

Optimizing Healthcare Outcomes: Identifying the Conditions for Successful Value-based Contracts

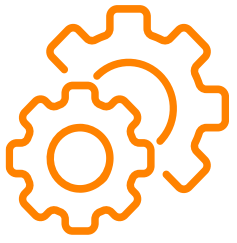
AUTHORS
> Bento G¹, Sathi C¹, Dumoulin O¹, Grandy A¹, Mestre-Ferrandiz J², Pascual-Argente N², Chouman S³, Towle P³, Bechara A¹

¹ Global Market Access, AliraHealth | ² Universitat Pompeu Fabra, Barcelona School of Management, Barcelona, Spain | ³ Takeda Pharmaceutical Company Limited, Zurich, Switzerland



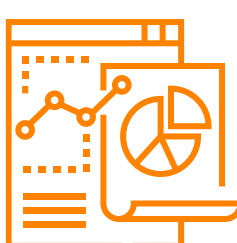
OBJECTIVES

> **Value-based contracts (VBCs)** have gained significant attention in the healthcare sector as a promising approach to improve outcomes while managing costs. This study aims to identify the contextual factors that are conducive to the implementation of specific types of VBC.



METHODOLOGY

- > **Insights were gathered from in-depth interviews** (N=20) conducted with payers across different archetypes (public, private, national, regional) and geographies, including Europe (Germany, Italy, The Netherlands, Sweden, and Spain), Latin America (Argentina, Brazil, Colombia, and Mexico), Asia-Pacific (APAC) (Australia, China, South Korea, and Taiwan), and the US.
- > The selection of contextual factors was informed by the consultations with the payers, while the types of VBC considered were selected from Hanna et al's taxonomy.
- > Based on payers' insights the suitability of VBC types to different contextual factors was mapped, using discounts and simple rebates as a comparator.



RESULTS

- > **The study examined seven key contextual factors:** treatment type (chronic vs. one-time), healthcare system organization (centralized vs. decentralized), contracting level (national vs. hospital vs. regional), treatment landscape (dynamic vs. static treatment paradigm), clinical endpoint (objective vs. subjective), treatment uncertainty (clinical vs. economic), and patient population size (orphan vs. non-orphan) (**Table 1**).
- > **Six types of VBC were considered:** price-volume agreement, budget cap, patient cost cap, utilization cap, pay-for-performance, and coverage with evidence development.

Table 1. Matrix mapping suitability of value-based contract types and key contextual factors analyzed

Criteria		Discounts or simple rebate	Finance-based Agreements				Outcomes-based Agreements	
Theme	Type		Price-volume agreement	Budget cap*	Patient cost cap	Utilization cap	Pay-for-performance	Coverage with evidence development
Treatment	Chronic							
	One-time							
Healthcare System Organization	Centralized							
	Decentralized							
Contracting level	National							
	Regional							
	Hospital							
Clinical Endpoint	Hard / Objective							
	Soft / Subjective							
Treatment Landscape	Dynamic							
	Static							
Treatment Uncertainty	Clinical							
	Economic							
Patient Population Size	Orphan							
	Non-Orphan							

Legend: **Contract suitable for context** **Contract not suitable for context** *not in Hanna et al's taxonomy - added after discussion with experts

- > Distinct implications for various contract types in different healthcare scenarios.
- > **Discounts and simple rebates** are universally applicable across a spectrum of situations. This contract type's simplicity in adjusting treatment prices, coupled with its capacity to provide budgetary predictability, renders it a versatile choice.
- > **The pay-for-performance VBC type** demonstrated a more restricted applicability, aligning effectively with fewer contextual factors. The primary driver behind this limitation is the substantial cost and complexity associated with its implementation. Particularly in clinical landscapes characterized by rapid evolution or a substantial patient load requiring monitoring.
- > **For treatments addressing chronic orphan conditions** in a static clinical landscape and within a centralized healthcare system at the national level, all contract types were viable, contingent on the identified uncertainty.



CONCLUSION

- > This matrix-driven analysis offers valuable insights for policymakers and stakeholders in designing value-based contracts that align with the unique characteristics of different healthcare contexts.



REFERENCES

Report of 20 one on one interviews with payers from selected countries. Hanna et al,



NAVIGATING VALUE-BASED CONTRACT

- > Recording Available For VBC Fundamentals; VBC Design And Data Collection And Outcomes Assessment
- > November 23rd: Financial Sustainability
- > December 4th : VBC Success Assessment

Scan to see all the details and register

