Position paper on VBHC

Aligning healthcare with outcomes

The German healthcare system is one of the most efficient in the world, with enormous potential for patients and society as a whole. Unfortunately, we are far from (yet) utilising this potential. We spend a lot on our health - but we are not healthier: according to the OECD ranking (1), our healthcare expenditure is the second highest in relation to gross domestic product, just behind the USA. In terms of life expectancy, mortality and self-assessment of health status, however, Germany is mediocre at best. Can we, or rather, do we want to continue to afford this? In view of the recurring discussion about the sustainable financing of statutory health insurance funds and the social and economic impact of illnesses, the question seems rhetorical in nature. The goal must be a healthcare system that guarantees the best possible individual care for all people in this system and that can be financed sustainably. This joint position paper is intended as a basis for discussion. It describes the concept and the added value of value- and outcome-orientated healthcare in the sense of Value Based Healthcare (VBHC) for people, the system and society and identifies areas of action in which political support is particularly necessary.

>> Value Based Healthcare (VBHC) requires thinking about healthcare in terms of outcomes: In the first step, the individual health-related care goal is determined together with those affected, e.g. the prevention or cure of a disease, a higher quality of life and/or a longer life. Based on this, the care process is determined, including the choice and sequence of treatment. Quality is a central element of VBHC.

Sustainable implementation requires measurability and therefore data. Patient-centred process design will ultimately lead to structural changes.

Quality requires the systematic integration of innovations and thus openness to innovation - always from the perspective of patient benefit and a correspondingly high level of quality. The regulatory framework for all these developments must be examined and further developed.

Field of action #1: Aligning care with patient benefit

VBHC views the care process as a whole. In the German healthcare system, however, the focus of healthcare provision is currently not on patients and their needs, but on medical services and their reimbursement. This is due to three factors: the lack of health and care goals, the structures of the healthcare system and the reimbursement logic.

- The lack of targets means that there is no yardstick for assessing effectiveness/efficiency .
- The healthcare system is highly fragmented, with each player offering its services in isolation .
- The reimbursement structures and sectoral budgets have a mechanism that sets the wrong financial incentives. Incentives are not given to those who work successfully, but to those who work a lot.

The consequences are manifold: misuse, overuse and underuse, sometimes considerable differences in quality, inefficient use of human and financial resources and care outcomes that often fall short of our medical and organisational capabilities. We could achieve much more for patients and achieve much better results. However, access to the system is not always guaranteed, waiting times are too long - the individual patient benefit is not currently at the forefront. There is a lack of concrete and realisable health and care goals that guarantee effective, affordable and high-quality healthcare.

We call for

- the definition of overarching health and care goals that are geared towards patient outcomes and can be sustainably financed as an indispensable prerequisite for the systematic and patient-centred further development of the German healthcare system .
- The planning and implementation of the care process along the entire patient pathway, across sectors and consistently focussed on achieving the best possible health outcome for individual patients.
- Measuring reimbursement according to the individual health-related outcome of diagnostic and therapeutic measures (‚value') rather than volume. Reimbursement should be more strongly orientated towards factors such as quality and outcome. There are some initial good examples in this area, such as the quality contracts between health insurance funds and clinics or the planned specialisation of clinics in the hospital reform.
- operationalise the term ‚value', as proposed by an expert panel of the European Commission.(2)

Executive Summary

Value-based healthcare means achieving the best possible outcome, i.e. the maximum health-related value for those affected, with the resources available. At the same time, this goal must remain affordable. This ‚value' is decisive for assessing the quality of a medical innovation or therapeutic measure. In order to anchor VBHC in the German healthcare system, the authors of this position paper recommend working on the following fields of action:

1. aligning care with patient benefit
2. ensuring quality, measuring patient well-being
3. using data to improve care
4. rewarding what brings health
5. creating a regulatory framework that enables a focus on results

Field of action #2: Ensure quality, measure patient well-being

The quality of outcomes of medical care services can be measured. To assess this quality, it is essential to include the patient's

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1: Health at a Glance 2021: OECD Indicators, Health at a Glance; oecd-ilibrary.org
2: PDF ISBN 978-92-76-08992-6; doi:10.2875/35471 EW-04-19-516-EN-N
3: https://t1p.de/qkuv9

perspective in addition to medical parameters. There are tried-and-tested and standardised instruments for this: PROMs and PREMs. PROMs stands for Patient-Reported Outcome Measures and refers to the state of health as perceived by the patients themselves. PREMs are Patient-Reported Experience Measures. They describe the experiences that patients have during their treatment.

