

Bringing more value to patients – lessons from different health systems

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The Harkness Fellowship provides a unique opportunity to study international health policy and systems. This article presents findings from research conducted during the fellowship at Harvard School of Public Health 2019-20 on enablers and barriers of value-based health care (VBHC). The studies 1) examined the implementation of VBHC across four different health systems, 2) analyzed the impact of bundled payments in spine surgery, 3) explored the motivations behind investments in Patient-Reported Outcome Measures (PROMs), and 4) identified key insights from U.S. hospitals with successful PROMs programs. These findings contribute to the understanding of how to establish and promote more value-driven care and provide recommendations for future policy and research.

Healthcare systems worldwide face rising costs without proportional improvements in quality of care. Value-Based Health Care (VBHC) aims to bring more value to patients by improving patient outcomes relative to cost. However, systematic outcome measurement remains a significant gap in most healthcare systems today making it difficult to monitor quality of care. Moving forward, it is essential to understand the current landscape — including the motivations for and challenges in delivering more value to patients. The Harkness Fellowship enabled an in-depth examination of VBHC implementation in different settings, with a particular focus on the US healthcare system and the critical role of systematic outcome measurement.

Project Description and Aims

The project aimed to explore how VBHC is implemented across different healthcare systems and to assess its impact on payment models, patient engagement, and quality improvement. The key research objectives were:

- To analyze and compare VBHC adoption in four different health systems: Massachusetts, the Netherlands, Norway, and England (1).
- To assess the effectiveness of bundled payments in spinal surgery for cost control and quality improvement (2).
- To understand why U.S. hospital executives invest in Patient-Reported Outcome Measures (PROMs) despite limited direct financial incentives (3).
- To identify key facilitators and barriers to PROM implementation in leading U.S. hospitals (4).

Findings and Contributions

VBHC Implementation Across Health Systems

As illustrated in Figure 1, this study of four health systems found significant variation in how VBHC principles were adopted (1). While the U.S. focused on moving away from fee-for-service models, European countries prioritized care coordination and standardized outcome measurement. Government involvement, IT infrastructure, and provider incentives played crucial roles in shaping VBHC adoption. The research highlighted that despite widespread recognition of VBHC principles, most systems lacked a systematic approach to measuring patient outcomes. Without standardized outcome data, healthcare providers struggle to align incentives with true value creation. The research emphasized that a transition to VBHC requires a fundamental shift in how healthcare systems define and measure success.

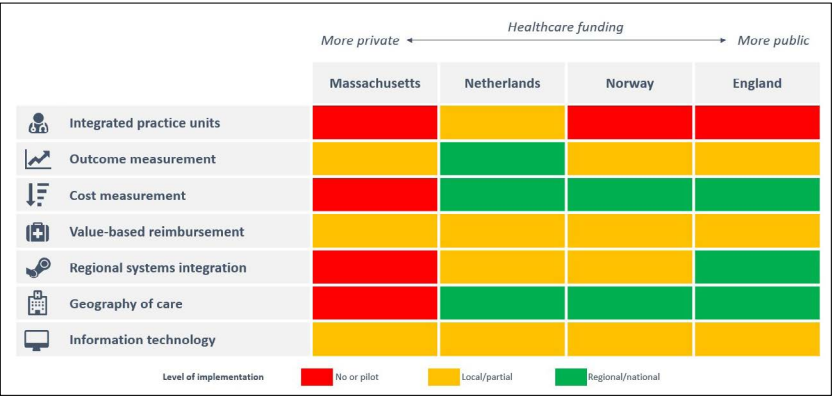


Figure 1. Implementation of the value-based healthcare elements in Massachusetts (USA), the Netherlands, Norway, and England (United Kingdom) as of August 2020 (1).

In all systems, the trend to move towards VBHC seemed to be mainly driven by governments, administrators, and payers. To accelerate implementation, a more proactive involvement of medical communities was found to be necessary.

Bundled Payments in Spine Surgery

Bundled payments models are a type of value-based payment system where healthcare providers receive a single, predetermined payment for all services related to a specific treatment or condition over a defined period. Instead of billing separately for each service, as in traditional fee-for-service models, bundled payments often cover all aspects of care – including rehabilitation and follow-up care.

