

# Value-Based Procurement for Wound Care Medical Devices: International Frameworks, Tender Design Criteria, and Implementation Levers Across Health Systems

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PAAYAL M. SEECHOONPARSAD, MSc<sup>1</sup>, CHRYSTALBELLE M. ROGERS, MSc<sup>1</sup>, ANNA M. BLASZCZAK, MSc<sup>1</sup>, LAURA M. CABRERA, MSc<sup>1</sup>, CECILIA M. SHEN, MSc<sup>1</sup>, LEONARDO M. FLORIANO, MSc<sup>1</sup>, JEROME M. MARTINACHE, MSc<sup>1</sup>, GIORGIO M. GIUSTI, MSc<sup>1</sup>, CSABA M. INCZEDY, MSc<sup>1</sup>, KIRSTY M. HUNT, MSc<sup>1</sup>, JACKIE M. SOONG, MSc<sup>1</sup>, CRISTINA M. POPP, MSc<sup>1</sup>, SILVIA M. MORGADO, MSc<sup>1</sup>, V. VELIČKOVIĆ<sup>1,2</sup>

<sup>1</sup> HARTMANN GROUP, Heidenheim, Germany

<sup>2</sup> Institute of Public Health, Medical Decision Making and HTA, UMIT, Hall i.T., Austria

## INTRODUCTION

Chronic and complex wounds are a substantial and frequently under-recognised burden on healthcare systems. In wound care, the largest costs usually arise not from product acquisition alone but from healthcare professional time, repeated dressing changes, prolonged healing, and complications. These features make wound care particularly relevant for value-based procurement (VBP), which evaluates technologies against outcomes, service quality, and total cost of care rather than lowest unit price. Although policy interest in VBP is increasing internationally, implementation remains uneven and wound-specific guidance on how to translate value into tender criteria is still limited.

## OBJECTIVE

To examine how value-based procurement for medical devices is conceptualised, enabled, and implemented internationally, and to assess its relevance to wound care.

## METHOD

We conducted an integrative review combining bibliographic database searches with structured searches of policy, legal, HTA, procurement, and tender literature relevant to VBP for medical devices and wound care. Searches covered fifteen countries and examined conceptual frameworks, legal and institutional enablers, procurement practices, tender design criteria, and reported implementation experience. Data were extracted on jurisdiction, procurement setting, value domains, patient-relevant outcomes, costing approaches, and operational tools. Comparative country case studies were then used to assess implementation maturity and identify outcome domains relevant for wound-care tenders.

## RESULTS

In this review, value-based procurement (VBP) is defined as a medical-device procurement approach in which tender decisions are based on the value delivered across the care pathway, rather than acquisition price alone. For wound care, this includes clinical outcomes, healing progression, patient experience, service requirements, sustainability, and total cost of care. The scope of VBP is therefore the tendering and supplier-evaluation process between hospitals, public authorities, and suppliers, including award criteria, evidence requirements, scoring models, and post-award value assessment. This distinguishes VBP from broader payer payment reforms or outcome-based contracting, while recognising that all three approaches share a common focus on linking healthcare spending to measurable value (Table 1).

Value-based terminology is often used inconsistently across health systems, with procurement, purchasing, and contracting sometimes used interchangeably despite different decision points and stakeholders. For this work, value-based procurement is used specifically to describe hospital or public tendering processes in which suppliers are evaluated on outcomes, total cost of care, and broader system value rather than unit price alone. This distinction is important for wound care medical devices, where tender criteria increasingly need to capture pathway-level outcomes, care-delivery burden, and evidence of real-world value (Table 1).

- The United Kingdom and France showed the most developed implementation ecosystems, supported by central guidance, practical procurement tools, and documented case examples.
- Germany, Italy, and Spain showed intermediate maturity, with strong legal foundations and emerging operational examples but less consistently documented routine wound-specific implementation.
- Overall, international experience suggests that wound-care tenders can better reflect value when they explicitly prioritise patient-relevant outcomes and pathway costs.

Table 1. Terminology comparison

Term	Primary Domain	Object	Typical Parties	One-Line Definition
Value-Based Procurement (VBP)	Public procurement / hospital purchasing	Tendering + supplier management	Hospital/authority ↔ supplier	How we buy based on outcomes/TCO, not unit price
Value-Based Purchasing	Health policy / payer payment reform	Provider payment incentives	Payer ↔ provider	How payers reward provider performance
Value-Based Contracting (VBC)	Contract design (payer-manufacturer)	Outcomes-based agreement	Payer ↔ manufacturer (or provider)	Contract terms where payment depends on real-world outcomes

Legend: VBP: Value-Based Procurement, VBPu: Value-Based Purchasing (often abbreviated simply as VBP in U.S. policy contexts, but to avoid confusion with procurement, VBPu or VBPurch is sometimes used), VBC: Value-Based Contracting

Across jurisdictions, VBP consistently moves procurement beyond lowest acquisition price toward multidimensional evaluation of outcomes, service quality, sustainability, and total or life-cycle cost. In wound care, the evidence indicates that value is driven primarily by pathway-level outcomes rather than dressing price alone. Key poster-ready findings are:

- Wound care is especially suited to VBP because the principal cost drivers are staff time, healing duration, visit frequency, and complications rather than product acquisition cost alone.
- Legal or policy frameworks enabling value-based award criteria were identified in all fifteen countries reviewed, but operational maturity varied substantially.

