A Compass for Collaboration:

Navigating Stakeholders' Roles in Transitioning To Value-Based Healthcare

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European
Alliance for
Value in Health

About this report

This report aims to offer clarity on the roles and contributions which can be taken by stakeholders to accelerate the journey towards developing value-based health systems. It presents the outcomes of the "Value-Based Stakeholder Engagement" initiative, conducted by the European Alliance for Value in Health (hereafter the "Alliance").

The Alliance was established in 2020, as a "think-and-do" tank, bringing together a broad group of European and international associations representing patients, scientific and professional societies, healthcare managers, hospitals, regional health authorities, academia and life-science industries.

Our **VISION** is a Europe where health systems are value-based, sustainable, and people-centred

Our **MISSION** is to partner to facilitate health system transformation, by disseminating knowledge and best practices, and engaging with policy makers and stakeholders – at European, national, and regional levels

As a first step towards our Vision of value-based, sustainable and people-centred health systems, the Alliance aimed to create a common language for value-based healthcare (VBHC) terms, through the development of a VBHC Taxonomy in 2022. The report can be found here.

This Value-Based Stakeholder Engagement initiative builds on the Taxonomy, using these terms to help define the roles and contributions of different stakeholder groups in transitioning to VBHC. Given the complexity of health systems and challenges in implementing VBHC, this report does not provide tailored guidance for each health system in Europe, but aims to offer a compass to guide the on-going collaboration needed between stakeholders at national and regional level, and support the direction of travel.

Holistically, we need to understand each other's perspectives and the unique ability to ensure the successful transition to VBHC. Increased understanding builds trust, which is the mortar of collaboration.

Acknowledgements

Introduction

In the pursuit of optimising healthcare outcomes while managing costs efficiently, the concept of Value-based healthcare (VBHC) has emerged as a beacon of transformation within the healthcare landscape. First defined by Porter and Teisberg in 2006[1] stakeholders in the healthcare ecosystem have long recognised the potential of VBHC to revolutionise the way in which healthcare is organised, financed and delivered, putting health outcomes for patients at the centre. However, despite being a longstanding strategic priority, the transition to VBHC remains incomplete at best.

Numerous health systems are currently supporting the move towards VBHC. However, the implementation of VBHC is fragmented and on many occasions confined to localised pilot programs, operating alongside traditional approaches, rather than as a systematic widespread change of practice and culture. For example, some health systems are trialling various value-based payment models that challenge the conventional fee-for-service approach, and some providers are embracing VBHC principles. This includes: restructuring care delivery around medical conditions, measuring and acting on health outcomes that are person-centred, and driving organisational improvements based on metrics tied to cost and quality.[2]

The current localised pilot programs focus on specific elements of VBHC, however the evolving landscape calls for a paradigm shift—a holistic approach that spans the entire patient pathway and engages all healthcare stakeholders. Experts have previously highlighted the necessity for a collective effort involving patients, payers, policy-makers, providers, regulators and industry.[3,4]

One barrier to this collective effort is the different interpretations and usage of terms, which can lead to misalignment between stakeholders. A key word is "value" itself, which divides stakeholders, with some emphasising only the monetary aspect.[5] To address the difference in interpretations of VBHC terms, and overcome potential misalignment, the Alliance created a VBHC Taxonomy in 2022. Within this, "value" was described as "a comprehensive concept that is an interaction between outcomes for people and patients, and the resources spent by health systems and societies to achieve these outcomes. Value is more than just monetary value and can be subjective."[6]

After addressing the language of VBHC, the next critical challenge towards collaboration is to better understand the roles required for different stakeholders (Figure 1). This report aims to overcome this challenge, offering a compass to support the journey in transitioning to VBHC. By building on the VBHC Taxonomy, and by dissecting the responsibilities and expectations of each stakeholder group, we aim to foster a shared understanding across stakeholders. Through effective collaboration, we can then collectively shape the future of healthcare.

[1] Porter, M. E., and Teisberg, E. O. (2004). "Redefining competition in health care". *Harvard business review, 82*(6), 64–136.