This study examined bundled payments as a tool to reduce cost variation and enhance care quality in spine surgery (2). The research found significant cost differences across U.S. hospital regions with the highest variation stemming from index hospitalization costs and readmissions. Extending bundled payment episodes beyond 90 days had minimal additional impact on cost containment, indicating that early-phase cost control is critical. However, a key limitation of bundled payment models is the lack of integration with systematic outcome measurement, making it difficult to determine whether cost reductions translate into improved patient care.

Hospital Executives' Motivations for Investing in PROMs

Despite weak financial incentives, there is a growing trend among major U.S. hospital systems to invest in outcome measurement systems. Through interviews with hospital executives we found that the main reasons for investing in PROMs were due to institutional culture, commitment to patient-centered care, and long-term strategic positioning (3). Leaders viewed PROMs as means to demonstrate care quality to payers and improve care processes. However, they expressed concerns about using PROMs as performance metrics due to data collection challenges and physician buy-in. The research also revealed that while many institutions collect PROMs, they often fail to utilize the data effectively for quality improvement or reimbursement alignment.

Facilitators and Barriers to PROM Implementation

Since systematic outcome measurement remains underdeveloped in many health systems, understanding how leading institutions have successfully implemented PROMs in clinical practice is crucial. This study identified three key facilitators from hospitals with well-established PROM programs (4):

- clinician-driven selection of PROMs
- integration with electronic health records
- effective patient engagement strategies.

Barriers included variability in provider engagement, technical challenges in data analysis, and misalignment between PROM collection and reimbursement structures. A major challenge remains the lack of standardized frameworks for PROMs implementation and data utilization.

Impact and Reflections

National and International Influence

The four studies have been widely cited in international peer-reviewed journals (>100 times as of April 1, 2025) contributing to discussions on how to promote VBHC. In recent years, PROM cutoff scores have been applied to measure post-surgery improvement in the Norwegian quality registry online portal (5). One of these benchmarks originated from a publication made during my Harkness year in collaboration with an institute at Harvard University (6).

Career Impact and Collaborations

The fellowship experience facilitated collaborations with leading U.S. health policy researchers, leading to continued research engagements and collaboration on publications and seminars. The spring 2025 semester, a Norwegian Fulbright scholar will work at the Computational Neuroscience Outcomes Center at Brigham and Women's Hospital, made possible through my ongoing collaboration with the institution.

The Harkness Fellowship also created new pathways for leadership in digital health and healthcare transformation, influencing both my tenure as Deputy CEO and CCIO at Helseplattformen AS and my subsequent transition to a Partner role at EY. Exposure to U.S. policy discussions has informed my approach to implementing VBHC principles in Nordic healthcare settings, particularly in advancing systematic outcome measurements and driving digital transformation processes.

As part of the 2024 Norwegian Washington Seminar (7), a collaboration with the Commonwealth Fund resulted in a dedicated one-day session addressing the challenges of the U.S. healthcare system. I hope to continue this collaboration on a biannual basis moving forward.

Future Research and Policy Directions

Building on these findings, future research should:

- Investigate the long-term impact of PROMs on patient outcomes and cost-efficiency.
- Develop robust frameworks for better integrating PROM data into reimbursement models to align financial incentives with value-based care principles.
- Establish standardized methodologies for collecting and utilizing PROMs to ensure that patient outcomes are systematically measured and used to drive healthcare improvements.
- Assess how systematic outcome measurement can enable broader healthcare system improvements.

Conclusion

The research conducted during the Harkness Fellowship underscores the complexities of implementing VBHC across diverse health systems. While significant progress has been made, challenges remain in aligning payment models, standardizing outcome collection, and engaging both providers and patients. The absence of comprehensive outcome measurement continues to hinder true value creation in healthcare. To fully realize the potential of a value-based approach, healthcare systems must prioritize the adoption of standardized PROMs frameworks, embed outcome measurement into payment models, and utilize data-driven insights for continuous improvement.

Sustained policy innovation and cross-country learning will be essential in advancing the VBHC agenda globally. Additionally, a more focused governmental ambition and active involvement will be critical in shaping meaningful reforms. In this regard, future Harkness fellows can play an important role in promoting a stronger focus on patient value in international health care.

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