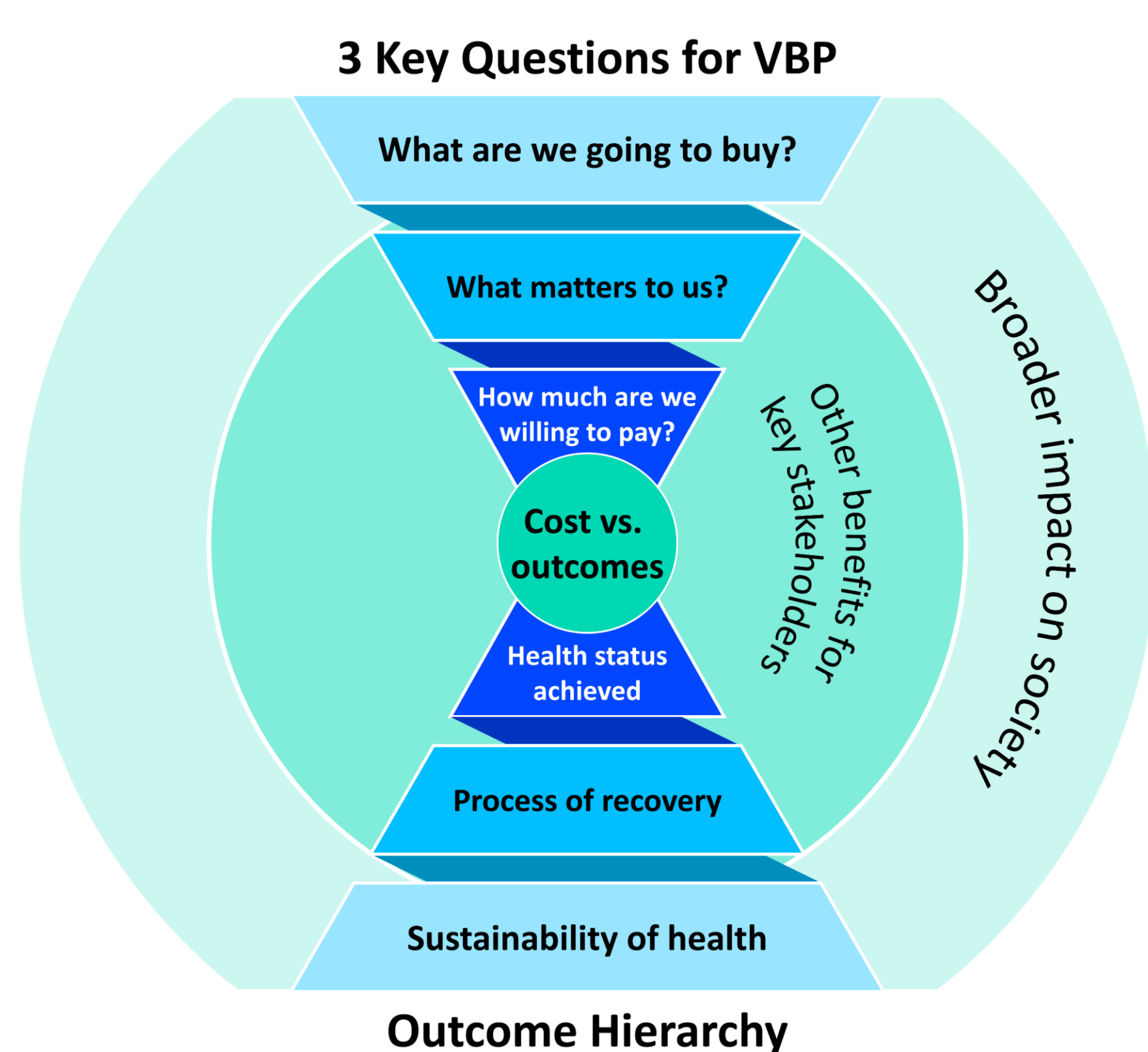


Figure 1. What "value" means in healthcare and how procurement can deliver this value  
Legend: QALWs - quality-adjusted life-weeks

