**INTRODUCTION**

**[Read verbatim at the start of each interview]**

I am currently conducting my PhD Research at the Erasmus University, and my research concerns the “implementation” of value-based health care in the Netherlands. An important aspect of this concerns the payments and procurement, and the idea that the financial incentives should also be in line with the goal of value: the best outcomes, as efficiently as possible.

In our system, health insurers should, through their purchasing strategies, be the driving force of value-based competition among health care providers. In practice, this is complex, and health care purchasing takes shape within a multitude of interests, relations, expectations and regulations. Our main question in this phase of the research is: *how do insurers perceive their role as value-based purchasers in the Dutch system, and what are their experiences with putting this into practice.*

Hence this interview.

**[Request to record the interview]**

**…**

**[Start recording]**

**…**

**[Provide informed consent, guarantee anonymity, and agree on the future process of requesting permission to cite]**

**MAIN QUESTIONS**

To start, could you briefly explain **your role at [name insurer]** and how your work is related to the health care purchasing (the policy and practice) of [name insurer]?

In **general**, what is your **perspective on the role of insurers** within the Dutch health care system?

What is your **perspective on value-based purchasing**, and how does [name insurer] apply this?

* Are these views widely shared within the organization (you think)?
* Is there, in your view, sufficient support from (other parties) outside the organization, to put these forms of purchasing into practice?

Quote: “The more insurers want to fulfill their **assigned role of critical purchasers**, the greater the **resistance**…”

* Do you recognize this?

Considering value-based purchasing, to what extent do **external relations and the power/interests of other parties**/stakeholders affect how this takes shape?

* Associations of medical professionals?
* Government agencies?
* Public opinion?

Are there **agreements—formal or informal—with other parties in the system** that affect or constrain how valued-based purchasing takes shape?

What are your views on **bundled payment** as a form of value-based purchasing?

* (How) Does [name insurer] make use of bundled payment?
* Is there, in your opinion, support or rather resistance toward bundled payments within your organization?

Do you think that, in the **future**, value-based health care could lead to changes regarding health care purchasing and the relationship between insurers and other parties in the system?

**TOPICLIST**

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| **Key topics** | **Topics** |
| General perspective on the role of insurers | Regulated Competition  Health Insurance Act (2006)  Theory /ideal vs. practice  Purchasing contracts  Purchasing strategy  Selective purchasing |
| Perspective on value-based purchasing | Outcomes, costs,  Quality, efficiency  Purchasing contracts  Purchasing strategy  Budget ceilings  Prices, DBCs |
| External relations and the power/interests of other parties/stakeholders | Interests,  Regulation (government), Competition (market),  Resistance, consensus  Pressures |
| Bundled payment | Financial incentives,  fee-for-service,  Care cycles for medical conditions  Menzis vs. Zilveren Kruis |
| Resistance or support? | Internal  (insurance vs purchasing)  External  (interests, regulation) |