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Nicholas Isbell
Walden University

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College of Management and Human Potential

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Nicholas Isbell

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Dr. Laurie Latvis, Committee Chairperson, Health Sciences Faculty
Dr. Matt Frederiksen-England, Committee Member, Health Sciences Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Effective Strategies for Hospital Adoption of Value-Based Reimbursement Models

by

Nicholas Isbell

MBA, Walden University, 2021

BS, The University of Mississippi (Ole Miss), 2019

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Abstract

Acute care hospitals continue to experience financial strain as the healthcare system transitions from fee for service to value-based reimbursement (VBR) models. The purpose of this integrative review was to identify evidence-based financial, clinical, and operational strategies that support hospital adaptation to value-based models while maintaining financial stability and high-quality care. The guiding question focused on determining which strategies reduce financial pressures and improve value-based performance in acute care hospitals. Guided by resource-based theory, this integrative review included 25 empirical and nonempirical studies published between 2019 and 2025 that examined U.S. acute care hospitals. Data were synthesized through a thematic analysis that revealed three major themes: (a) optimize financial structures to support value-based care, (b) redesign clinical care for cost-effective outcomes, and (c) strengthen workforce and organizational capacity to sustain value-based transformation. The themes were made up of nine subthemes. Recommendations are to implement targeted financial strategies through VBR participation, cost-containment, and performance-based incentives, redesign clinical strategies to standardize pathways and protocol and enhance care coordination and improve operational strategies with electronic health record investments and workforce competencies and accountability. Applying these strategies may help hospital administrators improve organizational sustainability, elevate care quality, and promote positive social change by advancing equitable and efficient healthcare delivery, particularly for underserved and resource-limited populations.

Part 1: Practice-Based Problem

Problem of Interest

This integrative review focuses on the financial challenges faced by acute care hospitals in the United States as they transition from fee-for-service (FFS) models to value-based reimbursement (VBR) systems. This shift, initiated by policies from the Centers for Medicare & Medicaid Services (CMS), was designed to incentivize improvements in care quality and cost efficiency (Jones et al., 2024). However, many acute care hospitals continue to face difficulties in adapting to these models, particularly in aligning their financial sustainability with high-quality patient outcomes (Yu & Gorgone, 2024).

This review was conducted to identify and synthesize effective, evidence-based financial and clinical strategies that can support acute care hospitals during this transition. Despite the long-standing goals of value-based care, many hospitals in resource-constrained environments struggle to maintain positive operating margins while meeting performance expectations (Kim et al., 2022). The lack of consistent guidance on adaptable and sustainable strategies has led to operational inefficiencies, disparities in care delivery, and financial losses across hospital systems (Dera, 2021).

The goal of this review is to provide practical insights for healthcare administrators by identifying strategies that improve organizational agility, operational performance, and financial stability. The potential positive social change implications are significant. Hospitals that can successfully transition to value-based models will be better equipped to deliver equitable, efficient, and patient-centered care. This, in turn, promotes stronger community health outcomes, reduces disparities, and enhances trust in local

healthcare systems. By contributing to a more financially resilient and quality-driven healthcare infrastructure, this review supports the broader goals of health equity and systemic sustainability.

Healthcare Administration Problem

Background

Acute care hospitals in the United States play a critical role in delivering immediate and intensive medical care for serious illnesses, injuries, and postoperative recovery. Traditionally, healthcare providers operating under an FFS payment structure were reimbursed based on the volume of services delivered, regardless of patient outcomes; while this model ensured predictable revenue streams for hospitals, it often incentivized quantity over quality and contributed to rising healthcare costs and inefficiencies (Yu & Gorgone, 2024). Historically, challenges like these have become increasingly visible as hospitals transition away from FFS toward VBR models, which introduce substantial operational and financial pressures that threaten the sustainability of high-quality care delivery (Dera, 2021; Kim et al., 2022; Yu & Gorgone, 2024). For example, Connecticut hospitals reported a combined operating loss of \$720.6 million in 2022, which improved to \$463 million in 2023 but continued to reflect persistent financial distress within acute care systems (Crook et al., 2021; Etges et al., 2023). In response to these pressures, the literature suggests that hospitals must adopt proactive and adaptive financial management strategies that strategically align internal resources, performance incentives, and care delivery models with value-based care objectives to maintain economic viability while improving patient outcomes (Etges et al., 2023).

In response to concerns over healthcare spending and inconsistent quality, the

CMS introduced VBR models in the early 2010s (Miller et al. 2023). These models tied hospital reimbursement to performance on various quality metrics, including patient outcomes, readmission rates, and patient satisfaction (Kim et al., 2022). While the goal was to promote cost-effective, evidence-based care by rewarding hospitals that delivered high-value services, this shift has presented significant administrative and operational challenges for acute care hospitals, especially those serving vulnerable or low-income populations (Edmiston, 2022; Kim et al., 2022). The infrastructure and resources required to implement effective data tracking, care coordination, and performance improvement initiatives are often lacking (Abicalaffe & Schafer, 2020; Barney et al., 2021). As a result, many hospitals have experienced financial strain, shrinking operating margins, and pressure to meet performance benchmarks without compromising patient care (Etges et al., 2023).

Hospitals must now adapt to this evolving reimbursement landscape while maintaining clinical excellence and regulatory compliance. The transition to VBR has exposed a gap in the financial and strategic capabilities of many institutions, highlighting the need for evidence-based interventions that support both economic stability and patient-centered care. Understanding the history and context of this administrative challenge is essential to developing solutions that are both practical and scalable within diverse acute care hospital environments.

Operational Problem

While value-based care models aim to improve quality and cost efficiency, they also introduce complex financial and operational pressures for hospitals, particularly those lacking sufficient infrastructure, as Yu and Gorgone (2024) reported. Research

underscores the strain on acute care hospitals to balance cost-containment with quality improvement, which is a central tension in the field of healthcare financial management. This tension highlights the necessity for evidence-based financial strategies and organizational capabilities that enable hospitals to sustain performance while adapting to VBR models. Medicare's Hospital Value-Based Purchasing (HVBP) programs, although well-intentioned, may inadvertently deepen disparities in hospital performance and financial viability (Kim et al., 2022). Hospitals serving disadvantaged populations often lack the resources needed to meet VBR metrics, exacerbating both financial instability and healthcare inequities. This underscores the systemic implications of VBR transitions and the need for targeted administrative strategies.

Essential strategies that healthcare organizations must implement to succeed under value-based models include care coordination, data utilization, and patient engagement (Dera, 2021). Without proactive adaptation, hospitals risk underperformance and financial decline (Dera, 2021). This aligns with the broader consensus that hospital administrators must develop innovative and resource-aligned strategies to thrive in the evolving reimbursement environment.

Together, the literature demonstrates that the shift to VBR is a complex, discipline-defining issue with widespread implications for healthcare policy, management, and financial strategy. Addressing this challenge is vital to ensure the sustainability of acute care hospitals and the equity of care delivery in the U.S. healthcare system. See Appendix A for more search results information.

Ideal State of Operations

In an ideal operational state, acute care hospitals would successfully align their

financial, clinical, and administrative strategies to support VBR models without compromising care quality or financial sustainability. This state would be characterized by streamlined workflows, robust data analytics, proactive care coordination, and an organizational culture that prioritizes both outcomes and efficiency (Etges et al., 2023). Further, this is a state where hospitals would leverage adaptive financial management and value-driven operational frameworks to achieve both social and economic impact (Etges et al., 2023). Hospitals would routinely use predictive analytics to identify at-risk patients, engage in multidisciplinary care planning, and maintain financial solvency through strategic resource allocation and performance incentives. Value-based systems can thrive when institutions focus on long-term investments in infrastructure, staff development, and innovation aligned with patient-centered goals.

In addition, successful organizations adopt continuous quality improvement practices, integrate social determinants of health into care planning, and build partnerships across community and public health sectors (Crook et al., 2021). Hospitals are better positioned to meet evolving CMS benchmarks and ensure equitable care delivery. Ultimately, the desired state is one in which acute care hospitals not only comply with VBR expectations but also lead transformation through scalable, evidence-based practices that improve both health outcomes and financial viability (Crook et al., 2023). This positions healthcare organizations to drive sustainable change across the broader healthcare system.

Professional Practice Gap Statement

Hospitals have seen their operating margins shrink due to rising costs and shifts in reimbursement models (Crook et al., 2021). Evidence demonstrated a lack of addressing

the financial strain arising from the dynamic changes in reimbursement and payment models (Crook et al., 2021). As an example, in Crook et al.'s (2021) study, Connecticut hospitals faced a combined operating loss of \$720.6 million in 2022, which improved to \$463 million in 2023, although significant financial struggles continue to exist.

Specifically reviewing the Hospital Readmission Reduction Program statistics, for fiscal year (FY) 2023, the average financial hospital penalty from CMS was 0.34% (Ericson, 2025); however, the average penalty for hospitals in Connecticut was 0.76% for FY 2022 (Rau, 2023). Ideally, hospitals would achieve readmission rates at or below VBR benchmarks through effective use of internal resources and capabilities; however, existing penalty differentials reveal a persistent organizational performance gap that continues to result in avoidable financial penalties.

Summary of Evidence

The transition from FFS to VBR has created financial and operational challenges for acute care hospitals, particularly those with limited resources (Kim et al., 2022; Yu & Gorgone, 2024). While value-based models aim to improve care quality and efficiency, many hospitals struggle to align internal resources with new reimbursement demands (Dera, 2021). This creates a focused healthcare administration problem of how hospital leaders can implement sustainable financial strategies without compromising care quality. The practice gap lies in the lack of evidence-based approaches tailored to support hospitals through this shift. Ideally, hospitals would adopt adaptive financial frameworks that align internal capabilities with value-based goals to ensure both clinical and fiscal success (Etges et al., 2023).

