VALUE-BASED HEALTHCARE SYSTEM IN US-HEALTHCARE MODEL AND IT'S GLOBAL IMPLEMENTATION

The IIHMR University, Jaipur

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by

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"Value-Based Healthcare System in US Healthcare Model and its Global implementation "** and submitted by **Aditi Gaikwad** Enrolment No. **IIHMR-U/02/2021-23/0284** is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Aditi Gaikwad

TO WHOMSOEVER IT MAY CONCERN

This is to certify that dissertation titled **"Value-Based Healthcare System in US Healthcare Model and its Global implementation "** is a record of the research work undertaken by **Aditi Gaikwad** in partial fulfilment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

Background: Value-based care is becoming increasingly important in the current healthcare environment as opposed to fee-for-service reimbursement approaches. A performance-based payment model called Merit-Based Incentive Payment Systems (MIPS) was developed to match financial incentives with the effectiveness and efficiency of healthcare providers' delivery of care. By implementing MIPS, officials hope to promote value-based care, promote the use of approved EHR technology, improve care coordination, and promote general enhancements in the effectiveness and quality of healthcare delivery. Refining the program and maximizing its potential to support better patient outcomes, cost containment, and fair healthcare delivery requires ongoing review, research, and input from stakeholders. Value-based care needs to be introduced globally, and this requires an all-encompassing strategy that involves healthcare systems, governments, healthcare professionals, patients, and other stakeholders. It calls for shift in mindset, rewarding excellence and patient outcomes, and supporting care coordination, technological integration, and ongoing improvement. The adoption and enlargement of effective value-based care models can be facilitated by cross-national sharing of best practices and lessons learned.

Methodology: A descriptive study to determine if implementation of value-bases health care model is possible on a global scale and the effects of this on the global healthcare system, undertaken through secondary research or a desk analysis using publicly available data sources. Data was gathered from consultant reports, a few studies on value-based care in Asian environments, as well as from nations with well-established structures, such as the USA, Japan and Germany, which have shown to be more successful in terms of healthcare outcomes.

Conclusion: Global adoption of value-based healthcare has the potential for positive change in healthcare delivery systems everywhere. Value-based healthcare encourages patient-centered care, improved outcomes, and cost effectiveness by moving the emphasis from volume to value. This constructive attitude has various advantages like Patient Outcomes are Improved, Improved Healthcare Quality, Global Collaboration and Learning, Workforce that is empowered and motivated, Equity and Accessibility, Sustainable Healthcare Systems. Value-based healthcare reform may be difficult to execute globally, but the advantages outweigh any drawbacks by a wide margin. Countries can collaborate to create a future in which healthcare systems are centered on providing high-value care, improving patient outcomes, and achieving sustainable and equitable healthcare for all by fostering collaboration, standardizing outcome measures, investing in health information systems, and adapting strategies to local contexts.

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ABBREVIATION

VBS	Value Based System
MIPS	Merit Based Incentive Payment System
APM	Alternative Payment Model
FDA	Food and Drug Administration
CMS	Centers for Medicare and Medicaid Services
NIH	National Institutes of Health
MACRA	Medicare Access and CHIP Authorization

1. INTRODUCTION

The American healthcare ecosystem is intricate and multidimensional, encompassing many different institutions and players. The healthcare ecosystem in the USA has the following salient characteristics:

1. Healthcare providers: These are the people and institutions that offer medical treatment, such as physicians, nurses, hospitals, clinics, and other related institutions.

2. Health insurance providers, also known as policy makers, are the organizations that offer insurance coverage for medical costs, either through private insurance plans or public insurance schemes like Medicare and Medicaid.

3. Government organizations: These include the Food and Drug Administration (FDA), the Centers for Medicare and Medicaid Services (CMS), and the National Institutes of Health (NIH), which regulate and oversee various facets of the healthcare system.

4. Businesses that create and produce pharmaceuticals and medical equipment and sell them to customers and healthcare professionals are known as pharmaceutical and medical device firms.

5. Patients and consumers: These are the people who use healthcare services and are either in charge of covering the costs of their own care or looking to insurance companies for payment.

6. Nonprofit organizations: These groups use community outreach, lobbying, and research to better healthcare outcomes and access. Overall, the healthcare ecosystem in the USA is characterized by a mix of public and private entities, with significant variation in quality of care, access to services, and cost depending on a range of factors including income, location, and insurance status.

In the US, there are two government-sponsored health insurance programs: Medicare and Medicaid. Medicare is a federal health insurance program that generally covers persons over the age of 65 as well as some disabled individuals under the age of 65. Payroll taxes, beneficiary premiums, and federal funding all go towards supporting it. There are four components to Medicare: Hospitalization is covered by Part A, doctor visits and outpatient treatment are covered by Part B, supplementary benefits are provided by Part C, popularly known as Medicare Advantage, and prescription medicines are covered by Part D. Contrarily, Medicaid is a joint federal and state program that offers low-income people and families health insurance. Medicaid eligibility varies by state, but typically covers low-income children, expectant mothers.

In April 2015, the Medicare Access and CHIP Authorization Act (MACRA) became a U.S. law. To improve the standard of treatment and save expenses, the law was created to change how doctors are compensated under the Medicare system. now 1997, the sustainable growth rate (SGR) methodology had been used to determine physician payments under Medicare. MACRA has now taken its place. To avoid significant reductions in physician payments, Congress frequently implemented temporary remedies to the SGR's complexity and volatility.

