

Talking Value: A Taxonomy on Value- Based Healthcare

Appendices



European
Alliance for
Value in Health

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Appendices

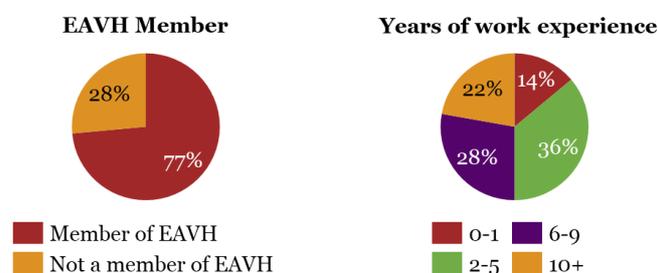
Appendix 1: Results from the Delphi analysis

Members from the following organisations completed the final Delphi survey:

- | | |
|---|--|
| All.Can International | European Patients Forum (EPF) |
| Centre of Excellence for Military Medicine (MILMED COE) | European Regional and Local Health Authorities (EUREGHA) |
| European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries (COCIR) | European Union of Private Hospitals (UEHP) |
| Digestive Cancers Europe (DiCE) | Fresenius Medical Care |
| European Association for the Study of Obesity (EASO) | ICHOM |
| European Federation of Pharmaceutical Industries and Associations (EFPIA) | Interpharma |
| European Health Management Association (EHMA) | IPO Porto |
| The European Institute for Innovation Through Health Data (i~HD) | KU Leuven |
| | Eli Lilly |
| | MedTech Europe |
| | Relyens |
| | Roche |
| | Swansea University |
| | The Health Value Alliance |

Overall, 77% of the respondents were from Alliance member organisations and 23% were from organisations not affiliated to the Alliance. Furthermore, we asked respondents to mention their years of work experience. While 14% had 0-1 years of work experience, 22% of the respondents had more than 10 years of work experience (see figure 3).

Figure 3 Characteristics of respondents from the 2nd Delphi round



The key below presents the consensus degree per term, for the results in the subsequent table:

Consensus
Approaching
Half consensus
No consensus



N	Term	Potential descriptions per term	% 1 to 3	% 4 to 6	% 7 to 9	Sum of core ranking	# spot 1	# spot 2	# spot 3	# spot 4	N
1a	VBP	Value-based payment models shift payments from volume based to value-based payments (health outcomes/costs). They align reimbursement with the achievement of value-based care in a defined population in which providers (in partnership with patients and health care organisations) are held accountable for achieving financial goals and health outcomes that matter to patients. Value-based payment encourages risk-sharing and optimal care delivery, including coordination across health care disciplines and between the health care system and community resources, to improve health and social outcomes for both individuals and populations.	2%	28%	70%	99	20	16	7		43
1a	VBP	Value-based payment models align reimbursement with achievement of value-based care (health outcomes/cost) in defined population with providers held accountable for achieving financial goals and health outcomes. Value-based payment encourages optimal care delivery, including coordination across health care disciplines and between the health care system and community resources, to improve health outcomes for both individuals and populations.	5%	42%	53%	91	13	22	8		43
1a	VBP	Value-based payment models align reimbursement with achievement of value-based care (health outcomes/cost) in defined population with providers held accountable for achieving financial goals and health outcomes.	7%	51%	42%	68	10	5	28		43
2a	Costs	Costs consist of direct and indirect costs of providing health care. Direct costs are both medical costs, and non-medical costs – such as those related to travel of providing health care. Indirect costs are costs incurred by patients due to e.g. loss of production (due to incapacity for work, occupational disability, or death), by their carers or families (e.g., those looking after a person when ill or providing ongoing care), and hence to society as a whole.	12%	12%	77%	117	16	10	6	11	43
2a	Costs	Costs refer to the total costs of the full cycle of care (care pathway) for the patient's medical condition (not the cost of individual services). To truly understand costs, they must be aggregated around the patient rather than for discrete services, just as is the case with outcomes. It is the total costs of providing care for the patient's medical condition (or bundle of primary and preventive care services), not the cost of any individual service or intervention, that matters for value.	9%	28%	63%	111	10	12	14	7	43
2a	Costs	Costs refer to the total costs of the full cycle of care (care pathway) for the patient's medical condition (not the cost of individual services). It is the total costs of providing care for the patient's medical condition (or bundle of primary and preventive care services), not the cost of any individual service or intervention, that matters for value.	19%	33%	49%	95	7	10	11	15	43
2a	Costs	Costs refer to the costs for health systems and societies and must be measured taking into account all relevant parts of a patient's journey. This refers to measuring costs in a holistic way. Measurement of costs in a holistic way includes the total costs of care, also including costs related to complications, in order to move decision-making away from purely based on price to a system that also incorporates value.	5%	47%	49%	107	10	11	12	10	43
3a	Patient journey	A patient journey represents the entire sequence of events that a patient experiences within a given healthcare system or across providers, from prevention and self-management to receiving treatment for an illness or injury. A patient journey is an ongoing process that incorporates all parts of the healthcare ecosystem, from community, informal, and primary care, to hospitals, physicians, specialty care and outpatient therapy.	7%	9%	84%	71	28	15			43
3a	Patient journey	A patient journey represents the entire sequence of events that a patient experiences within a given healthcare system or across providers, from scheduling an appointment for a regular checkup to receiving treatment for an illness or injury. A patient journey is an ongoing	9%	30%	60%	58	15	28			43

