



ACCELERATION OF DIGITAL HEALTH TECHNOLOGIES IN VALUE-BASED PAYMENT SYSTEMS

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OBJECTIVES

To achieve value-based healthcare (VBHC), outcomes that are meaningful to patients should be measured. In the field of dialysis some countries have implemented value-based payment systems to ensure that these outcomes are met by measuring Key Performance Indicators (KPIs). Digital health technologies (DHT) have the potential to support in maximizing these outcomes resulting in a financial upside potential. This study aims to explore which countries have value-based payment systems in dialysis and where investing in DHTs can be of the highest value for providers.

METHODS

We have performed a survey of all dialysis provider countries in **Europe, Middle East and Africa (n=29)** in order to identify value-based driven payment systems. For the countries with such a payment setup we asked for a list of required KPIs to achieve the add-on reimbursement.

RESULTS

We identified four countries with a value-based payment system: **France, Czech Republic, Portugal and South Africa**. KPIs to achieve the add-on reimbursement in renal care in these countries are:

- survival- and hospitalization-rate;
- mineral and bone disease (phosphate);
- anemia management (hemoglobin and ferritin);
- dialysis adequacy/treatment compliance (≥ 3 sessions/week);
- quality of dialysis water (monthly water quality tests according to guidelines);
- nutritional status;
- number of patient on the transplant waiting list.



CONCLUSION

Some DHT that are targeting these KPIs are already being implemented in clinical practice, e.g. a decision support tool to optimize anemia management, water treatment systems to continuously monitor dialysis water quality and health apps to improve patient's treatment compliance through education. By targeting these KPIs the DHT may allow for add-on reimbursement achievement. Together with an increasing shift from volume to value-based payment systems this suggests a growing need and accelerated uptake of DHT in the future.