

# La medicina basata sul Valore: la visione del clinico

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# Il Sistema Sanitario è un sistema complesso e adattativo

Ciò significa che presenta alcune caratteristiche che mettono alla prova i regolatori e i soggetti regolamentati

- **Comprende molteplici attori**
- **L'assistenza sanitaria è strutturata in settori**
- **Ciascuno di questi settori e le relative organizzazioni erogatrici richiedono livelli e tipologie di quadri normativi diversi.**
- **Il numero di tipologie di pazienti e protocolli di assistenza è molto ampio.**

**The Regulator–Regulatee Relationship in High-Hazard Industry Sectors**

New Actors and New Viewpoints in a Conservative Landscape

# Il Sistema Sanitario è un Settore Industriale ad Alto Rischio



**The Regulator–Regulatee  
Relationship in  
High-Hazard  
Industry Sectors**  
New Actors and New  
Viewpoints in a  
Conservative Landscape

- **Una molteplicità di reti cliniche, politiche e gestionali dinamiche**
- **Gli antecedenti storici modellano i comportamenti attuali**
- **I comportamenti sono imprevedibili e tipicamente adattati all'emergenza**
- **Il cambiamento non è uniforme e può essere caotico e controintuitivo.**

# Challenges in Our Global Healthcare System



# Healthcare costs are skyrocketing



# Aging pop, with complex health care needs



# Persistent health disparities



# Disruptive Technologies



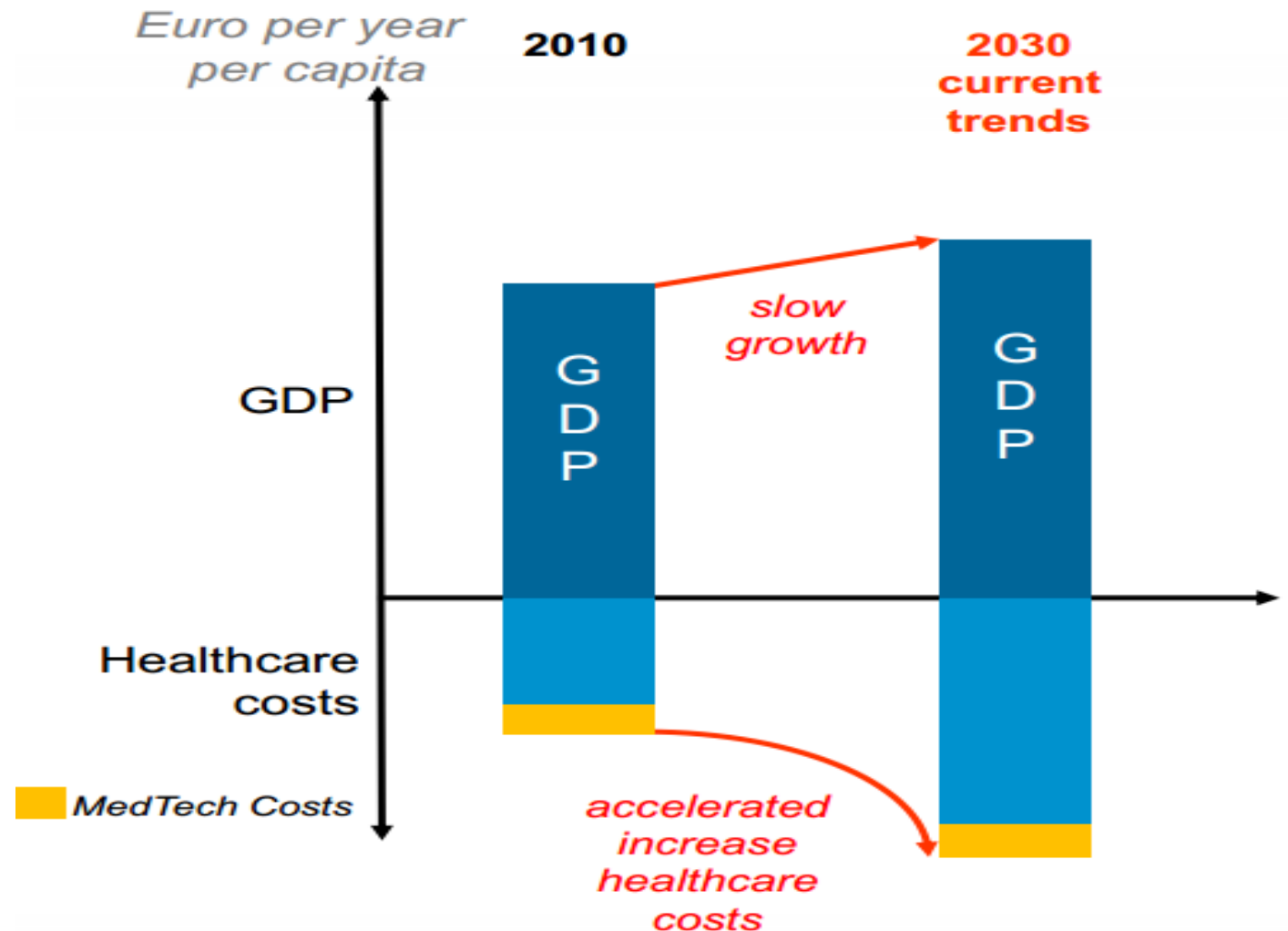
**Wide variations in care and outcomes**