MIPS (Merit-Based Incentive Payment System) and APMs (Alternative Payment Model) are two new payment methods that MACRA implemented for physicians. An electronic health record's meaningful use is taken into account when adjusting compensation under the performance-based payment system known as MIPS. APMs are alternative payment methods that encourage doctors to switch from fee-for-service to value-based, more coordinated care. The Quality Payment Program (QPP), which is in charge of implementing MIPS and APMs, was also formed by MACRA. The Centers for Medicare and Medicaid Services (CMS) oversees the QPP, which was created to reward high-quality, patient-centered treatment. MACRA's overall objective is to encourage doctors to concentrate on providing high-quality, coordinated treatment that is quick and affordable. As a result, the law aims to improve patient outcomes and reduce overall healthcare spending in the U.S.

MIPS (Merit-based Incentive Payment System)	**APM (Alternative Payment Model)**
The Centers for Medicare & Medicaid Services (CMS) in the US launched the MIPS program.	APM is a payment model that differs from traditional fee-for-service reimbursement.
MIPS strives to raise the effectiveness and caliber of medical treatment given to Medicare enrollees.	Healthcare providers are encouraged by APMs to provide high-quality care while keeping costs in check.
Quality, promoting interoperability, improvement activities, and cost make up the four performance criteria on which MIPS bases its rankings for qualified doctors.	Depending on the model, APMs may have different needs and unique performance indicators/models.
The four performance areas of Quality, Promoting Interoperability, Improvement Activities and cost are used by MIPS to evaluate eligible healthcare providers.	APMs often have unique performance criteria and KPIs, which can change based on the model.
Payment modifications under MIPS are based on a composite performance score (CPS), which may be positive, neutral, or adverse.	APMs sometimes incorporate financial agreements that pay providers for achieving certain performance goals or results.
Because MIPS is a budget-neutral program, payment changes are provided in accordance	APMs can provide upside risk in the form of financial penalties, as well as financial

with how well eligible doctors perform in comparison to one another.	incentives like shared savings, bonuses, or bundled payments.
Eligible clinicians who take part in Medicare Part B and satisfy certain volume thresholds or billing requirements are eligible for MIPS.	APMs can include a variety of models, including medical homes, bundled payment models, and accountable care organizations (ACOs).
The CMS-created Quality Payment Program (QPP) includes MIPS as one of its programs.	By moving away from fee-for-service structures, APMs are intended to promote creative alternatives to both care delivery and payment.

By tying Medicare payments to how well healthcare providers perform on specific quality and cost indicators, MIPS is intended to encourage them to raise the standard of care they offer. The payment adjustment for a provider is determined by MIPS using a scoring algorithm. Quality, Promoting Interoperability (formerly known as Advancing Care Information), Improvement Activities, and Cost make up the four criteria that make up the score system. The categories of Promoting Interoperability, Improvement Activities, Cost, and Quality each measure various aspects of the quality of patient care. Promoting Interoperability focuses on the usage of electronic health records. Every provider is given a score for every category, and the total of those numbers is the provider's ultimate MIPS score. A positive payment adjustment may be given to providers who earn a high MIPS score, whereas a negative payment adjustment may be given to providers who score badly. MIPS aims to lower expenses while also enhancing the standard of care given to Medicare enrollees. The program tries to incentivize providers to concentrate on enhancing the quality of care they deliver by tying Medicare payments to a provider's performance. Overall, the MIPS program is a sophisticated system that necessitates providers to closely monitor their performance on multiple indicators and alter their practices to increase their scores. Nevertheless, it might raise the standard of care.

The team of Clinical Research Analysts (CRA) is responsible for the MIPS Quality category. Data provided in the form of measure specifications from clinical registries are managed and analysed by a CRA team at the FIGMD corporation using a measuring authorising tool (MAT). They employ the instrument to gauge various clinical outcomes and assess the efficacy of medicinal interventions. To share the findings of their analysis with healthcare professionals and researchers, the team also uses the platform to generate reports (using data dictionaries, MAT, and VSAT) and dashboards.

The following are features of the MAT tool:

1. Data collection: The tool must be able to collect the required performance data from numerous sources, such as clinical registries, electronic health records (EHRs), and claims data.

2. Data collection and analysis: To evaluate the performance of the provider in the various MIPS categories, including Quality, Promoting Interoperability, Improvement Activities, and Cost, the tool must be able to collect and analyse data.

3. Reporting and submission: The tool should be able to generate reports and submit CMS information on the provider's performance.

AIM

The goal of the study is to comprehend "value-based healthcare system" and to evaluate the effect of its implementation at the global platform.

RESEARCH QUESTION

- What is the need for Value Based healthcare system?
- How can Value Based healthcare model be implemented on a global scale?

OBJECTIVES AND METHODOLOGY

RESEARCH OBJECTIVES

- To understand the need of VBS and its different models
- To understand the effect of VBS on employee motivation as well as efficiency.

STUDY DESIGN

Secondary research is used in a descriptive study (desk analysis).

REVIEW OF LITERATURE

Value-based healthcare is a system in which healthcare providers get paid based on how well a patient's overall health while retaining overall cost-efficient use. Due to the sustainability and adaptability, it promises, most developed nations in this period, including the USA, Japan, Canada, England, Netherland, Sweden and Germany, have begun to align themselves with value-based healthcare systems. This is a result of a fierce rivalry in the healthcare industry, which provides patients with better and more innovative care options. Information is easily accessible due to the internet's widespread use, and people are increasingly looking for personalized healthcare. Additionally, value-based healthcare is becoming more and more well-liked and accepted as a result of present healthcare informatics, which makes it possible to gather and share outcome data with all stakeholders.