		process that incorporates all parts of the healthcare ecosystem, from hospitals to physicians, specialty care, and outpatient therapy.										
4a	Value-based health system	A value-based health system is organised and resourced to maximise the health outcomes most important for patients and populations, while simultaneously making healthcare more (cost-)effective, accessible and resilient. It includes public health, social and long-term care as well as health policy making at the macro level.	5%	28%	67%	95	15	22	6		43	
4a	Value-based health system	A value-based health system is organised and financed to maximise the health outcomes for patients and populations in the long-term in relation to the level of investment across the system. While value-based healthcare usually focuses on one or several healthcare settings, the term value-based health system is broader and includes public health, social and long-term care as well as health policy making at the macro level.	7%	33%	60%	100	20	17	6		43	
4a	Value-based health system	Value-based health systems are a system change which could improve individual patient outcomes and population health, while simultaneously making healthcare more (cost-)effective, accessible and resilient.	16%	51%	33%	63	8	4	31		43	
5a	Health equity	Health equity is the absence of systematic and potentially remediable differences in one or more characteristics of health across populations or population groups defined socially, economically, demographically, or geographically.	4%	35%	61%	110	21	22	3		46	
5a	Health equity	Equity in health is the absence of systematic disparities in health or in the accessibility of healthcare, between social groups who have different levels of underlying social advantage/disadvantage - that is, different positions in a social hierarchy.	13%	37%	50%	83	12	13	21		46	
5a	Health equity	Health inequities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.	20%	41%	39%	83	13	11	22		46	
6a	Integrated care	Integrated care consists of health services that are managed, resourced and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course.	0%	27%	73%	117	15	10	10	7	41	
6a	Integrated care	Integrated care consists of health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course. The concept is complex and consists of different elements: the type, the level, the process, the breadth and the degree or intensity of integration.	5%	24%	71%	107	12	11	7	12	42	
6a	Integrated care	Integrated care refers to a coherent and coordinated set of services, which are planned, managed and delivered to individual service users across a range of jointly responsible organizations and by a range of cooperating professionals and informal carers.	5%	40%	55%	96	7	11	11	13	42	
6a	Integrated care	Integrated care is an organising principle for care delivery with the aim of achieving improved patient care through better coordination of services provided. Integration is the combined set of methods, processes (data) infrastructure and models that seek to bring about this improved coordination of care.	0%	46%	54%	100	8	10	14	10	41	
7a	Person-centred care	Person-centred care is care in which people and their care teams form partnerships around high quality, accessible care, which is both evidence-based and delivered in an efficient manner, and in which patients' and caregivers' individual preferences, needs and values are paramount.	4%	22%	74%	107	22	17	7		46	

