

1. WHY IT MATTERS

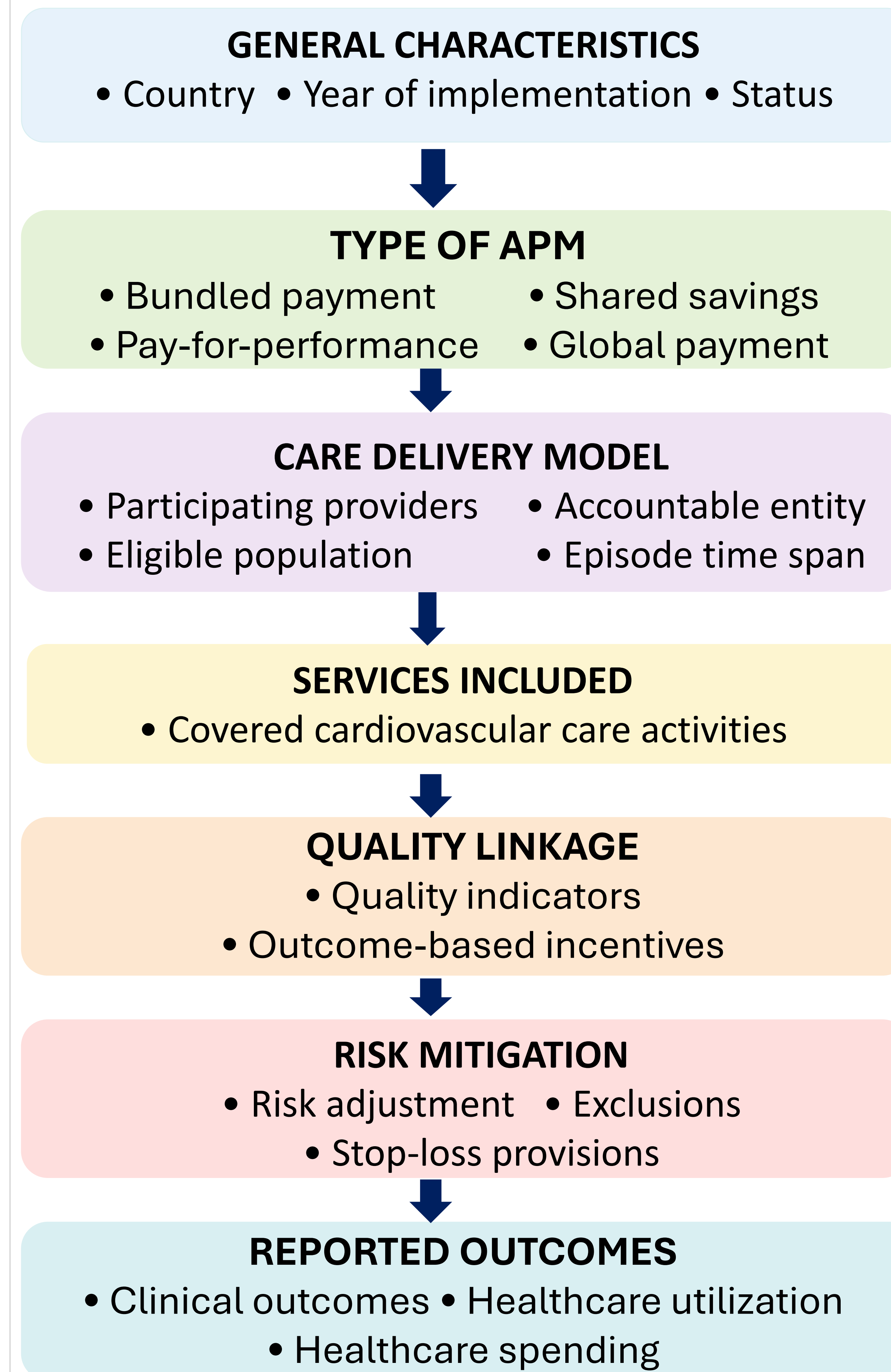
- Cardiovascular disease drives major global healthcare spending
- Fee-for-service models may insufficiently incentivize coordination and prevention
- Alternative payment models (APMs) aim to align incentives with value-based cardiovascular care.
- However, cardiology APMs remain poorly characterized and inconsistently evaluated.

2. OBJECTIVES

- Describe key design elements of APMs in cardiological care
- Map participating providers, accountable entities, populations and services
- Identify risk-mitigation strategies and linkage to quality
- Summarize empirical evidence on effects on clinical outcomes, and healthcare spending

4. DATA EXTRACTION FRAMEWORK

Data extraction framework adapted from de Vries et al. (2021) A scoping Review of Alternative Payment Models in Maternity Care.



Identified APM categories in cardiology literature (conceptual mapping).

- BUNDLED PAYMENTS**
Single payment for a defined episode of cardiovascular care
- SHARED SAVINGS**
Providers share in savings if quality and cost targets are met.
- PAY-FOR-PERFORMANCE**
Payments linked to achievement of specific quality or performance targets
- GLOBAL BUDGETS / GLOBAL PAYMENTS**
Prospective payment for a populations of service line
- HYBRID / OTHER MODELS**
Combinations of payment models or other innovative arrangements

5. PRELIMINARY FINDINGS (from initial screening)

- SUBSTANTIAL DESIGN VARIATION**
Early records indicate considerable variation in how APMs are designed and implemented across cardiological care.
- HETEROGENEOUS ACCOUNTABILITY & RISK-SHARING**
Different models shift accountability and financial risk in various ways.
- INCONSISTENT REPORTING OF OUTCOMES**
Outcome definitions, metrics, and time horizons are inconsistent across studies.
- EVIDENCE GAPS REMAIN**
Effects on clinical outcomes, utilization, and spending are variably reported and methodologically heterogeneous.

Full-test screening, data extraction, and synthesis are ongoing

6. KEY MESSAGE

Cardiology is technologically advanced, but value-based payment models remain poorly standardized. This review maps how alternative payment models are currently designed and evaluated across cardiovascular care.

3. SEARCH STRATEGY (in progress)

Databases searched Pubmed, Embase, Web of Science, CINAHL, Cochrane Library	Period 2007-present	Settings High income countries	Included Peer-reviewed studies and relevant grey literature	Excluded Commentaries, editorials, letters, animal-only studies	Screening Title/abstract and full-text screening ongoing	Database searches yielded 2,557 records
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