The World Health Organization (1948) defines health as "a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity." Due to the rise of chronic diseases in the ageing population, this definition of wellbeing has been receiving attention because it seems outdated in the twenty-first century. Nowadays, it is challenging to achieve "health" due to the growing number of risk factor openings and the usage of early screening methods. Presently, three-quarters of wellbeing consumption worldwide is due to persistent conditions. This notion of wellness influences how much we provide medical care, as well as how we choose the best financing and conveyance frameworks. The definition of today also instructs us on how to evaluate the efficacy of clinical interventions.

Physical, mental, and social wellness are the three components of health that need to be considered, according to the WHO definition. The ability of people to maintain physiological homeostasis under changing situations is mirrored in how people feel in physical space. Disease is the result of an inefficient physiological response to stress under harmful circumstances. The psychological field expresses the sense of being able to manage and change ourselves for greater emotional well-being. Finally, a person's capacity for managing their existence is remembered in the context of social wellness, where interactions with other living things and conditions take place. How we measure the results of wellbeing is determined by these three areas of wellness.

Continuous improvements in health research have a direct impact on the development of new, evidence-based medications. The clinical preliminary studies are a key component of the appropriate proof for the meta-analysis and effective surveys. Undoubtedly, the evidence should point us towards one aspect of wellbeing, but eventually, all options should be taken into account. While certain treatments may delay endurance rate while penalizing helpful status, other treatments may have a modestly lower endurance rate while fundamentally improving useful status. When choosing the best mediation, doctors should consider all three "Physical," "Mental," and "Social" environments.

It is significant to note that a variety of factors, including healthcare system structures, finance systems, cultural settings, and governance models, have an impact on the adoption and impact of value-based healthcare in European countries. Incentives alignment, healthcare professional engagement, data availability, integration, and interoperability challenges are all global issues.

While there has been success in promoting value-based healthcare in European nations, it is still important to continually assess results, redress inequalities, and advance sustainability in the delivery of healthcare. Collaboration and knowledge sharing between nations can aid in the creation and adoption of efficient value-based healthcare policies.

The adoption and efficacy of value-based healthcare vary across various healthcare systems and situations in European countries. The following are some salient features and illustrations of value-based healthcare efforts in European nations:

1. **England (United Kingdom):** The National Health Service (NHS) has adopted several value-based initiatives, with a focus on rewarding high-quality outcomes and performance enhancement. These programs include the Quality and Outcomes Framework (QOF) and Commissioning for Quality and Innovation (CQUIN). When it comes to defining and assessing outcomes, assuring evidence-based practices, and advancing value-based decision-making, the NHS Outcomes Framework and the National Institute for Health and Care Excellence (NICE) play critical roles.
2. **Sweden:** Through programs like the National Quality Registries, which compile information on outcomes and support efforts to enhance quality, Sweden has adopted value-based healthcare. Value-based care delivery has been supported by the creation of care pathways, clinical guidelines, performance assessment, and benchmarking.
3. **Germany:** The country has put in place several programs to improve value-based care, including the InEK (Institute for the Hospital Remuneration System) and Diagnosis-Related Groups (DRGs), which put an emphasis on cost containment, efficiency, and quality control. Improvements in care coordination and outcomes for certain disorders, such as stroke care networks and integrated care models, are the focus of regional initiatives and partnerships among healthcare providers.
4. **Netherlands**: Value-based payment approaches, including as bundled payments and reimbursement based on patient outcomes, have been implemented in the Netherlands. Through benchmarking and openness, the Dutch Healthcare Performance Program seeks to measure and enhance patient experiences, healthcare outcomes, and cost-effectiveness.

5. **Denmark**: As a crucial element of value-based healthcare, Denmark places a heavy emphasis on patient-reported outcomes (PROs). For promoting quality improvement and patient-centered care, the Danish Health Data Authority gathers PROs, clinical data, and performance indicators.

While the adoption of value-based healthcare (VBHC) in Japan is still in its infancy, with ongoing initiatives to support cost containment, patient-centered treatment, and quality enhancement. Here are a few significant facets of VBHC in Japan:

1. Diagnosis Procedure Combination (DPC) System: In Japan, there is no other reimbursement model like the DPC system, which classifies medical operations and ailments into distinct categories. It seeks to advance healthcare delivery that is effective, transparent, and improving in terms of quality. By establishing costs for treatment episodes and promoting appropriate and standardized care routes, the DPC system contains aspects of value-based care.

2. Quality Measurement and Improvement: Performance measuring systems and quality indicators have been developed and put into use in Japan. Determining quality measurements and facilitating quality improvement activities are tasks performed by the Japan Council for Quality Health Care (JCQHC) and several medical societies.

3. Patient-Reported Outcomes (PROs): The usefulness of patient perspectives in assessing healthcare outcomes and value is being increasingly recognized. To improve patient-centered care, efforts are being made to integrate patient-reported outcomes (PROs) into clinical practice and quality evaluation.
4. Regional Health Collaboration: In Japan, promoting value-based healthcare is greatly aided by regional cooperation between healthcare providers, local authorities, and other stakeholders. Regional health alliances work together and share data to enhance care coordination, promote best practices, and produce improved health outcomes.
5. Healthcare Information Technology (IT): To promote value-based care, improve care coordination, and facilitate data sharing, Japan has been investing in healthcare IT infrastructure, including electronic medical records (EMRs) and health information exchange systems. The collection of clinical data for quality assurance and research objectives is also made possible by the usage of IT systems.

