Breakthroughs

Catalysts for the implementation of value-based healthcare in Switzerland

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VBHCSUISSE
Swiss Society for Value Based Healthcare

"This paper does a great job of setting out an agenda for implementation. Around the world, I see governments and organizations espousing a ‹belief› in VBHC and advocating for its adoption, without outlining what has to happen to make it occur. You've hit upon many of the critical steps and impediments. For the record, they are not sui generis in Switzerland; they are issues globally."

Scott Wallace – May 2025

The authors volunteer for the association VBHC Suisse, which was responsible for the independent publication of this discussion paper.

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1. Executive summary

The Swiss healthcare system enjoys an excellent reputation internationally and leads to a comparatively high life expectancy for its citizens. Nevertheless, it faces major challenges – in particular, rising costs and a growing shortage of skilled workers. One promising approach to tackling these problems is the concept of value-based healthcare (VBHC), which consistently focuses on value for the patient. The aim of VBHC is to achieve the best possible treatment outcomes with efficient use of resources. However, this requires a comprehensive transformation at all levels of healthcare – from clinical practice and care structures to financing.

This discussion paper identifies seven fields of action for the implementation of value-based medicine in Switzerland:

Define quality and consistently measure value for the patient
Patient-reported outcome measures (PROMs) play a key role in capturing the patient perspective and holistically assessing the quality of care.

Share and use data to create value
Establishing a digital infrastructure that ensures interoperability and data protection is critical to creating added value for patients.

Involve and empower patients
Patients should be involved in all decision-making processes, and their health literacy should be strengthened so that they can play an active role in their healthcare.

Avoid silos and strengthen partnerships and networks
All stakeholders in the healthcare sector must work together to enable effective exchange of information.

Gather experience, disseminate knowledge and learn from good examples
Exchanging best practices and collaborating within networks such as VBHC Suisse are important to learn from one another and to propagate a quality-oriented approach.

Create new incentive structures – incentivize and reward quality
Financial incentives that reward quality and support innovation are needed to accelerate the transformation to a value-oriented system.

Further develop VBHC and extend it to the values of medical professionals
The VBHC approach should also consider the needs of healthcare professionals, help to improve their working conditions and prevent burnout.

2. Thinking about healthcare in terms of outcomes

On the international stage, "Made in Switzerland" is seen as an indicator of outstanding quality in products and services. The Swiss healthcare system also enjoys an excellent international reputation. For example, if life expectancy (OECD 2023/1) is considered an approximate indicator of the quality of a healthcare system, Switzerland performs well and is comparable to other neighboring countries such as Italy or France. In comparison with other countries, however, it is striking that Switzerland spends significantly more on healthcare, ranking second among OECD countries in terms of health expenditure per capita (OECD 2023/2). Like those of other countries, the Swiss healthcare system also faces growing challenges in light of rising costs and problems such as an increasing shortage of skilled workers, which are sometimes driven by existing incentive structures and a focus on productivity (GDK 2020). There are growing calls for a reorientation from quantity to quality as a result of these developments (GDK 2023).

It is important to

- use limited resources in healthcare for the measurable benefit of patients and society;
- ensure access to medical innovations at the same time;
- create a resilient, sustainable healthcare system in which service providers can work happily and effectively and contribute to the benefit of patients and the health of society.

This objective raises two essential questions:

1. How do we define and measure quality and value in healthcare?
2. How can we promote quality as effectively as possible and achieve the greatest possible value for patients and the system?

VBHC (Porter 2006, Teisberg 2008, FMH/SAQM 2024) is a holistic approach that offers answers to these questions and the potential of VBHC for the Swiss healthcare system has already been described in various publications.
In spring 2023, stakeholders with wide-ranging perspectives on the Swiss healthcare system came together for the "Financing High-Value Care" workshop in order to identify catalysts for the implementation of this approach, to examine the role of financial incentives and resources, and to define specific fields of action in a multi-stakeholder dialog. Invited by the association of research-based pharmaceutical companies in Switzerland, the discussion panels were moderated by the internationally renowned proponents of VBHC theory Elizabeth Teisberg and Scott Wallace (Teisberg, Wallace et al. 2020). Also taking part in the discussions were representatives from Avenir Suisse, CSS Versicherung, EQUAM, FMH, Groupe Mutuel, Hirslanden, Interpharma, Johnson & Johnson, Pfizer, PwC, Roche, SWICA and the University Hospital Basel.

Life expectancy at birth by sex, 2021 and 2022 (or nearest year)

