

## Cases

The course is predominantly based on the case method. Students are asked to prepare the cases before the sessions in which the cases are discussed. To make class discussions as rich and dynamic as possible:

- Each student is assigned to a discussion group. A discussion group is a group of students who meet to discuss the assignments and required readings after completing the individual preparation.
- Each discussion group is assigned two cases. Each group is responsible for discussing the assigned cases during class.

Students are expected to participate actively in classes. Class participation accounts for 10% of the final grade.

Cases:

- Martini Klinik: Prostate Cancer Care 2019 720359-PDF-ENG  
<https://hbsp.harvard.edu/tu/81501b90>
- Texas Children's Hospital: Congenital Heart Disease Care 714507-PDF-ENG  
<https://hbsp.harvard.edu/tu/5c2be78c>
- Oak Street Health: A New Model of Primary Care 717437-PDF-ENG  
<https://hbsp.harvard.edu/tu/cbaec201>
- Boston Children's Hospital: Measuring Patient Costs (Abridged) 914407-PDF-ENG  
<https://hbsp.harvard.edu/tu/6c9a5d13>
  - Boston Children's Hospital Process Map, Video 7529-AVO-ENG  
<https://hbsp.harvard.edu/tu/aee22dc9>
- OrthoChoice: Bundled Payments in the County of Stockholm (A) 714514-PDF-ENG  
<https://hbsp.harvard.edu/tu/7da6bf18>
- OrthoChoice: Bundled Payments in the County of Stockholm (B) 714515-PDF-ENG  
<https://hbsp.harvard.edu/tu/6d0c63ad>
- Medtronic: Navigating a Shifting Healthcare Landscape 718471-PDF-ENG  
<https://hbsp.harvard.edu/tu/e50f2945>
- Navy Medicine Introduces Value-Based Health Care (on Moodle)

Composition of the discussion groups:

### Group 1

Afonso Lisboa Maia Correia Rodrigues  
Ana Teresa Marques Branco  
Anna Esmekhane Minaei  
Bastian Peter Schmitz  
Carolina Cincinnato Pinto da Cruz  
Carolina Jerusalem

#### Group 2

David Kranen  
Duarte Maria de Castelo Branco  
Emely Elisabeth Thiele  
Felix Victor Loewe  
Finn Vladimir Peters  
Inês Margarida Barros Lopes  
Jakob Ferenc Otto

#### Group 3

Jelle Koopman  
João Pedro Domingues Oliveira  
Jules Kim Paul Vinh  
Julia Theresa Moll  
Kristina Martins  
Laura Kirchschrager  
Leo Joseph Meschenmoser

#### Group 4

Lisa Valentina Baust  
Lorenzo Grassi  
Lucas Amaral Leite Menezes  
Mara Greve  
Maria Carlota Portela Morais Tomé  
Maria Francisca Fonseca Mena  
Maria Gartner

#### Group 5

Maria Inês Ferreira Mendes  
Mariana Duarte Lagoas  
Marta Guerreiro da Silva Fonseca  
Matilde Caffi Rodrigues  
Noah Louis Zünd  
Oemer Guemuessoy

#### Group 6

Sabrina Horst  
Sofia Espanha Torrado da Silva  
Sofia Kousi  
Vasco Cagica Murteira  
Viola Di Veroli  
Vivian Müller

### Assignment questions

#### “Martini Klinik: Prostate Cancer Care” (Groups 1 & 2)

- 1) What is the Martini Klinik? Describe the organization and facilities involved in prostate cancer care.
- 2) Is Martini Klinik an IPU?
- 3) Is Martini Klinik successful? How do we evaluate success?
- 4) How does Martini Klinik measure outcomes? How has the outcome measurement system contributed to (or detracted from) success?
- 5) What has allowed Martini Klinik to improve its outcomes so significantly over time?
- 6) How can the Martini Klinik model be improved? What recommendations would you make to Hartwig Huland?

#### “Texas Children’s Hospital: Congenital Heart Disease Care” (Groups 3 & 4)

- 1) What is the care cycle of congenital heart disease (CHD)? Is CHD a single medical condition for purposes of organizing value-based care delivery, or is it multiple conditions?
- 2) How successful is the Heart Center? How should we assess success?
- 3) Describe the Heart Center's organization and structure. What people, services, and facilities are included? Excluded? Is it an Integrated Practice Unit (IPU)?
- 4) How does the Heart Center measure outcomes? How would you evaluate progress on outcomes measurement?
- 5) How could the Heart Center create higher value? How could the structure of care delivery be improved? How could outcome measurement be improved?
- 6) How should the Heart Center collaborate with other institutions in the Houston region? With San Antonio Children’s? With INP in Mexico City?

#### “Oak Street Health: A New Model of Primary Care” (Groups 5 & 6)

- 1) Why is Oak Street targeting a population that most insurers tried to avoid?
- 2) Describe Oak Street’s approach to providing care. How is it different from conventional primary care? What is the rationale?
- 3) Is Oak Street an IPU?
- 4) Evaluate Oak Street’s overall model. How can it be improved?
- 5) How should the Oak Street approach grow? What are the options, and how should Oak Street choose among them?

#### “OrthoChoice: Bundled Payments in the County of Stockholm (A)” (Groups 1 & 4)

- 1) Why did Dr. Stalberg advocate the adoption of bundled payments for joint replacement surgeries to the Stockholm County Council?
- 2) What are the general concerns or barriers to introducing bundled payments into the healthcare payment system?

- 3) How does the OrthoChoice bundled payment contract address these concerns?
- 4) What compromises did the County of Stockholm make in its initial rollout of a bundled payment for total joint replacements?
- 5) What do you think will happen when OrthoChoice goes live in 2009?

“Medtronic: Navigating a Shifting Healthcare Landscape” (Groups 2 & 5)

- 1) What does Ishrak mean by “taking on shared accountability”? How does this differ from what they previously were accountable for?
- 2) What is Medtronic’s new value proposition in:
  - a) Therapy optimization
  - b) Episodic care bundles
  - c) Chronic care management and why are three different models required?
- 3) Will Medtronic be successful with its new value-based strategy? What internal capabilities does it need to develop further? How dependent is its success on developments external to the company?

“Navy Medicine Introduces Value-Based Health Care” (Groups 3 & 6)

- 1) Why did Vice Admiral Faison decide to launch the Value-Based Care IPU pilots?
- 2) How was the leadership of the pilot organized? Who was involved and why?
- 3) Why was Naval Hospital Jacksonville selected as a site for the IPU pilots?
- 4) How did the Navy decide which medical conditions to focus on, and what other factors might they have considered?
- 5) What did the Navy do well in organizing and running the IPUs? What would you have done differently?
- 6) How did the team approach outcome and cost measurement?
- 7) What advice do you have for Vice Admiral Faison and his team on whether to expand the IPUs and how?