6. Population Health Management: To advance value-based healthcare, Japan has been concentrating on population health management strategies, such as illness management plans and preventative care. Initiatives promote and target specific health conditions promote early intervention, and support patients in managing their health.

Japan is making strides towards promoting value-based healthcare, but obstacles still exist. The need to promote data interoperability, involve healthcare providers in quality improvement programs, and guarantee fair access to care across regions are a few of these. Value-based healthcare will continue to progress in Japan with continued work to improve payment structures, increase the use of PROs, strengthen regional partnerships, and use healthcare IT.

Numerous studies on "value-based healthcare" were conducted because it is being used in a few countries and has shown how to improve the outlook for the healthcare delivery system. Here are a couple international reviews to give this study some further context.

Abdullah A. Implementing quality initiatives in healthcare organizations: motivations and challenges, according to this article. Different quality efforts appear to be implemented successfully in some healthcare organizations while failing in others. The purpose of this research is to review the literature in order to understand the motivations for and obstacles to the implementation of quality initiatives in healthcare organizations. It then compares the findings to the results of a structured questionnaire that was completed by 60 representatives from 18 hospitals. Finally, it suggests a framework that uses drivers to assure the greatest implementation results while mitigating problems. This study shows that internal issues relating to leadership and personnel have a significant impact on the success or failure of quality initiatives. An important factor in successful implementation is design and relevance.

David E. Melon and Willard C. Harrill This article examined how "Peer-reviewed literature is lacking a comprehensive state-of-the-art review of U.S. healthcare reform efforts that documents the evolution towards value-based healthcare (VBH)." This field guide tries to define terms and define conceptual boundaries in the context of earlier U.S. healthcare reform initiatives that have common thematic viewpoints with the VBH reform paradigm. Eight healthcare reform concepts that served as significant forerunners of VBH were identified: Personalized medicine, P4 medicine, precision medicine, managed care, and accountable care are some of the terms used to describe patient-centered care. Many of these models share a nomenclature, and confusingly, many of the terminology used to define these models have various meanings. However, the patient, the doctor, and the payer (the "Big 3") are consistently characterized as stakeholders within these paradigms, and they are crucial to VBH. "When the Big 3 stakeholder interests are aligned within healthcare reform legislation, demonstrable reductions in healthcare spending have been best achieved."

It was discovered that the definition of "Value" in each reform model was based on the viewpoint of the specific stakeholder. "Within VBH, the Big 3 stakeholders' perspectives create a multidimensional definition of 'Value' that can be expressed by the equation Value to the patient experience management health are the three areas that make up health definition and should be given priority while providing healthcare. A hurdle to achieving a healthier society has been the growth of chronic diseases in ageing populations. The idea of value-based healthcare appears to be consistent with the real goal of improving value. In relation to the expense of reaching those outcomes, value is created by health outcomes that are important to patients. The whole cycle of care should be represented in the health outcomes. Both healthcare professionals and patients must undergo reforms to adopt value-based healthcare, including creating real health outcomes, bolstering primary care, developing integrated health systems, developing a policy that works effectively with a community, enabling health information technology, and implementing appropriate health payment methods that encourage value and decrease moral hazards.

RS Kaplan and ME Porter The topic of this essay was "how to solve the healthcare cost dilemma. The fact that providers almost entirely lack knowledge of how much it costs to provide patient care can be blamed for much of the rapid rise in health care expenses. As a result, they lack the information needed to optimize resource use, cut down on delays, and stop doing things that don't lead to better results. The revolutionary impact of a novel technique that precisely tracks costs—at the level of each individual patient with a specific medical condition across the course of care—and compares those costs to results is being demonstrated by pilot programs being conducted at hospital systems in the U.S. and Europe.

Adoption and integration of healthcare systems and policies that place a premium on the provision of high-quality, cost-effective treatment are necessary for the global implementation of value-based care. While exact methods may differ between nations and healthcare systems, several crucial tactics might speed up the adoption of value-based care globally:

Governments and legislators have the power to initiate changes that convert fee-for-service payment models to value-based payment systems. To do this, financial incentives must be matched with patient happiness, quality results, and cost control. Care coordination and efficiency can be encouraged by creating alternative payment models such bundled payments, accountable care organizations (ACOs), and pay-for-performance models.

Quality Measurement and Reporting: Standardized quality measurements and performance indicators must be established in order to evaluate and compare the effectiveness of healthcare providers in various contexts and geographical areas. The evaluation and monitoring of patient experience, cost-effectiveness, and quality outcomes are made possible by putting in place reliable data collection and reporting systems.

Effortless data sharing and care coordination are made possible by a robust health information technology (HIT) infrastructure, which includes electronic health records (EHRs), interoperability, and health information exchange platforms. Utilizing technology improves accessibility, patient engagement, and c are coordination. Examples include telemedicine and remote patient

Care Coordination and Integration: Improving care transitions, reducing duplication, and improving patient outcomes can be accomplished by fostering collaboration and care integration among various healthcare locations and providers, such as primary care, specialists, hospitals, and community-based organizations. putting in place care management plans and care teams that priorities attending to patients' complete requirements, especially for individuals with chronic diseases or complex care needs.
Patient Engagement and Empowerment: Promoting patient-centered care and improving health outcomes requires empowering people via education, shared decision-making, and active participation in their healthcare. Using patient-reported outcome measures (PROMs) and satisfaction surveys, healthcare providers can better understand the patient's experience and give better care.