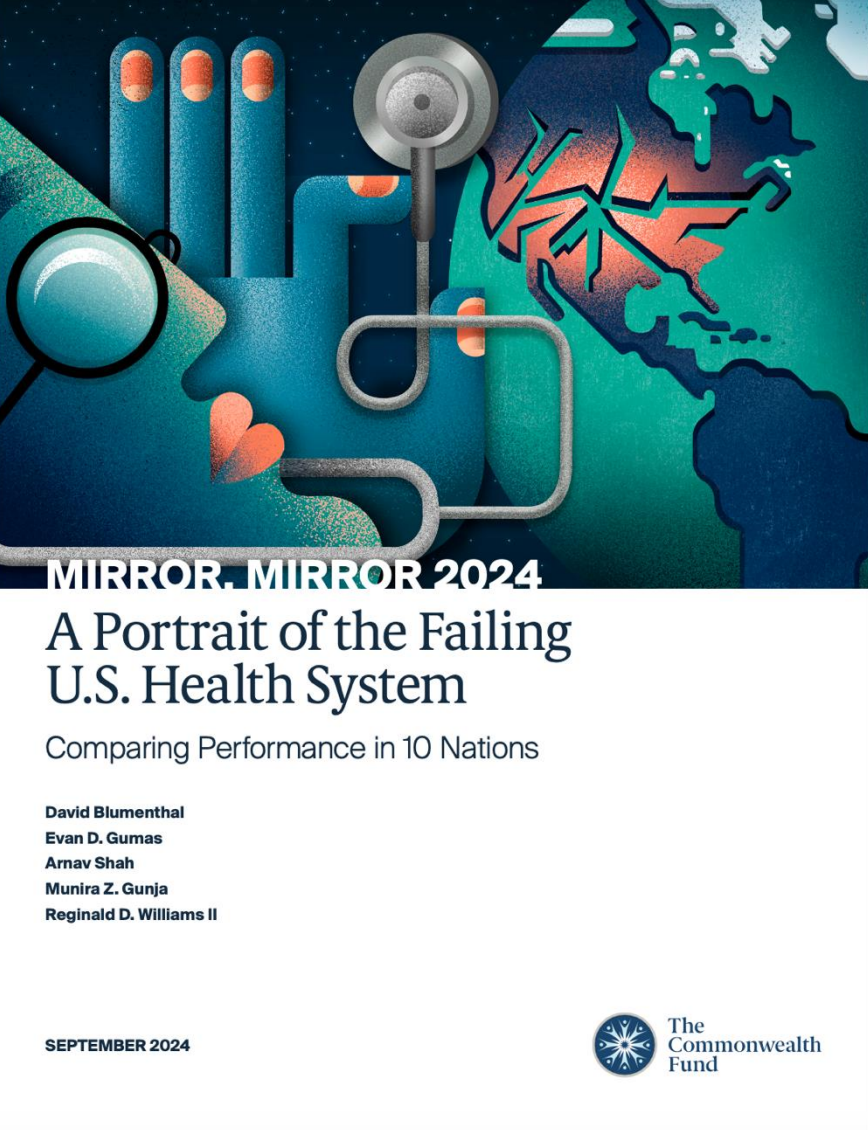
# Workflow shortage

# ***Rising health care costs and increased demand for health services, pose a threat to health system sustainability!***

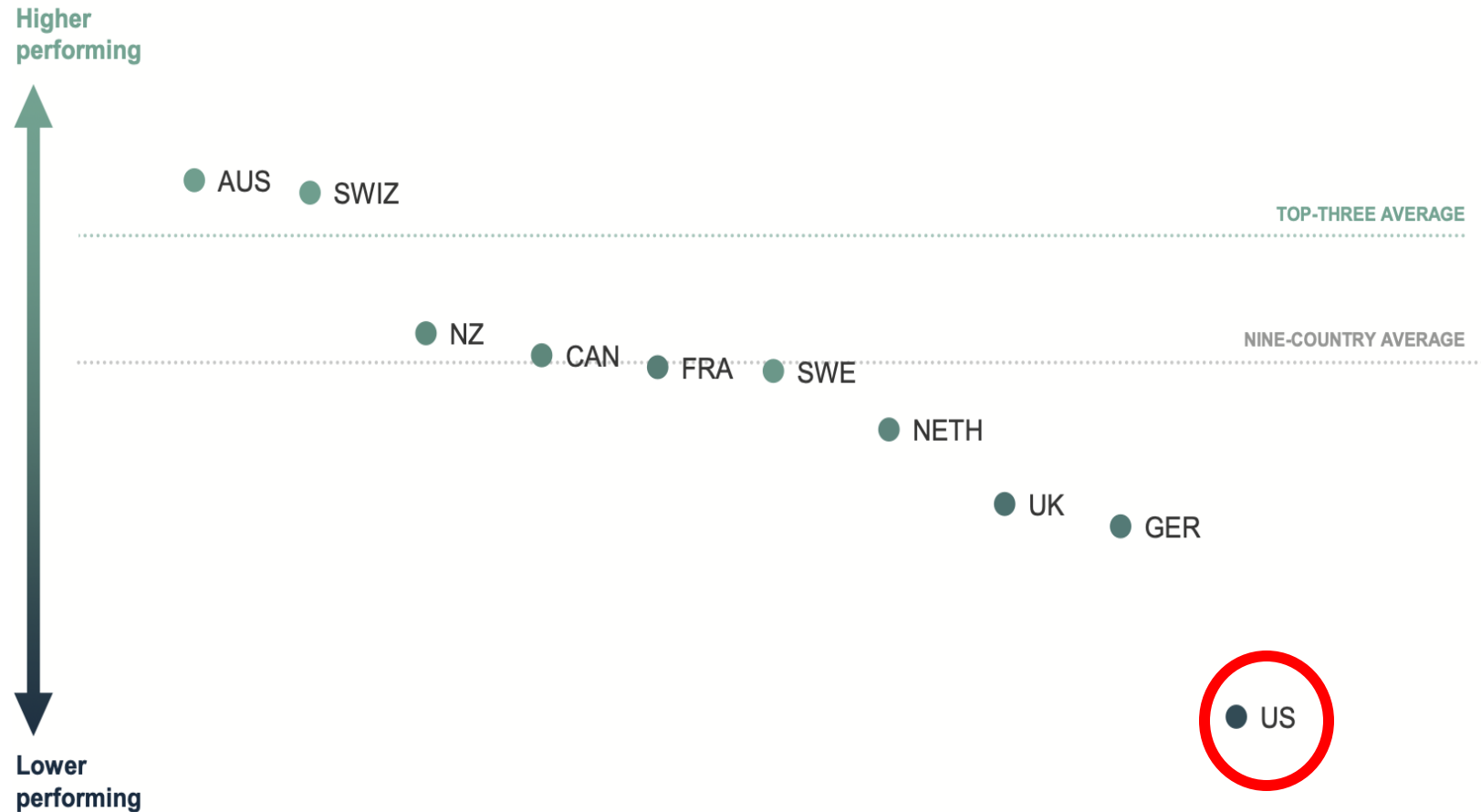
**Demand for  
health care  
cannot be met**