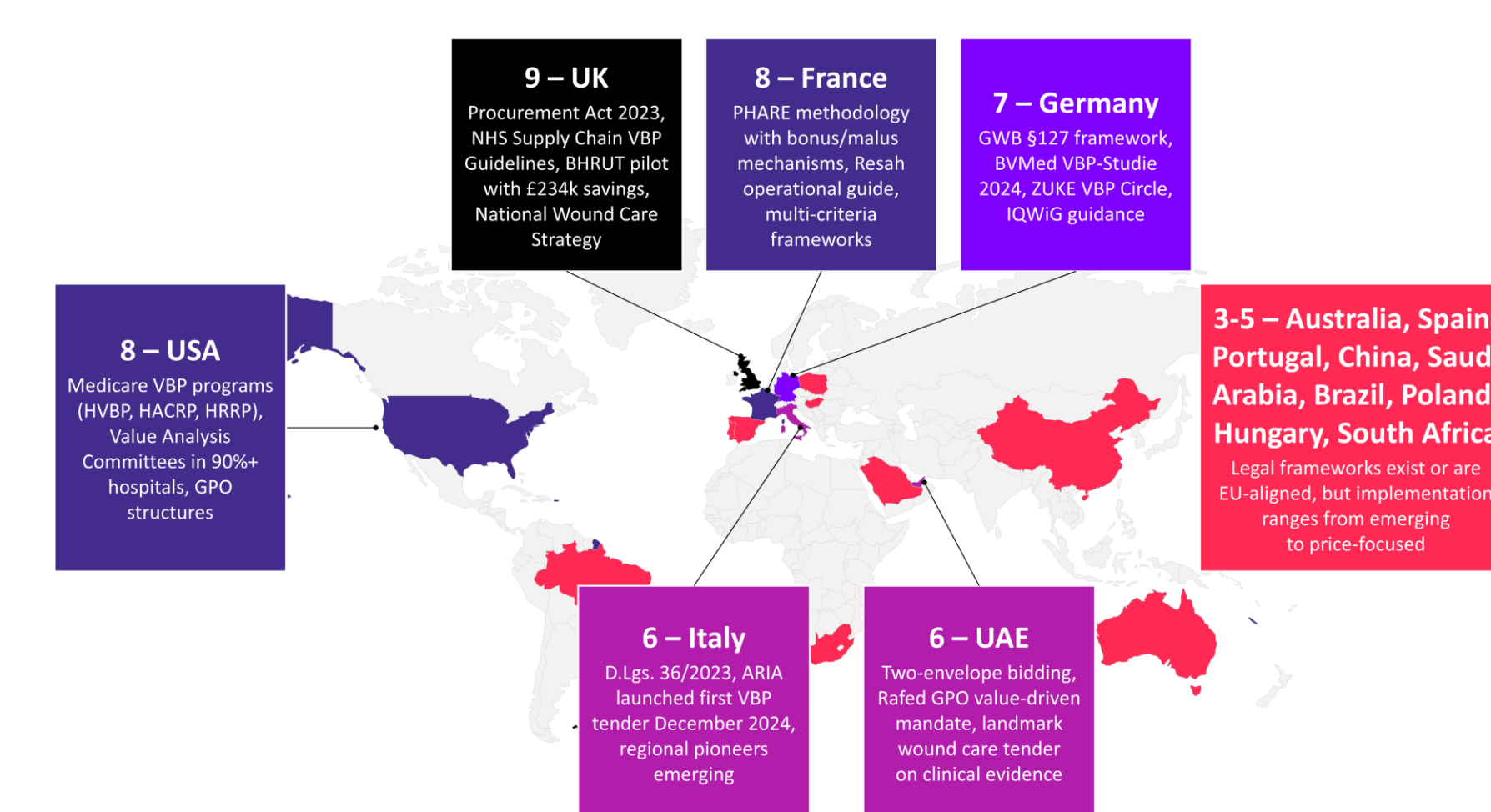


Figure 2. Country Maturity for Value-Based Procurement per Country

## CONCLUSIONS

Value-based procurement offers an important opportunity to align wound care purchasing with what matters most: faster healing, fewer complications, better patient experience, and lower total cost of care. Internationally, VBP is increasingly policy-enabled, but routine implementation remains uneven across health systems, with variation in tender design, institutional readiness, data availability, and the ability to evaluate outcomes beyond acquisition price. For wound care medical devices, this is particularly relevant because the main economic burden is often driven by healing duration, clinical time, complications, hospitalisation, and service utilisation, rather than dressing price alone. Procurement models that focus only on unit cost risk overlooking technologies or care approaches that may reduce downstream burden across the full wound pathway. Future progress will depend on stronger wound-specific evidence, more standardised outcome measures, better real-world data infrastructure, and procurement processes capable of assessing value across the full care pathway. Greater alignment between evidence generation, tender criteria, and post-award outcome assessment will be essential to translate VBP from policy ambition into routine purchasing practice.

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## CONTACT INFORMATION

Corresponding author contact: vladica.velickovic@hartmann.info