Healthcare providers can identify best practices, share knowledge, and continuously enhance the quality of care through establishing feedback loops, learning networks, and quality improvement projects. Innovation and quality enhancement are encouraged by placing a strong emphasis on a culture of ongoing learning, data-driven decision-making, and evidence-based practices.

Addressing Socioeconomic Determinants of Health: Achieving value-based care on a global scale requires recognizing and addressing social determinants of health, such as socioeconomic inequality, access to care, and health equity.

Initiatives focused at enhancing population health outcomes can be supported by working in partnership with community organizations, public health organizations, and social service providers.

Value-based care must be implemented internationally, and this requires an all-encompassing strategy that involves healthcare systems, governments, healthcare professionals, patients, and other stakeholders. It calls for a mentality change, rewarding excellence and patient outcomes, and fostering care coordination, technological integration, and ongoing improvement. The adoption and enlargement of effective value-based care models can be facilitated by cross-national sharing of best practices and lessons learned.

RESULTS AND DISCUSSION

FFS: Fee-for-Service	Value-Based Service (VBS)
Healthcare professionals are compensated according to the quantity of services they render under the traditional reimbursement approach known as fee-for-service. Healthcare workers are paid in accordance with the precise fee that is assigned to each service or treatment. In this paradigm, regardless of the result or the standard of care, the payment is based solely on the volume of services provided.	Value-based service is a reimbursement model that places more of an emphasis on the quality and results of care than the sheer number of services provided. Patients' results, cost-effectiveness, and patient satisfaction are taken into account when determining how much value providers are given in return. Bundled payments, pay-for performance schemes, and shared savings plans are examples of payment structures that can be used for value-based services.
Advantages: offers a simple payment structure for medical professionals. encourages the delivery of more services, which might be advantageous in some circumstances. allows for freedom in service and provider selection.	**Advantages:** promotes the provision of high-quality, economical care. encourages provider cooperation and care coordination. aligns financial incentives with patient outcomes, which improves the general standard of healthcare. may lower healthcare expenditures by encouraging effectiveness and efficiency.
Disadvantages: It can offer cash rewards for carrying out excessive or needless operations. Lacks a direct connection between payment and the standard of care or patient outcomes. Since each service is billed separately, this could result in fragmented and disorganized treatment. Can result in increased healthcare costs	**Disadvantages:** Value-based metric implementation and measurement might be difficult. For healthcare providers, the obligations for data collection and reporting may be onerous. The period of time between providing services and being paid back can vary. Some providers can be reluctant to accept patients who pose a higher risk.

Satisfaction with Value-Based Services (VBS):	**Satisfaction with Fee-for-Service (FFS):**
VBS models seek to enhance patient outcomes and link financial incentives to high standards of medical care. Studies and anecdotal data indicate that VBS may boost patient and healthcare provider satisfaction, even though satisfaction levels might vary. Potential elements influencing VBS satisfaction include	FFS is a conventional payment structure where providers are compensated according to the volume of services provided. Although FFS has long been the prevailing model, it has significant drawbacks that could lower satisfaction levels:
Providers: VBS can encourage healthcare professionals to priorities preventive care, care coordination, and evidence-based procedures, which will enhance patient outcomes. As a result, providers may feel more confident in their capacity to give high-quality care and produce favorable outcomes.	Providers: A higher volume of care may result from FFS's potential financial incentives to offer more treatments, although better outcomes are not always guaranteed. Under the FFS paradigm, some clinicians could feel overworked by the administrative tasks involved in invoicing and coding.
Patients: Patient-centered care, collaborative decision-making, and care coordination are prioritized in VBS models, which may improve patient experiences and results. When patients get coordinated, individualized treatment and feel actively involved in their healthcare decisions, their satisfaction is likely to increase.	Patients: Because each service is paid separately under FFS, there may be a breakdown in care coordination and provider communication. Patient satisfaction may suffer because of this approach's fragmentation because it may make it difficult for them to use the healthcare system and manage their care effectively.

NEED FOR VALUE BASED HEALTHCARE

The goal of value-based healthcare is to give patients the highest possible value for their money. In relation to the price of those outcomes, it emphasises obtaining the best results for patients. There is a requirement for value-based healthcare, which can be seen in numerous ways:

1.Value-based healthcare places the patient at the centre of the delivery of healthcare. Patient results, experiences, and preferences are given priority. Better care and higher patient satisfaction may result from matching healthcare services to patient needs.

2.Cost management: The cost of healthcare has been rising dramatically globally, placing a burden on healthcare systems and hurting patients' access and affordability. Value-based healthcare focuses on providing effective and efficient care with the goal of reducing costs. In the end, it lowers overall healthcare costs by promoting preventative care, decreasing unneeded treatments, and encouraging the implementation of evidence-based practises.

3.Value-based healthcare encourages the provision of high-quality care, leading to quality improvement. It encourages healthcare professionals to concentrate on patient-important outcomes and assesses their effectiveness using predetermined quality measures. Providers may pinpoint areas for improvement, improve care procedures, and guarantee better patient results by using data and evidence.

4.Eliminating Waste: A lot of healthcare systems are inefficient and wasteful, which includes preventable hospital readmissions, redundant operations, and pointless tests. Value-based healthcare strives to reduce waste by improving care coordination, optimising care processes, and lowering unneeded interventions. Healthcare resources can be better targeted to areas where they are actually needed by minimizing waste.