7a	Person-centred care	Person-centred care is about respecting the individual preferences and diversity, involves recognising needs and respects the right to make health decisions and choices. It also includes the right to comment, ask questions and make complaints about healthcare.	9%	43%	48%	85	10	19	17		46
7a	Person-centred care	Person-centred care is defined as empowering people to take charge of their own health rather than being passive recipients of services. This care strategy is based on the belief that patient views, input, and experiences can help improve overall health outcomes.	13%	41%	46%	84	14	10	22		46
8a	Health outcomes	Health outcomes capture the (measurable change in) state of health and wellbeing (physical, mental and social) that result from specific health care and other societal investments. They can be derived from different perspectives, like an individual patient or societal perspective, and there are many different types, like patient reported, clinical or population-level outcomes.	12%	24%	64%	113	12	13	9	8	42
8a	Health outcomes	Health outcomes reflect the (measurable) effect of changes in the individual patient's health status. Health outcomes can be derived from different perspectives, like individual patient or societal perspective. Health outcomes include quality of life, survival and incorporate symptoms, adverse events/complications, survival/mortality, and (co)morbidities. Patient relevant outcomes are the (clinical) outcomes that matter most to patients and society.	0%	43%	57%	113	12	10	15	5	42
8a	Health outcomes	Health outcomes are (measurable) changes in, or maintenance of, health status (like quality of life, survival or functional status) and the result of specific health care investments or interventions.	19%	31%	50%	96	8	10	10	14	42
8a	Health outcomes	Health outcomes are (measurable) changes(improvements) in, or maintenance of, health status and wellbeing (physical, mental and social). It includes prolonging life, improvements in a patient's quality of life or functional status such as ability to live independently and take part in work or social life, following a healthcare intervention or a set of healthcare interventions for a specific disease or condition.	7%	43%	50%	98	10	9	8	15	42
9a	Precision medicine	Precision medicine is a healthcare approach that utilises molecular information (genomic, transcriptomic, proteomic, metabolomic, etc), phenotypic and health data from patients to generate care insights to prevent or treat human disease resulting in improved health outcomes. It focuses on giving the right treatment, to the right patient at the right time.	2%	16%	81%	75	32	11	0		43
9a	Precision medicine	With precision medicine, patients are treated based on their unique characteristics, such as genetic makeup. This tailored treatment is strongly emerging in the medical world, as it is becoming increasingly clear that many factors together determine whether someone is responding well to a medicinal product.	7%	37%	56%	54	11	32	0		43
10a	Value	Value is a comprehensive concept that is an interaction between outcomes for people and patients and the resources spend by health systems and societies to reach these outcomes. Value is more than just monetary value and builds upon the concepts of allocative value, technical value, personal value and societal value. For a (financial) sustainable health care system it is important to take into account how to allocate resources to get the best outcomes for the society as a whole.	2%	29%	69%	99	21	15	6		42
10a	Value	Value is an interaction between (measurable) outcomes for people and patients and the resources spent by health systems and societies within a well-defined time frame, and must take into account all relevant parts of a patient's journey.	12%	24%	64%	79	13	11	18		42
10a	Value	Value is a comprehensive concept that builds on four value-pillars to define 'value(s)-based healthcare' for conveying the guiding principles underlying solidarity-based healthcare systems: allocative value, technical value, personal value and societal value. This comprehensive meaning of 'value' offers a wider perspective than the interpretation of 'value' as purely monetary in the context of cost-effectiveness.	12%	43%	45%	74	8	16	18		42
11a	Care pathway	Care pathway refers to all the sequential stages an individual person has in the management of his or her condition, from prevention and pre-diagnosis to social care and palliative care.	2%	29%	69%	99	22	11	11		45

