

Unlocking value in healthcare

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Impact Statement

In transitioning towards a VBHC system, several elements are important to include, such as geographic expansion, integrated care across separate facilities, and a VBP model. However, there does not seem to exist a globally successful strategy to implement VBHC or any of its elements. There are differences in healthcare settings, the systems, structures and resources available, among other elements, which prevent such a strategy from being developed.

By systematically reviewing the literature, implementing the Delphi approach, and employing mixed-method and descriptive approaches, this dissertation uncovers key insights into the dynamics of VBP models in the context of NOC and transmural care. The findings of this study extend beyond the academic sphere, providing tangible benefits to various stakeholders, including healthcare providers, hospital administrators, policymakers, insurers, and government agencies. This dissertation equips them with the necessary knowledge and tools to navigate the complexities of VBP models and drive effective healthcare reforms. This dissertation also aims to inform patients, families, and society about the VBHC transformation. As there are several differences in the healthcare system between countries, by focusing on the Dutch context in the second part of this dissertation, it is also expected that various stakeholders in the country will further transform VBHC. There are already several successful VBHC initiatives in the Netherlands (e.g. Santeon hospitals), but insights from this dissertation are expected to make this transition broader and at a larger scale. These insights start with the inclusion of VBHC in contractual negotiations, extend to the design, implementation and application of VBP models, and further cover the monitoring of the impact of VBP models. Moreover, by presenting evidence from the Netherlands and drawing parallels to other healthcare systems, this dissertation offers valuable insights applicable to a global audience, contributing to the advancement of VBHC practices worldwide.

Overall, this dissertation significantly enhances the understanding of VBP models and their role in VBHC, offering a robust framework for improving patient outcomes and fostering a more efficient and effective healthcare system. It serves as a critical resource for stakeholders aiming to implement VBHC reforms, ultimately leading to better health outcomes and higher value care for patients.

Contribution to Healthcare and Society

This dissertation contributes to healthcare and society by enhancing their understanding of VBP models in healthcare. By focusing on the design, application, and impact of these models, the dissertation provides crucial insights that promote more effective and patient-centered care. At the core of VBP models is the aim to improve patient outcomes by ensuring that healthcare services are aligned with patients' needs and preferences. This dissertation underscores the importance of shared decision-making, involving patients in their own care, and encouraging them to actively

participate in treatment decisions and outcomes monitoring. Such engagement empowers patients, fostering a sense of ownership and confidence in their healthcare journeys.

This dissertation highlights the significance of setting realistic targets, utilizing adequate outcome measures, and maintaining transparent communication and trust among healthcare providers. This approach not only enhances the quality of care but also ensures better coordination across different healthcare services. For patients, this may translate into more consistent, reliable, and holistic care, reducing errors and improving the overall healthcare experience. By exploring how VBP models can successfully achieve better health outcomes at lower costs, this dissertation provides a framework for creating more sustainable healthcare systems. This way, patients enjoy lower healthcare costs and improved access to essential services without compromising on quality.

The findings and recommendations from this dissertation serve as valuable guidance for efficient resource allocation, leading to reduced healthcare expenditures, and benefiting society as a whole. Additionally, by advocating for policies that support patient-centered care and efficient resource use, findings contribute to the development of a more robust and responsive healthcare system, ultimately benefiting society.

Contribution to Healthcare Provision

This dissertation underscores the importance of aligning objectives and strategies within healthcare networks. For healthcare providers, this means focusing on achievable targets and fostering a collaborative environment where trust and communication are prioritized. These elements are essential for designing and implementing VBP models that are both effective and sustainable. By creating a supportive culture and engaging stakeholders meaningfully, providers foster value-driven care for patients.

Hospital executives are provided with a comprehensive framework for evaluating and refining VBP models based on their impact on clinical outcomes, costs, and organizational performance. The findings highlight that while VBP models can lead to significant improvements in care quality and cost control, their success largely depends on the transparency and engagement of all involved parties. Executives can use these insights to enhance their strategies for implementing VBP models, ensuring that they address common barriers such as inadequate targets and lack of trust. Moreover, this dissertation sheds light on the practical aspects of monitoring and assessing VBP models. By adopting the proposed mixed-method approach, hospitals can gain valuable insights into both the intended and unintended effects of these models. This allows for ongoing evaluation and adjustment, ensuring that the models remain effective and aligned with the goals of VBHC. Additionally, this dissertation also offers insights to hospital executives on the barriers to the lack of attention of VBHC in contractual negotiations, as well as tools on how to increase its inclusion.

Overall, the dissertation provides a robust foundation for healthcare providers and executives to advance their practices in line with value-based principles, ranging from contractual negotiations with insurers to the design, implementation, application and monitoring of VBP models. It emphasizes the need for a strategic focus on collaboration, clear objectives, and effective communication, which are crucial for achieving the desired improvements in patient care and operational efficiency.

Contribution to Healthcare Insurance

By examining critical factors that facilitate and inhibit the success of VBP models, this research informs insurers on how to align reimbursement structures with the goals of VBHC. The findings highlight the importance of realistic targets, stakeholder engagement, and robust care coordination. Insurers can leverage these insights to develop more effective VBP models that enhance patient outcomes and healthcare quality. Additionally, the mixed-method approach introduced for monitoring the impact of VBP models offers insurers a practical framework for evaluating both intended and unintended consequences. This continuous assessment ensures that VBP models deliver improved clinical outcomes and cost efficiency without inducing adverse effects such as risk selection.

