journal of Medicine*, 363;26

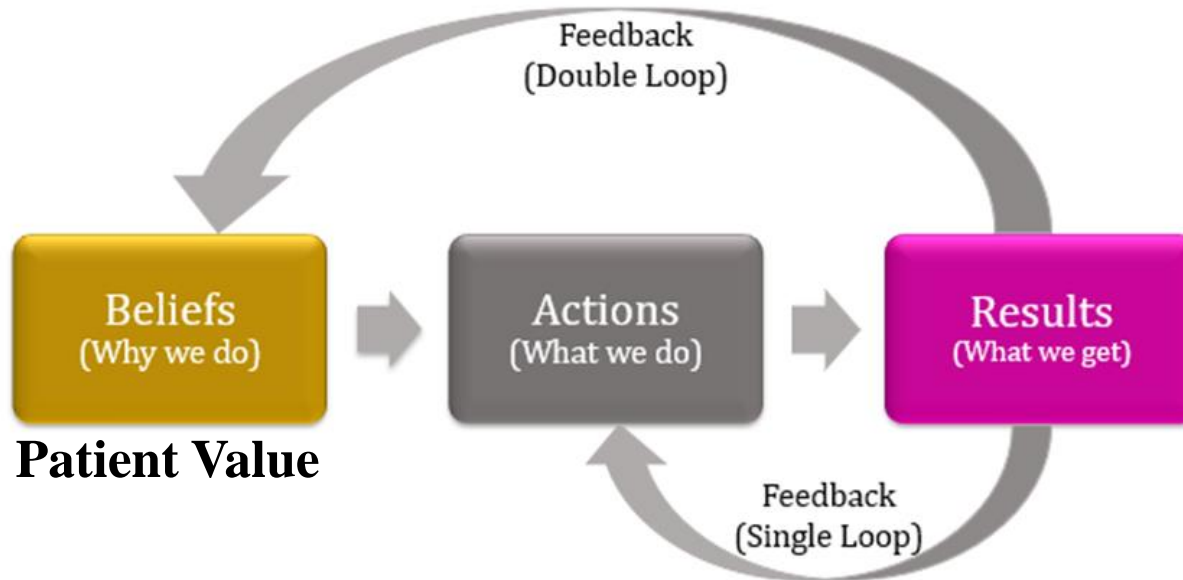
Patient relevant medical outcomes are captured by the three tiers of the outcomes hierarchy.





Individuals need to learn the ‘double loop’ of understanding how the team members actions contributes to the overall patient value ‘beliefs’.

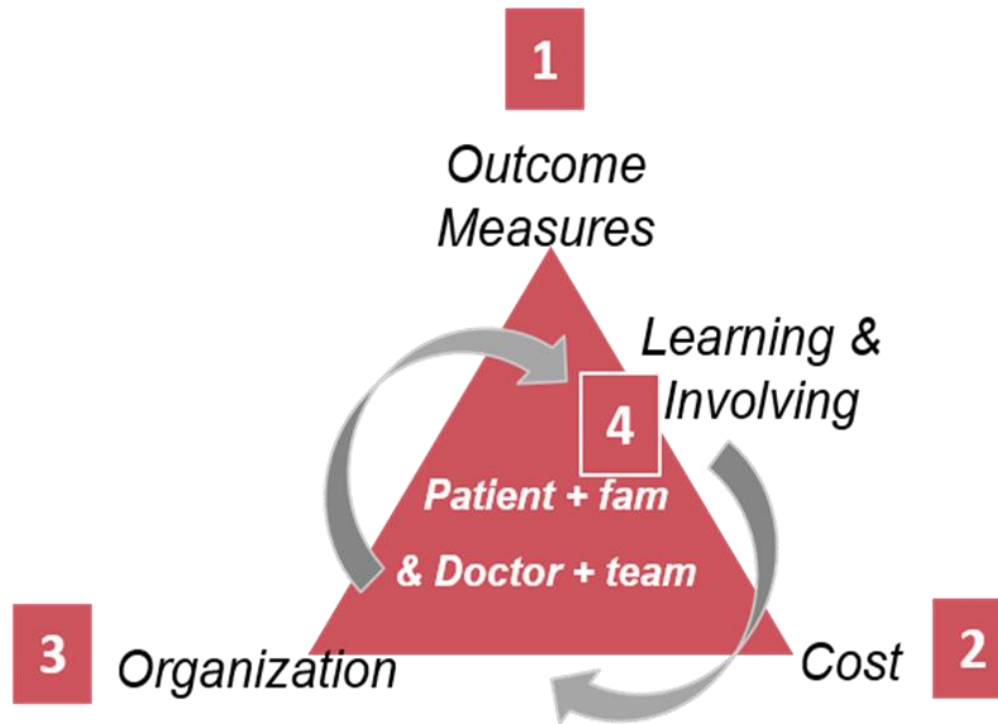
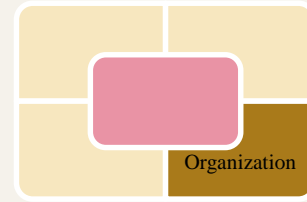
More than fixing a problem (single loop). The double loop learning questions the underlying assumptions, values and beliefs behind what we do