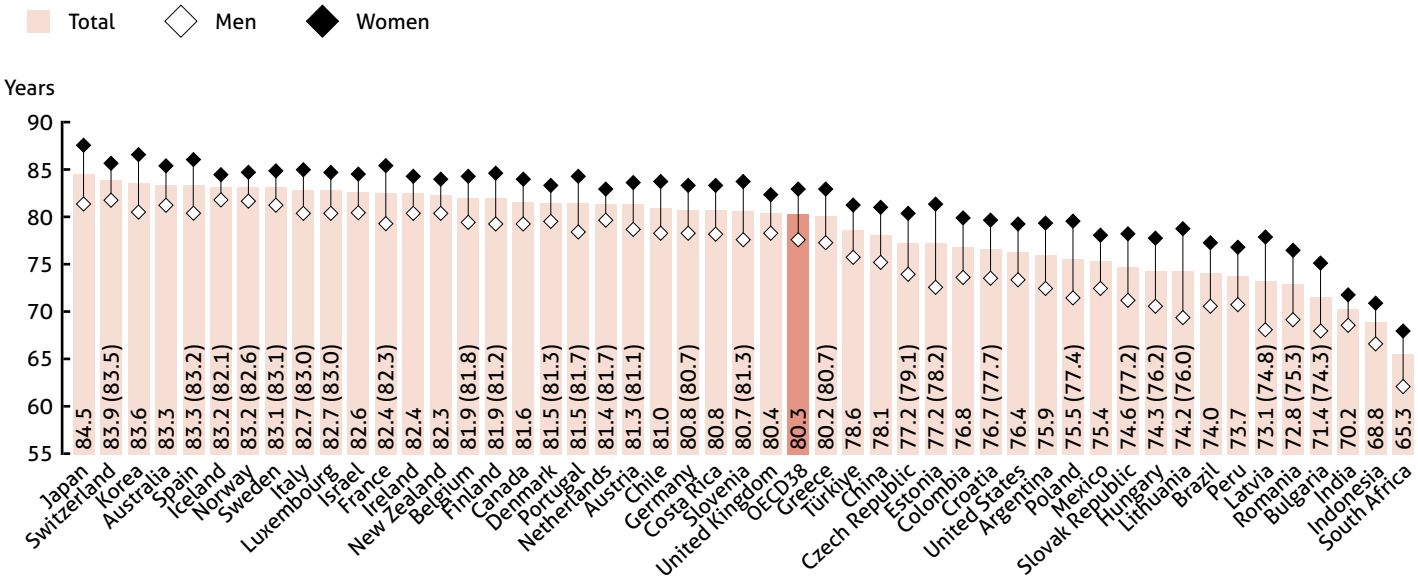

Fig. 1: Life expectancy at birth by sex, 2021 and 2022 (or nearest year). (OECD 2023/1)
Note: Latest available data for the United Kingdom from 2020; and for Türkiye from 2019. Provisional 2022 values in brackets.

Health expenditure per capita, 2022 (or nearest year)

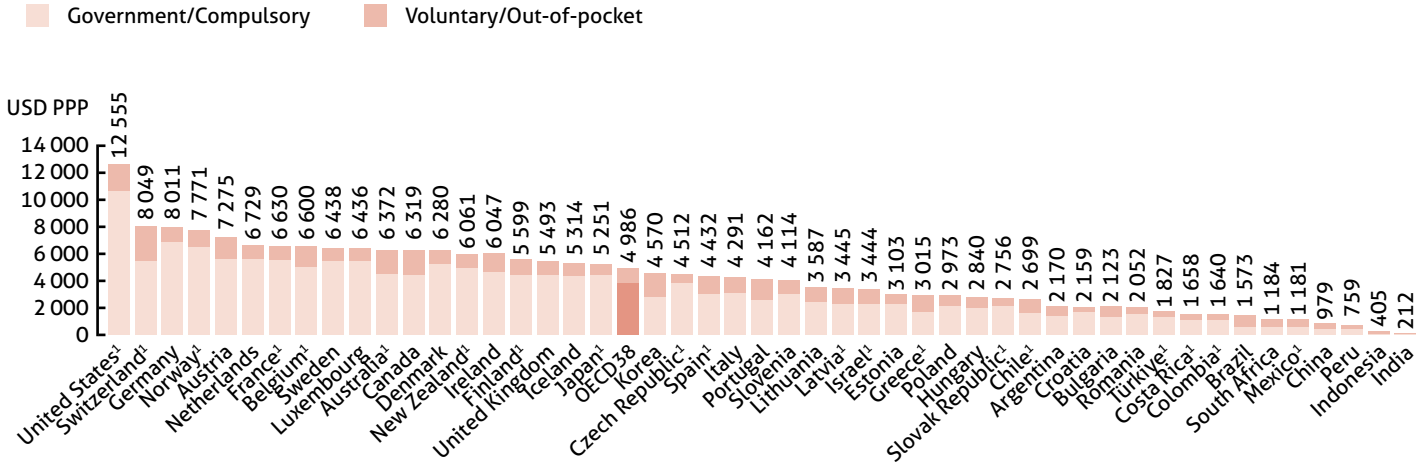

Fig. 2: Health expenditure per capita, 2022 (or nearest year). (OECD 2023/2)
Note: 1. OECD estimates.

2.1 Value-based healthcare – focusing on patient value

VBHC is increasingly appearing in discussions regarding the transformation of the Swiss healthcare system. But what does it mean?
The term was coined by the American economist and researcher Michael E. Porter and the healthcare economist Elizabeth Teisberg in their joint work "Redefining Health Care".

They recognized that the US and worldwide healthcare systems were "sick":

- Costs are rising and – where data is available – there is a high level of unintended variance in the outcomes achieved by healthcare.
- The focus is on productivity, the provision of medical services and their remuneration.
- The system is fragmented and organized primarily around medical specialties, and services and data is often isolated in silos.

The authors conclude that there is a need for an approach that focuses on patient value, the patient's perceived health-related quality of life, well-being, and functionality – and takes a more holistic view of care processes. In addition to the clinical results (such as blood results, imaging data, results of functional tests, and complication rates), it is also important to collect patient-reported outcome measures (PROMs) and include them in the treatment plan to capture the patient perspective. In the "value equation" developed by Porter and Teisberg, these measures are weighed against the costs incurred over the entire treatment cycle (Porter 2007) in order to quantify the value of a particular treatment.

$$\text{Value} = \frac{\text{Patient-reported outcome measures (PROMs)}}{\text{Costs}}$$

Fig. 3: "Value equation", adapted from Porter (2007)

In the meantime, various experts have updated the VBHC approach internationally and further refined it to meet Swiss requirements (Teisberg 2008, GDK 2020, van der Nat 2022, Taboada 2023, Larsson 2023, FMH/SAQM 2024). What all these experts have in common is their demand for a paradigm shift that places patients at the heart of the system in order to achieve the best possible treatment outcomes while making optimal use of available resources. Though it may seem trivial at first glance, this principle actually requires a transformative process – both at the micro level in everyday clinical practice and at the macro level in terms of policy frameworks and incentive systems. Factors for the successful implementation of the VBHC concept and its core components – in particular, the measurement and use of patient-reported outcomes – have been the subject of various international comparisons (Teisberg 2008, Reich 2012, Davis 2019, Huber 2020, Katz 2020, Blozik 2022, Farcher 2024). But what is needed for VBHC to expand beyond the initial pilots and, where appropriate, to be implemented on a systematic level in Switzerland? Which catalysts can be leveraged, and which hurdles must be overcome?