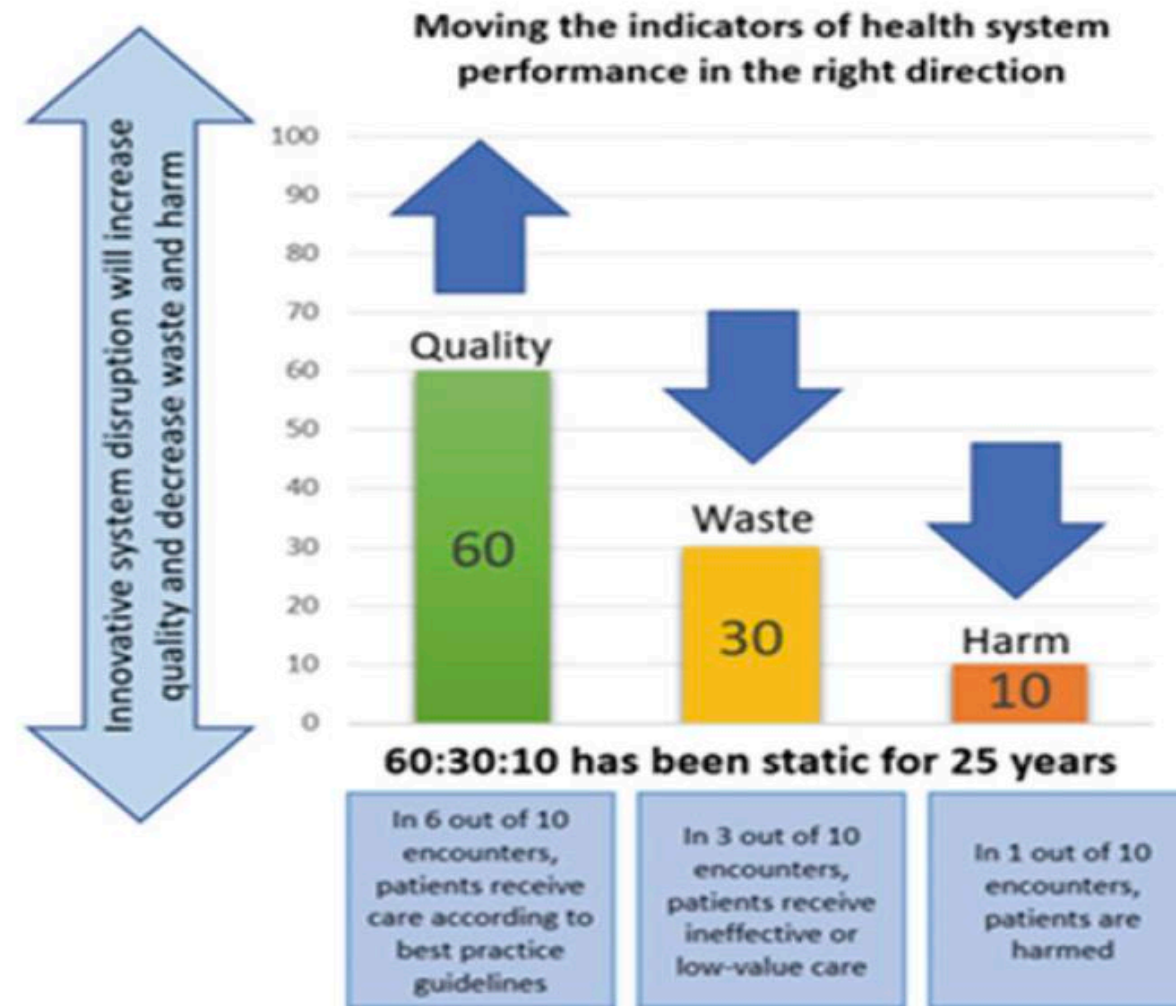


***Americans live the shortest lives and have the most avoidable deaths!***



***David Blumenthal et al., Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System — Comparing Performance in 10 Nations (Commonwealth Fund, Sept. 2024). <https://doi.org/10.26099/ta0g-zp66>***

# The three numbers you (clinician) need to know about healthcare: the 60-30-10 Challenge



**I sistemi sanitari non possono continuare a spendere all'infinito senza calibrare le risorse in base alle esigenze e senza implementare metodi per allocarle in modo etico e appropriato.**

**Un appello per migliorare la qualità dell'assistenza sanitaria :  
*The Healthcare Redesign***



# Two particularly important strands of influence for Healthcare Redesign

- **Total quality management (TQM)/continuous quality improvement (CQI)**
- **Re-engineering**

# The Next Frontier in Quality

- ✓ **Structure**
- ✓ **Process**
- ✓ **Outcomes**
- ✓ **Efficiency**
- ✓ **Appropriateness**
- ✓ **Value**

# VALUE BASED HEALTHCARE

COST



QUALITY



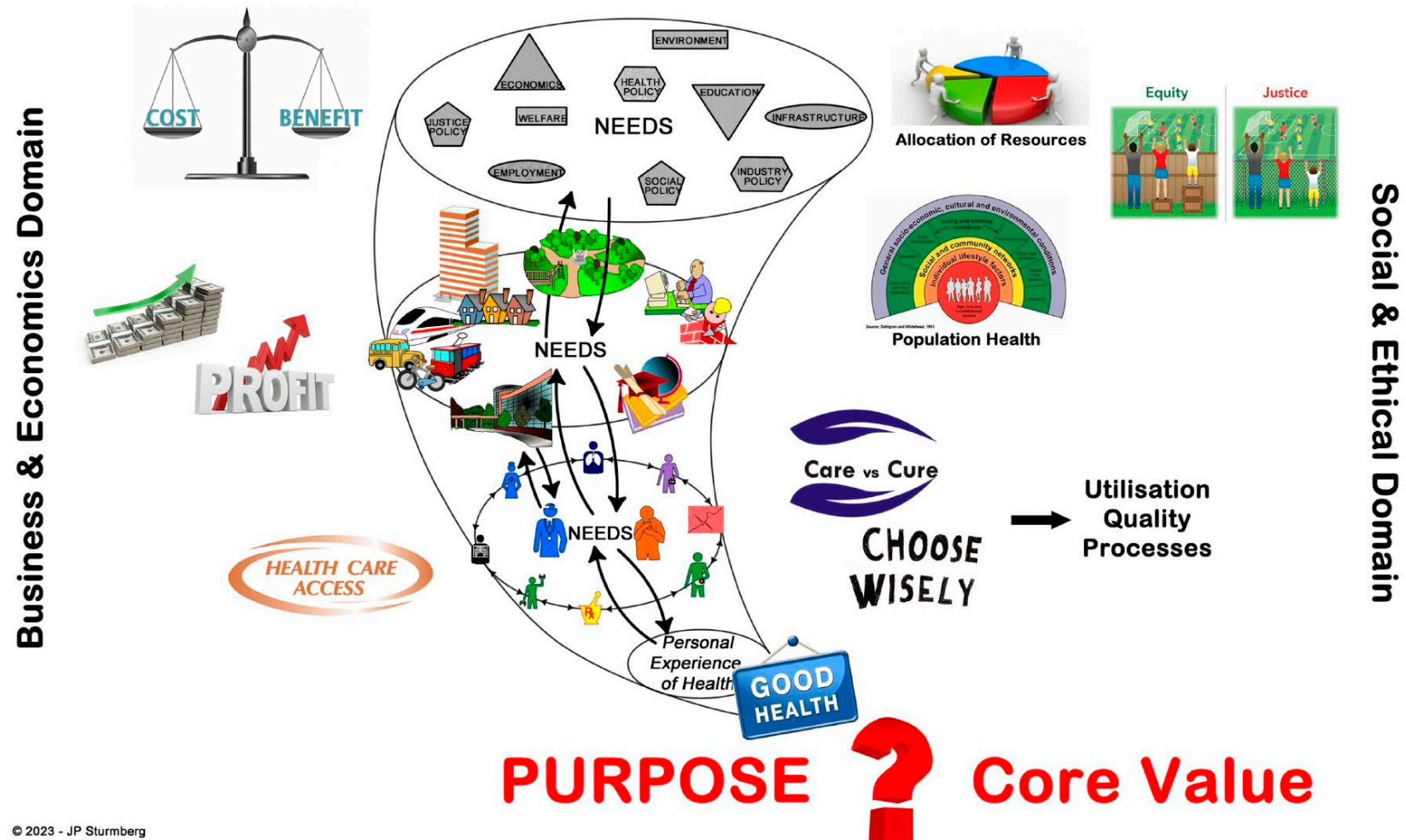
RESULTS



$$\text{Value} = \frac{\text{Outcomes}}{\text{Costs}}$$

# The Stakeholder Diversity of Values in the Health System

# Values in the Health System





# DEFINING VALUE IN 'VALUE-BASED HEALTHCARE'

Opinion by Expert Panel on effective ways of investing in health (EXPH)

[https:// ec.europa.eu/health/expert\\_panel/home\\_en](https://ec.europa.eu/health/expert_panel/home_en)

