

Driving Change?

\[\] Impact

Keep in touch with projects even in the period after funding. There is still a lot to learn in that phase too.

- Respondent on survey

Introduction

How do our partners view us in terms of the role we would like to play: are we driving change? Are we making the contribution that we envision in this regard? Are we helping change the health system and processes in that system, and what does all this do on a societal level?

We used these questions to commission a survey for the people we work with: the investments and the projects in which we are or have been involved. A research company prepared a questionnaire that was sent to all our partners (projects, investments and interlocutors).

A total of 38 respondents completed the questionnaire, resulting in a response rate of 39.2%. With this response rate and a chosen (standard) confidence level of 95%, the margin of error for this study is 12.5%. This means that if, for example, 50% of the participants indicate that they are satisfied with the role of Noaber, the actual percentage of the total population is between 37.5% and 62.5%.

Our role

Noaber is generally referred to as involved, ambitious and innovative. Associations such as 'nice people', 'impact' and 'collaboration' are also mentioned. The vast majority of respondents are (very) satisfied with the sector knowledge, involvement and reliability of Noaber. Respondents are the least satisfied with the support in obtaining further (structural) funding (50% (very) satisfied). Of the respondents who have already completed cooperation with Noaber, 34% indicate that the objectives drawn up at the start of the cooperation have been achieved. The remaining respondents score neutral on this.

58% of respondents indicate that the role of funder contributed most to achieving the result of the collaboration. In the start-up phase of projects, respondents find connecting and advisory roles important in addition to the funder role. In the implementation phase, the advisory role is most important. Finally, in the closing phase, respondents mainly value the role of knowledge sharing.

Of the respondents, 37% indicate that Noaber could focus more on connecting and sharing knowledge. Almost half of the respondents indicate that more could be put into the implementation phase. Nevertheless, 86% indicate being (very) satisfied with the role Noaber played. None of the respondents indicate being (very) dissatisfied.

Finally, respondents give Noaber an average of 8.1 on a scale of 0-10. The lowest mark given is a five, the highest a ten.

Substantive changes in the health system

More than half of the respondents indicate that collaboration with Noaber contributed to the development of a product/service and the creation of a market for it, the development of the organization size and their positioning in the field. Almost three-quarters of the respondents indicate that the collaboration did not result in the introduction of regulations based on or as a result of the initiative.

Nearly three-quarters of respondents indicate that the collaboration with Noaber contributed to improving the range of products or services surrounding health and care and innovating the health care system as a whole. More than half mentioned that the collaboration has contributed to improving health, patient satisfaction, caregiver satisfaction and the health care system as a whole. A reduction in health care costs is what respondents see least as a result of the collaboration (43%).

Health system process changes

Almost three quarters of the respondents mention that the cooperation with Noaber contributed to (structurally) bringing partners together in, for example, a consultation structure. Also, according to more than half of the respondents, collaboration and processes surrounding health and care are more efficient as a result of the cooperation with Noaber.

Social changes in the health care system

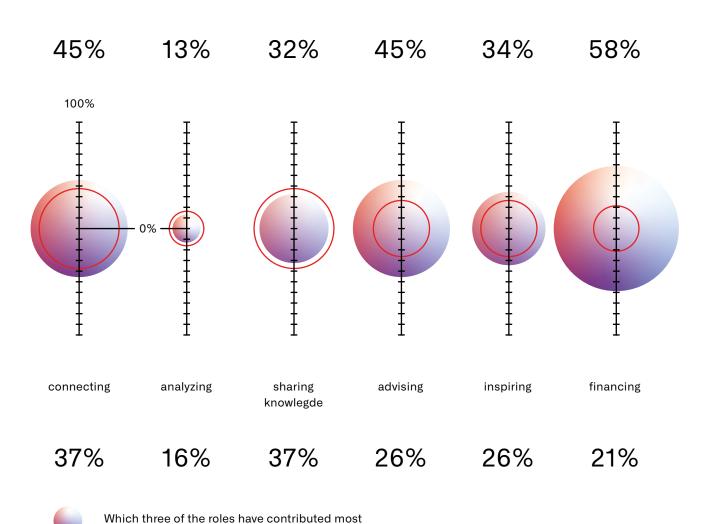
By far the most respondents mention challenging others to look for innovations in the health care system and creating and increasing social awareness about health as a consequence of working with Noaber. Slightly less than half of the respondents assert that the collaboration has created a different way of thinking within their own organization.

Quotes

- Continue and add to the support of introducing potential customers and investors.
- The cooperation is pleasant but it is not always clear to me which choices Noaber makes and why. My contacts at Noaber are smart, fast thinkers: that's nice. But they always seem very busy, little time for quiet reflection/ consultation.
- Would appreciate even more insight about connections with other visionary organizations engaged in healthy living and health care transformation activities.
- I would like to act more like partners. Measure real teamwork, so that we achieve the goals together. I can't oversee Noaber, what are they all doing and what do they want to achieve and how can we work together on that.
- Continue with the focus on digital health and connecting your portfolio companies with hospitals on a worldwide basis.