Purpose of the Integrative Review

The purpose of this integrative review was to examine evidence-based financial and operational strategies that support acute care hospitals in addressing the financial strain caused by the transition from FFS to VBR models. This healthcare administration problem directly impacts hospitals' ability to sustain high-quality care while remaining financially viable (Basu et al., 2024). The review identified approaches that help healthcare leaders align internal resources with reimbursement expectations, ultimately enhancing organizational performance. By addressing this challenge, the review contributes to improved access, quality, and equity in care, particularly for underserved populations, highlighting the connection between hospital sustainability and broader social determinants of health

Integrative Review Question

What evidence-based financial and clinical strategies have been proven effective in reducing the financial strain on acute care hospitals resulting from the transition from FFS to VBR models? This review question addressed the central healthcare administration problem of the challenge acute care hospitals face in maintaining financial sustainability while adapting to evolving payment systems. By focusing on strategies that have demonstrated success in real-world settings, the review aimed to identify actionable strategies that hospital administrators can implement. These solutions are intended to bridge the practice gap by aligning organizational resources and operations with value-based care requirements, ultimately improving both fiscal health and patient outcomes.

Theoretical and/or Conceptual Framework

This integrative review is grounded in RBT, originally developed by Edith

Penrose (1995), and further refined by Barney et al. (2021) and others as found in strategic management literature. Penrose's foundational work emphasized that a firm's growth and sustained performance depend on how effectively it identifies and leverages its tangible and intangible resources (Penrose). Later contributions, such as Barney et al., extended this theory by integrating it with value creation frameworks, focusing on how organizations can strategically manage their resources to gain competitive advantage and adapt to external changes.

Key contributing factors of RBT include internal resources and capabilities (e.g., financial assets, workforce expertise, data infrastructure), competitive advantage, organizational performance, and adaptability to change (Barney et al., 2021). The theory maintains that organizations that recognize and develop their unique resource strengths are better positioned to respond to external pressures, such as policy or reimbursement shifts. In the context of healthcare administration, this translates to hospitals using their internal assets, clinical expertise, technology systems, leadership, and processes to effectively respond to value-based care requirements.

Acute care hospitals are under pressure to shift from volume to VBR models, a change that requires strategic resource realignment and operational restructuring. RBT provides a logical structure for understanding how hospitals can use their existing capabilities to implement evidence-based strategies, reduce financial strain, and maintain care quality. The review question sought to identify successful financial and clinical strategies for hospitals adapting to value-based models and was directly supported by RBT's focus on internal resource optimization and strategic adaptation to environmental demands.

Part 2: Literature Review, Quality Appraisal, and Analysis

Literature Search Strategy

I conducted an integrative review of literature published between 2020 and 2025 to explore financial and clinical strategies that support acute care hospitals transitioning from FFS to VBR. I searched the CINAHL, MEDLINE, ProQuest Health & Medical Collection, and Google Scholar databases. I used Boolean operators to connect key search terms, including *VBR OR alternative payment models AND hospital financial strategy OR financial sustainability OR operational performance AND acute care hospitals AND FFS OR transition*.

I also performed forward and backward citation tracking to identify additional relevant studies. I applied inclusion criteria that prioritized peer-reviewed empirical and non-empirical studies published in English between 2020 and 2025 that focused on U.S. acute care hospitals. I excluded studies that focused exclusively on outpatient settings, international healthcare systems without U.S. comparison, or those that did not address financial or operational strategies. Table 1 lists the inclusion and exclusion search criteria.

Table 1*Inclusion and Exclusion Search Criteria*

Inclusion search criteria	Exclusion search criteria
English	Ambulatory, rehabilitation, or clinic-only setting, pharmacies
Empirical research, systematic/integrative reviews, case studies, government or professional organization reports	Prior to 2019
Acute care hospitals	Focuses only on quality improvement without connection to financial adaptation or reimbursement
Financial sustainability	Without Full-Text Availability
Payer reimbursement	Foreign Countries (to US)
Fee For Service (FFS)	Clinical research
Value-based care (VBC)	Homelessness population
Practice-based recommendations	Transitional care (From SNF to Homecare)
Transition from FFS (FFS) to value-based care (VBC)	Preprints
Operational responses to reimbursement model changes	

Following this process, I identified an initial yield of 268 sources. I conducted an integrative review of literature published between 2020 and 2025 to explore financial and clinical strategies that support acute care hospitals transitioning from FFS to VBR.

Appendix B provides additional details on the search results.

Literature Quality Appraisal

Ultimately, I selected 25 high-quality studies for detailed analysis. I appraised each of the 25 selected studies using the Johns Hopkins evidence-based practice model. This appraisal tool enabled a structured evaluation of the strength and quality of the evidence based study design, methodological rigor, relevance to the practice problem, and implications for administrative practice, as presented in Appendix C. The appraisal results included one article at Level 4, nine articles at Level III and fifteen at Level V. Quality ratings across studies were strong, with fifteen rated A (high quality), eight rated B (good quality), and two rated C (low-to-moderate quality). These results indicate that most of the evidence supporting the findings of this integrative review is of moderate to

high methodological rigor and practical relevance for hospital administrators adapting to VBR models.

Literature Results of Key Articles

Cattel and Eijkenaar (2020) and Milad et al. (2022) identified several strategies that support hospital adoption of VBR models, including implementing global budgeting, bundled payments, quality-linked incentives, and standardized performance metrics. Chen et al. (2022) and Melzer (2022) emphasized integrating social determinants of health and equity considerations into value-based models, advocating for social risk adjustment and sustainable approaches to reduce disparities in Medicare and pediatric populations. Gee et al. (2021) and Kalainov et al. (2024) stressed the need to modernize federal programs such as Medicare and Medicaid to improve fiscal alignment, reduce administrative burden, and promote long-term sustainability.

Forney et al. (2025) and Hammond et al. (2024) outlined internal organizational strategies such as investing in digital infrastructure, optimizing the workforce, and practicing agile leadership as essential for hospitals to remain resilient and adaptable in value-based environments. El Fadel et al. (2024) and Iglesia et al. (2020) highlighted the importance of education and workforce development, particularly through medical curriculum reform and interprofessional collaboration. Lastly, DeMik et al. (2024) and Husaini and Maddox (2020) warned that poorly designed or improperly implemented VBR models can create unintended consequences, including misaligned incentives and lack of provider engagement.

Thematic Analysis of Literature

The literature reviewed included systematic reviews, descriptive studies, surveys,

and policy analyses that examined VBR reforms and their implications for hospital financial and clinical performance. Many authors used structured methods to minimize bias and enhance credibility, such as drawing from multi-year datasets, applying validated coding frameworks, and aligning outcomes with established value-based care benchmarks (Agarwal et al., 2020; Cattel & Eijkenaar, 2020; Milad et al., 2022).

Common limitations across the sources included: (a) variation in definitions, outcome measures, and quality indicators associated with value-based care, which restricted comparability across studies ($n = 3$); (b) limited interventional or experimental evidence, as much of the existing research relied on conceptual or policy reviews ($n = 10$); (c) studies focused on specific populations or care specialties, limiting generalizability to diverse acute care hospital environments ($n = 7$); and (d) minimal integration of patient-reported outcomes or implementation perspectives ($n = 5$). Additional details supporting the thematic analysis appear in Appendix D.

Total Summary of Themes and Subthemes

The literature collectively demonstrated that acute care hospitals must implement targeted financial, clinical, and organizational strategies to reduce financial strain and successfully transition from FFS to VBR models. Through synthesis of the selected sources, three overarching themes emerged, each supported by administrator-actionable subthemes that reflect evidence-based practices hospitals can apply to improve value-based performance. These themes highlight the importance of optimizing financial structures, redesigning clinical care delivery to support cost-effective outcomes, and strengthening the workforce and organizational capacity needed to sustain value-based care transformation. Table 2 presents a summary of the themes and their corresponding

subthemes derived from the reviewed literature.

Table 2

Total Number of Themes and Subthemes

Themes	Subthemes
Financial Strategy and Payment Reform	Bundled/episodic payments, performance-based incentives, and strengthen cost management
Clinical Care Design	Standardize clinical care pathways, Integrate care coordination, population-health programs, and social risk screening, leverage health information technology and data analytics
Workforce/Organizational Capacity, Health Information, and Analytics	Develop staff competencies through value-based care training, engage clinicians to foster accountability and value-driven culture, establish strategic partnerships to enhance resource utilization

Themes and Subthemes for this Integrative Review Study

These themes and subthemes reflect the results of a comprehensive review of the literature and demonstrate how hospitals can implement targeted financial, clinical, and organizational strategies to support the transition from FFS to VBR models. The findings emphasized that hospitals must adopt internal initiatives that improve financial performance, redesign care delivery, and strengthen workforce readiness to successfully operate in value-based environments. Together, these themes provide practical direction for hospital leaders seeking to reduce financial strain while improving patient care quality and outcomes. Once the themes and subthemes were identified, the sources included in this review were reexamined to determine which evidence-based strategies offer the most

value for acute care hospitals navigating value-based care transformation. Table 3 represents the themes and subthemes identified in this integrative review and illustrates their alignment with the study's framework.