Value(s)-based healthcare

PERSONAL VALUE

TECHINAL VALUE

ALLOCATIVE VALUE

SOCIETAL VALUE

**ALLOCATIVE VALUE:** Equitable distribution of resources across all patient groups.

**TECHNICAL VALUE:** Achievement of best possible outcomes with available resources.

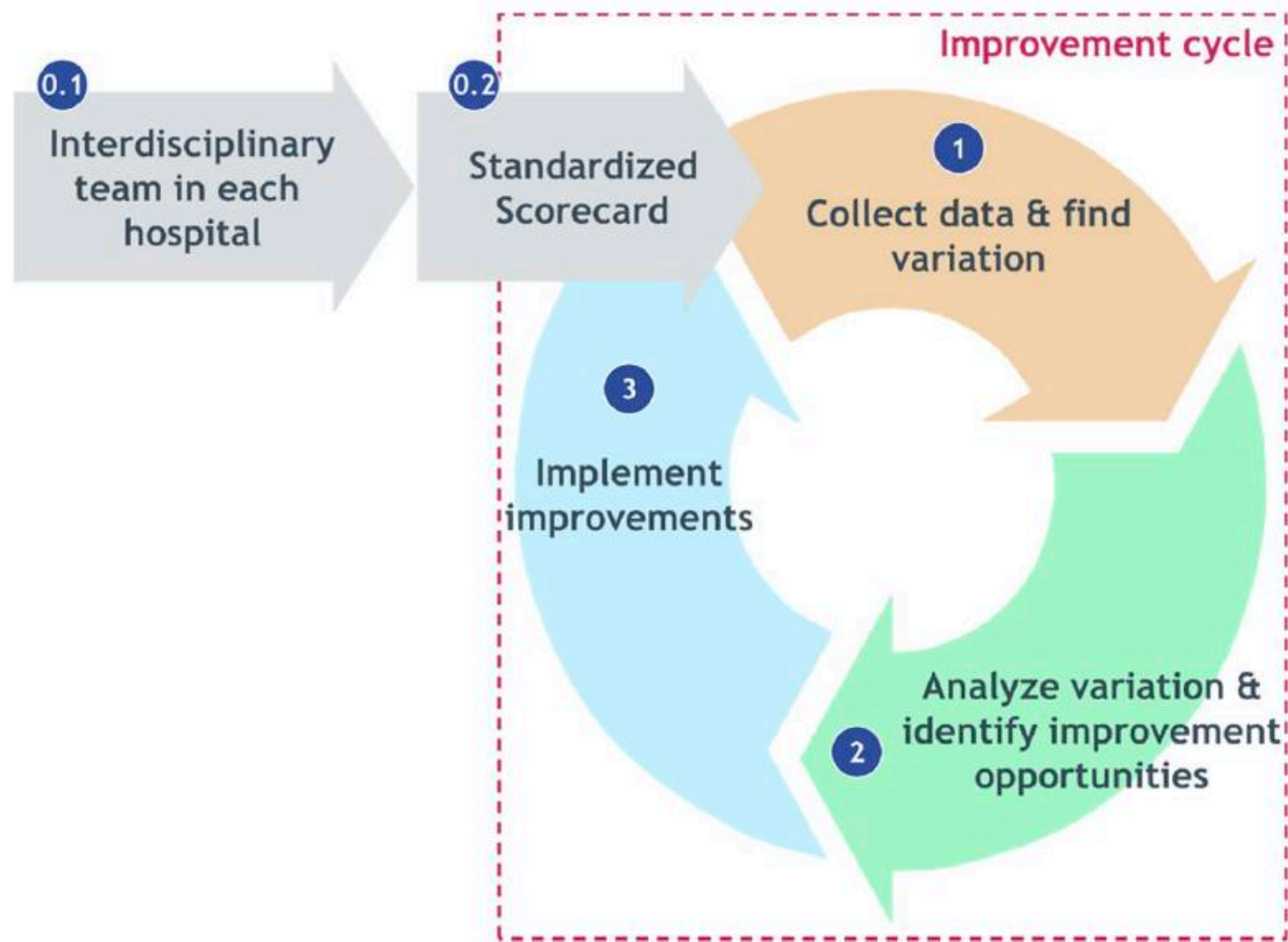
**PERSONAL VALUE:** Appropriate care to achieve patients' personal goals.

**SOCIETAL VALUE:** Contribution of healthcare to social participation and connectedness.



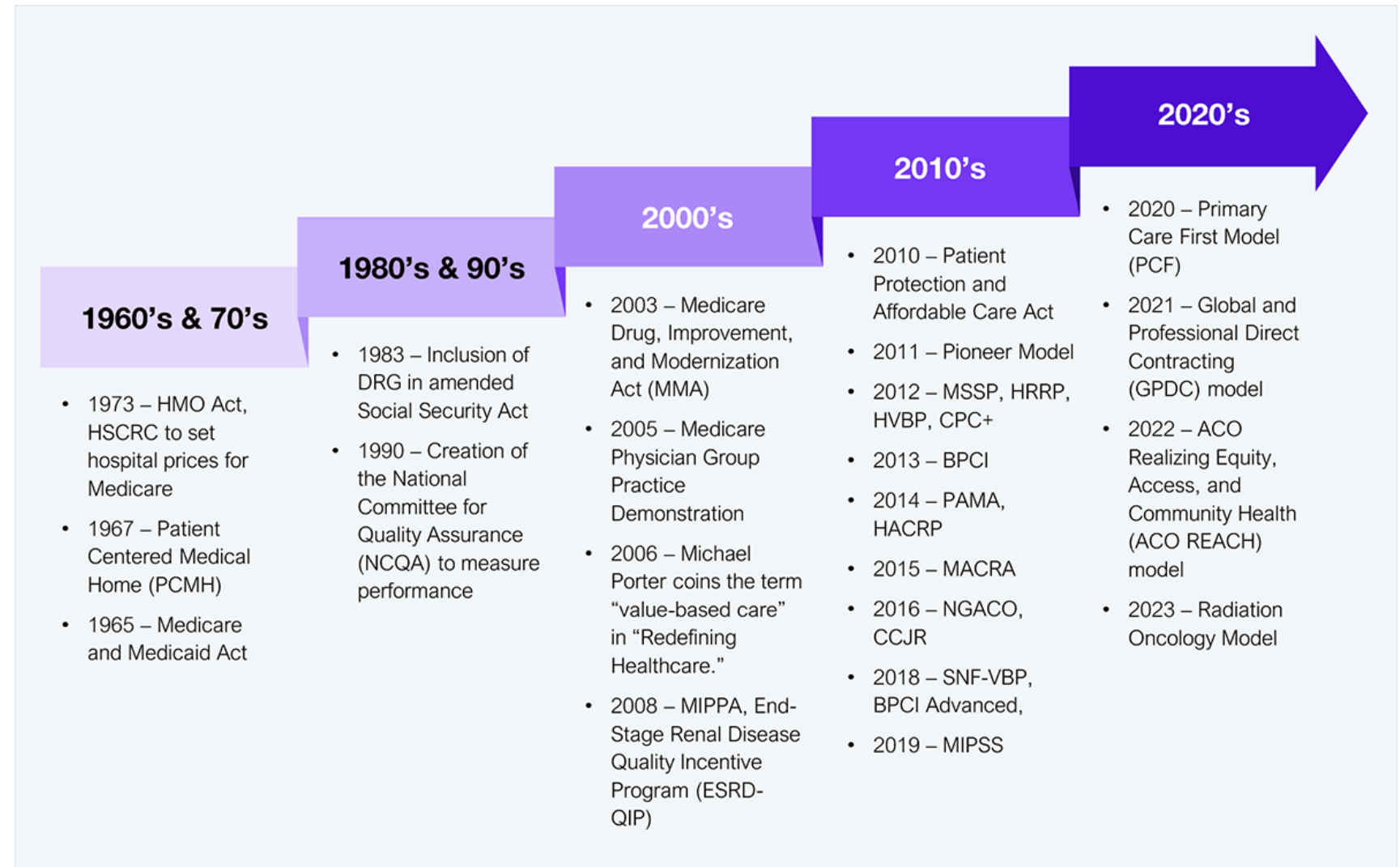
# How to practically implement VBHC?