Our role



Which three of the following roles

should be used more?

to the outcome of the collaboration?

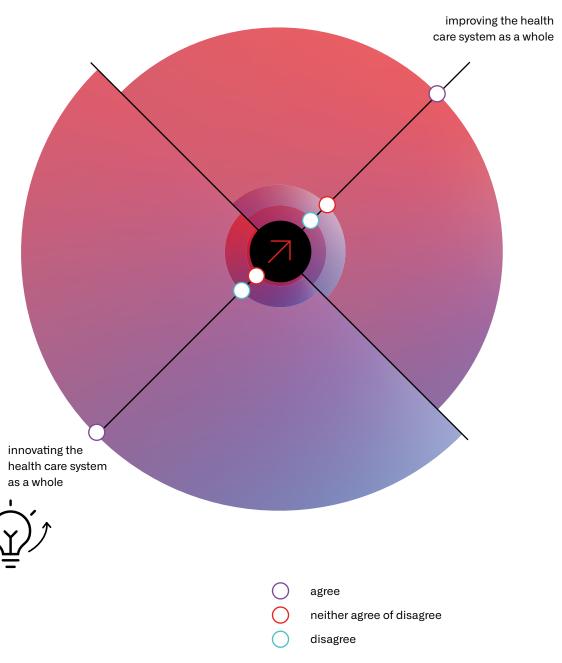
Annual report - 2021



Collaboration with Noaber has contributed to....

Substantive changes in the health care system



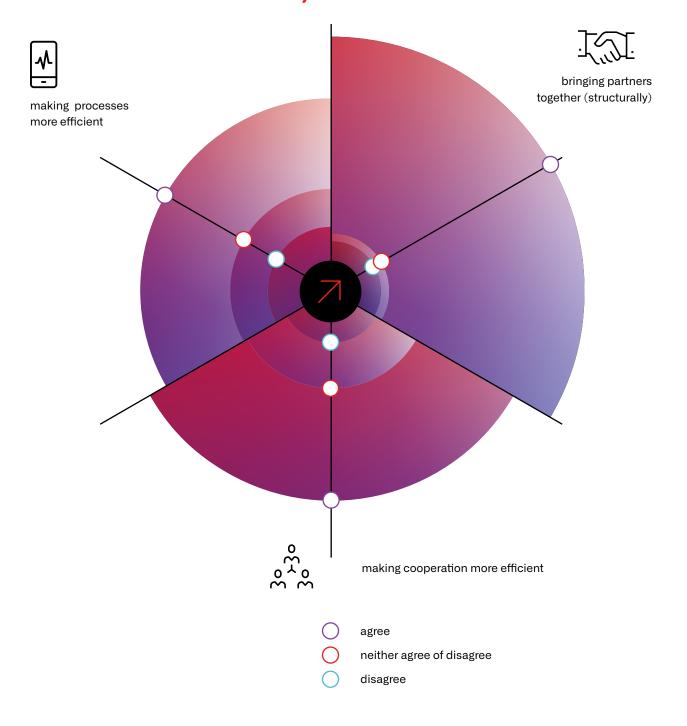


Annual report - 2021 **34**



Collaboration with Noaber has contributed to....

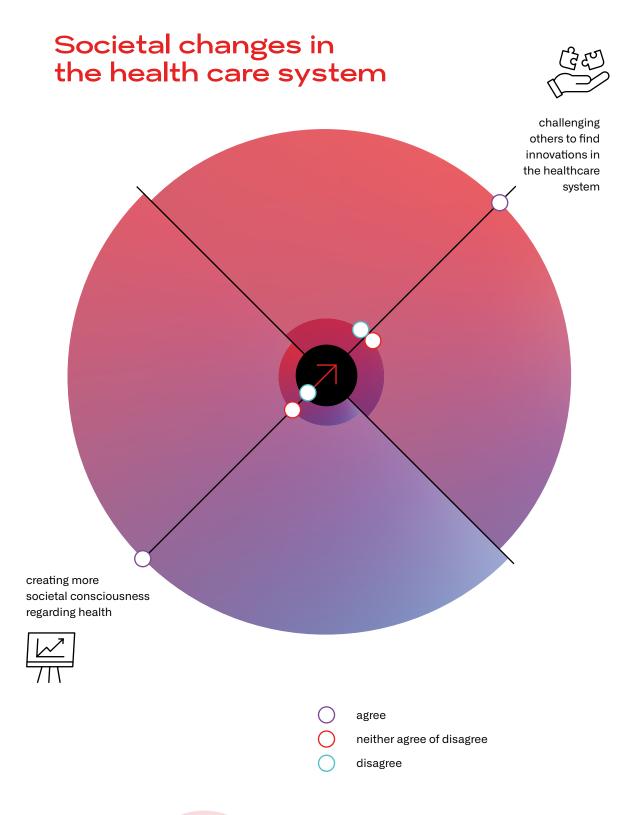
Process changes in the health care system



Annual report - 2021



Collaboration with Noaber has contributed to....



