



IMPLEMENTATION VALUE-BASED HEALTH CARE IN LOW-MIDDLE INCOME COUNTRIES HEALTHCARE SERVICES: A SCOPING REVIEW

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ABSTRACT

Global health expenditure has doubled in the last two decades. Health expenditure in low-middle-income countries accounts for around 4.9% of global GDP, which increases the possibility of out-of-pocket (OOP) payments. The proportion of OOP expenditure in low- and middle-income countries accounts for 40% of total health expenditure. Volume-based service delivery also contributes to this problem; therefore, value-based healthcare (VBHC) is introduced, focusing on increasing patient value through cost efficiency and optimal care outcomes. This study aims to determine the implementation of VBHC in low-middle-income countries. The design study used a scoping review based on the PRISMA-ScR guidelines. Data searches were conducted through Google Scholar, PubMed, SpringerLink, and ScienceDirect, covering publications from January 2019 to April 2024. The initial search identified 1,121 research articles. A total of 11 articles were synthesized in the final review after being adjusted to the research criteria. From 11 articles, originated from Colombia, Africa, India, Sierra Leone, Kenya, Brazil, Lebanon, and Latin America. They were then synthesized based on the six components of the VBHC approach developed by Peter and Teisberg. Organize care into Integrated Practice Units (IPUs) is implemented in 7 articles, measure outcomes and costs for every patient is widely implemented in 10 articles, move to bundled payments for care cycles is only implemented in 2 articles, integrate care delivery across separate facilities is implemented in 7 articles, expand excellent services across geography is only implemented in 4 articles, and build an enabling information technology platform is only implemented in 1 article. The implementation of the VBHC concept in each country takes a different approach but shares a common goal with the VBHC concept: improving patient outcomes while achieving significant cost savings.

Keywords: healthcare service; low-middle income countries; value-based health care

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INTRODUCTION

Global health expenditure has more than doubled over the last two decades, from US\$4.2 trillion in 2000 to US\$8.5 trillion, representing approximately 9.8% of the global Gross Domestic Product (GDP). The distribution of global health expenditure tends to be uneven, as it is dominated by high-income countries, which account for approximately 80%. This figure is very far compared to global health expenditure in high-middle-income countries (17%), low-middle-income countries (2.8%), and low-income countries (0.24%). Likewise, the average global health expenditure per capita varies quite a bit, where the average global health expenditure per capita in high-income countries is US\$ 3,191, and in low-middle-income countries, it is only US\$ 119 (WHO, 2021).

Regarding a country's health spending, the group of low-middle-income countries (LMIC) allocates only 4.9% of the country's total GDP to health spending. Health priorities in low-middle-income countries have remained unchanged over the past two decades, accounting for only 6-7% of total government spending. This proportion is a benchmark for the economy and

reflects a country's health priorities. If government health spending exceeds the country's GDP, the potential for out-of-pocket (OOP) expenses will increase. This is evidenced by the proportion of OOP spending in low-middle-income countries, which accounts for 40% of total health spending. WHO estimates that individuals in low-middle-income countries will receive an average increase in additional health spending of US\$ 41 per person (WHO, 2021). The more the costs incurred by individuals to cover health costs, the worse the household's financial condition will be, and the family's basic needs will be reduced (Amalia, Endarti, & Widayati, 2022).

In addition to these two things, the development of chronic disease conditions, increasing age, increasing population, and increasing complexity of public health status also increase the burden on health care financing and providers to provide effective and efficient health care outcomes (Fernández-Salido, Alhambra-Borrás, Casanova, & Garcés-Ferrer, 2024). For this reason, in 2006, Porter and Teisberg introduced a restructuring of health services that focused on increasing patient value. This is known as value-based healthcare, referred to as VBHC in this study. With the VBHC paradigm, there is a shift in the focus of services from those that emphasize volume to those that prioritize value. VBHC focuses on achieving the best results at the lowest cost, focusing on the 'value' that is the goal, regulating medical practices based on medical conditions and treatment cycles, and measuring treatment outcomes (Widyaputri, 2022).