Table 3*Integrative Review Themes and Subthemes*

Themes and Subthemes	Relationship to Theory
<p>Optimize Financial Structures to Support Value-Based Care</p> <ul style="list-style-type: none"> • Participate in bundled and episodic payment models • Align internal performance-based incentives with quality and cost goals • Strengthen cost management and financial-risk readiness 	<p>A key construct of RBT is sustainable competitive advantage which is achieved through the strategic development and deployment of valuable and difficult-to-imitate financial capabilities. These financial structures represent organizational resources that enable hospitals to absorb risk, control costs, and sustain performance under VBR models.</p>
<p>Redesign Clinical Care for Cost-Effective Outcomes</p> <ul style="list-style-type: none"> • Standardize clinical care pathways • Integrate care coordination, population-health programs, and social risk screening • Leverage health information technology and data analytics 	<p>From an RBT perspective a key construct is internal resources and capabilities, which relates to clinical processes, care coordination capabilities, and data analytics function that improve efficiency and quality. Hospitals that embed these capabilities transform clinical expertise into organizational assets that support value-based performance and reimbursement sustainability.</p>
<p>Strengthen Workforce and Organizational Capacity to Sustain Value-Based Transformation</p> <ul style="list-style-type: none"> • Develop staff competencies through value-based care training • Engage clinicians to foster accountability and value-driven culture • Establish strategic partnerships to enhance resource utilization 	<p>From a RBT perspective, workforce development and organizational capacity represent internal resources and capabilities that support value-based care delivery. These workforce capabilities create sustainable competitive advantage by enabling value-driven practices that improve organizational performance through enhanced quality, cost control, and accountability under VBR models.</p>

Conclusion

Part 2 presented the analysis of scholarly sources and the development of themes and subthemes that identify actionable strategies to support acute care hospitals transitioning from FFS to VBR models. The three themes derived from the literature—optimizing financial structures for value-based care, redesigning clinical care for cost-effective outcomes, and strengthening workforce and organizational capacity—offer evidence-based strategies that hospital leaders can implement to reduce financial strain and improve value-based performance. These results highlight the importance of intentional internal transformation to achieve sustainable success in value-based care environment.

Part 3: Presentation of Results

Hospitals navigating the transition from FFS to VBR models must align financial, clinical, and organizational strategies to maintain performance and financial stability. This integrative review was conducted to examine evidence-based strategies hospital leaders can implement to reduce financial strain, improve care quality, and strengthen readiness for value-based care. The central focus of this review was to identify actionable approaches that support successful adoption of VBR models in acute care hospital settings.

The analysis of the literature resulted in three major themes and nine subthemes that reflect the multifaceted strategies hospitals can use to achieve sustainable value-based care transformation. These themes demonstrate how hospitals can optimize financial structures, redesign clinical care delivery, and strengthen organizational and workforce capacity to operate effectively under VBR expectations.

The thematic results are grounded in RBT, which provided a lens to understand how hospitals acquire, develop, and mobilize internal capabilities to achieve competitive advantage and improved outcomes during reimbursement reform. See Appendix D for the thematic analysis results. Initial codes supporting the thematic development included terms associated with financial, operational, and clinical hospital strategies. Examples of initial codes extracted during analysis included:

- Financial readiness and cost control: cost-management practices, budgeting tools, resource optimization, labor cost containment (Agarwal et al., 2020; Etges et al., 2023; Milad et al., 2022).
- Care coordination and clinical standardization: clinical pathways, chronic care

management, discharge planning, interdisciplinary care teams (Basu et al., 2024; Chen et al., 2022; Hammond et al., 2024).

- Leadership and workforce engagement: agile decision-making, strategic governance, clinician engagement, value-based care training (El Fadel et al., 2024; Forney et al., 2025).

These codes were clustered and refined into the three final themes selected for this study, which reflect strategies hospital administrators can directly implement and refine to reduce financial strain and improve performance under VBR models. The three themes were financial, operational, and clinical areas relevant to healthcare administrators.

Themes and Thematic Concepts Map

The thematic analysis resulted from 20 peer-reviewed studies and identified three essential themes and nine subthemes that reflect actionable strategies hospital leaders can use to support successful VBR adoption. Themes were extracted and organized based on strategic focus areas, financial, clinical, and organizational, to show how hospitals can operationalize value-based care expectations while reducing financial strain. These categories demonstrate the internal capabilities hospitals must strengthen to transition away from FFS models toward value-driven performance and sustainable reimbursement structures.

Grounded in RBT, the themes highlight how hospitals can build, leverage, and integrate internal resources to create competitive advantage in value-based environments. RBT supports the interpretation of how organizations use financial capacity, clinical process redesign, human capital, and strategic partnerships to improve outcomes and manage risk under VBR models. The thematic findings emphasize that hospitals must

enhance internal systems, including financial practices, care delivery models, workforce readiness, and data-driven decision-making, to achieve performance improvement and long-term sustainability. The following themes present the strategic priorities identified across the literature that acute care hospitals can implement to strengthen value-based care readiness and reduce financial pressure.

Presentation of Findings

Following the analysis of the 20 peer-reviewed articles included in this integrative review, three primary themes and multiple associated subthemes were identified. These themes represent key financial, clinical, and organizational factors influencing acute care hospitals' ability to successfully transition from FFS to VBR models. Collectively, the themes provide a structured framework for synthesizing the evidence across the literature and highlight strategies that support financial sustainability, care quality improvement, and organizational readiness. Each theme and its corresponding subthemes are briefly presented below, followed by detailed interpretation and discussion in subsequent sections.

1. Hospitals must optimize financial structures to support value-based care and maintain financial stability. (Agarwal et al., 2020; Basu et al., 2024)
 - a. Participation in bundled and episodic payment models reduces avoidable costs and improves financial performance (Agarwal et al., 2020; Milad et al., 2022).
 - b. Aligning internal performance-based incentives with quality and cost goals improves accountability and clinician engagement (Cattel & Eijkenaar, 2020; Hammond et al., 2024).

- c. Strengthening cost management and financial-risk readiness enhances hospitals' ability to withstand revenue variability under VBR (Forney et al., 2025; Loreal et al., 2023).
2. Hospitals must redesign clinical care delivery to achieve cost-effective and high-quality outcomes (Chen et al., 2022; Hammond et al., 2024; Melzer, 2022)
 - a. Standardizing clinical care pathways reduces variation and improves quality metrics tied to reimbursement (Basu et al., 2024; Hammond et al., 2024).
 - b. Integrating care coordination, population-health programs, and social risk screening improves patient outcomes and lowers total cost of care (Chen et al., 2022; Melzer, 2022).
 - c. Leveraging health information technology and data analytics supports performance monitoring and continuous quality improvement (Husaini & Maddox, 2020; Loreal et al., 2023).
3. Hospitals must strengthen workforce and organizational capacity to sustain value-based transformation (Forney et al., 2025, Iglesia et al., 2020)
 - a. Developing staff competencies through value-based care training improves organizational readiness and adoption success (El Fadel et al., 2024; Forney et al., 2025).
 - b. Engaging clinicians fosters a culture of accountability and value-driven care delivery (Hammond et al., 2024; Iglesia et al., 2020).
 - c. Establishing strategic partnerships expands care delivery capacity and

enhances resource utilization under VBR models (Meese et al., 2022; Reindersma et al., 2022).

Interpretation of the Findings

Transitioning from FFS to VBR requires hospitals to implement coordinated financial, clinical, and organizational strategies that support cost containment while maintaining high-quality care. The literature indicates that successful adoption of value-based care depends on deliberate alignment between financial structures, care delivery redesign, workforce capacity, and external partnerships. Guided by RBT, this section emphasizes how hospitals can leverage internal resources, such as financial systems, clinical expertise, data analytics, and human capital, to build sustainable capabilities that support value-based performance. From an RBT perspective, hospitals that strategically develop and deploy these valuable, rare, and difficult-to-imitate resources are better positioned to achieve competitive advantage and long-term success under VBR models.

Optimize Financial Structures for Value-Based Care

Hospitals must restructure financial practices to support VBR and maintain financial stability during the transition away from FFS (Etges et al., 2023). This theme reflects strategies hospital administrators can implement to strengthen financial readiness, manage costs, and align incentives with value-based performance expectations (Milad et al., 2022). The literature emphasized that hospitals that proactively prepare financially for risk-based contracts are more successful in achieving both cost control and quality improvement under value-based arrangements (Agarwal et al., 2020). Viewed through a RBT lens, these financial restructuring efforts strengthen hospitals' internal financial capabilities, positioning them as strategic resources that support sustained performance

under value-based reimbursement.

Participate in Bundled and Episodic Payment Models to Reduce Avoidable Costs.

Hospitals can lower expenses and improve financial outcomes by participating in bundled and episodic payment models that tie reimbursement to quality and cost targets (Agarwal et al., 2020). Participation requires evaluating service lines for readiness, redesigning care processes across the care continuum, and monitoring episode performance. Research showed that when hospitals standardize care episodes and monitor variation, bundled models reduce unnecessary spending and improve financial returns (Milad et al., 2022). Through the studies and with the principles from RBT, the ability to standardize care episodes and manage performance across the continuum reflects a valuable internal capability that supports sustained financial outcomes in bundled payment models.

Align Internal Performance-Based Incentives with Quality and Cost Goals

Hospitals must design internal financial incentives that reward clinicians and departments for meeting value-based performance goals. Hammond et al. (2024) demonstrated that tying bonuses, performance scorecards, and evaluations to cost-efficiency and quality outcomes strengthens accountability and motivates care teams to prioritize value-based care over service volume. Studies found that hospitals that link compensation to quality measures see improvements in clinician engagement, adherence to best practices, and measurable performance gains (Cattel & Eijkenaar, 2020). From an RBT perspective, value-aligned incentive structures function as strategically organized human and managerial resources that enhance clinician engagement and accountability, creating internally embedded capabilities that support sustained performance under

value-based reimbursement.