3. Breakthroughs – fields of action on the path toward a value-based healthcare system

Driven by ongoing discussions of costs and fueled by mutual recrimination on the part of healthcare stakeholders, now is the time to act. We want to seize the opportunity to future-proof Switzerland's healthcare system, which is (still) very good by global standards, with regard to impending challenges. We need to develop a strategy together with patients, healthcare providers, insurers, the pharmaceutical and medical technology industry, and politicians. Open dialog within the framework of the "Financing High-Value Care" workshop called for the theory of value-based medicine and international (practical) experience to be adapted to Switzerland. The aim is to define specific recommendations for decision-makers in order to successfully disseminate the concept of VBHC within the Swiss healthcare system. Seven fields of action were identified as essential:

No. 1:
Define quality and consistently measure patient value

No. 2:
Share and use data to create value

No. 3:
Involve and empower patients

No. 4:
Break down silos and strengthen partnerships and networks

No. 5:
Gather experience, disseminate knowledge and learn from good examples

No. 6:
Create new incentive structures – incentivize and reward quality

No. 7:
Further develop VBHC and extend it to the values of medical professionals

The following section presents the fields of action, outlines the status quo and derives recommendations for action in each case. The appendix describes initial findings and experiences with the help of specific examples.

3.1 Define quality and consistently measure patient value

Status quo and current developments

- Existing quality reports have little informative value for patients and do not allow a clear distinction between the quality of processes, structures and outcomes
- Where available, data indicates an unusually high variance in the quality of outcomes
- There is an increasing focus on patient-reported outcome measures (PROMs) as key indicators of patient-centric medicine, but so far collection is mostly optional
- Many PROMs are impractical in everyday clinical practice owing to their length

The aim of a healthcare system is to improve or maintain people's health. The WHO defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO 2020) It is difficult to conclude from the current data whether this objective is currently being achieved effectively with the resources deployed in Switzerland. Quality indicators of healthcare focus on aspects such as procedural and structural characteristics, costs, or approximate clinical outcome parameters such as complication and survival rates. There is, however, a lack of data reflecting the perspective of those who receive preventive and curative healthcare services: i.e. the patients.
On a positive note, patient-reported outcome measures (PROMs) (Steinbeck 2021) are becoming increasingly important in this context in order to systematically record the patient perspective: PROMs and corresponding patient-reported experience measures (PREMs) are repeatedly mentioned in the annual objectives of the Federal Quality Commission (FQC) set up by the Federal Council (FQC 2024). Funding opportunities are being created for projects that make use of PROMs and PREMs. These include, for example, the FQC tenders launched in 2023 and 2024 for national PROMs implementation projects (FQC 2023, FQC 2024).
Beyond support for pilot projects, however, there is still a lack of comprehensive funding for the implementation of PROMs and a commitment to their use as an essential data point for the holistic assessment of the quality of care. Despite good evidence for the use of PROMs in areas such as orthopedics (Gagnier 2017, Wilson 2019) and oncology (Li 2023), these parameters are still largely collected on an optional basis. While cantonal health authorities, specialist associations and hospital groups are the first key bridging elements for the expansion of PROM implementation beyond pilot projects, only a higher authority can undertake the introduction of standards and the provision of the necessary infrastructure for use throughout Switzerland. PROMs should primarily be used in care. For this purpose, the chosen instruments should have real relevance for patients, should allow collection with as little additional effort for clinical staff and patients as possible, and should guide action within the care process. At the system level, however, the full potential of PROMs can only be achieved through the standardization of instruments and processes. Decisive impetus would be provided by the formation of an expert body in which stakeholders from all areas were represented and which drew up guidelines for implementation.

Conclusions and recommendations

- Funding of existing PROMs projects and bottom-up initiatives
- Establishment and maintenance of networks/forums for continuous knowledge exchange regarding ongoing projects
- Use of existing resources and sets of standards based on the four core principles (patient relevance, clinical practicability, collection of data in the care process, and relevance of action to the care process)

- Formation of an expert body with stakeholders from different areas to identify priority areas for the comprehensive introduction of PROMs based on current research and international experience, and to define standards and processes
- Demanding and encouraging the measurement of outcomes

3.2 Share and use data to promote value for patients

Status quo and current developments

- Insufficient use is still made of Switzerland-wide electronic patient records, cross-institutional and cross-sectoral IT infrastructure; data is distributed across various participants in the care process
- Strong focus on data protection hinders the use of data to benefit patients and the system

VBHC implies data-driven healthcare. Care data should form the basis for diagnosis and for joint decision-making and planning regarding treatment, while digital outcome measurement (PROMs) serves as the basis for improving the quality of care for individual patients and groups of patients across both the organization and the system. For this purpose, data must be available in real-time and in sufficient quality as well as being prepared for use in clinical care. **These requirements are not currently met, and data is distributed across the various service providers involved in the treatment process, making it difficult to take a holistic view.** This is due, on the one hand, to a lack of IT equipment and, on the other, to a strong focus on data protection. The legitimate and necessary protection of sensitive personal data should not prevent data from being used within the context of VBHC. It is necessary to strike a balance in this regard.