The development of the VBHC paradigm is considered capable of addressing the need to reduce healthcare costs while improving patients' quality of life. In addition, it can overcome material, sociodemographic, and contemporary healthcare service constraints through a holistic approach to service quality and building a value chain in the care process (Fernández-Salido et al., 2024). The VBHC introduced by Porter and Teisberg has six components of the approach: 1) Organize care into Integrated Practice Units (IPUs); 2) Measure outcomes and costs for every patient; 3) Move to bundled payments for care cycles; 4) Integrate care delivery across separate facilities; 5) Expand excellent services across geography; 6) and Building an enabling information technology platform (van Staalduinen et al., 2022).

The implementation of VBHC has begun in various countries, with health services adopting it. The implementation of VBHC in multiple countries remains highly diverse due to variations in health systems and the limited data on the effectiveness of VBHC implementation (Fernández-Salido et al., 2024). However, in low-middle income countries, it has not been studied systematically and has excellent potential to restructure health services that focus on value. Given the limited number of studies discussing the implementation of VBHC in low-middle-income countries and the variety of approaches used in different countries, this study will employ a scoping review method with a qualitative approach, adhering to the PRISMA-ScR guidelines. Scoping reviews enable a thorough examination of existing evidence, facilitating the identification of research gaps that require further investigation. Therefore, a comprehensive mapping of VBHC implementation is necessary, based on the six components of the VBHC concept approach by Porter and Teisberg, within the scope of low-middle-income countries, to provide policymakers and health service providers with an overview of optimizing this model.

METHOD

This study was conducted in April to May 2024, utilizing a scoping review study design with a qualitative approach. A scoping review is a study used to provide an overview and synthesize existing or emerging literature on a particular topic (Peters et al., 2019; Tricco et al., 2016). A qualitative approach is employed to conduct an in-depth understanding of how to synthesize narratives from previous studies, providing an overview of the implementation of

VBHC in low-middle-income countries. In this study, the group of low-middle-income countries is grouped based on the 2021 World Bank category where countries with a Gross National Income (GNI) per capita between \$1,086 - \$4,255 (World Bank, 2024). The unit of analysis for this study utilizes secondary data derived from international and national scientific journal articles published between January 2019 and May 2024, which are accessed through the electronic databases Google Scholar, PubMed, SpringerLink, and ScienceDirect. The method of data collection and selection follows the Preferred Reporting Items for Systematic Reviews and Meta Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2016). The literature search is described in the following PRISMA diagram (Figure 1):