Annual report - 2021



Improving health?

\[\] Impact

The key is the fourth aim: creating the conditions for the healthcare workforce to find joy and meaning in their work and in doing so, improving the experience of providing care.

- Riki Sikka et al [1]

¹ Sikka R, Morath JM, Leape LThe Quadruple Aim: care, health, cost and meaning in workBMJ Quality & Safety 2015;24:608-610.

² Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. Ann Fam Med. 2014;12(6):573-576. doi:10.1370/ afm.1713

Introduction

Quadruple Aim^[2] is similar to a compass in that it guides an important direction that the health system — both patients and providers, in our opinion — needs to go in. Change won't happen overnight. Rather, continuously driving, updating and optimizing will have a compounding factor that will ultimately lead to a healthier and happier population. That's why we use the Quadruple Aim model to 'score' the impact of our programs and Investment and our entire portfolio.

Quadruple Aim is an approach developed in order to optimize health system performance. The goal of the model is to improve the patient care experience, improve the health of a population, improve the work experience of professionals and reduce per capita health care costs. The model stresses that the strategy is a single aim with four dimensions.

Enhancing the patient experience

Improving the patient experience aims to enhance the quality of care that patients receive, having a greater focus on individuals and families. Originally, this was the sole aim of healthcare and it consists of issues like safety, effectiveness, efficiency, patient-centeredness etc.

This aspect is concerned with the individual experience and how they can achieve high-quality, effective care — for both the subjective and objective experience. An improved patient experience creates more educated patients that understand their condition(s) and are provided with the necessary tools to better manage their own care and improve outcomes.

\[\] Impact

Improving population health

Naturally, with the Quadruple Aim comes the goal of improving the health of the overall population. As mentioned previously, creating an improved patient experience will help achieve this through more educated patients that can manage their health more effectively. Improving the health of populations takes the first individual aspect of the Quadruple Aim and expands it towards the whole population. Society is facing an increase in chronic diseases, so improving the patient experience for all individuals will ultimately lead to a decrease in prevalence and/or severity of chronic diseases and overall better chronic care management.

Lower costs

The Triple Aim intends to achieve the two aspects above while simultaneously reducing the per capita cost of health care. The needs of society go beyond healthcare and resources are required to achieve other desirable outcomes as well.

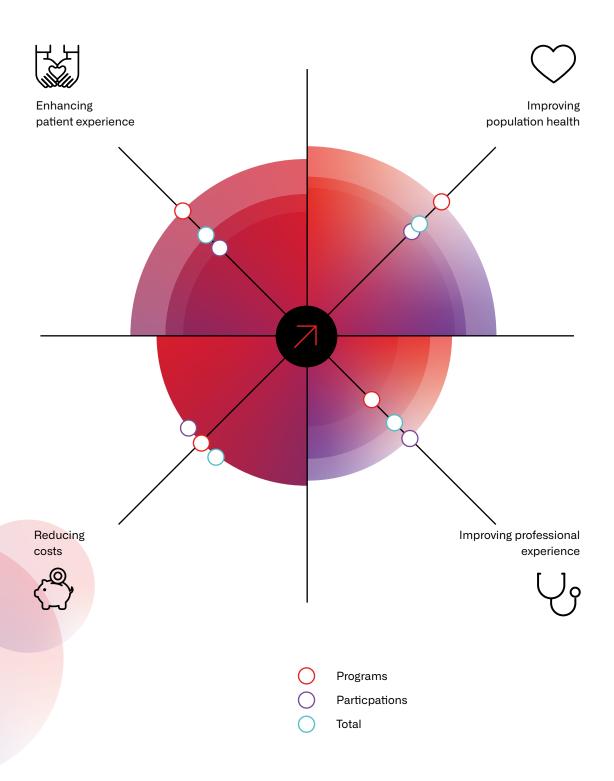
Keeping this aspect linked with improved patient experience and population health ensures that while costs are driven down, the quality of care isn't compromised. Therefore, while the goal is to improve the health of the population so that individuals don't need to visit providers as frequently, if and when they do it will be much more affordable.

Improving professional experience

Each of the above-mentioned dimensions is critical in optimizing the health system performance, but one aspect is added: the care providers (the professionals) themselves. As value-based care becomes more prevalent, the quality of care that is provided becomes essential, and it all starts with the provider (professional). The pressure that is put on them is immense, leading to unwanted outcomes that can negatively affect the quality of care provided. In order to combat this an improved professional experience is part of the model as well.



Quadruple Aim



Annual report - 2021 40