Conclusions and recommendations

The discussions allowed principles to be identified for a successful digital transformation supporting VBHC at system level:

- **Incorporation of VBHC logic when setting up and expanding digital infrastructure:** It is vital to develop a digital transformation strategy based on the VBHC model. This strategy should take into account the Swiss context and emphasize the need to break down data silos and create interoperability of data and systems. One key suggestion from the workshop was to introduce a national identifier for health data, similar to the social security number. A system of this kind would facilitate the exchange of data while ensuring that it is correctly allocated. In addition, it was highlighted that a functioning "electronic patient record" (EPR) is crucial for the coherent and meaningful collection of data. The PROMs results should be applied.
- **Reconciling data protection and data use:** It is essential to find a pragmatic and innovation-promoting compromise between data protection and data use – and to create opportunities for data donation. "Privacy-enhancing technologies[1]" based on artificial intelligence could provide a solution for more efficient use of data at the system level.
- **Involve and empower patients (see also field of action 3.3):** Data sovereignty should rest with the patients. However, it is vital that health and data literacy be promoted so that data can be used for the benefit of individuals and society. For example, patients who are able

[1] Privacy-enhancing technologies (PETs) are software and hardware solutions that comprise technical processes, methods or knowledge that contribute to protecting the privacy or data of an individual or group of natural persons. These technologies enable the shared use of data while respecting privacy by, for example, minimizing the processed data or by pseudonymizing it to ensure that conclusions can no longer be drawn about the user (Ziebolz 2022).

to understand and experience the benefits of an electronic patient record will make greater use of it and be more willing to share data from it with other healthcare stakeholders.
- **Promotion of interdisciplinary collaboration:** A structured forum for regular exchange between IT and health professionals should be created within and across organizations to improve the functionality of digital solutions for VBHC workflows with increased interdisciplinary and trans-sectoral collaboration.

3.3 Involve and empower patients

Status quo and current developments

- Lack of patient involvement in the development of PROMs guidelines and questionnaires at national level and in organizations
- Lack of political involvement when it comes to transforming the healthcare system (e.g. digital transformation)

Healthcare according to the VBHC approach changes the roles and responsibilities of stakeholders and especially patients, who take greater responsibility for their own health. Patients should be able to actively make decisions, with healthcare providers contextualizing relevant data and supporting the patient in the role of an adviser. This requires the provision of reliable, comprehensible information and for patients to be "qualified" to deal with health information and digital technologies. Promoting this health literacy is a key task for all stakeholders.
Patients and insured individuals should also play an active role in the transformation toward a value-based healthcare system – from the selection of PROMs to the adaptation of treatment pathways and topics such as digital transformation at the system level.
In Switzerland, there is an increasing focus on involving patients more closely in decision-making processes, and various stakeholders are working to systematically integrate the patient perspective (FQC 2023). Some hospitals have introduced patient advisory boards, in which patients and relatives come together to share experiences and make suggestions for improvements in areas such as patient information, communication and process design. One concrete example is the patient advisory board of the University Hospital Zurich, which is actively involved in the development of quality standards (USZ 2023). Some of the first programs have emerged that specifically educate patients and train them to become "patient experts" so that they can better incorporate their experiences and perspectives into discussions with medical professionals and help to shape their care (Patientenstelle Zürich 2024). Some professional associations, such as the Swiss Society of Medical Oncology (SSMO), call for and promote the use of PROMs that support the integration of the patient perspective at both the individual and system level.
Despite these important advances, Switzerland finds itself in a challenging phase of development. Widespread implementation is being held back by structural hurdles, limited transparency, and the lack of standardized approaches to patient involvement. There is also a lack of legal framework conditions that could systematically bolster participation. Particular efforts should also be made with a view to including those who currently lack sufficient access to care and to developing new care models that work for all groups of the population.

Conclusions and recommendations

- Provide more opportunities for further training as a "patient expert" (Patientenstelle Zürich 2024) as well as activities on a local and regional basis
- Strengthen health literacy in all population groups through knowledge, motivation and the ability to make decisions
- Promote digital health literacy, clarify the limits and capabilities of technology
- Involve patients (or patient experts) at all levels: in committees, politics and activities such as digital transformation and healthcare transformation

3.4 Avoid silos and strengthen partnerships and networks

Status quo and current developments

- At system level, there is too little dialog between stakeholders in the healthcare system; interactions are characterized by vested interests and mistrust
- Conflicting interests promote the continued existence of silos that hinder the exchange of information and interdisciplinary collaboration

VBHC encourages all stakeholders to work together in a spirit of partnership. This requires intense dialog and mutual trust, whereas the current debate around cost drivers in the Swiss healthcare system promotes the opposite. Although there are a growing number of forums for multi-stakeholder exchange and initial partnerships between insurers, service providers and industry for the implementation of VBHC projects, there is still too little dialog at the system level, and interactions are characterized by mistrust and seemingly conflicting interests. All stakeholders have one goal in common: service providers, insurers and industry want to provide patients and insured individuals with added value – and be rewarded for it. There is sometimes potential for conflict with regard to remuneration and aspects related to it. A focus on competing interests supports the continued existence of "silos".
Examples are "data silos", which impede the flow and shared use of data. "Treatment silos" also have an impact on patient care: structured treatment pathways only exist for a few diseases; in fact, the pathway taken by patients with complex diseases can be described as something of a "ping-pong" between different service providers and specialties. Poor communication between different parties involved in the care process leads to unnecessary diagnosis and increased costs and has a negative impact on treatment quality.