Insurers can also use these findings that emphasize transparency, communication, and trust to foster a collaborative environment among providers, ensuring all parties are aligned and motivated towards achieving the common goal of VBHC. Additionally, the analyses of barriers and strategies for the inclusion of VBHC in contract negotiations provide practical guidance for insurers. By understanding complexities and addressing administrative burdens and organizational resistances, insurers can advocate for long-term contracts that incentivize value-driven outcomes.

Contribution to Policy and Regulation

This dissertation extensively reviews the factors influencing VBP models, offering evidence-based strategies to enhance healthcare delivery systems. The importance of consensus on objectives, realistic targets, motivation and engagement of stakeholders, and transparency and communication are highlighted. These findings can guide regulators in developing guidelines and frameworks that promote effective VBP model implementation, tailored to specific healthcare systems and contexts.

A significant contribution is the emphasis on consensus building and stakeholder engagement. The dissertation reaches a consensus among experts on critical factors for successful VBP model adoption. As stated above, this dissertation underscores the significance of transparent communication, collaboration and trust, which are essential for the success of these models. These less quantifiable elements are also crucial for the success of both complex healthcare networks and

less complex ones, without a VBP component. Policymakers can implement policies that promote these intangible yet critical factors, such as regular multidisciplinary meetings, collaborative platforms, and trust-building activities, to ensure the successful adoption and sustainability of VBHC frameworks.

Regulators can also adopt the methodology to continuously assess the impact of VBP models, making data-driven adjustments to improve healthcare outcomes and cost-efficiency. Regulators from other healthcare systems can also adopt such an approach, experiment with it, and make the necessary adjustments for it to work in their respective contexts. Furthermore, while exploring the barriers to incorporating VBHC in contract negotiations between health insurers and hospitals in the Netherlands, strategies are proposed to overcome these barriers, such as standardizing measures, enhancing IT infrastructure, and fostering collaboration. Policymakers can use these insights to develop long-term contracts that incentivize value-driven outcomes, align payment systems with VBHC principles, and encourage a shift toward patient-centric care.

Throughout the dissertation, there is a consistent emphasis on the importance of integrating outcome measurement into daily healthcare practices, encouraging national and international collaboration, and advocating for patient-centered care and shared decision-making. These recommendations are crucial for ensuring that VBHC models are scalable, sustainable, and capable of delivering high-quality care at lower costs. By adopting these strategies, policymakers can foster a healthcare environment that prioritizes patient outcomes, improves efficiency, and ensures the long-term sustainability of healthcare systems.

Contribution to Public Policy

Government agencies can use the findings of this dissertation to support systemic changes that promote the adoption of VBHC, aligning financial incentives with patient-centric care. As insights from this dissertation underscore the need to foster a collaborative environment, set by pillars of transparency, communication, and trust among stakeholders, government agencies can implement policies that encourage these elements, ensuring the successful adoption and sustainability of VBHC frameworks.

The dissertation also supports outcome measurement per medical condition, allowing government agencies to conduct precise cost-effectiveness analyses for various treatments and interventions. By understanding the specific outcomes required for each disease, they can better estimate costs and design reimbursement models that promote high-quality care at sustainable costs. Overall, the findings provide a comprehensive understanding of the dynamics involved in VBP models, guiding the development of reimbursement structures that control costs while enhancing the value and quality of healthcare services. This leads to improved patient outcomes and system-wide efficiencies, aligning financial incentives with the goal of patient-centric care.

Contribution to Research

Insights from the dissertation underscore the need for a more nuanced understanding of the inhibiting and success factors of VBP models. To improve the effectiveness of these models, it is crucial to identify and prioritize the key factors influencing their success, and expert consensus can be a valuable approach to achieving this. The need for this approach is one of the primary reasons behind the Delphi approach present in this dissertation. However, this consensus approach did not seem to translate the urgency for clinical practices, and the dissertation recommends an investigation into the importance of clinical protocols in the transition to VBP models. Further exploration into the comparative effects of different VBP models is also essential. Although current evidence is limited, understanding how various models affect clinical outcomes, provider experiences, and patient results will be instrumental in refining these approaches. Investigating the relationship between the complexity of VBP models and their infrastructural and IT demands can provide additional clarity on optimizing their implementation. This dissertation also suggests that the financial incentives associated with VBP models may influence their adoption and the degree of attention they receive within healthcare institutions. Research into how these financial aspects impact the prioritization of patient-relevant outcomes and the overall success of VBP models would offer valuable insights.

Findings also highlight the importance of network structures and innovations in VBHC implementation. Despite the presence of innovative practices, the impact of network dynamics on the process remains unclear. Further investigation into how network configurations and financial subsidies affect clinical practices and patient outcomes can be beneficial. Additionally, since this evidence on the importance of network structures is gathered in the Dutch context, there should be longitudinal studies conducted, tracking patient outcomes over time, and cross-national comparisons to identify best practices and areas for improvement in VBHC implementation. These studies would contribute to a more comprehensive understanding of VBHC's impact on healthcare systems and help refine its practices globally. Additionally, evidence found in this dissertation points to a discrepancy between insurers' public commitment to VBHC and their actual contracting practices. Examining how insurers' strategies and existing regulatory conditions influence the adoption and effectiveness of VBHC can enhance understanding and improve integration and collaboration within healthcare systems.

In essence, this dissertation calls for continued research to address these identified gaps and build upon its findings. By delving deeper into these areas, scholars can further the understanding of VBHC and VBP models specifically and enhance their implementation and effectiveness in improving healthcare quality worldwide.