We call for
- the introduction of a new concept of quality: the decisive factor is the long-term improvement or maintenance of the patient's state of health as well as the individually perceived quality of life, ideally the complete restoration of health .
- Use PROMs and PREMs in a standardised and comprehensive manner to measure multidimensional and sustainable treatment success.
- Make the measured patient benefit the basis for remuneration and align this accordingly on a ‚value-based' basis (outcome instead of input) .

Field of action #3: Utilising data to improve care

The collection, smart networking and utilisation of high-quality data plays a key role in the implementation of VBHC, be it for the networking of service providers involved in the care process or the evaluation of treatment success using PROMs and PREMs. The prerequisite for this is structured, cross-sector data collection along the patient journey and data transparency that follows the FAIR principles (findable, accessible, interoperable, reusable).

We call for
- efficient, consistent, needs-based management of digitalisation in the healthcare sector by the legislator, including the definition of targets for data harmonisation
- the establishment of an adequate IT and telematics infrastructure that enables the interoperability of data and systems .
- Implementation of the research data centres for medical research announced in the digitalisation strategy in line with the intended purpose - regardless of whether this is public or private research .
- More transparency for patients through comprehensible data analysis: The informational value of the legally binding quality reports from healthcare facilities is often poor, and not just for medical laypeople. We see it as the task of politicians to ensure that planned improvements such as the ‚Directive on the Promotion of Transparency and Quality Assurance in Healthcare' are consistently implemented.

Field of action #4: Rewarding what health brings

The coalition agreement provides for the introduction of consistent cross-sectoral healthcare and the expansion of multi-professional, integrated healthcare and emergency centres. Hybrid flat rates per case and hybrid DRGs as well as the reorganisation of service providers are a step in the right direction in this context. VBHC assesses the treatment process as a whole. The decisive factor is which health-related result, which outcome, is achieved by the overall process and that no superfluous measures are initiated. This result should be the benchmark for the remuneration or reimbursement of care services.

We call for
- the promotion of cross-sectoral care in accordance with the coalition agreement
- support for the integration of VBHC components in contracts between service providers and reimbursers .
- the promotion of the organisation of service providers according to specific indications, e.g. the specialisation of clinics or interdisciplinary centres at regional level .
- Creating the necessary framework conditions for value- and outcome-oriented remuneration .

Field of action #5: Create a regulatory framework that enables outcome-orientation

Remuneration has a strong steering effect on events in healthcare. In order to promote outcome-orientation, remuneration must be based on results and quality rather than quantity. It is important not to base quality on individual indicators, but to use more complex, index-orientated procedures.

Germany has so far been a ‚first launch country'. Nowhere else in Europe do so many innovative therapies enter the healthcare system as quickly as here. For years, Germany has ranked first in the EFPIA's WAIT Index. According to this index, medical innovations are available in Germany 128 days after authorisation. The European average is 517 days.(3)

We want to defend this top position - for the sake of patients.

This is made possible by the Act on the Reform of the Market for Medicinal Products (AMNOG). Since 2011, the AMNOG has provided the German healthcare system with a scientifically methodical and essentially value-based system that brings medical innovations into healthcare immediately after authorisation, even before a reimbursement price has been negotiated with the statutory health insurance funds.

This in turn is based on the additional benefit of the new therapy compared to an established standard therapy (so-called appropriate comparative therapy). In this way, the AMNOG incentivises medical innovation, while at the same time ensuring a balance between good care and affordability. In order to maintain this important balance, the system must be enabled to continue to adequately assess medical innovations and reliably introduce them into healthcare. In view of the enormous medical and scientific progress made in recent years, the methods used must be adapted to the current state of medical and scientific knowledge. It goes without saying that the high standards of evidence and proof of benefit must be maintained.

We call for
- the healthcare system to be patient-centred.
- the Federal Joint Committee (G-BA) to be reformed and patients to be significantly involved in shaping the future of the healthcare system .
- the adaptation of the scientific methods of the AMNOG to the state of scientific knowledge in order to be able to adequately assess innovative drugs and therapies (e.g. expansion to include new study designs and endpoints) .
- Appropriate consideration of healthcare-related data for the evidence base and the assessment of the added benefit of new drugs and therapies. It is time to settle the existing methodological dispute and instead ensure that standardised data sets and measurement instruments are also available for a modernised AMNOG methodological toolbox.

From vision to reality

VBHC has the potential to consistently ori-

entate our healthcare towards the well-being of patients in a value-oriented and sustainably affordable way. We would like to make a contribution to this, for example by sharing our perspectives and expertise from the various areas of the healthcare system.