Conclusions and recommendations

- Focus on the common goal of increasing patient value
- Greater willingness to engage in bottom-up projects to gain experience in working with different stakeholders and to build trust
- Top-down approaches to promote interdisciplinary work across sectoral boundaries; key levers include a functional IT infrastructure and innovative incentive mechanisms

3.5 Gather experience, disseminate knowledge and learn from good examples

Status quo and current developments

- Limited sharing of positive experiences and insights gained from projects
- Lack of willingness to compare oneself with others, develop iteratively, and learn from pioneers
- The sustainability of projects is limited if success is not clearly defined, if institutional or long-term financial support is lacking, or if there is inadequate planning of development beyond the initial phase

Organizations around the world have set themselves the goal of disseminating the VBHC approach. Here, particularly noteworthy examples include the International Consortium for Health Outcomes Measurement (ICHOM), which promotes the standardization of outcomes measurement across countries and continents and promotes international exchange through annual conferences. National organizations such as VBHC Suisse also provide a forum for knowledge exchange and networking. Best practice examples such as the Martini-Klinik that successfully implement key elements of the VBHC approach, or – at the national level – the Dutch healthcare system (Linnean Initiative), have a global beacon effect and show that VBHC works – even if it is not easy.
In Switzerland, some examples already exist of the successful implementation of key elements of the VBHC approach and particularly of the quality- and patient-related use of PROMs and PREMs (individual examples are highlighted in the appendix).

Conclusions and recommendations

- Scale up training in transformation skills: the lack of knowledge about "what" and "how" to measure hampers every aspect of healthcare transformation. VBHC training programs should focus on implementation rather than theory[1, 2]
- There is no need to reinvent the wheel – both bottom-up projects and top-down approaches have already produced examples and experiences from which new initiatives can benefit
- One effective solution to the problem of stand-alone pilot projects is to carry out several such projects, addressing the same (health) problems, in different locations
- Joint pilot projects are often more effective in securing institutional and sustainable financial support
- Knowledge that exists in networks and forums should be pooled. Initiatives such as VBHC Suisse should be expanded and given greater political support

[1] Value-based healthcare intensive course at Technische Universität Berlin, 2025. https://www.tu.berlin/mig/studium/lehrangebot/lehrangebot-fuer-master-studierende/value-based-healthcare-vbhc
[2] ICHOM Certified Value-Based Health Care Professional Program. https://www.ichom.org/education/

3.6 Create new incentive structures – incentivize and reward quality

Status quo and current developments

- Legal bases such as Article 58[1] and Article 77[2] of the Federal Health Insurance Act (KVG) provide scope for testing alternative forms of remuneration that explicitly take quality into account. So far, however, little use has been made of these options
- The sustainability of projects in the field of VBHC can be jeopardized by a lack of funding outside scientific and temporary pilot projects

Financial and legal structures have a significant impact on the behavior of healthcare stakeholders. Monetary and non-monetary incentives can influence the quality and quantity of services provided, impact access to care services, and drive or slow down innovation (Chang 2009, Moscelli 2024). Monetary incentives are seen as a powerful lever for influencing behavior and are often the focus of political discourse. Areas with high remuneration, for example, have a tendency toward overprovision (FMH 2013).
VBHC has not yet been integrated into routine care, particularly when it comes to considering both sides of the mentioned value equation. With regard to existing incentive structures, there is little movement toward a value-oriented system. There are legal bases in place, such as Article 58 (see above), which allows the cantons and tariff partners to carry out innovative pilot projects aimed at reducing costs and improving quality in the healthcare system. These legal bases provide scope for testing alternative forms of remuneration that explicitly take account of quality and provide incentives for quality improvements. Until now, however, these options have only been used on a few occasions, e.g. in the Patient Empowerment Initiative (PwC 2021). In addition, many of the VBHC initiatives in Switzerland are currently run by individual institutions or on a temporary basis, form part of research projects, and are financed by third-party funding or by the stakeholders themselves. This could jeopardize their sustainability in the long term. If the implementation of the VBHC approach is limited to individual institutions and cantons, there is also a risk of fragmentation of the emerging landscape. Instead, these initiatives and pilot projects should serve as important crystallization points for regional or national implementation of VBHC or its sub-concepts.
To leverage the improvement potential for the individual and the community that would arise from greater implementation of VBHC, there is a need for broad political support and changes to the framework conditions. These changes include creating new incentive structures and investing in new infrastructure, which was a focal topic of the "Financing High-Value Care" workshop.

Conclusions and recommendations

- **Joint investment in measuring the quality of outcomes:** Investments in value-oriented data collection and evaluation are currently limited to the service providers. The VBHC approach supplements the systematically standardized – and, where possible, automated – collection of routine evidence-based data on treatment quality with outcomes measurement from the patient perspective (PROMs). In future, this key dimension should be validated and risk-adjusted as a fixed component of tariff structures (value-based pricing/

[1] Art. 58 Quality development
After consulting the organizations concerned, the Federal Council shall set targets for ensuring and promoting the quality of services (quality development) for a period of four years. It may adjust the targets during the four-year period if the basis for setting them has changed significantly.
[2] Art. 77 Group insurance premiums
Insurers may provide for different premiums in group insurance than in individual insurance. These premiums are to be set so that the group insurance is at least self-sufficient.

reimbursement) alongside structural and process quality. The costs incurred in developing and implementing these models cannot be borne by the service providers alone. Such costs should be understood as joint responsibility and shared among the stakeholders in the healthcare system.