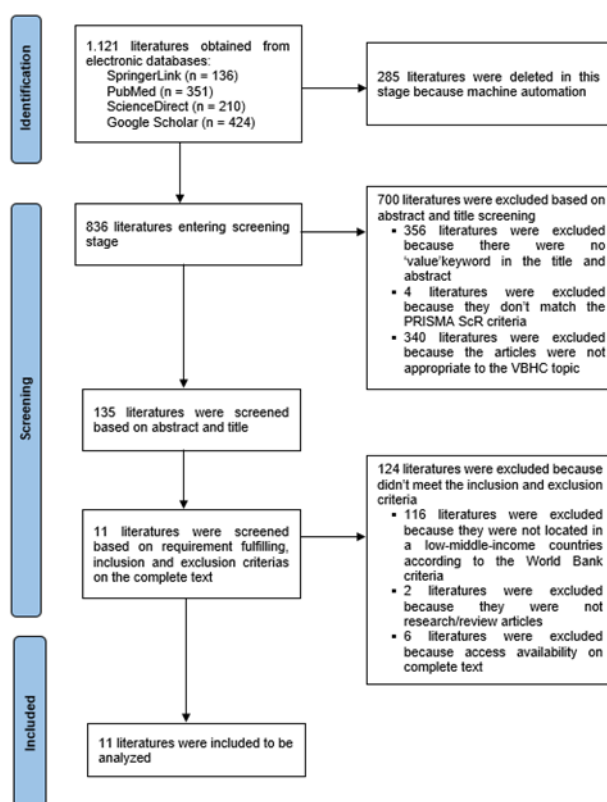


Figure 1 PRISMA Flow Diagram

PRISMA Flow Diagram: Identification Stage

a. Literature Search

During this process, relevant keywords related to VBHC implementation were entered into the Google Scholar, PubMed, SpringerLink, and ScienceDirect electronic database search fields. The keywords used were variations of the words value based healthcare, value-based healthcare, and VBHC. This study used Boolean Operators, utilizing AND and OR codes to refine search parameters. The search in the Google Scholar database used the keywords “value-based healthcare” OR “value based healthcare” OR “VBHC” using the publication year filter 2019-2024. The search in the PubMed database utilized the keywords (((value-based healthcare) OR (value based healthcare) OR (VBHC))) using the free full-text filter, meta-analysis and systematic review article types, and publication years 2019-2024. The SpringerLink database search used the keywords "value-based healthcare" OR "value based healthcare" OR "VBHC" using the content type filters article, research article, and review article, publication year 2019-2024, English language, discipline medicine & public health, subdisciplines public health, medicine/public health, general. The ScienceDirect database search used the keywords "value-based healthcare" OR "value based healthcare" OR "VBHC") using the publication year filters 2019-2024, article type research & review article, and access type open access & open archive. The

keyword-based search yielded a total of 1,121 literature sources.

b. Duplicate Removal

During this process, a duplication procedure was performed to eliminate redundant literature. This process was excluded using the Zotero reference management application. In this process, 285 literatures from the four electronic databases were excluded. Furthermore, 836 literatures will enter the screening stage.

PRISMA Flow Diagram: Screening Stage

a. Title and Abstract Screening

In this process, 836 literatures that have undergone the duplication process were identified by title and abstract. Title identification was carried out if it contained the keyword value or value-based healthcare, while abstract identification was carried out based on the PRISMA ScR checklist, the abstract can provide a structured summary that includes background, objectives, eligibility criteria, sources of evidence, graphing methods, results, and conclusions related to the implementation of VBHC. Additionally, screening was conducted based on the research topic. If the literature is deemed inappropriate, it will be excluded. At this stage, as many as 700 literatures were excluded because they did not match the title, abstract, or research topic. Furthermore, these 135 literatures will be rescanned based on the inclusion and exclusion criteria.

b. Fulfillment of Inclusion and Exclusion Criteria

The literature was selected based on inclusion and exclusion criteria in the next stage. The characteristics of the study followed the Population, Concept, and Context (PCC) Framework (Peters et al., 2019). Population (low-middle-income countries implementing a health care system), Concept (Value-based healthcare), and Context (VBHC implementation strategies in health care in low-middle-income countries). The inclusion criteria in this study are as follows: 1) research articles or review articles; 2) discussing the implementation of value-based healthcare in low-middle-income countries according to the World Bank category in 2021 (World Bank, 2024); 3) published from January 2019 to April 2024; and 4) research articles or reviews that can be accessed in full and free of charge (free full text). The exclusion criteria in this study were any studies that did not meet the inclusion criteria. After reviewing all the literature texts, 124 did not meet the inclusion and exclusion criteria of the study.

PRISMA Flow Diagram: Literature Included Stage

In the final stage, as many as 11 literatures that had gone through all the selection processes were included in the study to be reviewed systematically based on the six components of the VBHC concept approach from Porter and Teisberg.

RESULT

This study synthesized 11 research articles (Table 1) obtained from several databases. The articles covered the years 2019-2023, with research locations in India, Latin America (including Brazil, Colombia, Chile, and Mexico), and Africa (Sierra Leone, Kenya, and Lebanon).

Table 1.
Research Article

Article	Author (Years)	Location	Methods	Implementation of Porter & Teisberg's VBHC Approach	VBHC Implementation
1	(Romero et al., 2023)	Colombia	Using the American Society of Clinical Oncology (ASCO)	- 1) Organize care into Integrated Practice Units (IPUs) - 2) Measure outcomes and costs for every patient	In both stages of prostate cancer, enzalutamide costs less to obtain one point of clinical benefit than apalutamide.

