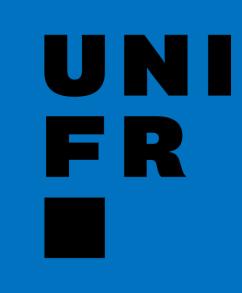


# Value-Based Health Care: moving toward its implementation in Swiss hospitals





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## **BACKGROUND**

- The Swiss healthcare system is highly decentralized: each of the 26 cantons (states) organizes their care system which they co-fund together with private insurers. The health insurance is compulsory for each citizen.
- Quality of care in Switzerland seems equivalent to other advanced healthcare systems while much more expensive (Vincent & Staines, 2019; Swiss Health Observatory)
- Switzerland spends \$8094 per capita on health, more than OECD average of \$4986, which represents 11.3% of GDP, compare to 9.2% on average in the OECD (OECD, Health at a Glance 2023 - Country note Switzerland)
- The Swiss healthcare system requires a transformation to ensure financial sustainability and face quality challenges
- Value-Based Health Care (VBHC) model aims to maximize health outcomes for patients over the total cost of the services provided (Teisberg E et al. Defining and Implementing Value-Based Health Care: A Strategic Framework. Acad Med. 2020 May;95(5):682-685.)
- Although some local VBHC initiatives have been implemented in Switzerland, they did not widespread (Price Water Company, 2022)

We aimed to explore the perceptions, experiences, and opinions of clinical and non-clinical stakeholders in Switzerland regarding the benefits, facilitators and barriers in adopting VBHC

# **METHODS & PARTICIPANTS**

- A purposeful sample of stakeholders of the Swiss healthcare system part of the following categories: patient, hospital's clinician, hospital CEO, quality of care manager, Federal Quality Commission representative, VBHC hospital lead. All participants had better-thanmost understanding of VBHC, due to training and / or experience
- Semi-structured interviews exploring perceptions on four themes: definition & perception of VBHC, perspectives on benefits and limitations of VBHC, barriers and facilitators to VBHC implementation, vision for the future of VBHC implementation in Switzerland
- Thematic analysis. Codes have been constructed deductively using the interview guide and theoretical literature on VBHC and supplemented inductively with information from the interviews

### Participants (n=10)

- > 3 patients
- 2 quality experts
- > 2 clinicians

References

- > 1 hospital CEO
- ➤ 1 hospital VBHC lead
- ➤ 1 insurer VBHC lead

# **RESULTS**

- Definition & perception of VBHC: all participants are considering the definition of M Porter of VBHC - the outcomes that matter to patients over the total cost to deliver these outcomes
  - > A key contribution of VBHC is the systematic use of Patient Reported Outcomes Measures (PROMs) that is a concrete tool which allows shared decision-making
  - > However, most consider that the numerator is the 1st step to VBHC implementation and must be emphasized when talking about the concept, because the word "value" is often understood as a monetary concept
  - "I never talk about VBHC as a way of reducing healthcare spending, as in Switzerland decreasing health spending means decreasing health"

### Perceived benefits of shifting to a Value Based Health Care system

Waste Overwhelm	System  Health care professionals	Spending wisely Purpose
	Health care professionals	Purpose
Silos	Health care professionals	Collaboration
Mistrust	Patients- Providers	Partnerships & trust
Volume of care	Incentive	Appropriatness & Quality of care
Care delivery	Objective	Health delivery
		Quality of care

### The ideal vision of the future

An integrated health system where healthcare professionals measure success based on PROMs, collaborate with other healthcare professionals and partner with patients. "In the perfect healthcare system, the patients 'voice will be integrated at every level of decision-making"

### Perceived barriers & facilitators to shifting to a Value Based Health Care system in Switzerland

Barriers	Facilitators	
1. Frequent ignorance or misunderstanding of the concept among actors, whatever their role: politics, clinicians, population 2. Aversion to change 3. Habits of silos 4. Culture of low-level of transparency on outcomes 5. Funding modalities 6. Technologies: IT and data protection	1.Awarness campaigns & trainings targeting all categories of stakeholders  2.Test & learn approach before dissemination  3.Necessary legal reform to shift from care to health  4.Increase patient representatives participation in projects	How/ principles  Co-building with all stakeholders  On a voluntary basis  Step - by - step approach

### **KEY MESSAGES**

Value-based healthcare is perceived by all interviewed stakeholders as the right model to transform the Swiss healthcare system VBHC is perceived as a shift of paradigm from CARE to HEALTH

Complexity of the fragmented Swiss health care system requires a step-by-step, long-term approach involving of all stakeholders Awareness and training are the priority actions as well as local experimentations according to Plan-Do-Check-Act model of implementation





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