Strengthen Cost Management and Financial-risk Readiness Practices to Support Value-Based Care

Hospitals must enhance their cost management capabilities through improved budgeting, resource allocation, and financial monitoring to withstand revenue fluctuations associated with VBR. This approach includes the use of real-time analytics, robust cost-accounting systems, and scenario planning to proactively identify and manage financial exposure under shared-risk contracts, as highlighted by Loreal et al. (2023). Research highlighted that strong financial oversight and risk-readiness reduce losses during VBR implementation and help hospitals reinvest in quality improvement (Forney et al., 2025).

Redesign Clinical Care for Cost-Effective Outcomes

Clinical transformation is essential for hospitals to succeed under VBR, as financial outcomes are directly tied to care quality, patient experience, and population health. Etges et al. (2023) emphasized redesigning care models to improve patient outcomes, reduce unnecessary variation, and advance value-based performance. Hospitals that standardize care, embed care coordination, and use data to guide clinical improvements experience stronger alignment with VBR goals (Hammond et al., 2024). Aligned with RBT, clinical transformation develops internal clinical capabilities that operate as strategic resources, enabling hospitals to sustain quality and financial performance under VBR.

Standardize Clinical Care Pathways to Reduce Variation and Improve Quality

Outcomes

Hospitals must implement evidence-based care pathways and standardized protocols to ensure consistent, high-quality care across service lines. Basu et al. (2024) emphasized that minimizing unwarranted variation enhances patient outcomes, reduces complications and readmissions, and strengthens organizations' ability to meet performance benchmarks. Studies showed that hospitals with standardized care processes achieve better value-based performance and score higher on quality metrics tied to reimbursement (Hammond et al., 2024). Consistent with RBT, evidence-based care pathways and standardized protocols represent internally developed clinical capabilities that function as strategic resources, enabling hospitals to reliably convert quality improvements into value-based financial performance.

Integrate Care Coordination and Population-health Programs, Including Social Risk Screening, to Improve Patient Outcomes and Reduce Costs

Coordinated care models, such as transitional care programs, case management, and population-health initiatives, reduce fragmentation and prevent avoidable utilization. Incorporating social risk screening into clinical workflows helps teams identify and address social factors affecting health, leading to reduced readmissions and stronger value-based outcomes. Literature demonstrated that integrating care coordination and social risk strategies improves population health and reduces total cost of care (Chen et al., 2022; Melzer, 2022). According to RBT principles, care coordination and social risk integration strengthen internal organizational capabilities that contribute to improved population health and lower total cost of care in value-based models.

Leverage Health Information Technology and Data Analytics to Monitor Performance and Drive Continuous Quality Improvement

RBT emphasizes that advanced data infrastructure and analytic capabilities constitute strategic organizational resources that support sustained performance under value-based reimbursement. Hospitals must use data systems, EHR capabilities, and analytics dashboards to monitor outcomes, stratify risk, and evaluate performance under VBR. Data-driven decision-making enables real-time quality improvement, early identification of care gaps, and proactive adjustments to clinical processes (Loreal et al., 2023). Evidence indicated that hospitals with strong data capabilities outperform peers in quality, patient satisfaction, and cost efficiency under VBR contracts (Husaini & Maddox, 2020).

Strengthening Workforce and Organizational Capacity

From an RBT perspective, strengthening workforce and organizational capacity reflects the strategic development of valuable internal resources and capabilities, particularly human capital, leadership competencies, and organizational culture. Workforce training, clinician engagement, and cross-organizational partnerships enhance hospitals' capabilities to deliver coordinated, value-driven care that is difficult for competitors to replicate, thereby contributing to sustainable competitive advantage (Hammond et al., 2024). These capabilities directly influence organizational performance by improving care quality, cost control, staff accountability, and alignment with value-based reimbursement requirements (Forney et al., 2025). Additionally, investments in workforce development and collaborative capacity enhance adaptability to change, enabling hospitals to respond effectively to evolving reimbursement models, regulatory

expectations, and population health demands. Collectively, these workforce-centered resources position hospitals to sustain long-term performance and resilience within value-based care environments.

Develop Staff Competencies through Value-based Care Training and Professional Development

RBT identifies workforce knowledge and skills as critical internal resources that enable hospitals to achieve sustained performance under VBR. Hospitals must build workforce skills in value-based care concepts, cost stewardship, population health, and data-driven practice. Training programs and professional development initiatives create a knowledgeable workforce that understands how daily decisions affect cost and quality outcomes. Research showed that staff education and competency building improve organizational readiness and accelerate successful VBR adoption (El Fadel et al., 2024; Forney et al., 2025).

Engage Clinicians to Foster a Culture of Accountability and Value-Driven Care to Foster a Culture of Accountability and Value-Driven Care

Clinician engagement is vital to changing practice patterns and sustaining improvement. Leaders must involve clinicians in decision-making, share performance data transparently, and reinforce expectations for value-based care delivery. Studies emphasized that clinician buy-in and shared accountability led to stronger quality outcomes, reduced variation, and improved performance on value-based metrics (Hammond et al., 2024; Iglesia et al., 2020). Within RBT, clinician engagement functions as a critical human-capital resource that enables lasting improvements in quality, consistency, and value-based performance.

Establish Strategic Partnerships to Expand Care Delivery Capacity and Enhance Resource Utilization

Hospitals can strengthen value-based performance by collaborating with community organizations, post-acute providers, and payer partners to extend service capacity and address patient needs beyond the hospital setting. Reindersma et al. (2022) outlined how strategic partnerships enhance care transitions, resource sharing, and population health management, which are critical drivers of success under value-based reimbursement. Evidence demonstrated that cross-sector collaboration improves organizational resilience and yields both clinical and financial gains in value-based models (Meese et al., 2022). From an RBT standpoint, these partnerships function as relational resources that complement internal capabilities, allowing hospitals to access and integrate external assets that support sustained performance under VBR.

Conclusion

The thematic concept map illustrates the essential themes and subthemes targeted at identifying evidence-based financial and clinical strategies that support acute care hospitals transitioning from FFS to VBR models (Appendix E). Each theme and subtheme demonstrated focused strategies healthcare administrators may employ to optimize financial structures, redesign clinical care processes, and strengthen workforce and organizational capacity in support of value-based care delivery. Collectively, these strategies emphasize participation in alternative payment models, alignment of performance-based incentives, standardization and coordination of care, effective use of health information technology and data analytics, and investment in workforce development and strategic partnerships. As such, the integrated components of the

thematic framework support administrator decision-making by providing a synthesized, systems-level approach to achieving financial sustainability while maintaining quality outcomes in value-based care environments.

Part 4: Recommendations for Professional Practice and Implications for Social Change

Strengthening hospital capacity to adopt VBR models is essential to advance financial sustainability, care quality, and health equity across the U.S. healthcare system. Many hospitals, especially those in rural, safety-net, or resource-limited environments, continue to face operational, clinical, and financial challenges when transitioning away from FFS reimbursement. These challenges contribute to financial strain, inefficiencies, and persistent disparities in care outcomes for historically underserved communities (Etges et al., 2023; Hammond et al., 2024). The findings of this integrative review emphasized that hospitals must adopt actionable strategies that enhance internal readiness for VBR by focusing on three core priority areas: optimize financial structures for value-based care, redesign clinical care for cost-effective outcomes, and strengthen workforce and organizational capacity.

Recommendations for Professional Practice

RBT provided the foundation for understanding how hospitals can successfully adopt VBR models. RBT explains how organizations achieve and sustain competitive advantage by developing, managing, and leveraging internal resources that are valuable, rare, difficult to imitate, and organizationally supported (Barney et al., 2021). Within the hospital setting, these resources include leadership capability, clinical expertise, data and technology infrastructure, organizational culture, and workforce skills, all of which are essential for adapting to value-based care. As illustrated in Appendix E, the thematic concept map demonstrates how these organizational resources interact to support strategic alignment, operational efficiency, and sustained performance under VBR.

Implement Targeted Financial Strategies Through VBP Participation, Cost-Containment, and Performance Based Incentives

Hospitals must implement targeted financial strategies that strengthen fiscal stability while positioning the organization for success under VBR. These strategies demonstrate how hospital leaders can enhance financial sustainability, manage risk, and align internal structures with value-based goals:

- Participate in VMP models: Engage in shared savings, bundled, and episodic payment arrangements that reward cost efficiency and quality performance (Agarwal et al., 2020; Milad et al., 2022).
- Strengthen cost-management capabilities: Apply cost-containment systems, real-time financial analytics, and resource allocation strategies to reduce waste and increase operational efficiency (Forney et al., 2025; Loreal et al., 2023).
- Align performance-based incentives: Link compensation and bonus programs to measurable improvements in quality, patient outcomes, and cost stewardship to promote accountability across departments (Cattel & Eijkenaar, 2020; Hammond et al., 2024).

These financial recommendations operationalize RBT by leveraging internal assets, including financial capital, data systems, and human resources, to build competitive advantage in value-based markets.