Article	Author (Years)	Location	Methods	Implementation of Porter & Teisberg's VBHC Approach	VBHC Implementation
2	(Rubagumya et al., 2020)	Afrika	Creating a task force consisting of 11 representatives from the medical field, oncology nursing, and patient advocacy groups	<ul style="list-style-type: none"> - 1) Organize care into Integrated Practice Units (IPUs) - 2) Measure outcomes and costs for every patient - 4) Integrate care delivery across separate facilities - 5) Expand excellent services across geography 	Obtained 10 recommendations for use in cancer care in Africa that the African Organization for Research and Training in Cancer (AORTIC), the Kenya Society of Hematology and Oncology (KESHO), and the West African College of Surgeons (WACS) have approved.
3	(Pramesh et al., 2019)	India	Creating a task force consisting of medical and oncology nursing and patient advocacy groups	<ul style="list-style-type: none"> - 1) Organize care into Integrated Practice Units (IPUs) - 2) Measure outcomes and costs for every patient - 4) Integrate care delivery across separate facilities - 5) Expand excellent services across geography 	Obtained 10 recommendations for use in breast cancer care in India that the National Cancer Grid of India has approved.
4	(Bhadelia, 2021)	India	Review	<ul style="list-style-type: none"> - 1) Organize care into Integrated Practice Units (IPUs) - 2) Measure outcomes and costs for every patient - 4) Integrate care delivery across separate facilities - 5) Expand excellent services across geography 	Obtained a strategy for comprehensive value-based care that takes into account disease heterogeneity and complexity.
5	(Marotta et al., 2020)	Sierra Leone	Calculating a cost analysis based on the primary endpoint of Quality Adjusted Life-Years (QALY)	<ul style="list-style-type: none"> - 1) Organize care into Integrated Practice Units (IPUs) - 2) Measure outcomes and costs for every patient - 4) Integrate care delivery across separate facilities 	The cost analysis method using QALYs obtained a value lower than Sierra Leone's annual GDP per capita and was recommended for intensive care settings.
6	(Dohmen et al., 2021)	Kenya	Using the MomCare platform	<ul style="list-style-type: none"> - 1) Organize care into Integrated Practice Units (IPUs) - 2) Measure outcomes and costs for every patient - 3) Move to bundled payments for care cycles - 4) Integrate care delivery across separate facilities - 5) Expand excellent services across geography - 6) Build an enabling information technology platform 	The program's success was achieved through the digital integration of an SMS-based service platform and recommendations using a cohort approach for other disease groups.
7	(Ramos et al., 2021)	Brazil	Interviews with hospital staff	<ul style="list-style-type: none"> - 1) Organize care into Integrated Practice Units (IPUs) - 2) Measure outcomes and costs for every patient - 3) Move to bundled payments for care cycles - 4) Integrate care delivery across separate facilities 	Innovated new care at Hospital Israelita Albert Einstein, namely a strategy to create a new payment model and minimize costs.
8	(Abicalaffe & Schafer, 2020)	Brazil	Review	2) Measure outcomes and costs for every patient	Analyzed health care issues by engaging with various stakeholders in Brazil, including hospitals, payers, providers, and government agencies.
9	(Jamal, 2020)	Lebanon	Review	4) Integrate care delivery across separate facilities	Reform cardiovascular services with a five-button approach to health system control, namely, payment, organization, regulation, behavior, and finance.
10	(Guarin et al., 2021)	Brazil, Colombia, Chile,	Scoping review	2) Measure outcomes and costs for every patient	Two cost analysis frameworks (ETD and DIME) were found to include all costs in their

Article	Author (Years)	Location	Methods	Implementation of Porter & Teisberg's VBHC Approach	VBHC Implementation
		Mexico (Latin America)			assessments. Two other frameworks (CONITEC and IETS-R) were only able to address part of the economic value, budget impact, and cost-effectiveness perspectives, while three other frameworks (CMED, CSG, and IETS-TV) met the main drivers of cost control.
11	(Makdisse et al., 2022)	Brazil, Colombia, Chile, Mexico (Latin America)	Quantitative method with questionnaires and qualitative method with semi-structured interviews and document analysis	2) Measure outcomes and costs for every patient	Implementation of the International Consortium for Health Outcomes Measurement (ICHOM) standards and participation in alternative payment agreements related to the initiation of VBHC implementation in Latin American countries.