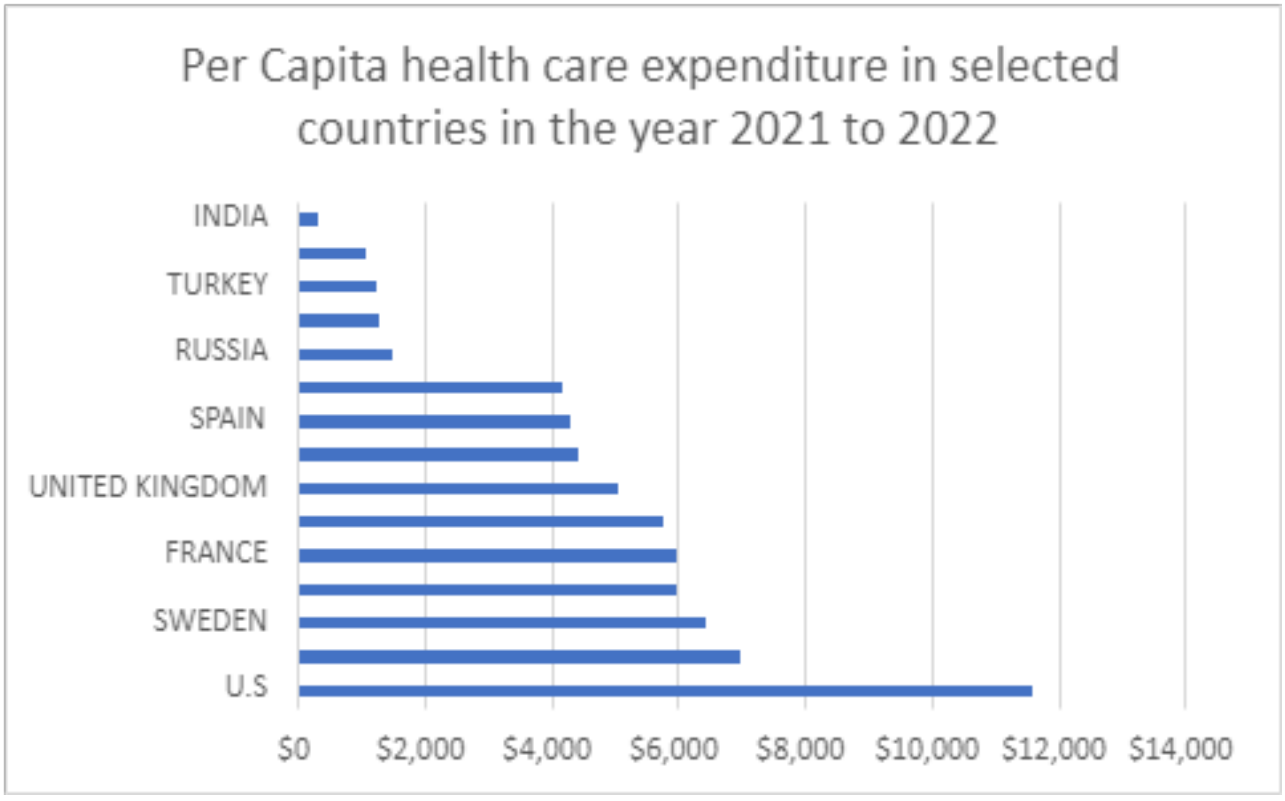
5.Population Health Management: Value-based healthcare promotes a population health approach that focuses on enhancing the health of entire populations as well as individual individuals. Healthcare systems can focus early detection, early interventions, and community-based care to better the health of the population as a whole and address the underlying causes of disease.

6.Accountability and Transparency: Value-based healthcare encourages honesty and openness among organizations and healthcare providers. Patients may make educated decisions about their healthcare options thanks to measurement and open reporting of outcomes, costs, and quality indicators, and healthcare professionals can spot problem areas and adopt best practices by doing the same.

7.Value-based healthcare encourages a culture of continual learning and innovation in the industry. Healthcare organizations can uncover novel practices, share expertise, and constantly improve care delivery by gathering and analyzing data on outcomes, costs, and quality. As a result, new technologies are adopted, care procedures improve, and medical knowledge advances.

In conclusion, the aim to enhance quality, reduce waste, manage population health, encourage continuous learning, and improve patient outcomes all contribute to the need for value-based healthcare. Healthcare systems can provide more effective, efficient, and patient-centered treatment by changing the emphasis from volume to value.

The health care system in U.S. is the most expensive



The United States has the most expensive healthcare system due to its large public healthcare spending, whereas other developing countries fall far behind in terms of health spending. The United States had the highest rate of healthcare cost waste up until 2009. This increased level of wasteful healthcare spending prompted the creation of a value-based healthcare system there, which replaced the fee-for-service model. Many industrialized and developing nations later used this concept.

Reasons to abandon the fee-for-service approach and adopt the value-based healthcare strategy
(On a global scale)

Expenditure	**Services**
27%	Unrequired services
7%	poor disease management prevention
10%	poor disease management
17%	Less Efficient Services
14%	Exorbitant pricing
25%	Fraud

THE EFFECT OF VBS ON EMPLOYEE MOTIVATION AS WELL AS EFFICIENCY

Value-based healthcare implementation can have a big impact on how motivated and productive employees are in healthcare organizations. Here are a few outcomes:

1.Clarity of Purpose and Alignment: Value-based healthcare gives healthcare workers a strong sense of direction and purpose. It places a focus on providing top-notch care and enhancing patient outcomes. Employee motivation and job satisfaction can both rise when they are aware of the significance of their work and how their efforts benefit patients.