[2] Noel, F. (2022) "Accelerating the pace of value-based transformation for more resilient and sustainable healthcare". *Future Healthcare Journal, 9*(3), 226-9. DOI: 10.7861/fhj.2022-0118

[3] Lewis S. (2022). "Value-based healthcare: is it the way forward?". *Future healthcare journal*, *9*(3), 211–215. https://doi.org/10.7861/fhj.2022-0099
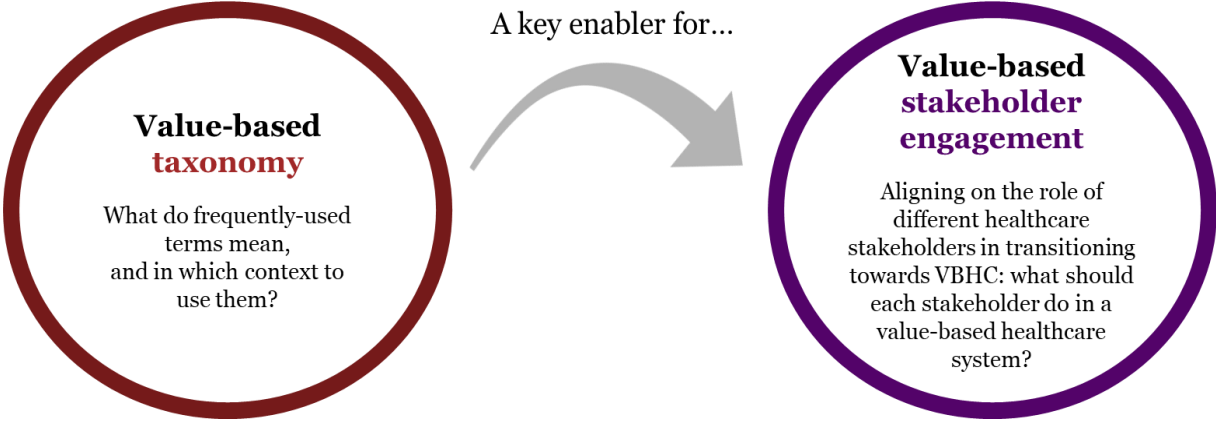
[4] Voelter, V. (2021) "It Takes Five to Tango". Toronto: Grammar Factory Publishing

[5] Noel, F. (2022) "Accelerating the pace of value-based transformation for more resilient and sustainable healthcare". *Future Healthcare Journal, 9*(3), 226-9. DOI: 10.7861/fhj.2022-0118

[6] European Alliance for Value in Health (2022) "Talking Value: A Taxonomy on Value-Based Healthcare". (Available at: https://www.europeanallianceforvalueinhealth.eu/wp-content/uploads/2022/12/EAVH-Report-on-the-VBHC-Taxonomy_Nov-2022_FINAL-report.pdf)

Figure 1: The value-based stakeholder engagement initiative builds on the taxonomy

A key enabler for...

Value-based taxonomy

What do frequently-used terms mean, and in which context to use them?

Value-based stakeholder engagement

Aligning on the role of different healthcare stakeholders in transitioning towards VBHC: what should each stakeholder do in a value-based healthcare system?