DISCUSSION

From the 11 research articles synthesized, if adjusted to the Porter and Teisberg VBHC approach, it is known that: 1) Organize care into Integrated Practice Units (IPUs) is implemented in 7 articles (Articles 1, 2, 3, 4, 5, 6, and 7); 2) Measure outcomes and costs for every patient is widely implemented in 10 articles (Articles 1, 2, 3, 4, 5, 6, 7, 8, 10, and 11); 3) Move to bundled payments for care cycles is only implemented in 2 articles (Articles 6 and 7); 4) Integrate care delivery across separate facilities is implemented in 7 articles (Articles 2, 3, 4, 5, 6, 7, and 9); 5) Expand excellent services across geography is only implemented in 4 articles (Articles 2, 3, 4, and 6), and 6) Build an enabling information technology platform is only implemented in 1 article (Article 6).

DISCUSSION

Although the concepts and elements were introduced by Porter and Teisberg in 2006, standard interpretation is still challenging to explain. The concept of VBHC refers to how the authors interpret VBHC, while the implementation of VBHC refers to how VBHC is practiced in health services, which includes the approaches used to improve the sustainability of an innovation (van Staalduinen et al., 2022). Research in Latin America shows that implementation initiatives according to Porter and E. Teisberg's elements are still lacking because they focus on reorganizing service delivery and measuring outcomes (Makdisse et al., 2022). This study focuses on wanting to know how health services implement the concept of VBHC. From the results of the final review of the articles obtained, each country in the middle-low income group implements the concept of VBHC differently.:

1) *Organize care into Integrated Practice Units (IPUs)*

This approach emphasizes that health care delivery should be organized based on the patient's medical condition to ensure patient-centered and outcome-focused care to reduce inefficiencies and fragmentation of services (Porter, 2020). There are 7 articles discussing this approach. This approach is implemented in the ASCO framework used in Colombia, showing that the framework supports multidisciplinary, patient-centered cancer care by evaluating care based on clinical outcomes and quality of life (Romero et al., 2023). In addition, the use of Choosing Wisely by India and Africa to create multidisciplinary cancer care teams that identify low-value cancer care to help sort out the use of medical procedures that do not provide benefit to patients (Pramesh et al., 2019; Rubagumya et al., 2020). Furthermore, in India, multidisciplinary teams, together with the National Cancer Grid, created a comprehensive value-based care strategy that takes into account the heterogeneity and complexity of the disease (Bhadelia, 2021).

This approach is also implemented in the Obstetric High Dependency Unit (HDU) of Princess Christian Maternity Hospital (PCMH) in Sierra Leone, which is a unit for critical obstetric patients that brings together specialist nurses and doctors (Marotta et al., 2020). This approach is implemented in Kenya through the MomCare program, which groups four health care providers for complication and caesarean care, antenatal care, delivery, and postpartum care (Dohmen et al., 2021). Meanwhile, this approach is implemented in Brazil by developing patient care pathways for specific conditions consisting of a team of administrators and a team of medical professionals (Ramos et al., 2021).

2) *Measure outcomes and costs for every patient*

This approach focuses on the importance of measuring outcomes for patients by looking at the health status achieved, measuring the recovery process, and evaluating the sustainability of health. In addition, costs must be measured per patient, covering the entire care cycle to achieve efficient care (Porter, 2020). There are 10 articles discussing this approach. This approach is implemented in Colombia through the calculation of clinical benefits, toxicity, and bonus benefits for each drug. Each drug will be detailed based on Colombian Peso and USD currencies so that it can provide details about the bonus benefits per point for each drug (Romero et al., 2023). Additionally, the use of Choosing Wisely in India and Africa demonstrated the creation of strategies to identify ineffective practices and create guidelines for quality improvement toward tracking costs, care outcomes, and quality of life for cancer patients (Bhadelia, 2021; Pramesh et al., 2019; Rubagumya et al., 2020).