2.Patient-Centered Focus: Value-based healthcare prioritizes the needs of the patient, which may increase staff morale. Many people who work in the healthcare industry are motivated by the desire to improve the lives of their patients. Their sense of purpose is strengthened, their motivation is increased, and they develop a stronger bond with their profession when they are actively involved in providing patient-centered care.

3.Value-based healthcare frequently involves performance-based incentives based on outcomes, quality indicators, and cost effectiveness. These rewards can inspire workers to perform better, produce better results, and deliver care more effectively. Employees may work harder and more productively if they believe their efforts will be appreciated and rewarded.

4.Collaboration and teamwork are promoted by value-based healthcare among healthcare workers. It encourages the use of interprofessional care teams, coordinated care, and shared decision-making. When staff members collaborate as a team, they can benefit from one another's experience, delegate tasks, and increase productivity. Additionally, collaborative cultures promote camaraderie and teamwork, which can have a good effect on employee motivation.

5.Value-based healthcare encourages an environment that is conducive to ongoing learning and growth. Employees are encouraged to evaluate results, pinpoint areas that need improvement, and put evidence-based practices into action. Employees have opportunities to expand their knowledge and abilities because of this emphasis on continual learning and improvement, which can increase their motivation and job satisfaction.

6.Empowerment and Autonomy: Value-based healthcare understands the value of empowering staff members and granting them discretion over decisions. Healthcare workers' sense of ownership, job satisfaction, and motivation can all rise when they are given the flexibility to make therapeutic decisions based on their knowledge and the requirements of specific patients. Employees that feel empowered are more inclined to take the initiative, come up with new ideas, and work harder to be more productive.

7.Improved Work-Life Balance: Value-based healthcare frequently places a strong emphasis on preventative care, population health management, and care coordination, which can improve employees' work-life balance. A suitable workload and more stable schedules for healthcare workers can lower burnout, boost job satisfaction, and increase overall effectiveness and productivity.

In conclusion, value-based healthcare can enhance work-life balance and increase employee motivation by fostering a patient-centered focus, offering outcome-based incentives, fostering collaboration, fostering continuous improvement, and providing a clear purpose. Healthcare organizations can develop a motivated and effective workforce, which will eventually improve patient outcomes, by fostering an environment that values and supports employees.

IMPLEMENTATION OF VBHS MODEL ON GLOBAL SCALE

Global value-based healthcare implementation offers both potential and difficulties. Considerations for implementing value-based healthcare globally include the following:

1.Standardised Outcome measurements: It is essential to create standardized outcome measurements that can be used in various healthcare systems and jurisdictions. To create uniform measures for assessing patient outcomes and treatment quality, this calls for cooperation and agreement across international stakeholders. Benchmarking, the exchange of best practices, and international comparisons of healthcare performance are all made easier by standardization.

2.Health Information Systems: Effective health information systems that can collect and analyze data on patient outcomes, costs, and quality are essential for implementing value-based healthcare. Infrastructure, interoperability, and data governance investments are necessary for the development or improvement of health information systems on a worldwide scale. While facilitating data sharing for research and educational reasons, it is crucial to guarantee the privacy and security of patient data.

3.Establishing cooperative networks and platforms for information exchange among healthcare professionals, researchers, and decision-makers is essential. These networks can make it easier for people in other nations to share their experiences, triumphs, and evidence-based methods. International partnerships can promote learning, value-based healthcare implementation, and healthcare delivery innovation.

4.Cultural and contextual adaptation: Value-based healthcare implementation entails taking cultural, socioeconomic, and contextual considerations into account. Every country has a different healthcare system, so what works well in one environment would not always transfer to another. Value-based healthcare ideas and tactics must be modified to match specific local conditions, taking into account things like health inequalities, socioeconomic circumstances, and cultural norms.

5.Governments and politicians are essential to the global implementation of value-based healthcare, both in terms of policy and financial incentives. They must set up regulations that reward healthcare professionals for putting value before quantity. Financial incentives can be created to encourage cost containment while rewarding outcomes, quality, and efficiency. Policymakers must also make sure that reimbursement methods support the sustainability of value-based healthcare and are consistent with its guiding principles.

6.Building Capacity: To implement value-based healthcare globally, it is necessary to increase the capacity of healthcare administrators, providers, and policymakers. Training programs can aid in the comprehension of value-based care principles as well as the development of outcome assessment, data analysis, and quality improvement skills in healthcare personnel. The development of leadership and clinical capabilities is a key component of efforts to adopt and manage value-based healthcare program

7.Value-based healthcare can be implemented globally with the help of international collaboration and advocacy, including work with the World Health Organization (WHO). These groups can offer direction, technical support, and lobbying for the adoption of value-based healthcare. They can make it easier for nations to exchange information, assets, and experiences.

8.Prior to scaling up nationally or internationally, value-based healthcare models can be tested and improved using pilot projects and demonstration sites. Pilot programs provide testing, education, and the identification of problems and potential fixes. Successful pilot programs have taught us valuable lessons that can be used to the larger-scale implementation of value-based healthcare.

Value-based healthcare implementation requires teamwork, stakeholder participation, policy backing, infrastructure creation, and ongoing learning. It is a challenging and multidimensional endeavor. Countries may use the advantages of value-based healthcare to improve population health outcomes, elevate healthcare quality, and gain higher value for healthcare investments by accepting these challenges and cooperating.