		A care pathway is designed by health care professionals and is adapted according to the patient's need (through shared decision making between the provider and patient).										
11a	Care pathway	Care pathway refers to all the sequential stages an individual person has in the management of his or her condition, from prevention and pre-diagnosis to (social) care and in some cases supportive and end of life care.:	2%	38%	60%	95	12	27	5			45
11a	Care pathway	Care pathway refers to all the sequential stages a patient has in the management of his or her disease, from pre-diagnosis to palliative care.	9%	38%	53%	69	10	6	27			45
12a	Prevention	Prevention is action to reduce or eliminate the onset, causes, complications, or recurrence of disease. Several levels are defined: primordial prevention (preventing the emergence of predisposing social and environmental conditions that can lead to causation of disease); primary prevention; secondary prevention; and tertiary prevention to improve function, minimize impact, and delay complications'.	2%	18%	80%	76	32	12				44
12a	Prevention	Prevention covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established.	7%	39%	55%	56	12	32				44
13a	Health system performance	Health system performance has three dimensions: accessibility, quality, and efficiency. Together these determine the extent to which the achievable in health care can be attained. Accessibility describes the extent to which patients are able to get the care they need when they need it. Quality describes the extent to which the right care is delivered in the right way. Efficiency describes the extent to which accessibility and effectiveness are optimized in relation to the resources expended.	7%	33%	60%	68	26	16				42
13a	Health system performance	Health system performance refers to how far health systems achieve the three health system goals (accessibility, quality, and efficiency) relative to the country's overall context. In a value-based framework, efficiency should be assessed as the patient and population health outcomes achieved for the totality of resources used across the system.	5%	50%	45%	58	16	26				42
14a	Personalised care	Personalised care is tailor-made prevention and/or treatment for individuals or groups of individuals that works best. This means give each and every patient and citizen the right care, at the right moment, with maximum effect and minimum side-effects and costs.	6%	28%	66%	70	23	24				47
14a	Personalised care	Personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs. This happens within a system that makes the most of the expertise, capacity and potential of people, families and communities in delivering better outcomes and experiences.	2%	38%	60%	71	24	23				47

Appendix 2: Literature used to create the starting descriptions for the Delphi study

Term	Source(s)
Value based payment models	<p>Schapira MM, Williams M, Balch A, Baron RJ, Barrett P, Beveridge R, Collins T, Day SC, Fernandopulle R, Gilberg AM, Henley DE, Nguyen Howell A, Laine C, Miller C, Ryu J, Schwarz DF, Schwartz MD, Stevens J, Teisberg E, Yamaguchi K, Schapira E, Hubbard RA. Seeking Consensus on the Terminology of Value-Based Transformation Through use of a Delphi Process. <i>Popul Health Manag.</i> 2020 Jun;23(3):243-255. Doi: 10.1089/pop.2019.0093.</p> <p>Epub 2019 Oct 29. PMID: 31660789; PMCID: PMC7301322.</p> <p>Nussbaum S, McClellan M, Metlay G. Principles for a framework for alternative payment models. <i>JAMA.</i> 2018;319(7):653-654</p>
Health outcomes	<p>CIHI. (n.d.). Outcomes. CIHI. Retrieved May 9, 2022 https://www.cihi.ca/en/outcomes#:~:text=Health%20outcomes%20are%20changes%20in,attack%20through%20in%2Dhospital%20care & University of Waterloo. 2022. Definition of a health outcome Research. [online] Available at: <https://uwaterloo.ca/research/office-research-ethics/research-human-participants/pre-submission-and-training/human-research-guidelines-and-policies-alphabetical-list/definition-health-outcome> [Accessed 9 May 2022].</p> <p>Porter, ME. Value-based health care delivery. <i>Ann Surg.</i> 2008 Oct;248(4):503-9. Doi: 10.1097/SLA.ob013e31818a43af. PMID: 18936561</p> <p>European Alliance for Value in Health key principles.</p> <p>https://www.europeanallianceforvalueinhealth.eu/value-based-health-systems/our-principles &</p> <p>Kersting, C., Kneer, M. & Barzel, A. Patient-relevant outcomes: what are we talking about? A scoping review to improve conceptual clarity. <i>BMC Health Serv Res</i> 20, 596 (2020). https://doi.org/10.1186/s12913-020-05442-9</p>
Value	<p>Lehtonen, L., Wild, C., Ricciardi, W., Pita Barros, P., Brouwer, W., De Maeseneer, J., Kringos, D. S., McKee, M., Murauskiene, L., Nuti, S., & Siciliani, L. (2019). Defining Value in “Value-Based Healthcare”: Report of the Expert Panel on effective ways of investing in Health (EXPH). European Union.</p> <p>Porter, ME. Value-based health care delivery. <i>Ann Surg.</i> 2008 Oct;248(4):503-9. Doi: 10.1097/SLA.ob013e31818a43af. PMID: 18936561</p> <p>European Alliance for Value in Health key principles. https://www.europeanallianceforvalueinhealth.eu/value-based-health-systems/our-principles.</p> <p>Mendivelso et al., (2019). Value-based Healthcare in Catalonia: challenges and opportunities to contribute to the future. https://www.europeanallianceforvalueinhealth.eu/wp-content/uploads/2020/11/INFORME-VHBC_eng.pdf</p>