- **New quality-linked remuneration models:** Remuneration within a value-based system must be proportionate to quality. Compliance with, or even exceeding, the quality standards agreed jointly between tariff partners has a positive impact on tariffs and creates incentives for service providers to deliver high-quality, patient-centric services. Poorer quality is penalized by lower remuneration or should not be further promoted by volume-driven models as they are currently applied.
- **"Bundled payments" or "capitation models" in the VBHC context:** Service packages (bundles) offer a natural incentive for crossing sectoral boundaries and for providing exactly the solutions that are most important for patients, provided that the bundles are implemented correctly – with precise cost accounting, measurement of results, separation of performance and insurance risks, and attractive bonuses for the quality provided (in Deerberg-Wittram 2023). Different approaches can be combined to strengthen incentives or avoid adverse side effects. One example of a capitation-based remuneration model in Switzerland is described in the appendix (profile of the "Réseau de l'Arc").
- **Realignment of stakeholders in the system: I**nsurers and industry take a more active role as promoters of value-based care approaches, allowing service providers to focus more on innovation with a view to improving quality.

3.7 Further develop VBHC and extend it to the values of medical professionals

Status quo and current developments

- The VBHC approach developed in 2006 has been expanded with new requirements to better address cultural change and the human factor
- In addition to rising healthcare expenditure, there is also a growing shortage of skilled workers, which is jeopardizing sustainability and quality in the healthcare system
- Incentives to deliver a high volume of services increase pressure on medical staff, and planned cost-cutting measures threaten to further exacerbate this pressure

Healthcare costs are also becoming increasingly relevant in Switzerland, and "Health issues/ health insurance/premiums" came first in the UBS Worry Barometer 2024 (UBS 2025), even outranking the consequences of climate change. However, other problems such as the growing shortage of skilled workers are also becoming increasingly apparent (Chang 2009, Peter 2021, Moscelli 2024). Reasons for career changes by nurses and doctors are closely linked to rising performance pressure: high administrative burden, little time for patients and intense cost pressure contribute significantly to the development of burnout among medical staff. A successful transformation must take these issues into account, as it relies on active participation by professionals.

While the VBHC approach according to Porter and Teisberg primarily addresses issues of quality and not of cost, the approach has been expanded in recent publications. van der Nat et al. added four additional elements to the original six (Fig. 4). Here, the focus is primarily on the "human factor". Successful implementation of VBHC requires a learning culture, appropriate learning and exchange platforms for medical staff, and integration into everyday medical practice (e.g. communication and joint decision-making) that makes VBHC tangible and demonstrates the added value it creates for patients and medical professionals. Practitioners who use PROMs as part of their treatment – for example, in joint decision-making – report not only a different experience of their work but also a boost in efficiency. Thanks to new insights into the needs of their patients, they can make their discussions and measures more goal-oriented. A transformation in accordance with the VBHC approach has considerable potential to improve working conditions for healthcare professionals by shifting the focus from "more" to "better". Increasing patient value rather than the number of treatments performed is in keeping with the intrinsic motivation of practitioners to ensure the best possible care for their patients.

Measurements have driven interventions to improve patient safety and quality of care, with essential insights being provided by patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs). Similarly, measurements can improve our understanding of the challenges facing healthcare professionals and of corresponding countermeasures. Staff-reported experience measures (SREMs) and staff-reported outcome measures (SROMs) (McDermott 2023) can serve as tools for prioritizing, measuring and refining interventions to improve employee retention, as well as general employee experiences and outcomes, in a more targeted manner and therefore for implementing these interventions more consistently and successfully.