The most common style of leaning is problem solving – improving the system as it exist

VIII. Learning Cycle

For the team to align the activities, double loop' learning with the focus on outcomes, cost and organizational improvements is required.



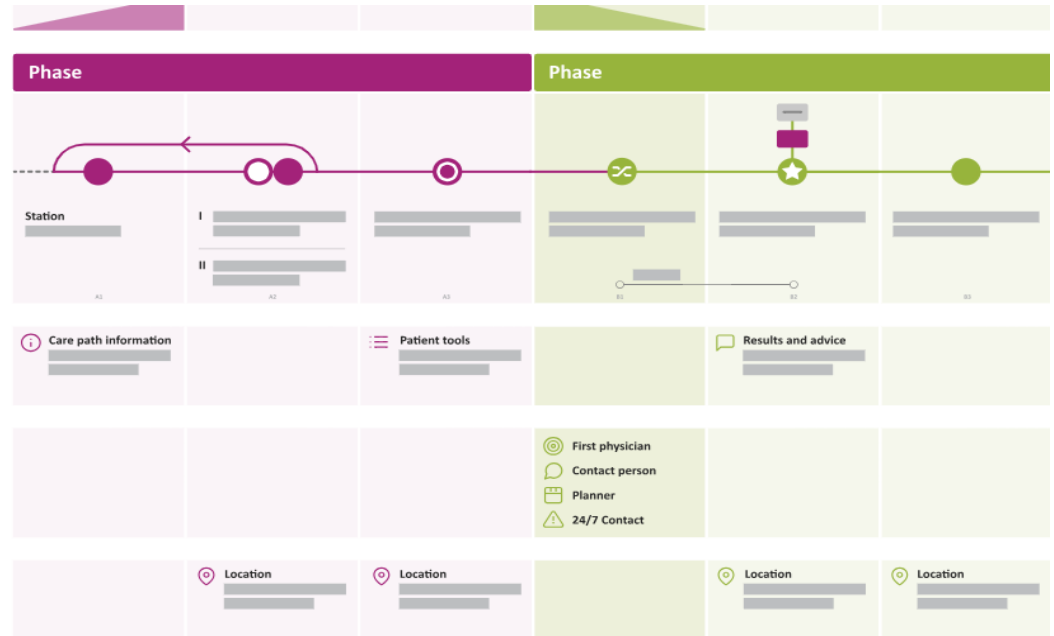
¹ Argeris, C. Double Loop Learning in Organizations. Harvard Business Review, September 1977.

1. (Clinical) Patient pathway

Patient pathways lead to care pathways stratified on different patient groups.



- 1 Layer Metro
Treatment path,
choices and decision
moments
- 2 Layer Information
Information given to
patient and relative
- 3 Layer Companions
Involved healthcare
professionals
- 4 Layer Context
The healthcare
environment
- 5 Layer Experience
Experiences of patients
& loved ones



THANKS

WWW.LINKEDIN.COM/IN/OSCARZANUTTO