This approach was implemented in Sierra Leone by analyzing the costs of intensive care settings using Quality Adjusted Life Years (QALYs) to obtain a value lower than the annual GDP per capita (Marotta et al., 2020). In addition, the MomCare program in Kenya was implemented to assist in the measurement of clinician-reported outcomes (CROMs) and patient-reported outcomes (PROMs) by tracking costs incurred to ensure transparency and cost awareness (Dohmen et al., 2021). This approach was implemented in Brazil by creating a digital scorecard to track patient-reported outcomes and clinical data to control costs over outcome measures and implementing a Value-based Healthcare Score (EVS) to track processes, outcomes, and patient experience (Abicalaffe & Schafer, 2020; Ramos et al., 2021). Additionally, this approach was implemented in Latin America by creating the IETS framework in Colombia and ETD in Chile that included assessment attributes to track PROMs consistently, but feedback was still quite limited (Guarin et al., 2021; Makdisse et al., 2022).

3) *Move to bundled payments for care cycles*

This approach emphasizes shifting from a fee-per-service model to a bundled payment model to align financial incentives on cost efficiency, care coordination, and improved patient health outcomes (Porter, 2020). There are 2 articles that discuss this approach. The MomCare program in Kenya implemented this approach by introducing bundled payments that cover the maternal care cycle from antenatal visits to postpartum care. In addition, providers receive outcome-based bonuses through Patient Journey Scores that provide incentives for quality care (Dohmen et al., 2021). In addition, this approach was implemented in Brazil by implementing package payments for spine surgery and orthopedic surgical procedures using financial guarantees (Ramos et al., 2021).

4) *Integrate care delivery across separate facilities*

This approach focuses on the care of high complexity cases being handled by specialists and routine follow-up care being handled by affiliated clinics or health services. This approach focuses on optimizing resources and preventing service redundancies so that

patients receive services at the right place and time (Porter, 2020). There are 7 articles discussing this approach. The use of Choosing Wisely in Africa and India has encouraged the strategy of bringing routine cancer care closer to home to local hospitals and complex cases to specialists. Support from India's National Cancer Grid, which standardizes care in urban and rural areas to navigate patient care, has helped ensure continuity of care across facilities (Bhadelia, 2021; Pramesh et al., 2019; Rubagumya et al., 2020). In addition, this approach is implemented in the Obstetric High Dependency Unit (HDU) of the Princess Christian Maternity Hospital (PCMH) Sierra Leone by acting as the primary referral center in the maternity hospital to ensure timely escalation of critical patients. However, connections to other health facilities are still minimally implemented (Marotta et al., 2020). This approach is also implemented through the MomCare program in Kenya by integrating specialist care in urban areas with local care in rural areas for the care of pregnant women (Dohmen et al., 2021). In addition, the implementation of this approach in Brazil takes the form of expanding care beyond inpatient settings with corporate clinics, telemedicine, and remote monitoring (Ramos et al., 2021). Meanwhile, in Lebanon, it is being implemented with teaching hospitals leading the expansion of networks with rural hospitals to control the quality of service and education, as well as limiting the overuse of cardiac laboratories and centralizing complex cases in specialist services (Jamal, 2020).

5) *Expand excellent services across geography*

This approach emphasizes that high-performance service providers are not confined to one location, thus requiring the expansion of service providers through new regional outreach and the implementation of remote consultations to enable more patients to benefit from the best service while maintaining the expertise and processes that produce better health outcomes (Porter, 2020). Four articles discuss this approach. The use of Choosing Wisely is one example of a strategy adopted across the continent. Choosing Wisely Africa was conducted by producing ten recommendations for cancer care that were agreed upon by the African Organization for Research and Training in Cancer (AORTIC), the Kenya Society of Hematology and Oncology (KESHO), and the West African College of Surgeons (WACS). Meanwhile, Choosing Wisely India contains ten recommendations, four of which are new suggestions and six of which are modifications of Choosing Wisely US and Canada (Bhadelia, 2021; Pramesh et al., 2019; Rubagumya et al., 2020). This approach was implemented through the MomCare program in Kenya which started with 3 clinics and then expanded to 18 regional clinics, where this geographic scale ensures high-quality health care and is able to reach equitable distribution right down to rural areas (Dohmen et al., 2021).