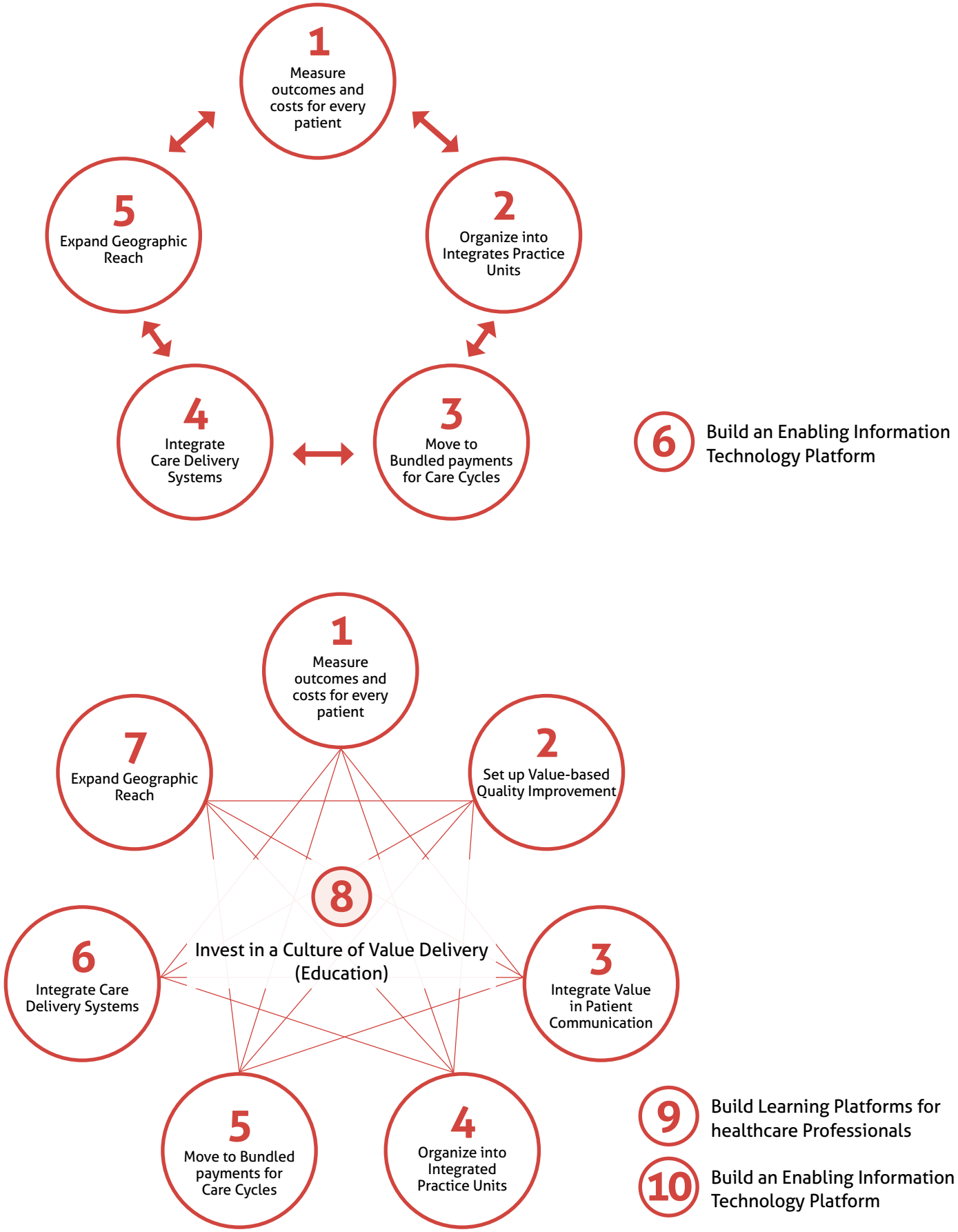

Fig. 4: Above "Value agenda" according to Porter (2006); below: key elements according to van der Nat (2022), with kind permission

Conclusions and recommendations

- The VBHC approach can and must be adapted to local conditions and specific challenges without neglecting the core idea of focusing on patient value.
- Not only rising healthcare expenditure but also a growing shortage of skilled workers is putting sustainability and quality in the healthcare sector at risk. The transformation process must take this into account, involve healthcare professionals from the outset, and demonstrate the added value of VBHC for patients and practitioners. In implementing VBHC, the aim should be to identify "clinical champions" – medical professionals who are convinced of the VBHC approach and are respected among colleagues – who can drive transformation processes in the clinical setting. At the same time, scope must be allowed for concerns regarding the implementation of elements of VBHC (e.g. the administrative effort involved in recording PROMs), for which solutions can be found jointly.
- The use of SREMs and SROMs to gain in-depth and specific insights into employees' needs and experiences can contribute to the targeted improvement of working conditions and therefore indirectly to maintaining the quality of care.

4. Conclusion

The Swiss healthcare system is facing challenges that require a collective rethink, a cultural shift and a transformation. The value-based healthcare (VBHC) approach offers a clear path to achieving this: indeed, by focusing on patient value, it is possible to overcome disincentives, fragmentation and inefficiencies in healthcare and to improve the quality of care.

Experts from all areas of the healthcare system have therefore come out in favor of a system that moves away from existing incentive structures and focuses on added value for patients.

To achieve this, seven fields of action have been identified:

- consistent measurement of patient value
- efficient and shared use of data
- active involvement of patients at all levels of decision-making
- breaking down silos and strengthening networks
- exchanging experiences and best practices
- introducing new incentive systems to promote quality
- further development of the VBHC approach

However, these actions require not only the commitment of all stakeholders but also legislative changes and increased collaboration. This is the only way to create a healthcare system that uses existing resources efficiently and contributes to the long-term quality and sustainability of care.

5. Appendix

Appendix 1:
Success factors for the implementation of VBHC

Factors for the successful implementation of the VBHC concept and its core components – especially the measurement and use of patient-reported results – have been the subject of various international comparisons (Katz 2020, Steinbeck 2021).

One example of the implementation of VBHC in individual institutions, as well as at national level, is the implementation matrix developed by Katz et al., which depicts core components and activities (Fig. 5). At the heart of the matrix is the **selection of a patient group or an indication** for which a value-oriented care solution is to be created. The matrix consists of five interlocking **blocks of activities: measuring and comparing outcomes and the resources invested in them; rewarding and providing incentives for outstanding quality; constantly improving through learning cycles;** and **collaborating with partners** within one's own organization and across the boundaries between established silos. Digital solutions that enable the collection and use of data act as **key elements with catalytic functions.**
When applied in a targeted manner, **digital transformation** is a powerful driver of change in the healthcare sector. It offers the tools and platforms to collect, analyze and share data in real time. In a VBHC model, digital tools can help to measure the value of care, to share best practices, and to support continuous improvement cycles. The transition from existing incentive structures to **alternative remuneration models** is also included in the matrix as part of the nine core elements. This takes account of observed effects based on international examples.
The intended systemic change can only succeed with the participation of all stakeholders in the healthcare system. It requires profound reflection and changes in culture, structures and processes. Trust-based partnerships between different stakeholders across sectoral boundaries and silos are essential, especially in transition periods. The framework developed by S. Ernst and V. Steinbeck for the implementation of PROMs up to the national level takes account of this aspect, with the "culture and stakeholder involvement" dimension acting as a key bridging element that connects other components of the framework.

Appendix 2:
Examples of value-based care models in Switzerland

The need for action to ensure quality and economic viability is demonstrated by current projects relating to value-based billing and care models, as well as by disease-specific approaches to depict the VBHC concept as forward-looking ideas. This action must be achieved within the context of federal competition, with participation by service providers, insurers, the pharmaceutical/medtech industry and cantons, with the aim of positively influencing cost and quality in equal measures through maximum patient focus.