Integrated care	<p>Lehtonen, L., Wild, C., Ricciardi, W., Pita Barros, P., Brouwer, W., De Maeseneer, J., Kringos, D. S., McKee, M., Murauskienė, L., Nuti, S., & Siciliani, L. (2019). Defining Value in “Value-Based Healthcare”: Report of the Expert Panel on effective ways of investing in Health (EXPH). European Union.</p> <p>Minkman M, Ahaus K, Fabbrocetti I, Nabitz U, Huijsman R. A quality management model for integrated care: results of a Delphi and Concept Mapping study. <i>Int J Qual Health Care</i>. 2009 Feb;21(1):66-75. Doi: 10.1093/intqhc/mzn048. Epub 2008 Oct 22. PMID: 18945745.</p> <p>Ontandriopoulos, AP, Denis, JL, Touati, N and Rodriguez, C (2003). Groupe de recherche interdisciplinaire en santé. Working Paper No4–01 In: Montréal: Université de Montréal. Jun 2003 The integration of health care: dimensions and implementation. [cited 2014 24 Oct] Available from: http://nelhin.on.ca/assets/o/16/2100/3734/3736/6cab135d-87c1-45bd-88cd-2c1d5404ec9b.pdf.</p> <p>Goodwin N. Understanding Integrated Care. <i>International Journal of Integrated Care</i>. 2016;16(4):6. DOI: http://doi.org/10.5334/ijic.2530</p>
Costs	<p>Porter ME. What is value in health care? <i>New Engl J Med</i>.</p> <p>https://www.europeanallianceforvalueinhealth.eu/value-based-health-systems/our-principles/ & EIT Health, Implementing Value-Based Health Care in Europe: Handbook for Pioneers (Director: Gregory Katz), 2020</p> <p>Prof. Rifat Atun https://www.europeanallianceforvalueinhealth.eu/wp-content/uploads/2020/11/2019_MTE_incorporating-value-in-investment-decisions-in-health-across-Europe.pdf</p>
Patient journey	<p>https://www.definitivehc.com/resources/glossary/patient-journey</p> <p>https://silverlinecrm.com/blog/healthcare/provider/the-patient-engagement-journey-what-it-is-and-why-it-matters/</p>
Patient pathway	<p>https://www.alcimed.com/en/explorations/patient-pathway/#:~:text=Patient%20pathway%20or%20care%20pathway,pre%2Ddiagnosis%20to%20palliative%20care.</p> <p>https://www.datadictionary.nhs.uk/classes/patient_pathway.html</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3602959/#:~:text=%E2%80%9CA%20care%20pathway%20is%20a,during%20a%20well%2Ddefined%20period</p>
Prevention	<p>EIT Health, Implementing Value-Based Health Care in Europe: Handbook for Pioneers (Director: Gregory Katz), 2020</p> <p>NIH National Cancer Institute, 2022. NCI Dictionary of Cancer Terms. [online] National Cancer Institute. Available at: <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/prevention> [Accessed 8 May 2022].</p> <p>Nightengale EO, Cureton M, Kalmar V, et al. Perspectives on health promotion and disease prevention in the United States. Washington, DC: Institute of Medicine, National Academy of Sciences, 1978</p> <p>National Public Health Partnership. Preventing chronic disease: a strategic framework. Background paper. Melbourne, Australia: National Public Health Partnership, 2001.</p>



