

Could Value-based healthcare improve treatment outcomes in Slovenia?

In the center of value-based healthcare (VBHC) is the patient. This concept aims to organize the treatment outcomes in a way that it achieves the best possible treatment for the patient according to the resources invested. VBHC brings a comprehensive change in the way patients are treated. While it improves the quality of the healthcare system for all stakeholders, the patients are significantly more involved in their own treatment and medical teams are motivated for the best possible treatment outcomes.

Foreign and domestic experts discussed this at the 11th Strategic conference Value of Innovation, organized by the Forum of International Research & Development Pharmaceutical Companies, FIG. This year, the title of the conference was Treatment outcomes at the heart of the system. **Nicola Bedlington**, partner at Millwater Partners and one of the key people that helped build the European Patient Forum, explained, that the VBHC concept suggests regulating the healthcare system that is focused on competition and improving patient outcomes. VBHC is therefore based on results measurements, where *"we are talking about the collection of many data that provide information on how effective the treatment was for the patient (e.g. clinical findings, patient well-being, pain, etc.). Part of the data is provided by the doctor or other medical staff and part by the patient. Good and efficient digital and technical support play an important role in this, as the collection of data must not (additionally) burden the medical staff."* Bedlington further explained that VBHC understands the common health needs of patients while it also designs solutions to improve health outcomes, integrates learning teams and measures health outcomes, and above all, costs. According to her, an important aspect of Value Based Healthcare is the monetary opportunity costs of the entire care process along the patient journey: *"Switching the focus to health outcomes and care processes means reduced practice variation, greater quality of health care and improved cost-effectiveness."* As she added, the shift to VBHC is important because health systems around the world are already unsustainable while inequalities in treatment are increasing between countries. Europe's population is aging, which means that we urgently need to move towards healthcare systems that can provide patients with equitable care that is sustainable, long-term, and accessible to all.

In the Netherlands, VBHC is already in use. As **Pieter de Bey**, general director of Santeon said, they decided years ago to start introducing the VBHC concept in the seven member hospitals at Santeon. Santeon is so called "learning system" of 7 hospitals for acute and chronic care, which is considered the largest provider of hospital services in the Netherlands. When introducing the VBHC they set five ambitions – patients must be actively involved in the treatment process, experts must work closely with each other, and they also have to work together in the field of innovation and research; the quality of care must be transparent and care must always be accessible to patients - also in financial terms. They tried to measure the value of treatment per patient in a broader perspective in all seven hospitals and found that there are big differences between hospitals. That's why they introduced standardized cards with which they measure treatment outcomes, costs, and the effectiveness of the treatment process. *"Over the past ten years, we have learned at Santeon that we need to create a common understanding of value and measure it using standardised data. We believe that with a cycle of continuous improvement, the financial benefit for hospitals will also be the greatest."*

We need to start with small steps, gradually, and then grow with pragmatism and building a safe learning environment," emphasized de Bey.

Hans Winberg, Secretary General at the Leading Health Care Foundation in Stockholm pointed out the obstacles that VBHC brings. VBHC is originally and fundamentally a governance model on a national health system level. And as such it comes from the logic of market, where the central importance of measuring results is linked to external comparisons or choice: *"VBHC represents a perspective that emphasizes 'what is important for the patient,' but at the same time, this phrase is understood differently by those in charge at the operational level and those at the policy level."*

How is it in Slovenia?

When thinking about VBHC, an advanced information system or digitization of the healthcare system is necessary. The speakers at the round table *A Paradigm Shift in Healthcare: From First Steps to Lifestyle Management* agreed that there is a regression in Slovenia on that matter. **Aida Kamišalić Latifić**, PhD, the State Secretary at the Office of the Government of the Republic of Slovenia for Digital Transformation said that Slovenia has a clear goal for digital transformation of both the economy and public services. "By 2030 all key public services will be available online and that all citizens will have access to their e-files."

To introduce the VBHC in Slovenian healthcare, we urgently need a good digital basis. **Valentina Prevolnik Rupel**, PhD, Professor at Health Economist, Institute for Economic Research in Ljubljana said, that while they were preparing guidelines for the introduction of VBHC in Slovenia, they conducted a survey among relevant stakeholders on how familiar they are with the concept: *"We found that approximately 40 percent of stakeholders know the concept. The paradox that I can mention however is that as many as 81 percent of all respondents answered that the concept would bring something good to our healthcare system, despite the fact that they were not necessarily familiar with it."* Assist. prof. **Aleš Rozman**, MD, PhD from University Clinic Golnik pointed out that we must not forget that VBHC comes from United States of America, where they have a different, more economic-driven healthcare system than Slovenia, where we have public healthcare. According to him, simply mapping the concept onto Slovenian would not be the right method. **Petra Došenović Bonča**, PhD, Associate Professor at School of Economic and Business agreed with him and added that Slovenia must be very careful when implementing the concept: *"We need to be careful that we talk less about data collection and more about how we will use it. The frustration of healthcare providers is that they don't get feedback and only then they will see the value of the concept. So, how to give each stakeholder the right information that will benefit them."*

"I agree that we have a lot of data," said **Anka Bolka**, Director of Field for Development and Analysis at Health Insurance Institute of Slovenia, adding that the institute has been using all data on paid services for each person also for secondary use since 2013: *"We have been dealing with the purchase of services that are most useful for the patient for a long time. The question, however, is what the authority of the institution in this rigid system is. And also, if we can even support such innovative approaches, because each such pilot test takes a long time. Persisting in this and financing it is challenging."*

The interlocutors agreed that we need a gradual approach. According to them, VBHC is not an approach for all areas, which means that it cannot be universal. The problem of Slovenian healthcare is multifaceted – Slovenian healthcare is gradually digitizing with the intent to make the provider's job easier, but at the moment it is only making it more difficult.

In the future, the medical team will have to be different, and the healthcare will also have to relieve the providers of health services from the planned economy and pay significant attention to transparency. In the VBHC concept, it is important that the treatments results are transparent and accessible to users of health services. This allows comparison of results, healthy competition between providers, and gives patients the option of choosing where to get the service they need.