## *The value-based improvement cycle*



# The historic roadmap of Value Based Health Care in USA

- There are no changes in payments to enable improvements in the quality of care
- Quality measures do not accurately or completely assess the quality of care delivered
- Healthcare providers can be penalized for things they cannot control
- There is no assurance that each patient will receive high-quality care
- The calculation of bonus payments discourages collaboration in care improvement



The Keckley Report

# The Value-based Care Agenda in Trump 2.0 Healthcare

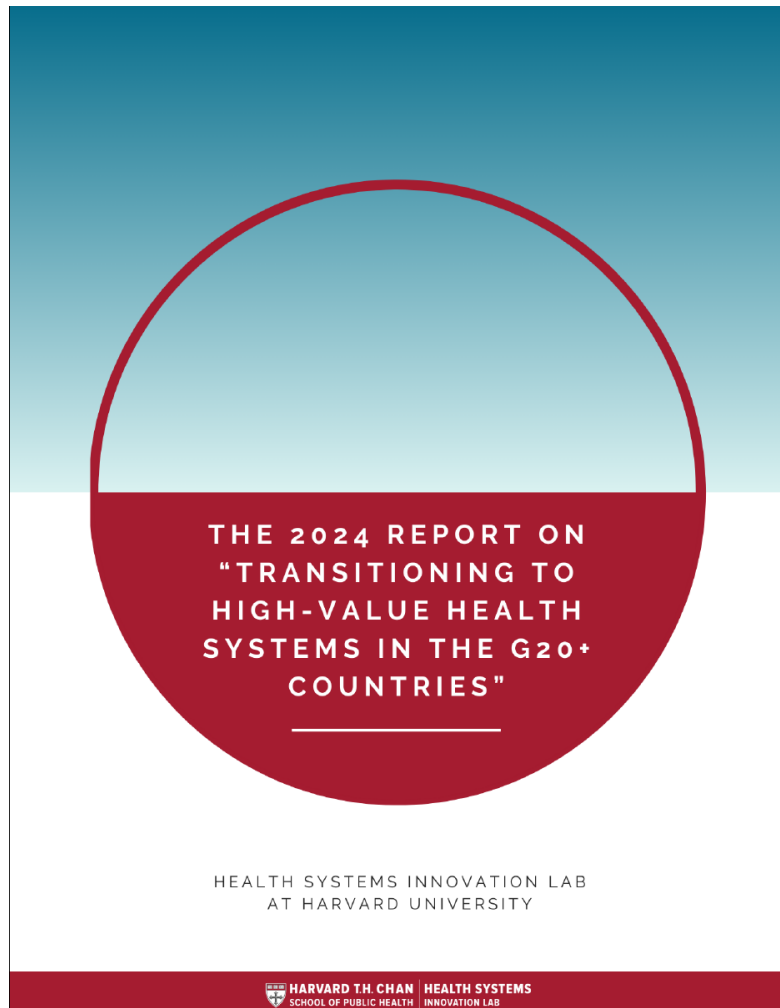
May 12, 2025

**There's will be a more aggressive approach to spending reduction and value-creation with Medicare as the focus: stronger alternative payment models and expansion of Medicare Advantage will book-end their collective efforts as Trump Healthcare 2.0 seeks cost-reduction in Medicare.**

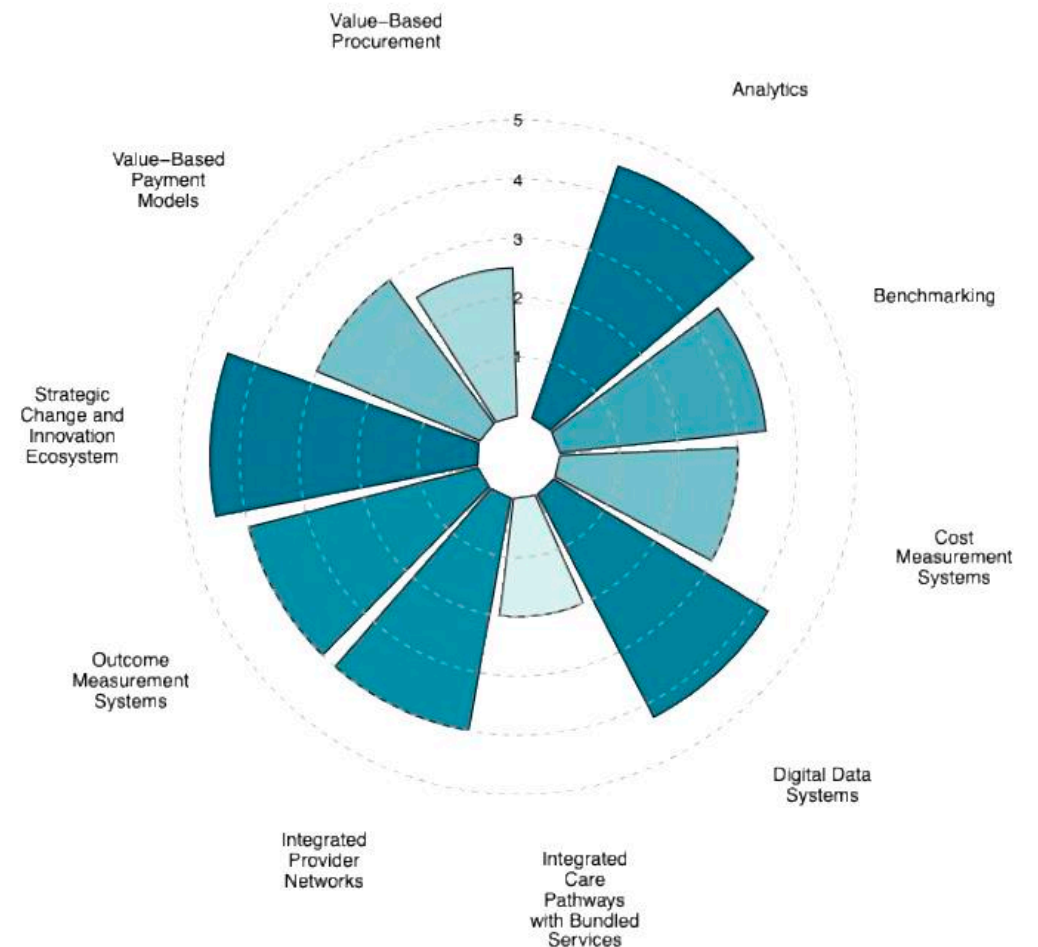
***Trump Healthcare 2.0 value-based care is a take-no prisoners strategy***