Redesign Clinical Strategies to Standardize Pathways and Protocols and Enhance Care Coordination

To improve patient outcomes and achieve the goals of value-based care, hospitals should implement evidence-based clinical strategies that enhance care quality, reduce

unnecessary utilization, and strengthen coordination across the continuum of care. These strategies emphasize care redesign, population health integration, and the use of data to support clinical decision-making, all of which reinforce the shift from episodic treatment to value-focused, patient-centered care:

- Standardize clinical pathways and protocols: Implement evidence-based clinical pathways, care bundles, and standardized protocols to reduce variation, improve safety, and enhance care reliability across service lines (Basu et al., 2024; Hammond et al., 2024).
- Enhance care coordination across the care continuum: Establish interdisciplinary care teams, transitional care programs, and case management initiatives to ensure continuity of care and reduce preventable readmissions and complications (Chen et al., 2022; Melzer, 2022).
- Integrate social determinants of health (SDOH) into care models: Embed social risk screening into patient assessments and collaborate with community partners to address unmet social needs that affect health outcomes and overall cost of care (Chen et al., 2022; Melzer, 2022).
- Elevate patient and family engagement in care: Promote shared decision-making, culturally responsive communication, and patient education to support care plan adherence, satisfaction, and long-term health management.
- Use data to guide clinical improvement: Leverage health information technology, real-time dashboards, and performance data to identify care gaps, stratify risk, and guide interventions that improve clinical outcomes and value-based performance.

These clinical strategies reflect RBT by strengthening the organization's human capital, clinical knowledge, and information systems—core assets that contribute to high-quality, equitable, and cost-effective care delivery within a value-based framework.

Improve Operational Strategies with EHR Investments and Workforce Competencies and Accountability

Operational excellence under VBR depends on a hospital's ability to build organizational capacity, advance workforce readiness, and integrate data-driven processes into everyday practice. These strategies reflect the infrastructure, leadership, and cultural conditions needed to sustain value-based transformation and maintain performance in dynamic regulatory and payer environments:

- Invest in data and performance infrastructure: Strengthen EHR functionality, interoperability, and analytics capabilities to support real-time performance monitoring, risk stratification, and data transparency across clinical and administrative teams (Husaini & Maddox, 2020; NIST, 2023).
- Develop workforce competencies for value-based care: Implement leadership development programs, value-based care training, and continuous learning initiatives to strengthen staff capabilities in quality improvement, population health, and data literacy (El Fadel et al., 2024; Forney et al., 2025).
- Foster clinician engagement and accountability: Engage physicians and frontline staff in performance improvement initiatives, share outcomes data regularly, and reinforce accountability for quality and cost stewardship across care teams (Hammond et al., 2024; Iglesia et al., 2020).
- Standardize processes through recognized quality frameworks: Utilize the

Baldrige Excellence Framework, Lean, or the Plan-Do-Check-Act (PDCA) model to align operations, reduce inefficiency, and support evidence-based decision-making aligned with value-based goals (NIST, 2023).

- Build strategic partnerships to expand care delivery capacity: Collaborate with post-acute providers, community organizations, and payers to support care transitions, enhance service integration, and improve population health outcomes (Meese et al., 2022; Reindersma et al., 2022).

These operational strategies reinforce RBT by treating organizational infrastructure, technology, and human capital as strategic resources that create long-term competitive advantage. By strengthening internal systems, hospitals are better positioned to deliver high-value care and sustain success under VBR models

Implications for Social Change

Hospital leaders who operate under VBR models must pursue strategies that not only improve organizational outcomes and enhance health equity and care access for underserved populations. Hospitals, especially those in rural and resource-limited regions, face financial instability, fragmented care delivery, and gaps in infrastructure, all of which contribute to health disparities (Etges et al., 2020). By implementing the strategic themes identified in this review, hospitals can address these barriers while improving population health outcomes (Etges et al., 2020; Roberts & Zuckerman, 2021).

This review identified three major themes and nine subthemes that, when strategically executed, could contribute to more equitable access to high-quality care, particularly for marginalized communities. For example, data infrastructure investments can improve transparency in health outcomes, while care coordination models can ensure

vulnerable patients are not lost in care transitions. Additionally, cost management strategies support financial sustainability, allowing hospitals to reinvest in community benefit programs and preventive services.

Improved implementation of value-based strategies can also support economic growth in medically underserved communities. By stabilizing hospital operations and reducing unnecessary readmissions or duplicative services, health systems can redirect resources toward preventive care, chronic disease management, and community wellness initiatives. Ultimately, the findings from this review support the advancement of positive social change by aligning healthcare delivery with quality, equity, and sustainability across diverse patient populations.

Limitations

This review focused on identifying strategic themes that support hospital adaptation to VBR models. While the integrative review method enabled a comprehensive synthesis of literature, several limitations must be acknowledged. First, this review did not explicitly include outcome-level measures such as return on investment (ROI), cost savings per patient, or long-term clinical performance indicators. Although these outcomes were frequently reported across the included studies, comparative performance among hospitals was not examined. Second, patient-level variables such as race, socioeconomic status, language barriers, or rurality were not independently explored, despite their relevance in VBR performance metrics and social risk adjustment. Third, the review focused primarily on English-language, and sources published in the United States within the past 5 years, which may have excluded relevant international or policy research. Additionally, although multiple theoretical frameworks

were considered (e.g., RBT, institutional theory), selection and interpretation of themes were subject to researcher bias during coding and matrix development. Lastly, the review did not assess technology implementation barriers (e.g., EHR interoperability, data silos) or behavioral economic factors (e.g., provider resistance to change), both of which are known influencers in successful VBR adoption (Chacko et al., 2025; Formey et al., 2025; Yashar et al., 2024).

Conclusion

Hospitals across the United States continue to face significant pressure to transition from volume-based to VBR models. This shift requires organizations to rethink financial operations, standardize clinical care, and build agile infrastructure capable of supporting population health and performance-based incentives. The findings of this integrative review suggest that hospitals can strengthen their value-based readiness through the strategic deployment of financial, clinical, and operational strategies. Implementing cost management tools, care coordination pathways, leadership agility frameworks, and data infrastructure investments are all essential components of VBR success. These strategic themes are supported by RBT, which together offer a lens to interpret hospital readiness and performance.

In summary, this review highlighted that hospital adaptation to VBR is a multisystemic, interdisciplinary effort. Financial reform alone is insufficient. Health systems must align leadership, technology, and clinical excellence to thrive under new payment models. By adopting these strategies, hospitals can reduce health disparities, improve quality, and ensure long-term organizational viability in an evolving healthcare environment.

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Appendix A: DHA Practice-Based Problem Literature Review Matrix

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
Abicalaffe, C., & Schafer, J. (2020)	Conceptual	What are the challenges and opportunities for healthcare organizations transitioning to value-based care?	Qualitative interviews with healthcare leaders and policymakers.	Key challenges include managing financial risks and aligning stakeholders. Opportunities include enhanced care coordination and improved patient outcomes.	Brazil is poised for a significant shift in healthcare in the coming decade. The current FFS model needs to evolve, and the study suggests that Brazil can learn from the US experience with value-based healthcare. The authors argue that by supporting providers with technology, knowledge, and tools to deliver value-based care. Additionally, manufacturers could be prepared to demonstrate the value their products bring to the healthcare system, such as medical cost offsets and reduce healthcare utilization.	It is difficult to retrieve future implications for research from unfamiliar studies (locality). All in all, the future implication for research would be to conduct/synthesize more literature from different countries and compare/contrast the differences/similarities of them.	The healthcare landscape in Brazil is evolving rapidly. Administrators need to be adaptable and prepared to embrace new models of care delivery and reimbursement. This includes staying informed about best practices in value-based care, engaging in ongoing learning, and fostering a culture of innovation within their organizations.	Yes

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
Agarwal, R., Liao, J., Gupta, A., & Navathe, A. (2020)	Conceptual	The study investigates how bundled payment models impact health care spending, service utilization, and quality of care. Specifically, it seeks to determine whether these alternative payment models reduce costs without compromising the quality or access to care. These guiding questions shape the systematic review of existing evidence across various bundled payment programs.	It is a Systematic Review- in which the authors analyzed Centers for Medicare and Medicaid Services (CMS) bundled payment programs: the Acute Care Episode Demonstration, the voluntary Bundled Payments for Care Improvement initiative, and the mandatory Comprehensive Care for Joint Replacement model. They evaluated the impact of these programs on healthcare spending, utilization, and quality outcomes.	The review found that bundled payment models led to significant reductions in Medicare episode payments for lower extremity joint replacements in six of sixteen studies, with no significant changes in quality outcomes.	Bundled payment programs can reduce healthcare spending without compromising quality for certain procedures, though effects vary across different clinical episodes.	Further studies could explore the impact of bundled payments on a broader range of conditions and identify factors influencing their effectiveness.	Healthcare providers could consider adopting bundled payment models for specific procedures to achieve cost savings while maintaining care quality.	Yes
Basu, S., Venkataram ani, A. S., & Schillinger, D. (2024).	Theoretical The article is grounded in Social Determinants of Health	How does leveraging unique organizational resources impact financial	The authors conducted a literature review and meta-analysis to evaluate the evidence on value-	The authors analyze quantitative data from previous studies on patient outcomes, cost	The authors continue to confirm through literature that transitioning to value-based care	Altogether, there is a need for more longitudinal studies to assess the long-	To facilitate a successful shift to value-based care, Roberts and Zuckerman recommend	Yes

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
	(SDOH) Theory.	stability and operational efficiency in hospitals transitioning to VBR models?	based care implementation strategies.	savings, and implementation challenges of value-based care models. The study finds that value-based care can improve patient outcomes and reduce costs, but successful implementation requires organizations to overcome barriers related to infrastructure, resource allocation, and staff training. They recommend targeted strategies for improving these areas to facilitate effective adoption of value-based care.	requires careful implementation of evidence-based strategies to mitigate financial risks and ensure quality patient outcomes. Together, these studies suggest that healthcare organizations could integrate efficient resource management, data-driven decision-making, and quality- focused processes to successfully navigate the complexities of value-based care models.	term financial and quality-of- care outcomes associated with value-based care implementation . Future research could also examine specific strategies that healthcare organizations can employ to mitigate financial risks while enhancing patient outcomes, particularly in diverse healthcare settings and populations. Additionally, exploring the effects of value-based care on different specialties and care pathways could provide insights into	adopting evidence-based implementation strategies, including strong leadership support, cross- departmental collaboration, and continuous evaluation of care outcomes. Practically, healthcare organizations can invest in leadership development to guide the change, establish interdepartmen- tal task forces to monitor value- based care initiatives, and implement metrics to measure and adjust strategies based on patient outcomes and financial performance.	

