

Erasmus School of  
Health Policy  
& Management

# The impact of payment models on network performance: a systematic scoping review

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## Fragmented health care delivery

- Traditional payment models sustain fragmentation by
  - rewarding volume
  - discouraging prevention / coordination
  - stimulating delivery of most profitable services
- Incompatibility with organizing care in networks

FIXING HEALTH CARE

# How to Pay for Health Care

**Bundled payments will finally unleash the competition that patients want.**

BY MICHAEL E. PORTER AND ROBERT S. KAPLAN

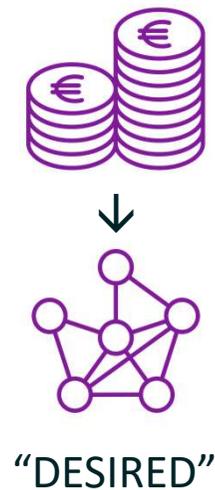
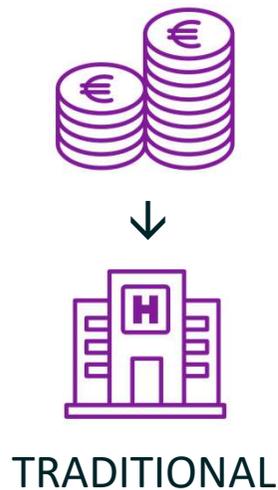
The United States stands at a crossroads as it struggles with how to pay for health care. The fee-for-service system, the dominant payment model in the U.S. and many other countries, is now widely recognized as perhaps the single biggest obstacle to improving health care delivery.



A handwritten signature in black ink, which appears to be 'R. Kaplan', written in a cursive style.

## Towards joint reimbursement

- Support structural changes in technology, care processes and coordination to improve patient care (Conrad & Perry, 2009)
- What evidence is there to support this claim?



## Study aim

- Research question: *how do payment models influence the performance of care networks?*
- Part 1. Mapping performance indicators of care networks (today)
- Part 2. Linking changes in outcomes to specific payment models (future)

## Methodology

- Searched 6 bibliographical libraries on combinations of keywords similar to 'network' (e.g., *integrated care network, ACO*) and 'payment model' (e.g., *reimbursement, shared savings*)
- Only empirical and peer-reviewed articles were included
- **3944** articles → **369** articles reviewed → **85** included

## Preliminary results

- Majority of articles is from USA; on Accountable Care Organizations (ACOs)
- Few inter-organizational bundled payments
- Focus on changes in outcomes (e.g., expenditures, quality, utilization)
- Large variety of outcomes
- Less focus on internal organizational changes (mainly qualitative studies)

## Preliminary results (cont'd)

- **Payer-to-network (81)**
  - Varied
  - Mainly global payments with elements of **Shared savings / Pay-for-performance / Pay-for-reporting**
- **Network-to-provider (4)**
  - All of which contain elements of **Pay-for-performance**



## Preliminary results (cont'd)

### Internal organizational changes (n=13)

- Health information exchange
- Staffing
- Care substitution
- Referral patterns
- Protocol adherence
- Etc.

### Changes in outcomes (n=77)

- Utilization
- Quality
- Patient experience
- Expenditures/savings
- Clinical outcomes
- Etc.

## What is next?

- Evaluating success of payment models is challenging, as heterogeneity within/between initiatives is not always acknowledged (Marton, Yelowitz, Talbert, 2014)
- Further work seems needed to unravel the mechanisms that underlie changes in outcomes
- Next step: linking changes in outcomes to specific payment models

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# Thank you for your attention

Questions and/or remarks?

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