6) *Building an enabling information technology platform*

This approach emphasizes an integrated IT platform that collects structured data in real time to integrate electronic health records, cost data, health outcomes data, and patient-reported metrics. Data integration can encourage policymakers to make informed decisions, and technology should be leveraged to engage patients (Porter, 2020). There is 1 article that discusses this approach, namely the implementation of the M-TIBA digital platform in the MomCare program in Kenya that tracks medical and financial data, manages mobile payments, and collects patient health outcomes via SMS. The digital platform supports real-time data analysis that allows for feedback for health care improvement (Dohmen et al., 2021).

The strength of this study is that it is one of the studies that looks at the implementation of VBHC in low-middle-income countries through a scoping review. However, due to the limited literature sources on the implementation of VBHC in low-middle-income countries, this study is limited to Latin American countries, countries in the African Continent, and

countries in the Asian Continent. It does not cover the entire implementation of VBHC in low-middle-income countries. In addition, this study has a limited duration because it only searches for articles related to the implementation of VBHC published from January 2019 to April 2024 in the electronic databases Google Scholar, PubMed, SpringerLink, and ScienceDirect.

CONCLUSION

From this study, it is known that the implementation of the VBHC concept based on the Porter and Teisberg approach components in low-middle income countries is quite diverse, such as using a framework in each country to assist in decision-making on pricing of a pharmaceutical product, analyzing the cost of additional expenditures, and cost-effectiveness with more benefits with minimal costs. In addition, the approach through stakeholder involvement for program evaluation, creating new financing models, advocating for patient-centered matters, and using low-value service recommendations to avoid medical actions that are not beneficial to patients. Although the implementation of VBHC in each country is different, it has the same goal as the VBHC concept, namely, improving patient outcomes with significant cost savings

REFERENCES

- Abicalaffe, C., & Schafer, J. (2020). Opportunities and challenges of value-based health care: How Brazil can learn from U.S. Experience. *Journal of Managed Care and Specialty Pharmacy*, 26(9), 1172–1175. doi:10.18553/jmcp.2020.26.9.1172
- Amalia, C. R., Endarti, D., & Widayati, A. W. (2022). Faktor yang Memengaruhi Biaya Out Of Pocket (OOP) Pelayanan Kesehatan Pasien Rawat Jalan: Analisa Data Sekunder Indonesia Family Life Survey Gelombang 4 (IFLS4). *Majalah Farmaseutik*, 18(3), 307. doi:10.22146/farmaseutik.v18i3.67648
- Bhadelia, A. (2021). Comprehensive value-based cancer care in India: Opportunities for systems strengthening. *Indian Journal of Medical Research*, 154(August), 329–337. doi:10.4103/ijmr.IJMR
- Dohmen, P., Sanctis, T. De, Waiyaiya, E., Janssens, W., Wit, T. F. D. de, Spieker, N., ... Raaij, E. (2021). Implementing a Comprehensive Value-based Healthcare System to Improve Pregnancy and Childbirth Outcomes in Urban and Rural Kenya. *Research Square*. <https://doi.org/doi.org/10.21203/rs.3.rs-1071399/v1>
- Fernández-Salido, M., Alhambra-Borrás, T., Casanova, G., & Garcés-Ferrer, J. (2024). Value-Based Healthcare Delivery: A Scoping Review. *International Journal of Environmental Research and Public Health*, 21(2). doi:10.3390/ijerph21020134
- Guarin, D., Monsanto, H., Gilardino, R., Bustos Marquez, M. C., Caceres, H., Diaz-Toro, Y., ... Alfonso-Cristancho, R. (2021). Value Assessment Frameworks in Latin America: “Il buono, il brutto e il cattivo”. *Value in Health Regional Issues*, 26, 50–55. doi:10.1016/j.vhri.2020.12.014
- Jamal, E. (2020). Reforming Healthcare Practice in View of the Economic Crisis in Lebanon: The Case of Cardiovascular Care. *Mediterranean Journal of Emergency Medicine & Acute Care*. doi:10.52544/2642-7184(1)4003
- Makdisse, M., Ramos, P., Malheiro, D., Katz, M., Novoa, L., Cendoroglo Neto, M., ... Klajner, S. (2022). Value-based healthcare in Latin America: a survey of 70 healthcare provider organisations from Argentina, Brazil, Chile, Colombia and Mexico. *BMJ Open*, 12(6), 1–10. doi:10.1136/bmjopen-2021-058198
- Marotta, C., Di Gennaro, F., Pisani, L., Pisani, V., Senesie, J., Bah, S., ... Borgonovi, E. (2020). Cost-utility of intermediate obstetric critical care in a resource-limited setting: A value-based analysis. *Annals of Global Health*, 86(1), 1–8. doi:10.5334/aogh.2907
- Peters, M., Godfrey, C., McInerney, P., Munn, Z., Tricco, A., & Khalil, H. (2019). Chapter 11: Scoping reviews. *JBI Reviewer's Manual*. doi:10.46658/jbirm-20-01

