



1st ed. 2021, VIII, 167 p. 29 illus., 28 illus. in color.

Printed book

Softcover

109,99 € | £99.99 | \$139.99

^[1]117,69 € (D) | 120,99 € (A) | CHF 130,00

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Nico van Weert, Jan Hazelzet (Eds.)

Personalized Specialty Care

Value-Based Healthcare Frontrunners from the Netherlands

- Presents state-of-the art examples of personalized care and best practices in shared decision making
- Offers inspirational principles to help hospital directors implement proven Value-based Healthcare applications
- Features applied success stories based on evidence, easy to copy and adapt
- Helps readers rethink clinical practice and better address patient needs, preferences and values effectively and efficiently
- Suitable for medical schools' MSc Medicine curriculum

This book highlights the work of pioneers in this field, in order to inspire their peers, healthcare leaders and an interested audience. Prior to the respective care practices, the authors describe the core of personalized care and illustrate its connections to value-driven care and evidence-based medicine. The last part of the book addresses organizational and other conditions under which personalized care can thrive. In the Netherlands, substantial work is being done on value-driven care and more is currently being discussed. This book focuses on the benefits of value-driven care for patients and healthcare providers alike. To do so, it explores a range of representative cases and scenarios, such as: Scenario 1: You are able to surgically remove the most difficult tumors and find out one day that you don't need to do so in all indicated patients. Later you can find out how to recognize when surgery isn't the best treatment for certain patients. And now your team has a fixed routine to find the optimal choice together with the patient. Scenario 2: You consider yourself to be a patient-centered doctor who is really in touch with their patients – until you ask them to report for themselves on how they are doing. In the "patient-reported outcomes" you see that you have completely missed an important aspect. Later, you can structurally integrate this into your outpatient clinic. Scenario 3: In line with the planning principles of your hospital, you see chronic patients once a year – and of course also 'as needed' – until your data shows you that you see patients too early or too late, but rarely when it would be most helpful.

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