***Italy has achieved one of the highest life expectancies globally, in part due to the system's effective service delivery and focus on prevention!***

## The Harvard High-Value Health Systems (HVHS) Model



## HVHS assessment: Italy



# Pitfalls of Value-based Care

- **Complex Implementation**
- **Data and Technology Challenges**
- **Measurement and Outcome Challenges**
- **Potential for Unintended Consequences**
- **The quality illusion**





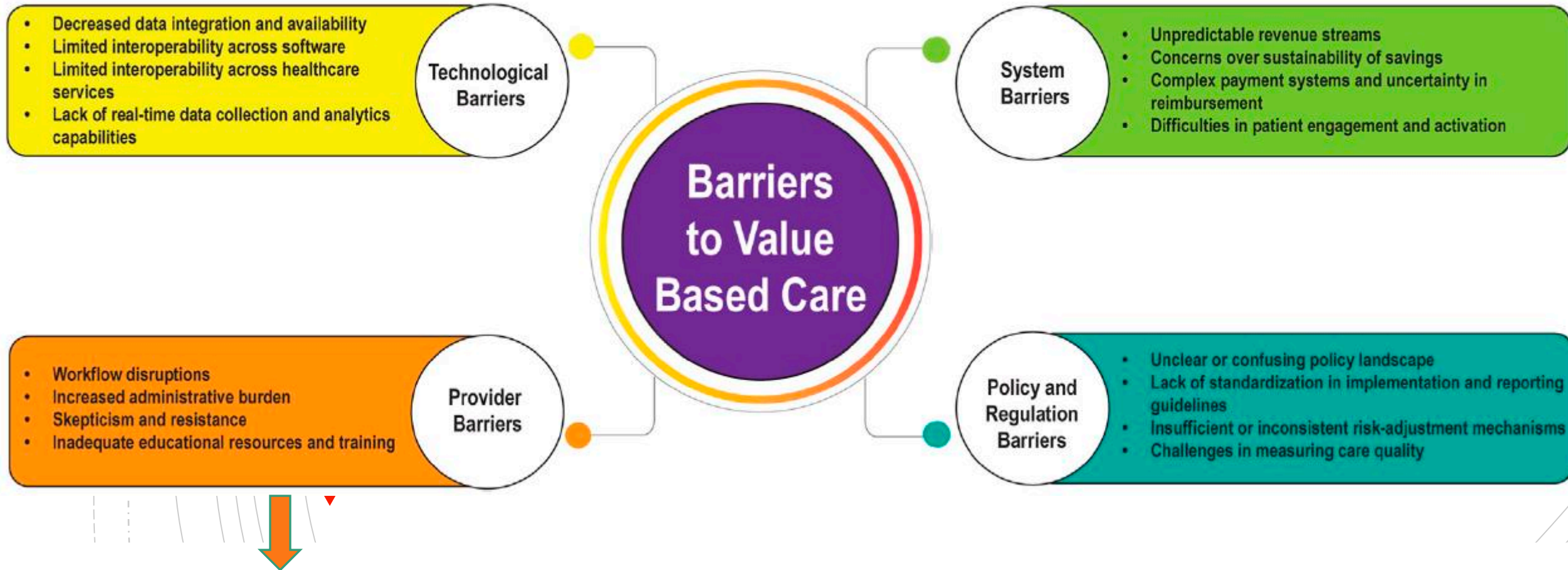
A Portrait of the Failing  
U.S. Health System

# Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	SWE	SWIZ	UK	US
<b>Overall Ranking</b>	<b>1</b>	<b>7</b>	<b>5</b>	<b>9</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>10</b>
Access to Care	9	7	6	3	1	5	4	8	2	10
Care Process	5	4	7	9	3	1	10	6	8	2
Administrative Efficiency	2	5	4	8	6	3	7	10	1	9
Equity	1	7	6	2	3	8	—	4	5	9
Health Outcomes	1	4	5	9	7	3	6	2	8	10

*David Blumenthal et al., Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System — Comparing Performance in 10 Nations (Commonwealth Fund, Sept. 2024). <https://doi.org/10.26099/ta0g-zp66>*

# Barriers in implementing VBHC



***Resistance to change  
among health professionals***

***Khalil H et al. Front. Public Health 2025; 13:1514098  
Raskin D et al. Ann Vasc Surg 2025; 121: 253–264***

# **Why healthcare professionals do not adapt to new processes?**

- **Not used to work in multidisciplinary teams**
- **Lack of shared and adaptive Leadership**
- **Operational challenges**
- **Lack of competencies**
- **Time and resources required for data collection and analysis. Increased workload**
- **They feel like there is too much focus on the financial aspects**

# ***Different perspectives exist on VBHC***

**Value = Outcomes  
Costs**



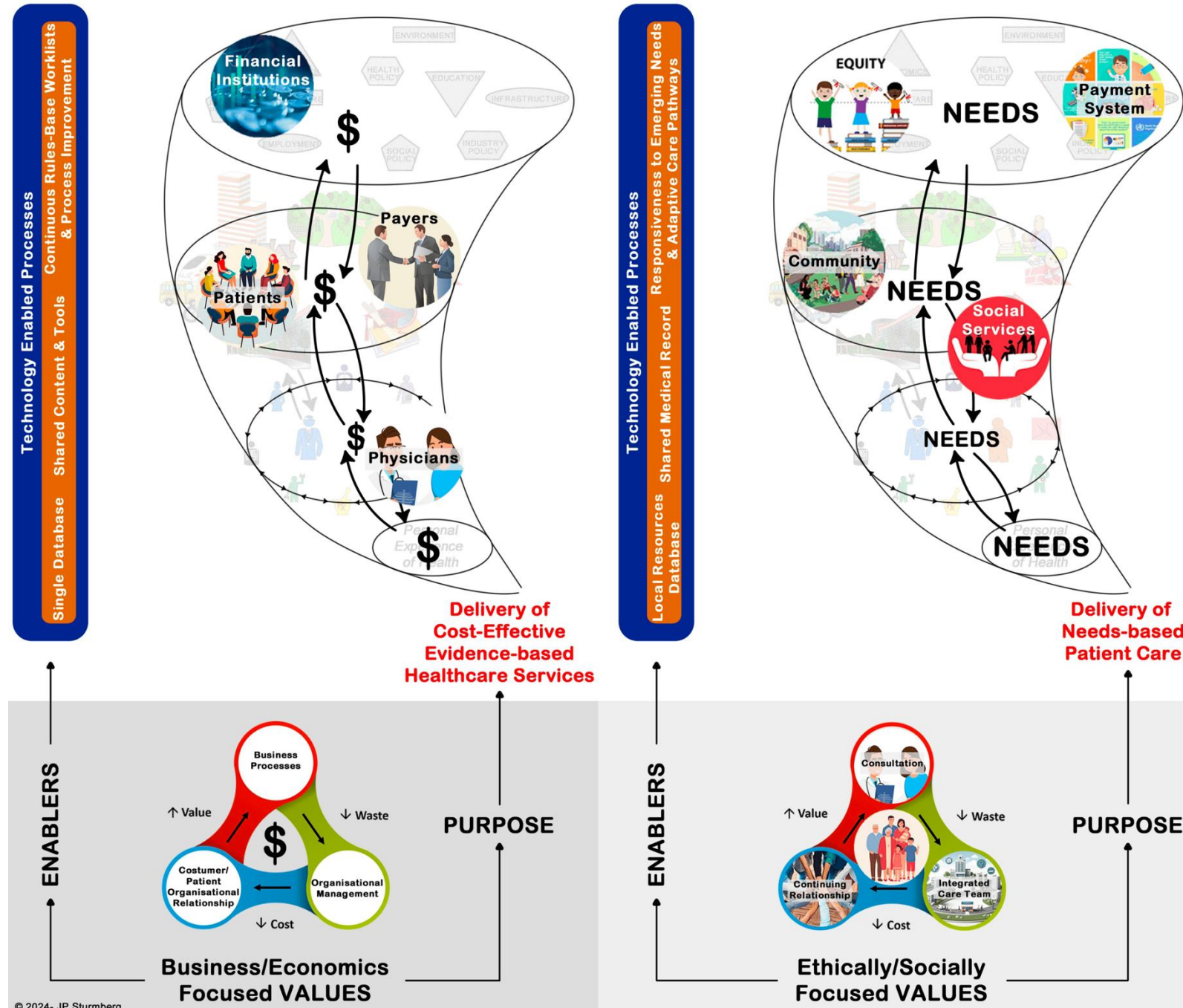
***‘payment perspective’  
Vs  
‘quality improvement  
perspective’***