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						how tailored approaches may enhance effectiveness. Lastly, Roberts & Zuckerman suggest investigating the role of advanced technologies, such as data analytics and artificial intelligence, in supporting decision-making and operational efficiencies within value-based frameworks, which could be pivotal in refining care delivery and achieving sustained improvements in patient care and financial health.		
Bohler, F., Garden, A., Brock, C.,	Conceptual	This is a commentary-no research/questi	The article is a commentary that critiques value-	The authors argue that VBR models are flawed,	The article concludes that while intended to	Further research could critically assess	Healthcare policymakers and	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
& Bohler, L. (2024)		ons. However, it explores questions such as whether value-based healthcare payment models effectively reduce medical waste and healthcare costs, what unresolved challenges these models present, and whether the motives behind promoting them are sound or potentially flawed. These underlying questions shape the authors' critique of VBR systems.	based healthcare payment models, drawing upon existing literature and the authors' perspectives without employing a formal research methodology.	highlighting issues such as the disproportionate influence of social determinants on patient outcomes and the potential for these models to inadequately address healthcare costs and quality.	improve healthcare efficiency, VBR models may be misguided or ineffective, suggesting that modifications to the existing FFS system could better serve patients and clinicians.	the real-world impacts of VBR models and explore alternative reimbursement strategies that account for the complex factors influencing patient outcomes.	practitioners could reconsider the adoption of VBR models, taking into account their potential shortcomings and the need for payment systems that more accurately reflect the realities of clinical practice and patient care.	
Carter, H. E., Allen, M. J., Toohey, L. A., McPhail, S. M., &	Conceptual	This study aims to explore stakeholder perceptions and experiences regarding various reimbursement	The study applies a qualitative research methodology, conducting three semi-structured focus group discussions and one individual interview	The analysis reveals that participants perceive several advantages of salaried provider models over FFS arrangements,	The study concludes that high-performance sporting organizations aiming to improve primary prevention, and	Future research could focus on evaluating the effectiveness of salaried reimbursement models in diverse high-	Sporting organizations could engage in meaningful consultation with healthcare providers, athletes, and	Yes

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Drew, M. K. (2023)		systems for healthcare providers in high-performance sports, focusing on comparing FFS and salaried provider models.	with 16 stakeholders	such as enabling more proactive and preventive care, enhancing interdisciplinary collaboration, and allowing providers to gain a deeper understanding of their roles within the broader priorities of athletes and organizations. However, challenges identified include the potential for providers to revert to reactive care if not given adequate capacity and difficulties in demonstrating and quantifying the value of their work.	multidisciplinary care could consider implementing salaried provider arrangements, while acknowledging the need for further research to confirm these findings through prospective, experimental study designs.	performance sport settings and explore strategies to address identified challenges, such as quantifying the value of provider contributions.	other stakeholders to design and implement reimbursement models that promote proactive, preventive, and collaborative care approaches, while ensuring adequate resources and recognition for providers.	
Chiu, N., Aggarwal, R., Song, Y., & Wadhera, R. K. (2022)	Theoretical Principal-Agent Theory from Health Economics.	The study investigates whether the implementation of the Centers for Medicare & Medicaid Services (CMS)	This cohort study evaluated 2,266 US hospitals participating in the VBP program from 2008 to 2019, defining safety-net hospitals as those in	The study found that safety-net hospitals consistently had lower patient experience scores than non-safety-net hospitals	The findings suggest that the VBP program did not lead to improved patient experience at safety-net hospitals relative	Further research could explore alternative approaches beyond pay-for-performance	Policymakers and healthcare administrators have the potential to consider developing and implementing	Yes

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		Hospital Value-Based Purchasing (VBP) program is associated with changes in patient-reported experience at safety-net hospitals compared to non-safety-net hospitals between 2008 and 2019.	the highest quartile of the disproportionate share hospital index, and analyzed data from December 2021 to February 2022.	across all measures from 2008 to 2019, and the implementation of the VBP program was not associated with improved patient experience at safety-net hospitals compared to non-safety-net hospitals.	to non-safety-net hospitals, indicating that alternative strategies may be necessary to address differences in patient-reported experience between these institutions.	programs to enhance patient experience in safety-net hospitals and reduce disparities between safety-net and non-safety-net institutions.	strategies that specifically address the unique challenges faced by safety-net hospitals to improve patient experience, rather than relying solely on programs like the VBP.	
Cook, K., Foster, B., Perry, I., Hoke, C., Smith, D., Peterson, L., Martin, J., Korvink, M., & Gunn, L. H. (2021)	Conceptual	What is the association between hospital quality outcomes and Medicare spending per beneficiary in the USA?	This is a retrospective, cross-sectional study using publicly available data from the Centers for Medicare & Medicaid Services. The researchers used descriptive statistics and regression analysis to examine the relationship between MSPB and various quality outcome measures. They categorized continuous outcome variables into	The analysis revealed a complex relationship between MSPB and quality outcomes. While some quality measures, such as patient experience, showed a positive association with MSPB, others, like mortality and readmissions, did not show a consistent relationship. The findings suggest	The study concludes that the relationship between MSPB and hospital quality outcomes is not straightforward. While higher spending may be associated with improvements in certain areas, such as patient experience, it doesn't guarantee better outcomes in other critical areas like mortality and	Future research could investigate the specific factors that contribute to variations in MSPB and their impact on different quality outcomes. Longitudinal studies could help understand the causal relationships between spending and quality over	Hospital administrators could focus on strategies that improve quality outcomes without necessarily increasing spending. Prioritizing patient-centered care, enhancing care coordination, and implementing evidence-based practices can lead to better	No