5.1 Patient empowerment & "pay for patient value"

With the involvement of service providers and insurers for hip and knee replacement, these projects focus on the risk-adjusted integration of quality of life from the patient perspective – as measured with PROMs, in combination with routinely collected quality indicators such as readmission and infection rates – into innovative tariff metrics. The aim is to spark a move away from the previous purely volume-oriented DRG system toward a value-based tariff logic. If service providers delivering above-average process quality and quality of life for their patients are rewarded, this should achieve cost savings at the level of the healthcare system by avoiding incorrect care (indication and treatment quality).
Led by PwC Switzerland, the Patient Empowerment Initiative aims to develop a "dynamic base rate" for compulsory health insurance policyholders of the CSS and SWICA of the University Hospital Basel and the Cantonal Hospital Winterthur. Feasibility under existing legislation without recourse to the experimental article is based on a legal opinion and is evaluated positively by the Canton of Basel-Stadt.
With scientific support from the Competence Center for Health Data Science at the University of Lucerne, hip replacement is also the starting point of the "Pay 4 Performance" pilot project launched by Groupe Mutuel in collaboration with the University Hospital Basel and Hôpital de La Tour (Meyrin). Following a test phase with real data, PROM and clinical quality data will be incorporated into the value-based billing routine for these and other indications.

5.2 Value-based healthcare at the University Hospital Basel (USB) Center for Lung Tumors/Roche

This collaborative project between Roche Pharma (Switzerland) Ltd. and the University Hospital Basel focuses on the implementation of key elements of the VBHC concept in routine clinical practice in relation to a specific disease, with collection, mapping and analysis of the data used in the value equation. An exploratory approach began with the technical implementation of PROMs and their integration across the different treatment pathways of the participating departments of oncology, radiation oncology and thoracic surgery in order to combine and evaluate the performance and billing figures as part of a holistic approach to VBHC.
Here, the aim of observing a real-world scenario simultaneously proved to be a challenge. The collection and analysis of data from different systems – that is, data interoperability – to form the value equation is also uncharted territory for the European Center of Pharmaceutical Medicine (ECPM) at the University of Basel, which works as an independent partner on research issues in accordance with all data protection and ethical guidelines.
How can VBHC be integrated into everyday clinical practice, and what does it take to convince doctors, nurses and patients of the additional costs at the outset? Are treatment decisions and courses of treatment influenced by better knowledge of patients' quality of life under different treatment options? What correlations and insights emerge from the triangle of clinical data, standardized outcome data (PROMs) and financial data as a basis for making the financing of high-value care feasible in Switzerland? Answers to these and other (research) questions are expected this year.

2. Internal Forces

Consists of mobilising a core team, involving and making board support visible.

3. Scorecard

Defines processes, costs and outcome indicators while applying case-mix adjustment.

9. External collaborations

Refers to partnering with insurers, life science companies and health authorities.

4. Data platform

Enables data capture, interface interactions, data analytics and access to data.

8. Learning community

Relies on improvement cycles, training programmes and research projects.

5. Benchmarks

Provide transparent outcome comparisons across providers.

7. Incentives

Create outcome-based payments and behavioural encouragements.

6. Investments

Involve human and financial resources mobilised for implementation.

Fig. 5: "Implementation Matrix" adapted from Katz et al. (Katz 2020), with kind permission

5.3 Sustainable partnerships instead of business relationships – the patient at the heart of value agreements

The value of a particular treatment from a patient's perspective is the starting point of the "value agreements" with which Johnson & Johnson AG Switzerland promotes VBHC approaches in clinical care and reimbursement. Partnership agreements that define common goals based on the value equation are intended to replace the classic transactional business relationship. The service provider – in this case, the medtech provider – is increasingly measured and remunerated based on the effectiveness of new technologies and/or procedural optimizations of the treatment pathway. These two levers are also evaluated from the patient perspective with the help of PROMs.
A value agreement between Johnson & Johnson and a Swiss clinic based on the example of an intervention to treat atrial fibrillation – the most common form of cardiac arrhythmia – also includes "clinical risk sharing". The medtech service provider supports the creation of technical prerequisites and processes for the use of innovative catheter technology to treat this cardiac arrhythmia by providing a success guarantee of at least 90%, which is significantly higher than the success rate stated in specialist literature. Part of the material costs for re-interventions that exceed a rate of 10% per calendar year are covered within the framework of risk sharing.

5.4 Réseau de l'Arc

The Réseau de l'Arc model project takes a systemic approach to care that incorporates service providers, insurers and cantonal health authorities. The aim of the network, whose basic idea is inspired by the American "Kaiser Permanente" model, is a primary care-controlled model of healthcare. This holistic approach to healthcare in the Bernese Jura aims to promote the physical, mental and social well-being of people in an integrated care model by placing the emphasis on preventive measures. The fundamental transformation begins with a shift from the usual system of fee-for-service reimbursement to annual flat-rate reimbursement for each member of the Visana health insurance plan. As a result, the participating service providers have an intrinsic interest in promoting the health of their members. In the event of illness, the potential misplaced incentives to bill for as many services as possible, due to the previous case-based flat-rate system, no longer apply because the budget must be within the limits of the prescribed financing.
The Réseau de l'Arc is supported by primary care centers of the Swiss Medical Network, by the Canton of Bern, and by Visana as the insurer. Family doctors at the local primary healthcare centers act as primary "health navigators" for the patients within this care model. As "care managers", they coordinate all necessary measures to maintain or restore the health of their members. In addition to providing primary care, this includes carrying out or organizing all diagnostic examinations and laboratory tests and, where appropriate, arranging outpatient or inpatient care.

6. Literature

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