We are happy to provide advice on planning the realisation of VBHC and support with implementation.

We look forward to the exchange! <<

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Links to VBHC

- European Commission, Expert Panel on effective ways of investing in Health (EXPH): Report "Defining Value In Value-Based Healthcare" (2019): https://health.ec.europa.eu/system/files/2019-11/024_defining-value-vbhc_en_0.pdf
- CEBM, University of Oxford: Report "Defining Value-Based Healthcare in the NHS (2019)": https://www.cebm.net/wp-content/uploads/2019/04/Defining-Value-based-healthcare-in-the-NHS_201904.pdf
- eit Health Think Tank: Landingpage Value-Based Healthcare: https://eithealth.eu/think-tank-topic/value-based-healthcare/
- Harvard Business Review: Article "The Strategy That Will Fix Health Care (2013)": https://hbr.org/2013/10/the-strategy-that-will-fix-health-care
- ValueBased HealthCare Center Europe: Landingpage VBHC Center Europe: https://www.vbhc.nl/

Best practice - national and international examples

- European Commission, Expert Panel on effective ways of investing in Health (EXPH): Report "Defining Value In Value-Based Healthcare" (2019): https://health.ec.europa.eu/system/files/2019-11/024_defining-value-vbhc_en_0.pdf
- CEBM, University of Oxford: Report "Defining Value-Based Healthcare in the NHS (2019)": https://www.cebm.net/wp-content/uploads/2019/04/Defining-Value-based-healthcare-in-the-NHS_201904.pdf
- eit Health Think Tank: Landingpage Value-Based Healthcare: https://eithealth.eu/think-tank-topic/value-based-healthcare/
- Harvard Buisness Review: Article "The Strategy That Will Fix Health Care (2013)": https://hbr.org/2013/10/the-strategy-that-will-fix-health-care
- ValueBased HealthCare Center Europe: Landingpage VBHC Center Europe: https://www.vbhc.nl/
- Medizinisch Wissenschaftliche Verlagsgesellschaft: Publikation „Das Martini-Prinzip oder der Patient rückt ins Zentrum (2016)": https://www.mwv-berlin.de/buecher-bestellen-2016/images/product_images/leseproben_images/9783954663958_Leseprobe.pdf
- Hauptstadt Urologie: Landingpage für Patient:innen: https://hauptstadturologie.de/#:~:text=Das%20Hauptstadt%20Urologie%20Netzwerk%20richtet,mit%20wenigen%20Pilotpraxen%20und%20%2Dkliniken.
- Diakonie Klinikum Stuttgart: Landingpage Endokrines Zentrum: https://www.diakonie-klinik.de/leistungsspektrum/medizinische-zentren/endokrines-zentrum.html
- Regions4PerMed Landingpage: https://www.regions4permed.eu/
- Diabetiker Portal Landingpage: Diabeter, center for type 1 diabetes care and research: https://diabeter.nl/en/
- HerzMobil Tirol: Landingpage Versorgungsprogramm für Patient:innen mit schwerer Herzschwäche: https://www.herzmobil-tirol.at/page.cfm?vpath=index

PROMs and PREMs

- OECD: Report "Measuring What Matters: the Patient-Reported Indicator Surveys (2019)": https://www.oecd.org/health/health-systems/Measuring-what-matters-the-Patient-Reported-Indicator-Surveys.pdf
- Haute Autorité De Santé: Report "Quality of care as perceived by patients – PROMs and PREMs indicators": https://www.has-sante.fr/upload/docs/application/pdf/2022-03/proms_prems_panorama_of_experiences_in_other_countries_vf.pdf
- ICHOM: Landingpage International Consortium for Health Outcomes Measurement: https://www.ichom.org/
- Technische Universität Berlin: Landingpage Management im Gesundheitswesen: https://www.tu.berlin/mig
- heartbeat: Forschungsprojekt PROMoting: https://heartbeat-med.com/de/resources/heartbeat-medical-praesentiert-promoting-quality-studie-auf-ispor-2021/#d7vx5a941urcmv2mk29axb
- Medizinisch Wissenschaftliche Verlagsgesellschaft „Das Value-Based Health Care Buch – Gesundheitsversorgung nachhaltig gestalten": https://www.mwv-berlin.de/produkte/!/title/das-value-based-health-care-buch/id/933
- Bertelsmann Stiftung Report „Patient-Reported Outcome Measures (PROMs): ein internationaler Vergleich (2021)": https://www.bertelsmann-stiftung.de/de/publikationen/publikation/did/patient-reported-outcome-measures-proms-ein-internationaler-vergleich

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