



## Moving forward with Value Based Healthcare: The need for a scientific approach



### Keywords:

Value based healthcare  
Implementation  
Scientific reporting

We would like to respond to the paper “Implementation of Value Based Breast Cancer Care” by Egdom et al.[1]. This paper aimed to “*present a step-by-step overview of a framework deployed for implementation of value based healthcare in breast cancer care, to be used as guide for future implementation initiatives*”, and was accepted as original research article.

We appreciate initiatives such as those by Egdom et al., to publish success stories on how to organise and implement Value Based Healthcare (VBHC). Even more, we appreciate publication of papers on VBHC implementation in *scientific* journals, as this allows VBHC initiatives to become part of a peer-reviewed scientific literature base, that is accessed by a broad, international public. The Dutch ministry of health has recently stated the ambition to have health outcome data available for at least 50% of the total disease burden by the year 2022. VBHC can potentially offer a strategy of how to actually use insight in outcomes to improve quality of care. Initiatives such as presented in this paper can be used to learn how this can be done.

However, publishing in scientific literature brings along responsibilities with regard to how the work is conducted and presented. Moreover, although Egdom et al. conclude with “*A value based breast cancer strategy including explicit and longitudinal PRO scores was successfully implemented [...]*”, this paper leaves the reader with many questions as to how this conclusion was reached. In fact, the results presented in this paper seem to be more about implementation of PROMs than implementation and success of VBHC. We see three main issues that should have been addressed: First, the description of their methods was very limited and although some of the steps performed seemed to have followed a thorough scientific development (as per the references in the paper), the work presented here does not seem to: 1) follow or describe a scientific question or research method, or 2) meet guidelines for scientific reporting. Second, Egdom et al. did not provide clear definitions of what “implementation of VBHC”, or “success” entails or how it was measured. Moreover, the authors present interesting data on the use of PROMs, but using PROMs is not the same as implementation of VBHC. Third, VBHC related terminology

should be congruent with existing definitions. However, the description of Integrated Practice Units (IPUs) that was provided by Egdom et al. is incongruent with Porters definition of an IPU. According to Porter, attributes of an IPU are for example that the full cycle of care for a medical condition is organized around the patient, including routine measurement of outcomes and processes and joint accountability for outcomes and costs[2,3], which is much more than “the existence of a dedicated multidisciplinary team” as per Egdom et al. Hence, to prevent misunderstandings we should be alert as to how we use VBHC terminology.

In conclusion, as the field of VBHC is still struggling to defend its scientific basis, we should at least report VBHC initiatives in a way that they can be replicated and evaluated for its scientific quality (e.g. [4]). The paper by Egdom et al. marks the need to set such standards before a literature base of low-quality evidence is being constructed that is of no use in determining the effectiveness of (implementation of) VBHC, and may eventually forego implementation of VBHC instead of scaling it up. Although this paper certainly contains interesting elements that are relevant to the field of VBHC, the lack of a thorough scientific method limits readers in interpreting and evaluating its contribution to future implementation initiatives.

### Conflicts of interest

None reported.

### References

- [1] van Egdom LSE, Lagendijk M, van der Kemp MH, van Dam JH, Mureau MAM, Hazelzet JA, et al. Implementation of value based breast cancer care. *Eur J Surg Oncol* 2019. Jan 4 [Epub ahead of print].
- [2] Porter ME, Olmsted Teisberg E. How physicians can change the future of health care. *JAMA, J Am Med Assoc* 2007;297:1103–11.
- [3] Porter ME, editor. Redefining health care: creating value-based competition on results. Boston: Harvard Business School Press; 2006.
- [4] Nilsson K, Baathe F, Andersson AE, Wikstrom E, Sandoff M. Experiences from implementing value-based healthcare at a Swedish University Hospital - an longitudinal interview study. *Feb 28 BMC Health Serv Res* 2017;17(1). 169-017-2104-8.

Mirjam M. Garvelink\*, Paul B. van der Nat  
Department of Value Based Healthcare, St Antonius Hospital,  
Nieuwegein, the Netherlands

\* Corresponding author. Koekoekslaan 1, 3435 CM, Nieuwegein,  
the Netherlands.  
E-mail address: [m.garvelink@antoniuziekenhuis.nl](mailto:m.garvelink@antoniuziekenhuis.nl) (M.M. Garvelink).