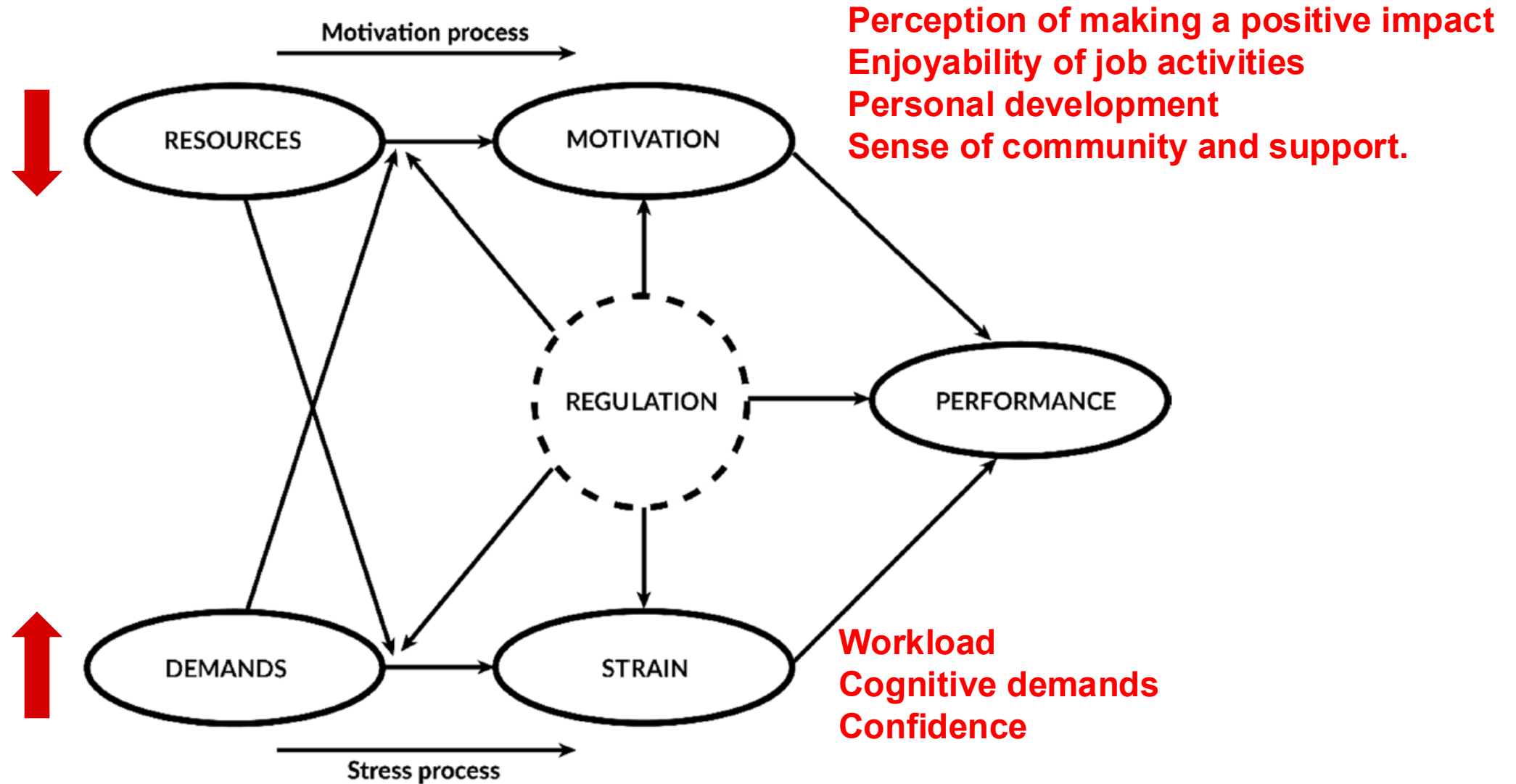
## Implications of Value Propositions on the Emergence of the Health