Health equity	<p>Lehtonen, L., Wild, C., Ricciardi, W., Pita Barros, P., Brouwer, W., De Maeseneer, J., Kringos, D. S., McKee, M., Murauskiene, L., Nuti, S., & Siciliani, L. (2019). Defining Value in “Value-Based Healthcare”: Report of the Expert Panel on effective ways of investing in Health (EXPH). European Union.</p> <p>Clair M (2000) Commission d’étude sur les services de sante et les services sociaux: Les solutions emergentes, rapport et recommandaions. Quebec: Gouvernement du Quebec.</p> <p>Stewart AL, Napoles-Springer AM (2003) Advancing health disparities research: can we afford to ignore measurement issues? Med Care 41:1207–1220.</p> <p>Whitehead M, Dahlgren G. Concepts and Principles for Tackling Social Inequities in Health: Levelling up, Part World Health Organization, Regional Office for Europe; 2006. www.euro.who.int/__data/assets/pdf_file/0010/74737/E89383.pdf</p> <p>https://www.who.int/health-topics/health-equity#tab=tab_1</p>
Value Based Health system	<p>Lehtonen, L., Wild, C., Ricciardi, W., Pita Barros, P., Brouwer, W., De Maeseneer, J., Kringos, D. S., McKee, M., Murauskiene, L., Nuti, S., & Siciliani, L. (2019). Defining Value in “Value-Based Healthcare”: Report of the Expert Panel on effective ways of investing in Health (EXPH). European Union</p>
Health System Performance	<p>Durán A, et al. Understanding health systems: scope, functions and objectives. In: Figueras J, McKee M, editors. Health systems, health, wealth and societal well-being: assessing the case for investing in health systems. Maidenhead: Open University Press; 2012. Pp. 19–36.</p> <p>Rechel B, Karanikolos M. Health system performance. In: Rechel B, Richardson E, McKee M, editors. Trends in health systems in the former Soviet countries [Internet]. Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2014. (Observatory Studies Series, No. 35.) Chapter 11. Available from: https://www.ncbi.nlm.nih.gov/books/NBK458298/</p>
Personalised Care	<p>NHS England, 2022. What is personalised care?. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/personalisedcare/what-is-personalised-care/> [Accessed 8 May 2022].</p> <p>Lehtonen, L., Wild, C., Ricciardi, W., Pita Barros, P., Brouwer, W., De Maeseneer, J., Kringos, D. S., McKee, M., Murauskiene, L., Nuti, S., & Siciliani, L. (2019). Defining Value in “Value-Based Healthcare”: Report of the Expert Panel on effective ways of investing in Health (EXPH). European Union.</p> <p>https://www.england.nhs.uk/personalisedcare/what-is-personalised-care/</p> <p>https://www.tilburguniversity.edu/research/institutes-and-research-groups/hsri/cross-cutting-themes/personalized-prevention-and-care</p>
Patient centered care/person centered care	<p>Lehtonen, L., Wild, C., Ricciardi, W., Pita Barros, P., Brouwer, W., De Maeseneer, J., Kringos, D. S., McKee, M., Murauskiene, L., Nuti, S., & Siciliani, L. (2019). Defining Value in “Value-Based Healthcare”: Report of the Expert Panel on effective ways of investing in Health (EXPH). European Union.</p> <p>https://www.betterhealth.vic.gov.au/health/servicesandsupport/patient-centred-care-explained</p> <p>WHO: https://guidewaycare.com/what-is-person-centered-care-and-how-can-it-improve-healthcare/#:~:text=Person%2Dcentered%20care%2C%20also%20referred,and%20experiences%20can%20help%20improve</p>
Precision medicine	<p>https://www.efpia.eu/about-medicines/development-of-medicines/precision-medicine/</p>