Methods

A four-phased approach was employed to conduct this initiative: research and preparation; stakeholder identification; a multi-stakeholder workshop; and matrix finalisation (see Figure 2).
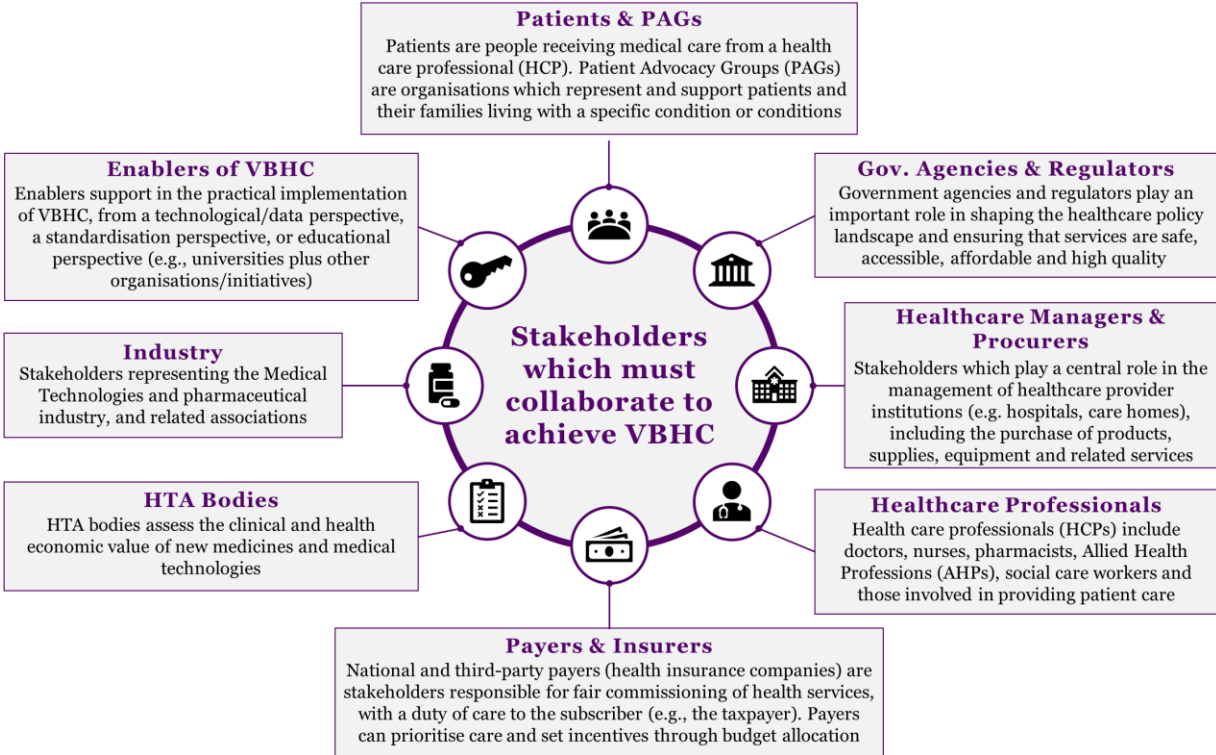
Figure 2: This initiative was conducted using a 4-phased approach

	PHASE 1	PHASE 2	PHASE 3	PHASE 4
	Research & preparation	**Stakeholder identification**	**Multi-stakeholder workshop**	**Finalisation**
Activities / Deliverables	• Collect and review relevant literature • Conduct an expert survey to gather stakeholders' views	• Using insights from the survey and the literature, select and classify the categories of stakeholder	• Conduct the multi-stakeholder workshop • Develop first draft of the actions to support the transition to VBHC, using the 6 Principles as a starting point	• Finalise the actions list, with revised roles & contributions according to workshop insights • Develop the accompanying report
Objectives	**Identify and build on the literature on the roles of stakeholders**	**Identify the most relevant stakeholder groups involved in transitioning towards value-based health systems**	**Gather different stakeholders to understand different perspectives on what each stakeholder should do in a value-based healthcare system**	**Finalise the list of stakeholders' actions to support the transition to VBHC**

The first phase involved preparation for the workshop, through collecting and reviewing literature and conducting an expert survey on the roles of stakeholders in transitioning to VBHC. The survey was circulated with VBHC experts within the Alliance Partners, Affiliated Organisations and related member organisations, and was completed by representatives from 16 different organisations (see page 10 for more details of the organisations involved). This preparation led to phase 2 - the selection and classification of stakeholder categories to include in this initiative (see Figure 3).