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			quintiles to reduce the influence of outliers.	that higher spending doesn't necessarily translate to better outcomes across all quality domains.	readmissions. The findings highlight the need for a more nuanced understanding of the value of healthcare spending.	time. Research could also explore alternative payment models and their effects on both cost and quality.	outcomes while controlling costs. Administrators could also monitor the impact of payment models on quality and cost to ensure efficient resource allocation.	
Cossio-Gil, Omara, C., Joseph, C., Alexandre, Gutiérrez, M., Kahlem, P., Keuchkerian, S., Kirchberger, V., Luce-Garnier, V., Michiels, D., Moro, M., Philipp-Jaschek, B., Sancini, S., Hazelzet, J., & Stamm, T. (2022)	Conceptual	NA. Its goal is to develop a roadmap for VBHC implementation	The study uses a consensus-building methodology involving a working group of experts from European University Hospitals. The group reviewed existing literature, identified best practices, and developed a roadmap for VBHC implementation.	The analysis involved discussions and consensus-building among experts. The main result is a roadmap for implementing VBHC, which includes various phases, enablers, and barriers. The roadmap also addresses training needs for healthcare professionals. They also identify gaps and barriers and offer	The study concludes that the developed roadmap provides a practical guide for European University Hospitals to implement VBHC. It emphasizes the importance of a structured approach and consideration of various factors influencing implementation.	The study suggests future research could focus on evaluating the effectiveness of the roadmap in diverse hospital settings. Research could also explore the impact of VBHC implementation on patient outcomes, healthcare costs, and provider satisfaction.	Healthcare administrators can use the roadmap to guide VBHC implementation in their organizations. The roadmap provides a structured approach, identifies potential challenges, and offers recommendations for successful implementation. Administrators could adapt the	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
				mitigation and recommendations			roadmap to their specific context and engage stakeholders throughout the implementation process.	
Crook, H. L., Saunders, R. S., Roiland, R., Higgins, A., & McClellan, M. B. (2021)	Conceptual <i>Practice Gap</i> <i>Source 2</i>	The article explores questions such as what lessons have been learned from a decade of VBR model implementation , how those lessons can inform improvements to future models, and what strategies the Center for Medicare and Medicaid Innovation (CMMI) can adopt to enhance the effectiveness and impact of value-based care initiatives.	The article is a narrative review approach, synthesizing insights from various VBP model implementations to assess their effectiveness and derive lessons learned.	The authors observe that VBP models have yielded mixed results, with some programs achieving cost savings and quality improvements, while others have not met expectations. They identify factors contributing to successful models, such as strong provider engagement, aligned incentives, and robust data infrastructure. Conversely, challenges like complexity in model design and	The article concludes while VBP models hold potential for enhancing healthcare quality and reducing costs, their success depends on careful design, consistent implementation, and ongoing evaluation to address identified challenges.	Future research could focus on identifying the specific design elements and contextual factors that contribute to the success or failure of VBP models. Additionally, studies exploring the long-term impacts of these models on patient outcomes and healthcare expenditures are necessary to inform policy decisions.	Healthcare organizations could prioritize provider engagement, streamlined model designs, and investment in data infrastructure to effectively participate in VBP programs. Policymakers could consider these factors when developing/refi ning payment models to ensure they are practical and beneficial across diverse healthcare settings.	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
				inconsistent performance metrics have hindered the effectiveness of certain programs.				
Dera, J. (2021)	Conceptual <i>Source 3</i> <i>Justification</i>	Does not answer but it addresses questions such as: What key skills do healthcare providers need to succeed in value-based care models? How can practices effectively manage patient populations to improve outcomes and meet value-based care goals? What common challenges or pitfalls could providers avoid when transitioning from FFS to value-based care?	No methodology as this study serves as a practical guide for healthcare providers transitioning to value-based care models. The article offers actionable strategies and insights based on existing practices and experiences within the healthcare system.	The article outlines four essential skills for succeeding in value-based care: empanelment, risk stratification, team-based care, and population health management. It explains how these strategies help providers better manage patient populations, prioritize care, and improve outcomes. Additionally, it highlights common mistakes to avoid, such as poor diagnosis coding and weak patient engagement, which can hinder	The article concludes that adopting these key skills can enhance a practice's performance in value-based care models, leading to improved patient outcomes and financial incentives. It emphasizes that while transitioning from FFS to value-based care presents challenges, proactive implementation of these strategies can facilitate success.	It did not offer specific areas for future research. However, it implies that ongoing evaluation of value-based care strategies and their outcomes is necessary to refine best practices and inform policy decisions.	As administrators working with healthcare providers, the article serves as a roadmap for navigating the shift to value-based care. By focusing on patient identification, risk assessment, collaborative care, and population health strategies, we can see how administrators working with practitioners can better align with VBR models and enhance care quality.	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
				success in value-based models				
Di Nitto, M., Napolitano, F., Calzolari, M., Longobucco, Y., Masotta, V., Zaghini, F., Alvaro, R., Cicolini, G., Lancia, L., Manara, D. F., Rasero, L., Rocco, G., Zega, M., Mazzoleni, B., Sasso, L., & Bagnasco, A. (2025)	Conceptual	It looks at answering questions related to What billing models exist to measure nursing care in inpatient and outpatient settings, and what are their main features and purposes? This guiding question shapes the scoping review's objective to map existing billing approaches and assess their relevance for nursing practice and healthcare systems.	The study applies a scoping review methodology, systematically analyzing literature from January 2000 to September 2023 to identify billing models that measure nursing care in inpatient and outpatient settings.	The analysis identifies three primary categories of factors related to nursing costs: organizational factors (e.g., nurse-to-patient ratio), nursing staff factors (e.g., skill mix, interventions), and patient-related factors (e.g., patient complexity, patient outcomes), all of which are considered in various billing models.	The study concludes that a comprehensive billing model could incorporate multifaceted aspects of nursing care and recommends further testing of existing models and the establishment of a dedicated task force to develop such a model.	Future research could focus on evaluating the effectiveness of current billing models and developing new models that comprehensively account for the diverse factors influencing nursing care costs.	Healthcare administrators and policymakers could consider integrating organizational, nursing staff, and patient-related factors into billing models to more accurately reflect the true cost of nursing care and inform policy formulation.	Yes
Edmiston, K. (2022)	Conceptual	What are the implications of alternative payment models and value-based	The methodology used is a literature review and analysis of existing evidence. The author examines	The article centers on the potential impacts of Alternative Payment Models and VBR on	The study concludes that while APMs and VBPs hold promise for improving	Further investigation into the specific mechanisms by which APMs	Careful consideration of the potential impact of APMs and VBPs on health	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
		reimbursement for health and healthcare disparities, particularly for racial and ethnic minorities?	relevant research, policy documents, and industry reports to understand the trends and impacts of APMs and VBPs. The report also draws on economic principles and healthcare policy expertise to interpret the findings and draw conclusions. It's primarily a qualitative analysis, synthesizing information from various sources to provide insights into the complex relationship between payment models and health disparities.	healthcare disparities. It examines how these payment models might exacerbate or mitigate existing disparities, particularly for racial and ethnic minorities. The analysis considers factors such as access to care, quality of care, and health outcomes. It also explores the potential for unintended consequences, such as providers avoiding patients with complex or costly conditions.	healthcare quality and efficiency, they also pose risks for widening health disparities. It emphasizes the need for careful design and implementation of these payment models to ensure they don't inadvertently disadvantage vulnerable populations. The study suggests that strategies like risk adjustment, quality measurement that accounts for social determinants of health, and targeted interventions for underserved communities are crucial for mitigating potential disparities. It also highlights the importance of ongoing	and VBPs influence health disparities. Development and testing of interventions to mitigate the potential negative impacts of these payment models on vulnerable populations. Exploration of the impact of APMs and VBPs on provider behavior and patient outcomes.	equity when designing and implementing these models. Prioritizing strategies to mitigate potential disparities, such as risk adjustment and targeted interventions. Investing in data collection and analysis to track the impact of payment models on disparities.	

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
					monitoring and evaluation to track the impact of APMs and VBPs on health equity.			
Etges, S., Liu, H. H., Jones, P., & Polanczyk, C. A. (2023)	Conceptual <i>Practice Gap Source 1</i>	No research questions- but it explores several critical inquiries: How do VBR strategies impact the social and financial aspects of healthcare systems? •Can these strategies enhance efficiency, reduce healthcare inequities, and improve population health? •What financial and social risks are associated with implementing VBR models, and how can	The article uses a conceptual and literature-based approach, analyzing existing research and frameworks to evaluate the social and financial impacts of VBR in healthcare.	The study highlights that VBR models aim to improve healthcare quality, reduce costs, and enhance health equity by incentivizing outcomes over volume. It identifies both the benefits and risks of these models, including potential financial instability for providers and challenges in achieving equitable implementation. The article also examines how aligning financial incentives with social outcomes can create	The authors conclude that VBR holds significant promise for transforming healthcare systems by aligning financial incentives with improved health outcomes. However, successful implementation requires careful design to manage risks and ensure equity.	Future research could explore how value-based models can be optimized to address disparities, sustain provider engagement, and effectively measure long-term impact on population health and costs.	Healthcare organizations could adopt value-based strategies thoughtfully, ensuring they are supported by data infrastructure, risk adjustment methods, and policies that promote both financial viability and health equity.	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
		they be effectively managed?		broader systemic change.				
Huber, B., Belenky, N., Watson, C., Gibbons, B. (2023)	Conceptual	The article does not present a formal research question or hypothesis, as it is a policy-focused analysis. However, it implicitly addresses the question: What are the reimbursement challenges facing team-based behavioral health care models, and what alternative payment strategies can be used to support and sustain them effectively? This guiding question shapes the structure and purpose of the environmental	It synthesizes existing literature and expert insights to analyze reimbursement challenges faced by team-based behavioral health care models and explores alternative payment strategies.	The analysis reveals that traditional FFS reimbursement often fails to support team-based activities and the inclusion of certain provider types, such as peer support specialists, leading many models to rely on alternative funding sources or innovative payment mechanisms.	The study concludes that while team-based behavioral health care models are widespread, significant reimbursement gaps persist, necessitating the adoption of alternative payment strategies to ensure financial sustainability.	Further research could explore the effectiveness and scalability of alternative reimbursement mechanisms in diverse settings to support team-based behavioral health care.	Policymakers and healthcare administrators could consider implementing and refining alternative payment models that adequately compensate team-based activities and support the inclusion of diverse provider types, including peer support specialists.	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
		scan and expert interviews.						
Husaini, M., & Maddox, K. (2020)	Conceptual	NA. It aims to provide an overview of the challenges and opportunities associated with VBR in cardiovascular care.	NA. The study was a narrative review with expert opinion and discussion.	The paper analyzes various VBR programs, including the Hospital Value-Based Purchasing program, the Hospital Readmissions Reduction Program, and alternative payment models. It discusses the challenges associated with VBC, such as efficacy, documentation, gaming, and administrative burden. The paper also examines the prospects of VBR, highlighting the potential for improving quality, outcomes, and cost-effectiveness in cardiovascular care.	The paper concludes that while VBR programs hold promise for improving cardiovascular care, significant challenges remain. It emphasizes the need for further research and refinement of these programs to achieve their full potential.	The paper suggests that future research could focus on evaluating the long-term effectiveness of VBR programs in cardiovascular care. Studies could examine the impact of these programs on patient outcomes, provider behavior, and healthcare costs. Further research could also explore strategies for overcoming the challenges associated with VBR, such as improving risk adjustment methodologies and addressing issues of documentation and gaming.	Healthcare administrators could carefully consider the challenges and opportunities associated with VBR programs when designing and implementing these programs in their organizations. They could work with clinicians to develop appropriate quality metrics, risk adjustment methodologies, and payment structures. Administrators could also monitor the impact of these programs on key outcomes and adjust as needed.	No

