


Volume 13, 23 October 2013

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2013; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-114653](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-114653)

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Key Note Presentation

Bundled payments in the context of Triple Aim and Behavioural economics

Guus Schrijvers, Chair, International Foundation for Integrated Care, the Netherlands

Correspondence to: **Guus Schrijvers**, Chair, International Foundation for Integrated Care, the Netherlands, E-mail: mail@guusschrijvers.nl

Abstract:

In 2007 the Netherlands introduced bundled payments for diabetes care. Under this BP system, health insurers pay a single fee to a contracting entity – the care group – which serves as the general contractor for DMPs and which is responsible for organizing care and ensuring its delivery. Care groups subcontract care services by individual health care providers or employ providers to deliver these services themselves. Health insurers freely negotiate with care groups about the fee for the DMP in a BP contract.

The care services included in the BP contracts are determined by the Dutch Diabetes Federation Health Care Standard. Principal investigator dr. Jeroen Struijs shows in the first half of the lecture the effects of this payment reform on health care delivery process, quality of care and health care expenditures. Then health economist Guus Schrijvers compares these results with the theory of Triple Aim, aiming at 1. More health 2. More quality of care and 3. Less per capita costs. At the end Schrijvers places the Theory of Triple Aim in the domain of behavioural economics. He gives suggestions for new research and demonstration projects.

Keywords

bundled payment, integrated care, triple aim, behavioural economics

Presentation available at: <http://www.integratedcarefoundation.org/content/plenary-challenge-1-payment-systems-and-incentives>