Figure 3: Classification of stakeholder groups involved in the transition to VBHC

Patients & PAGs
Patients are people receiving medical care from a health care professional (HCP). Patient Advocacy Groups (PAGs) are organisations which represent and support patients and their families living with a specific condition or conditions

Enablers of VBHC
Enablers support in the practical implementation of VBHC, from a technological/data perspective, a standardisation perspective, or educational perspective (e.g., universities plus other organisations/initiatives)

Gov. Agencies & Regulators
Government agencies and regulators play an important role in shaping the healthcare policy landscape and ensuring that services are safe, accessible, affordable and high quality

Industry
Stakeholders representing the Medical Technologies and pharmaceutical industry, and related associations

Healthcare Managers & Procurers
Stakeholders which play a central role in the management of healthcare provider institutions (e.g. hospitals, care homes), including the purchase of products, supplies, equipment and related services

HTA Bodies
HTA bodies assess the clinical and health economic value of new medicines and medical technologies

Healthcare Professionals
Health care professionals (HCPs) include doctors, nurses, pharmacists, Allied Health Professions (AHPs), social care workers and those involved in providing patient care

Stakeholders which must collaborate to achieve VBHC

Payers & Insurers
National and third-party payers (health insurance companies) are stakeholders responsible for fair commissioning of health services, with a duty of care to the subscriber (e.g., the taxpayer). Payers can prioritise care and set incentives through budget allocation

The third phase involved conducting a multi-stakeholder workshop. Held in September 2023, the workshop was attended by 30+ members representing all 8 stakeholder categories (as defined in Figure 3). Within the workshop, experts brainstormed on the roles of each stakeholder groups for fulfilling the 6 Principles of the Alliance; as a basis for enacting the transition to VBHC (see Figure 4. Further details on the Principles can be [found here](#)).

Figure 4: The six Principles of the Alliance

In the view of the Alliance, value-based, sustainable and people-centred health systems are built around 6 Principles:

1. Outcomes that matter to people and patients, as well as benefits valued by health systems and societies, are at the centre of decision-making

2. Interventions and services addressing prevention, social care and healthcare are organised in an integrated way around people and patients

3. Resources are allocated towards high value care and prevention, with outcomes and costs of care measured holistically

4. Innovative ways of care delivery are fostered

5. Continuous learning, education and healthcare improvement is based on evidence, and supported by data and insights

6. Financing models and payments reward value and outcomes

The final phase of the initiative involved consolidating the input from the workshop. This was refined through a follow-up review with VBHC experts from the Alliance Partners, Affiliated Organisations and related member organisations, to develop the finalised roles and contributions per stakeholder category; as detailed in the results section below.

Results

Across the 6 Principles, the consolidated overview of the roles and contributions of each stakeholder group to support the transition to VBHC is as follows:

Stakeholder category	Actions to support the transition to VBHC
Patients and PAGs	**Patient Advocacy Groups (PAGs):** • Co-create the definition of and advocate for the use of **patient-relevant outcome measures** (which includes both clinical and patient-reported outcomes), through engagement with patients, and shared decision-making • Raise awareness about the **value of sharing health data**, and support patients on how to do this in a trusted and safe manner • Advocate for VBHC to **policy-makers** (including for the use of patient-relevant outcome measures, shared decision-making, appropriate resource allocation, and for payment models based on the value/outcome improvement delivered) • Assess patients' holistic needs and map services received by patients, to identify gaps. Canvas patients to identify service improvements where needed • Support **training and education** in the patient community (on how to navigate the health system and services, and towards greater health literacy and digital/data literacy) **Patients:** • Be actively involved and informed shared-decision makers in the **disease management and treatment process**; communicate with HCPs on outcomes (PROMs and PREMs) • **Provide feedback** on the quality of care delivered and contribute expertise from lived experience, for continuous improvement of healthcare delivery • Contribute to **data sharing** for continuous improvement and research • Be as actively involved in PAGs as possible, taking into account capacity and available support tools
Government Agencies and Regulators	• Develop and adopt policies that value and enable improvements in **patient-relevant outcomes (ensure there is a framework to enable co-design with patients)** • Create a national framework to capture healthcare outcomes across diseases and conditions and a path to universal measurement and public reporting (alongside payers and industry); ensuring policy supports the **standardised collection and sharing** of patient outcomes data o Two layers of standardisation are needed: collection of the same types of data, plus ensuring that data is collected and shared using international data and interoperability standards • Provide a legal regulatory framework which enables data sharing while safe-guarding patients • Define policies and models to promote patient-centred and **integrated care delivery** (including reducing any regulatory obstacles). Create incentive models for HCPs to adopt an integrated approach with coordinated groups of care • Incentivise efficiency by breaking down budget silos or taking cross-silo perspectives spanning the entire health system, and supporting **transparency on the decision-making for resource allocation**. Encourage payers and procurers to **allocate resources towards high value care and prevention** • Define policies that drive value- and **outcomes-based payment models** (e.g., the use of financial incentives), and ensure laws/regulations allow for new types of pricing and payment models. Be a conscious and active driver towards these models • Establish centres of excellence and share best practices and learnings • Invest in and incentivise **digital transformation**. Support and develop infrastructure for electronic health records, data sharing and interoperability. Create an environment which enables the development and adoption of new technology solutions • Provide sustainable core funding for PAGs to enable patient engagement at all levels of healthcare
Healthcare Managers and Procurers	• **Measure outcomes** of all care pathways and interventions focusing on complete care cycles and the total cost of care, rather than discrete treatments • Contribute to the design, implementation and adoption of **real-world data collection systems** (to enable monitoring of health outcomes data, whilst avoiding additional burden for HCPs)

