



## Introduction

The global transition toward Value-Based Healthcare necessitates a shift from traditional volume-based metrics to a framework that prioritizes patient-centered outcomes relative to the costs of delivery. While multidisciplinary care is recognized as essential for holistic patient recovery, quantifying the value of specific therapeutic pathways—such as Nutrition, Psychology, and Physiotherapy—remains a complex challenge in real-world settings. The integration of Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) provides a comprehensive view of clinical effectiveness and service quality from the patient’s perspective. However, these metrics are often analyzed in isolation from the direct costs of care, limiting the ability of healthcare managers to optimize resource allocation.

## Objective

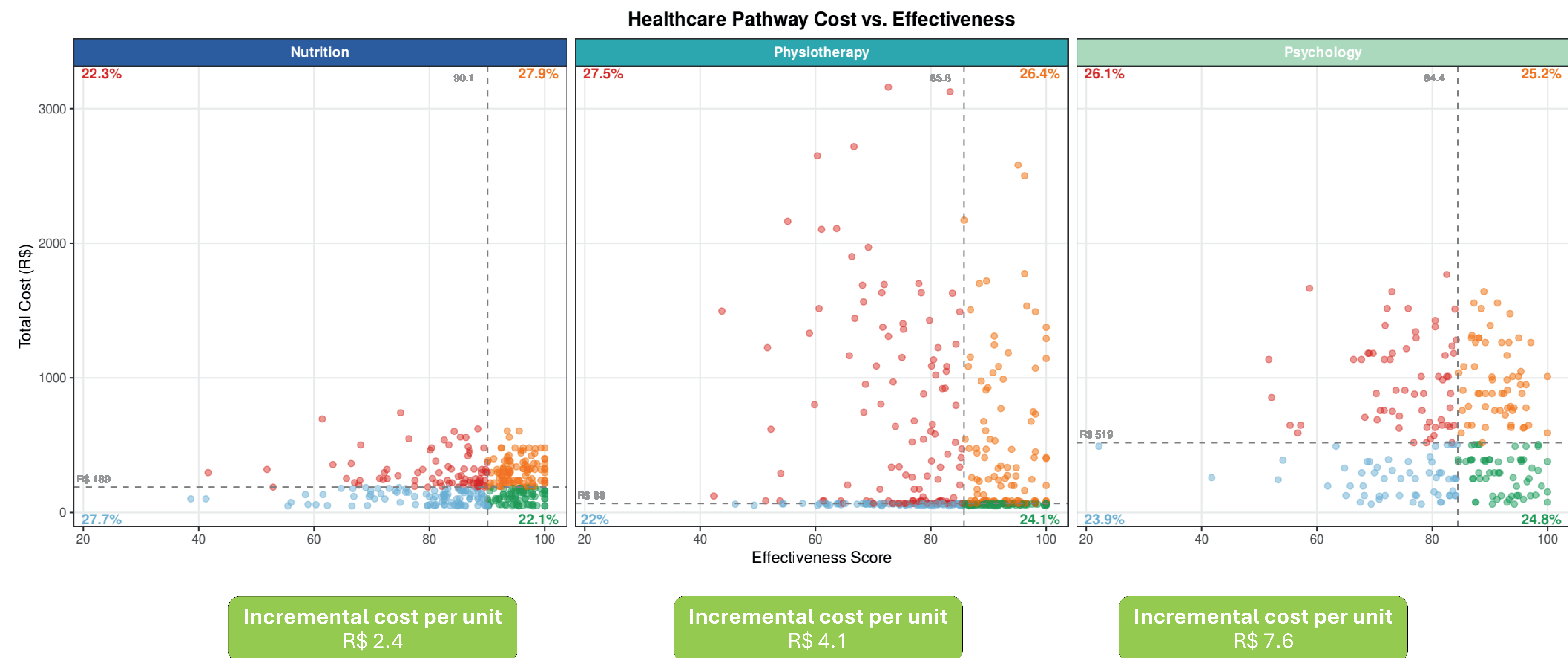
To compare the value delivered by three multidisciplinary care pathways (Nutrition, Psychology, and Physiotherapy) by integrating PROMs, PREMs, and direct care costs.

## Methods

A retrospective real-world analysis was conducted using routinely collected data from May to July 2025 across multiple units. PROMs, PREMs, and cost data were analyzed. Effectiveness scores were derived from aggregated outcome and experience measures. Mean effectiveness, mean cost per patient, and cost per unit of effectiveness were calculated for each pathway. The samples included 358 patients in Nutrition, 233 in Psychology, and 453 in Physiotherapy.

## Results

The Nutrition pathway showed a mean effectiveness score of 87.65, with a mean cost per patient of R\$ 214.34, resulting in a cost of R\$ 2.45 per unit of effectiveness. The Psychology pathway achieved a mean effectiveness of 83.00, with a mean cost per patient of R\$ 638.57 and a cost of R\$ 7.69 per unit of effectiveness. The Physiotherapy pathway presented a mean effectiveness of 83.56, with a mean cost per patient of R\$ 350.61 and a cost of R\$ 4.20 per unit of effectiveness. All three pathways demonstrated high patient-reported outcomes and experience, with high satisfaction and Net Promoter Scores. Most patients were positioned in the high-value quadrants of the value matrix, although relevant differences in cost-efficiency were observed.



Incremental cost per unit  
R\$ 2.4

Incremental cost per unit  
R\$ 4.1

Incremental cost per unit  
R\$ 7.6

## Conclusions

All three care pathways delivered high value from the patient perspective. However, important differences in cost-efficiency were identified. Nutrition achieved the highest value at the lowest cost, while Psychology delivered similar perceived benefits at a higher cost. Integrating PROMs, PREMs, and cost data is a feasible and scalable strategy to support value-based healthcare management and resource allocation.

