Implementing VBHC in a Public Hospital in Portugal: One Year Later

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1 Introduction

Last year, we presented our roadmap for implementing a Value-Based Healthcare (VBHC) framework, aiming to shift public reimbursement towards a model more aligned with patients' needs.
One year on, it is time to provide a first account of our progress, following the steps of the proposed roadmap:

2 Roadmap

1 Completed

Raise awareness and understanding of VBHC among directors and health professionals (including doctors, nurses, technicians, and managers):

Over 60 informative and training sessions have been held. At this stage, most departments are aware of VBHC and have been offered support to initiate Integrated Practice Units (IPUs), should they wish to do so.

2 Completed

Create internal regulatory conditions to enable the development of IPUs:

2021: IPUs were formally included as a possibility in the hospital's organizational structure.
2025: An Outcomes Lab was established in the new organogram and is going to start working
2025: A standard operating procedure is now in place to support submissions to the Board.

3 Ongoing

Develop an IT infrastructure to consolidate dispersed clinical information into a unified data source:

This has been the greatest challenge. Data remains scattered across various systems and physical records.

4 Completed

Establish a partnership with a technology provider offering a platform for PROM collection and real-time data insights for each IPU:

This has been accomplished. The platform is already operational and is continuously improving to streamline data collection from both patients and electronic records.

5 Ongoing

Design IPUs by first defining care pathways and then integrating them with the IT infrastructure:

Work is ongoing in over 25 potential IPUs.

6 Completed

Begin operating within the new framework, enabling data to inform:

- Clinical decision-making at the individual level
- Approvals by the Pharmacy and Therapeutics Committee and the Devices Standardization Committee
- Furthermore, data will serve as a critical tool to advocate for reimbursement model transformation
- Currently, seven IPUs are actively collecting data within this new framework.

7 Planned

Promote the IPU as an official autonomous unit within the Local Health Unit:

This step is yet to begin

8 Planned

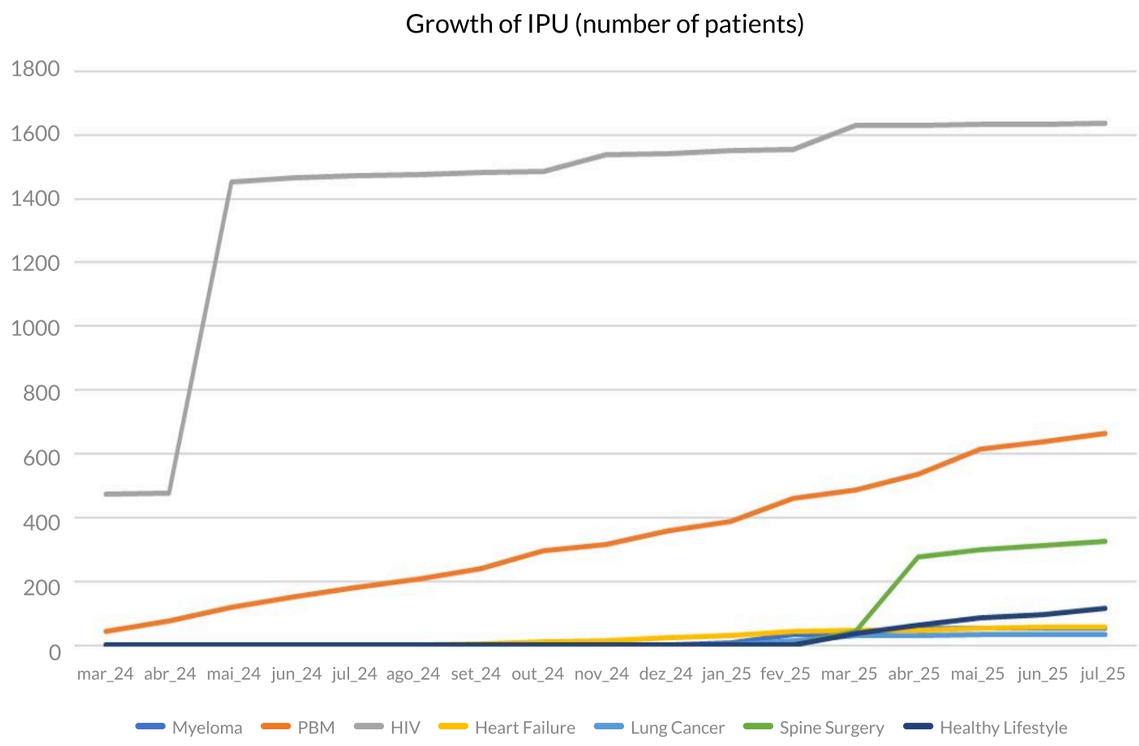
Advocate for a new national reimbursement system based on patient value rather than volume of procedures:

This step is yet to begin

3 Results

The inclusion rate of the proposed IPU goes as follows.

IPU	Journeys	Patients Enroled	Rate of Conclusion
HIV	6	1598	60%
Myeloma	7	55	81%
Patient Blood Management	5	721	60%
Heart Failure	5	58	78%
Spine Surgery	5	329	67%
Lung Cancer	4	33	76%
Healthy Lifestyle	4	116	71%
Leukemia & Lymphoma	On hold	On hold	On hold
	36	**2910**	



4 Conclusions

This attempt to build an integrated VBHC framework from the bottom up is gaining ground.

The most significant challenges stem from the complexities of reorganising a public institution and the need to challenge long-standing mindsets.

The development of a robust IT platform has proven to be a cornerstone of this endeavour.