Healthcare Managers and Procurers (cont.)	o **Engage with patients** to understand what value means to them, and promote an environment of continuous feedback from patients
	• Create infrastructure, support and incentivise the use of data and new technologies (e.g., electronic health records and outcome registries). Promote an **environment of data-driven learning** (i.e. culture, vision, sharing of information) and continuous improvement, that facilitates the introduction of innovative products, practices and organisational models
	  o Invest in new ways of working, and encourage use of systems which allow the capturing and sharing of data
	  o Create networks for exchange of experience, cases and examples
	• Collaborate with HCPs to **re-design pathways of care**, to create higher value and reduce unwarranted variation. Track progress on the coordination of care
	  o Ensure resources are allocated towards **high value care and prevention** within the health practice
	• Ensure **integration across services and across the full cycle of care**. Maximise patient value by creating expert teams in integrated practice units
	• Promote **value-based partnerships** (including value-based contracting and value-based procurement). Systematically assess the value of activities to avoid inefficiency
	  o Foster greater collaboration with Industry by using **longer term agreements**

Healthcare Professionals	• **Promote quality of care** as the main focus. Identify and adopt high-value care, and be open to discontinue interventions that do not add value to patients, while considering individual patient's preferences
	• **Collaborate with and empower patients,** through:
	  o Identifying which outcomes matter most to patients, and focusing on delivering the best patient-relevant outcomes
	  o Empowering patients through **joint decision-making** in the disease management and the treatment process, and shared accountability
	  o **Educating patients** on treatment options and how they benefit
	  o Encouraging patients to **share their outcomes data** (through a trusted route)
	• **Drive continuous improvement by comparing outcomes** and analysing variation. Identify and highlight areas where care could be improved
	• Advocate for, seek out and engage in education opportunities on VBHC. Commit to digital upskilling, including the use of eHealth tools

Payers and Insurers	• Understand population and patient needs and prioritise investment accordingly
	• Promote and implement the use of value-based models including **outcomes-based agreements** and outcomes-based reimbursement. Prioritise healthcare investment based on **value delivery** (rather than volume), taking a holistic view of outcomes and costs. Develop incentives for preventative care (primary, secondary and tertiary). Be open **to risk sharing**
	• Collaborate with healthcare managers, procurers, industry and patients to enable the implementation and adoption of VBHC (including supporting outcomes measurement and change management for the transition to VBHC)
	• Create a safe haven and transition funds to enable the implementation of new models
	• Create incentives (and metrics for measurement) to encourage providers to adopt systems that foster **coordinated and efficient care**. Define payment models for **integrated care delivery**, across silos
	  o Reward healthcare providers for proven outcome improvements
	  o In collaboration with government agencies, assess local systems to understand what is needed and allocate resources towards coordination and integration
	• Implement **data sharing** to guide better healthcare practices
	  o Insurers: monitor claims statistics and identify areas for potential improvements in safety protocols, training and/or error reporting systems
	• Take the perspective of innovation as an investment in health (rather than solely a cost)