*Sturmberg J P, Taher S Cureus 2025; 17(2): e79034*



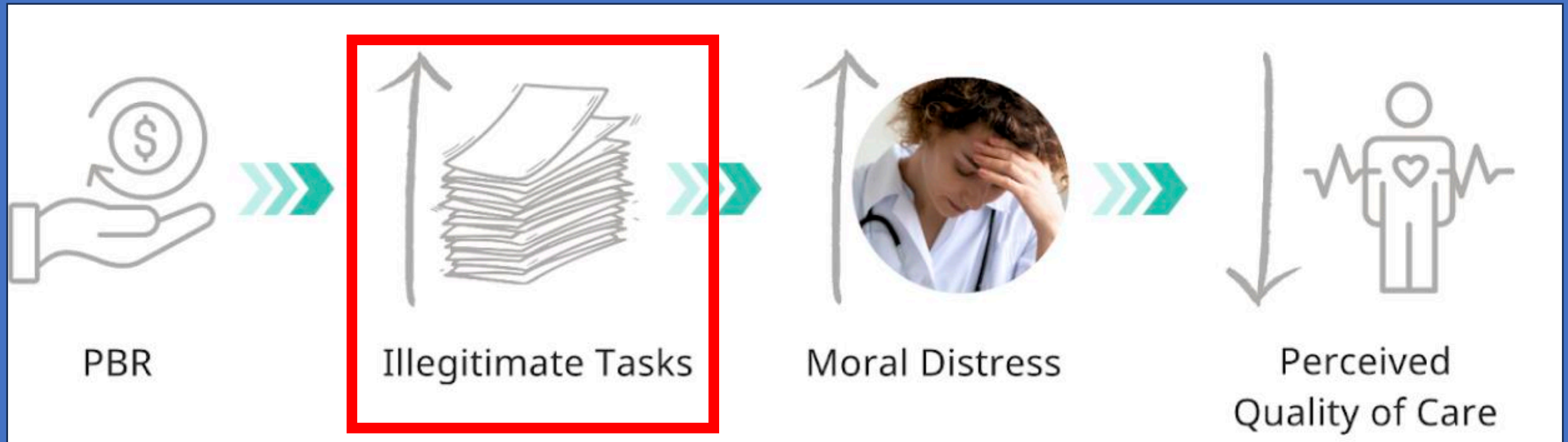


# Gains and pains: implications of value-based health care for professionals



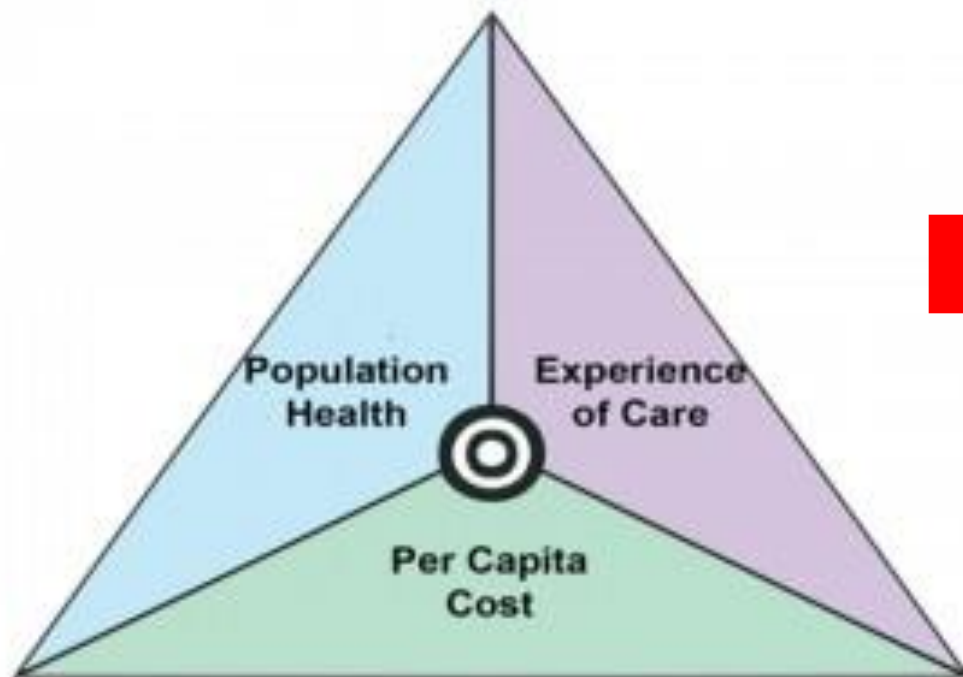
# How VBHC Impacts Perceived Quality of Care via Illegitimate Tasks and Moral Distress

70% of 433 primary care physicians reported that VBHC negatively impact their work

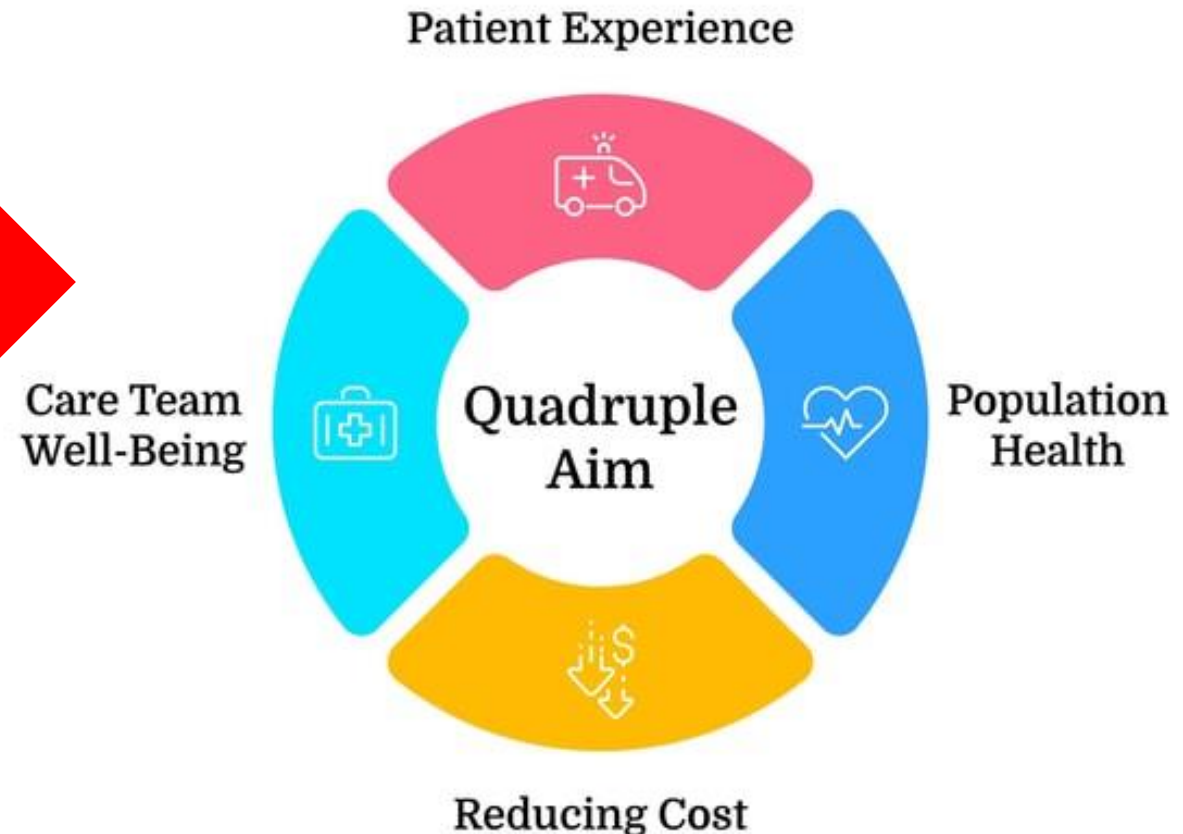


# From Triple to Quadruple Aim

***Care of the Patient Requires Care of the Provider!***



IHI Triple Aim





## *As a Canary in a Coal Mine*

**Resilient health care professionals:  
working across boundaries**

**Medici e operatori sanitari, sotto pressione, avvertono per primi i sintomi di una scarsa performance dei sistemi, quindi La maggior parte delle carenze nella qualità riflette un sistema difettoso piuttosto che persone difettose. Per migliorare la qualità, dobbiamo riparare il sistema! sono abituati alle frustrazioni e, abili nelle soluzioni alternative, danno il massimo in un sistema difficile**

*Rosembaum L N Engl J Med 2022 Apr 28;386(17):1663-1667  
Braithwaite J, Hollnagel E, Hunte GS.. Boca Raton: Taylor & Francis; 2019.*