- Porter, M. E. (2020). Value-Based Health Care Delivery: Core Concepts. Partners HealthCare Residents and Fellows Course. Retrieved from <https://www.isc.hbs.edu/Documents/pdf/2020-intro-vbhc-porter.pdf>
- Pramesh, C. S., Chaturvedi, H., Reddy, V. A., Saikia, T., Ghoshal, S., Pandit, M., ... Booth, C. M. (2019). Choosing Wisely India: Ten Low-Value or Harmful Practices That Should Be Avoided in Cancer Care. *The Lancet Oncology*, 20(4), e218–e223. doi:10.1016/S1470-2045(19)30092-0
- Ramos, P., Savage, C., Thor, J., Atun, R., Carlsson, K. S., Makdisse, M., ... Mazzocato, P. (2021). It takes two to dance the VBHC tango: A multiple case study of the adoption of value-based strategies in Sweden and Brazil. *Social Science and Medicine*, 282(September 2020), 114145. doi:10.1016/j.socscimed.2021.114145
- Romero, M., Díaz, A., Sánchez, K., Amaya, S., Godoy, F., & Rodríguez, D. (2023). Application of the ASCO value framework to evaluate the clinical and economic value of enzalutamide and apalutamide in the early stages of prostate cancer in Colombia. *E-Cancer Medical Science*, 17(1614), 1–13. doi:10.3332/ECANCER.2023.1614
- Rubagumya, F., Mitera, G., Ka, S., Manirakiza, A., Decuir, P., Msadabwe, S. C., ... Hammad, N. (2020). Choosing Wisely Africa: Ten Low-Value or Harmful Practices That Should Be Avoided in Cancer Care. *JCO Global Oncology*, (6), 1192–1199. doi:10.1200/go.20.00255
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Kastner, M., ... Straus, S. E. (2016). A scoping review on the conduct and reporting of scoping reviews. *BMC Medical Research Methodology*, 16(1), 1–10. doi:10.1186/s12874-016-0116-4
- van Staaldouin, D. J., van den Bekerom, P., Groeneveld, S., Kidanemariam, M., Stiggelbout, A. M., & van den Akker-van Marle, M. E. (2022). The implementation of value-based healthcare: a scoping review. *BMC Health Services Research*, 22(1), 1–8. doi:10.1186/s12913-022-07489-2
- WHO. (2021). Global Expenditure on Health: Public Spending on the Rise? World Health Organisation. Retrieved from https://files.who.int/afahobckpcontainer/production/files/2_Global_expenditure_on_health_Public_spending_on_the_rise.pdf
- Widyaputri, D. (2022). Unravelling Value-Based Health Care. International Federation of Health Plans. Retrieved from <https://ifhp.com/wp-content/uploads/2023/08/iFHP-White-Paper-Unravelling-Value-based-Health-Care-0922-1-1.pdf>
- World Bank. (2024). World Bank Country and Lending Groups – World Bank Data Help Desk. Retrieved 11 March 2025, from <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>