HTA Bodies	• Include **patient-relevant outcomes** (beyond only clinical outcomes) and patient preferences in value assessment frameworks (having a societal perspective). Embrace the use of real-world evidence (RWE) to complement evidence from clinical trials • Embrace and drive **outcomes-based agreements** and risk sharing. Use HTA to identify high/low value interventions, to understand and **minimise inefficiency** • **Assess all care interventions and practices**, not only medicines or individual technologies. Take an iterative approach to value assessment, updating the assessment as new evidence becomes available • Collaborate with patient experts during HTA and healthcare decision-making • Evaluate **new pathways of care**, and technologies for improving care organisation • Engage in **learning of VBHC**, and value-based benefit assessment

Industry	• Collaborate with private and public stakeholders to understand the unmet needs of patients, healthcare professionals and societies
	• Develop interventions that significantly improve **patient-relevant outcomes** and/or reduce costs of care across the full care pathway, including innovation in treatment and **prevention, early detection and intervention, and remote patient care** (minimise unnecessary and ineffective treatments)
	• **Generate evidence** on the health economic impact of medical technologies and the **impact on patient outcomes** (include patient-relevant outcomes in trials and agreements)
	     o Engage in transparent reporting, by making the evidence accessible and available
	• Partner with PAGs and hospitals/healthcare managers to conduct long-term comparative studies, innovate and improve outcomes and overall value
	• Develop payment and reimbursement models based on the value that a medical technology delivers to patients and society, in collaboration with payers and providers
	     o Be open to **risk-sharing with payers**
	     o Propose multi-annual payment models when relevant for the medical technology
	     o Partner with healthcare providers in **longer term agreements**, to foster greater collaboration
	• Help providers **better utilise treatments**, including through providing information on the timing of interventions and health economic data. Work with providers to understand where their technologies add or do not add value in care pathways
	• Support hospitals, healthcare managers and health systems to re-design pathways of care, towards **patient-centric integrated care**
	• Commit to **value-based supply,** to be organised and ready for the shift to VBHC*
	• Support the digital transformation and development of tools to enable VBHC, including digital tools for analysis and co-ordination

Enablers of VBHC	• Create standards for **outcomes reporting** (both clinically-reported outcomes and patient-reported outcomes), and ensure patients are involved in the design and validation of these measures o Specify social factors to be reported, which have an influence on health outcomes and can generate insights on reducing outcomes disparities/inequities • Create standards for meaningful **provider cost measurement**. Promote the importance of patient-relevant outcomes measures to **influence decision-making** • Investigate new/revised metrics to assess **coordination and measure prevention**, whilst identifying the correct data to capture • **Develop digital technology**, infrastructure and governance models for the safe and trusted collection, analysis and use of patients' outcomes data, in a way which can be used for value-based and outcomes-based agreements, and enable benchmarking. Monitor if the care provided is high or low value • **Develop research programs** to further support the evolution, implementation and evaluation of VBHC, and raise awareness and education on VBHC (e.g., at universities). Support research into innovative care pathways, for treatment and prevention • **Deliver educational programs** for all stakeholders on VBHC, including expertise on best practices and learnings, to ensure continuous improvement • Deliver educational programs to policy makers, managers and HCPs to support understanding the importance of using **patient-relevant outcomes measures**, and the importance of **resource allocation** towards high value care and prevention • Deliver educational programs for health, social care and third sector organisations to support understanding of **integrated care organisation**, to supplement the culture shift • Identify, develop and facilitate systems and data capturing to support **innovative care pathways.** Take the full patient pathway as the starting point for optimising healthcare delivery. Align suppliers with patient and professional groups

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* For more information on Value-Based Supply, see "Value-Based Supply: Re-imagining Value from Within" by the Value-Based Health and Care Academy at Swansea University.