RECOMMENDATIONS

Recommendations to implement value-based health care globally:

Value-based healthcare must be implemented internationally, and this demands a methodical and cooperative approach. Here are some suggestions to encourage the global adoption of value-based healthcare:

1.Create International Partnerships: Encourage cooperation between nations, international agencies, medical professionals, academics, and decision-makers. To make the transition to value-based healthcare easier, promote the sharing of knowledge, best practices, and resources. Create international collaborations and networks aimed at expanding the understanding of value-based healthcare.

2.Define the Common Outcome Measures (COM): Develop generally applicable standardized outcome metrics by working towards their creation. To enable inter-country comparisons and benchmarking, promote worldwide consensus on outcome measurements and quality indicators. Work together with international organizations to develop frameworks for reliably measuring and reporting results.

3.Encourage Data Sharing and Collaboration: Promote the cross-border exchange of health data and best practices while protecting privacy and security. Create systems for data exchange and interoperability so that academics and healthcare professionals can benefit from one another's expertise and further the adoption of value-based healthcare.

4.Value-based care principles should be included in healthcare policies and reimbursement structures. Encourage governments to create laws that reward the provision of high-value treatment, such as pay-for-performance programs, bundled payments, and outcome-based reimbursement models. Encourage policy coherence and adherence to objectives for global health.

5.Invest in Reliable Health Information Systems: Make a substantial investment in reliable health information systems that can gather and evaluate information on patient outcomes, expenses, and quality. Support the development of data analytics tools, interoperability standards, and electronic health records. Improve the ability of nations, especially those with little resources, to embrace and utilize health information systems.

6.Promote capacity building and training: Invest in training programs to increase the knowledge of value-based healthcare ideas and implementation techniques among healthcare workers, administrators, and policymakers. Give instructions in data analysis, patient-centered care, outcome measurement, and quality improvement. Encourage program for workforce development that emphasize leadership and change management abilities.

7.Recognise and take into account the diversity of healthcare systems and cultural contexts among nations. Adapt to Local Contexts. Value-based healthcare initiatives should be tailored to meet local demands while taking socioeconomic, cultural, and healthcare infrastructure into account. Engage local stakeholders and guarantee their active participation in the development and implementation of program centred on value-based care.

8.Promote research and assessment of value-based healthcare strategies globally by supporting these efforts. Encourage research looking at how various value-based care models perform, affect, and scale up in various demographics and circumstances. Encourage a culture of lifelong learning and fact-based judgement.

9.Promote Policy Change: Promote national and international policy reforms to encourage the adoption of value-based healthcare. Engage policymakers, healthcare executives, and advocacy organizations to spread the word about the advantages of value-based care and the necessity of legislative changes. To show the value and impact of value-based healthcare initiatives, highlight case studies and supporting data.

10.Establish methods to track and assess the development of the adoption of value-based healthcare globally. Share Successes. Monitor Progress. Share best practices, success stories, and lessons learned frequently through publications, conferences, and online forums. Encourage nations to share their experiences and results in order to promote accountability and facilitate learning.

Value-based healthcare implementation demands teamwork, shared learning, and a dedication to enhancing healthcare outcomes on a global scale. By putting these suggestions into practise, nations can get one step closer to providing higher-value treatment, enhancing patient outcomes, and establishing globally sustainable and effective healthcare systems.

CONCLUSION

Global adoption of value-based healthcare has the potential for positive change in healthcare delivery systems everywhere. Value-based healthcare encourages patient-centered care, improved outcomes, and cost effectiveness by moving the emphasis from volume to value. This constructive attitude has various advantages:

Patient Outcomes are Improved: Value-based healthcare places a higher priority on patient outcomes, ensuring that care is customised to each patient's requirements and preferences. It can result in better health outcomes for individuals and populations by supporting evidence-based practises, preventative care, and care coordination.

Improved Healthcare Quality: Value-based healthcare promotes a culture of innovation, learning, and continual improvement. Healthcare providers can benchmark their performance, pinpoint areas for improvement, and incorporate winning tactics from other nations by putting in place standardised outcome metrics and sharing best practises globally.

Value-based healthcare strives to reduce waste, cut back on unnecessary operations, and enhance care coordination. This results in increased efficiency and cost control. These initiatives lead to cost reductions, better resource management, and more effective healthcare delivery, ultimately resulting in more resilient and cost-effective healthcare systems.

Global Collaboration and Learning: Value-based healthcare implementation fosters international cooperation and knowledge exchange across nations. Healthcare systems can advance value-based care concepts and hasten the process of obtaining better outcomes globally by forming partnerships, exchanging data, and learning from one another's experiences.

Workforce that is empowered and motivated: Value-based healthcare emphasises the contribution of healthcare professionals in providing high-value care, which empowers them. It improves employee motivation, job happiness, and the general standard of healthcare services by coordinating rewards, encouraging teamwork, and spending money on capacity building.

Equity and Accessibility: Value-based healthcare places a strong emphasis on enhancing health outcomes for all people, especially vulnerable groups. It can help to achieve more equity and accessibility in healthcare services globally by addressing health inequities, encouraging preventative care, and placing an emphasis on population health management.

Sustainable Healthcare Systems: Value-based healthcare encourages cost reduction, effective resource management, and enhanced health outcomes. Healthcare systems can become more sustainable by adopting value-based care concepts, assuring the long-term accessibility and affordability of high-quality care for future generations.

Value-based healthcare reform may be difficult to execute globally, but the advantages outweigh any drawbacks by a wide margin. Countries can collaborate to create a future in which healthcare systems are centred on providing high-value care, improving patient outcomes, and achieving sustainable and equitable healthcare for all by fostering collaboration, standardising outcome measures, investing in health information systems, and adapting strategies to local contexts.

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