Value based health care

Lehtonen, L., Wild, C., Ricciardi, W., Pita Barros, P., Brouwer, W., De Maeseneer, J., Kringos, D. S., McKee, M., Murauskiene, L., Nuti, S., & Siciliani, L. (2019). Defining Value in "Value-Based Healthcare": Report of the Expert Panel on effective ways of investing in Health (EXPH). European Union.

Schapira MM, Williams M, Balch A, Baron RJ, Barrett P, Beveridge R, Collins T, Day SC, Fernandopulle R, Gilberg AM, Henley DE, Nguyen Howell A, Laine C, Miller C, Ryu J, Schwarz DF, Schwartz MD, Stevens J, Teisberg E, Yamaguchi K, Schapira E, Hubbard RA. Seeking Consensus on the Terminology of Value-Based Transformation Through use of a Delphi Process. *Popul Health Manag.* 2020 Jun;23(3):243-255. Doi: 10.1089/pop.2019.0093. Epub 2019 Oct 29. PMID: 31660789; PMCID: PMC7301322.

Schapira MM, Williams M, Balch A, Baron RJ, Barrett P, Beveridge R, Collins T, Day SC, Fernandopulle R, Gilberg AM, Henley DE, Nguyen Howell A, Laine C, Miller C, Ryu J, Schwarz DF, Schwartz MD, Stevens J, Teisberg E, Yamaguchi K, Schapira E, Hubbard RA. Seeking Consensus on the Terminology of Value-Based Transformation Through use of a

Delphi Process. *Popul Health Manag.* 2020 Jun;23(3):243-255. Doi: 10.1089/pop.2019.0093. Epub 2019 Oct 29. PMID: 31660789; PMCID: PMC7301322.

Personalised medicine

https://www.rivm.nl/publicaties/personalised-medicine-implementatie-in-praktijk-en-data-infrastructuren#abstract_en

https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/personalised-medicine_en

<https://www.england.nhs.uk/healthcare-science/personalisedmedicine/>



Appendix 3: Literature used for the terms based on the literature

Term	Literature used
Allocative value	Lehtonen, L., Wild, C., Ricciardi, W., Pita Barros, P., Brouwer, W., De Maeseneer, J., Kringos, D. S., McKee, M., Murauskiene, L., Nuti, S., & Siciliani, L. (2019). Defining Value in "Value-Based Healthcare": Report of the Expert Panel on effective ways of investing in Health (EXPH). European Union.
Health system fragmentation	Siqueira, M., Coube, M., Millett, C. et al. The impacts of health systems financing fragmentation in low- and middle-income countries: a systematic review protocol. <i>Syst Rev</i> 10, 164 (2021). https://doi.org/10.1186/s13643-021-01714-5
Bundled payments	OECD. Better ways to pay for health care. Organisation for Economic Co-operation and Development; 2016. https://www.oecd.org/els/health-systems/Better-ways-to-pay-for-health-care-FOCUS.pdf . Accessed December 5, 2019.
Capitation based payments OR population based payment	Berenson RA, Upadhyay DK, Delbanco SF, Murray R. Payment methods: how they work. Urban Institute and Catalyst for Payment Reform; 2016. https://www.urban.org/research/publication/payment-methods-how-they-work
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About the European Alliance for Value in Health

The European Alliance for Value in Health is a group of associations representing stakeholders active in the broader European health systems. The Alliance aims to accelerate the transformation towards value-based, sustainable and people-centred health systems in Europe. For more information on the European Alliance for Value in Health, please reach out:

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