Discussion and Conclusions

This report aims to offer clarity on the roles and contributions which can be taken by different categories of stakeholders to accelerate the journey towards developing value-based health systems. Key themes emerge across the actions for different stakeholders:

① The need for measurement of patient-relevant outcomes measures (and requirement for digital technology which enables this)

② Linking payment to value and outcomes rather than the traditional fee-for-service approach

③ Ensuring integration across the full cycle of care

④ Ultimately, the importance of keeping the patient at the centre in the transition to VBHC

Whilst this report offers a compass to guide the on-going collaboration needed between stakeholders, implementing VBHC in practice will still require further work and time. Many of the contributions listed have underlying requirements which must be fulfilled first. Standardisation is still needed for clinically-reported and patient-reported outcomes measures across different conditions and diseases, and effective data governance and infrastructure is required to enable the collection of patients' outcomes data in routine clinical practice, in a way which is both trusted by the patient and does not generate additional burden for HCPs.

Despite the need for further work for some tasks, the list of actions can still act as desired aims, and guide action at national and local level, taking into account health system specificities. Similar to a compass, stakeholders should review their corresponding list of actions and consider these as the direction of travel required to support the transition to VBHC.

Ultimately, to ensure widespread implementation of VBHC and create system sustainability, political willpower and long-term vision is required. A more "top-down" approach from governments and policy-makers would drive forward this shift in healthcare, and complement the existing localised ("bottom-up") initiatives. In the development of European policies and programs to strengthen the sustainability, resilience and people-centredness of health systems, including legal frameworks for the sharing of health data, there is great opportunity to cement the principles and aims of a value-based approach within policy. It is our belief that the implementation of a value-based approach at all levels of health systems is of key importance to ensure continued improvement of patient and population health while keeping public finances on a sustainable path for the future.

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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Appendix: Full list of organisations

We would like to thank all Partners, Affiliated Organisations, related member organisations and VBHC Experts which have been involved in the development this initiative:

Organisation type	Organisation	Member
Partner Organisations	Digestive Cancers Europe (DiCE)	Aleksandra Kaczmarek
	European Association for the Study of Obesity (EASO)	Jacqueline Bowman, Diederik De Cock
	European Brain Council (EBC)	Frédéric Destrebecq
	European Cancer Patient Coalition (ECPC)	Adela Maghear
	European Federation of Internal Medicine (EFIM)	Nicola Montano
	European Federation of Pharmaceutical Industries and Associations (EFPIA)	Thomas Allvin
	European Health Management Association (EHMA)	George Valiotis
	European Patients Forum (EPF)	Valentina Strammiello
	European Regional and Local Health Authorities (EUREGHA)	Michele Calabro
	European Union of Private Hospitals (UEHP)	Ilaria Giannico
	MedTech Europe	Hans Bax
Affiliated Organisations	All.Can International	Eduardo Pisani
	ICHOM	Neo Tapela
	Relyens	Erwan Trividic, Sarah Mazari
	The European Institute for Innovation Through Health Data (i~HD)	Dipak Kalra
	The Health Value Alliance	Matt Hickey
	The Value-Based Health and Care Academy, Swansea University	Hamish Laing
Additional VBHC Experts	AdvanceCare	Silvia Moreira
	AOK Rheinland / Hamburg	Christoph Rupprecht
	Bristol Myers Squibb (BMS)	Nicole Schlumberger
	Cancer Patients Europe	Antonella Cardone
	Cittadinanzattiva - Active Citizenship Network	Bianca Ferraiolo
	Delegation of the Basque Country to the EU	Soraya Vellisca Illaro
	EHPPA & Mercur Hospital	Danny Havenith
	EIT Health	Anna Wurm
	EU4HealthSolutions	Yves Verboven
	Health Outcomes Observatory (H2O)	Meni Styliadou
	InnovaPuglia	Marco di Ciano
	Leading Health Care	Hans Winberg
	Mölnlycke	Isabella Notarangelo
	Novartis	Karl Arnberg
	NZa (Nederlandse Zorgautoriteit)	Peter Dohmen
	Patient Expert Centre	Stefan Gijssels
	Philips	Stephanie Fridd
	Siemens Healthcare	Reem Mourand
	Sprink	Thomas Kelley
	VBHC Centre Europe	Eva Villalba