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Jones, C., & Dolsten, M. (2024)	Conceptual	The article does not pose formal research questions or hypotheses. Instead, it aims to stimulate dialogue and collaboration among healthcare stakeholders to address the challenges posed by an aging population in the U.S.	The article follows a conceptual analysis, synthesizing existing data and literature to examine the challenges posed by an aging population on the U.S. healthcare system.	The analysis highlights that the U.S. healthcare system is unprepared for the increasing demands of an aging society, facing issues such as workforce shortages, capacity constraints, and fragmentation.	The article concludes that innovative solutions and policy reforms are urgently needed to restructure the healthcare system, making it more efficient, equitable, and responsive to the needs of the elderly population.	Future research could focus on developing and evaluating innovative care models and policy interventions that address the complexities of an aging society.	Healthcare practitioners and policymakers could collaborate to implement reforms that enhance care coordination, expand workforce capacity, and integrate social determinants of health into care strategies for older adults.	No
Kalainoc, D., Barnard, C., & Walradt, J. (2024)	Conceptual	Its purpose is to provide information and understanding about Medicare and payment models.	It presents information and analysis based on existing knowledge and data about the Medicare program.	The article analyzes various aspects of Medicare, including its historical development, current structure, and financial challenges. It discusses the impact of demographic trends and rising healthcare costs on the program's sustainability.	The article concludes by emphasizing the importance of addressing the challenges facing Medicare to ensure its long-term viability. It calls for collaborative efforts among stakeholders to improve the program's efficiency and sustainability.	While the article doesn't explicitly suggest future research directions, it highlights the ongoing need for research on Medicare policy, financing, and delivery system reforms.	Healthcare administrators need a deep understanding of Medicare to effectively manage their organizations. The article provides valuable background information on the program's complexities, which can inform administrative	No

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							decision- making	
Kannarkat, J., Good, C., Kelly, E., & Parekh, N. (2019)	Conceptual	How do misaligned incentives in VBPCs affect contract success? What are the potential consequences of misaligned incentives for payers and manufacturers? The underlying hypothesis is that misaligned incentives can lead to suboptimal outcomes and hinder the effectiveness of VBPCs.	the study applies a qualitative approach, analyzing different VBPC models and their potential implications. It uses illustrative examples and draws on existing research to examine the dynamics of these contracts.	The analysis focuses on two main types of VBPCs: pay-for-failure and pay-for-success. It examines how the incentives for payers and manufacturers can differ depending on the contract structure. The study finds that misaligned incentives can create situations where one party benefits from the failure of the contract, leading to perverse outcomes.	The study concludes that careful consideration of incentive alignment is crucial for the success of VBPCs. Misaligned incentives can undermine the effectiveness of these contracts and lead to unintended consequences. Transparency and collaboration between payers and manufacturers are essential for designing VBPCs that achieve desired outcomes.	Future research could explore the development and implementation of VBPCs that effectively align incentives. Quantitative studies could assess the impact of different incentive structures on cost, quality, and patient outcomes. Research could also investigate the role of transparency and collaboration in successful VBPC implementation	Administrators involved in negotiating and managing VBPCs could carefully consider the incentives for both payers and manufacturers. They could strive to create contracts that align incentives and promote shared accountability for achieving desired outcomes. Transparency and open communication are essential for building trust and ensuring the success of VBPCs.	No
Kim, H., Mahmood, A., Hammarlund, N. E., &	Conceptual <i>Source 2 Justification</i>	The article examines the impact of Medicare's hospital value-	Narrative Review. The authors systematically examine and synthesize existing	The review indicates that these VBP programs often exacerbate	The authors conclude that, despite the intention of VBP programs to	The article highlights the necessity for further studies to produce	For healthcare practitioners and administrators, the findings	No

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Chang, C. F. (2022)		based purchasing (VBP) programs on health and healthcare disparities. The authors investigate whether these programs inadvertently exacerbate disparities among hospitals serving a high proportion of disadvantaged patients. They also explore potential strategies to mitigate any unintended consequences of VBP programs on health equity.	research on the design, implementation, and outcomes of three Medicare hospital value-based purchasing (VBP) programs, focusing on their effects on health and healthcare disparities in the United States.	healthcare disparities, particularly affecting hospitals serving disadvantaged populations. While some studies found minimal or no adverse effects, the predominant evidence suggests that VBP programs tend to penalize safety-net hospitals, potentially widening existing health inequities.	enhance care quality and efficiency, their current structure may inadvertently harm hospitals serving vulnerable communities. This misalignment underscores the need for policy reforms to ensure that VBP programs promote equity rather than deepen existing disparities.	more definitive and consistent evidence regarding the impact of VBP programs on healthcare disparities. Future research could focus on developing and evaluating policy modifications that can mitigate unintended negative consequences on vulnerable populations.	suggest a critical evaluation of participation in VBP programs, especially for those serving disadvantaged communities. It is essential to advocate for and implement strategies that address social determinants of health and ensure that performance metrics account for the challenges faced by safety-net hospitals. This approach aims to prevent the exacerbation of health disparities and promote equitable healthcare delivery.	

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
Leao, D., Cremers, H. P., Veghel, D., Pavlova, M., & Groot, W. (2023)	Theoretical Principal– Agent Theory and Incentive Theory	Does value- based care improve patient outcomes (e.g., quality of care, patient satisfaction, and cost- effectiveness)?	Systematic review and meta-analysis of existing studies.	Identifies significant positive effects of value-based care on patient outcomes, with variations depending on the specific model implemented.	concludes that VBR models demonstrate varied effects on networks of care and transmural care, influenced by specific model types and facilitating/inhibit ing factors. While there are overall positive effects on clinical outcomes (like readmission/mort ality rates) and outcomes, the impact on organizational outcomes and experiences is negative. The lack of provider awareness, trust, and engagement is noted as a significant factor, from their exclusion from the design process of these models.	Further research is needed to compare the complexity of different VBP models and the resources required for each. More research could explore the nuances of how different VBP models influence specific outcome measures, or vice versa, how different outcome measures are affected by a given model. Future research could leverage expert consensus to determine the relative importance of various factors that facilitate or hinder VBP model success.	Healthcare administrators could actively involve providers in the design and implementation of VBR models. This participatory approach can foster provider buy-in, address concerns, and improve the likelihood of successful implementation. The lack of provider awareness, trust, and engagement was identified as a significant barrier to VBP model success. Recognizing that different VBP models have varying impacts, administrators could tailor interventions and support	Yes

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							strategies to the specific model being implemented. A one-size-fits-all approach may not be effective.	
Lewis, C., Horstman, C., Blumenthal, D., & Abrams, M. K. (2023)	Conceptual	None. However, it implicitly addresses questions such as how value-based care differs from traditional FFS models, why the healthcare system is shifting toward value-based approaches, and what the primary goals and mechanisms of these programs are. These questions shape the article's explanation of the need for and function of VBC.	The article uses a descriptive, informational approach to explain the concept, purpose, and structure of value-based care in the U.S. healthcare system.	It outlines how value-based care models aim to improve outcomes and reduce costs by rewarding quality over volume, contrasting this with the limitations of FFS models.	The article concludes that transitioning to value-based care is essential for improving patient outcomes, increasing healthcare efficiency, and managing costs.	It suggests a need for ongoing research to evaluate the effectiveness of value-based models and to develop strategies that address implementation challenges and health equity.	The article uses a descriptive, informational approach to explain the concept, purpose, and structure of value-based care in the U.S. healthcare system.	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
Li, X., Krumholz, H. M., Yip, W., Cheng, K. K., De Maeseneer, J., Meng, Q., Mossialos, E., Li, C., Lu, J., Su, M., Zhang, Q., Xu, D. R., Li, L., Normand, S. T., Peto, R., Li, J., Wang, Z., Yan, H., Gao, R... Hu, S.(2020)	Theoretical Principal– Agent Theory from health economics examining provider incentives in value-based payment systems.	What is the current state of primary health care quality in China, and how can it be improved? The study explores specific aspects of quality, including diagnosis and treatment, prescribing behavior, and chronic disease management.	May not be able to use since my study is specifically US Hospitals- but I like the “lookback” and comparison it provides for context. The study relies on a mixed-methods approach. It involves a literature review to synthesize existing evidence on PHC quality in China. It also uses original data collection from the National Primary Health Care Survey to assess key indicators of quality. Furthermore, the researchers conducted interviews with stakeholders, healthcare workers, and policymakers to gather qualitative insights and inform policy recommendations	The analysis reveals variations in PHC quality across different regions and types of facilities in China. The study finds challenges related to diagnostic accuracy, appropriate prescribing practices, and effective management of chronic conditions. It also identifies factors contributing to these challenges, such as workforce shortages, inadequate training, and limited resources in some areas.	The study concludes that while China has made progress in expanding access to primary health care, significant challenges remain in ensuring quality. The authors argue that addressing these challenges requires a multi- faceted approach involving investments in workforce development, infrastructure improvements, and payment reforms.	Future research could investigate the effectiveness of specific interventions to improve PHC quality in China. Studies could evaluate the impact of different training programs for healthcare workers, innovative models of care delivery, and payment reforms that incentivize quality improvement. Further research could also explore the role of technology in enhancing PHC quality and access.	Healthcare administrators in China could prioritize quality improvement in PHC by investing in training and development for healthcare workers, strengthening infrastructure and resources, and implementing effective quality monitoring systems. Administrators could also promote collaboration and coordination between different levels of the healthcare system to ensure continuity of care.	Yes

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
Liang, L., Moore, B., & Soni, A. (2020)	Theoretical Principal– Agent Theory from health economics examining provider incentives in value-based payment systems.	Its primary objective is to present descriptive statistics on the most expensive conditions treated in U.S. hospitals in 2017, categorized by payer	The study uses a descriptive, quantitative methodology. It analyzes data from the National Inpatient Sample, part of the Healthcare Cost and Utilization Project. The analysis involves calculating aggregate costs and ranking conditions based on their associated expenses.	The study presents the most expensive conditions for various payers, including Medicare, Medicaid, private insurance, and the uninsured. It identifies septicemia, osteoarthritis, and heart failure as the top three most expensive conditions across all payers combined. The results also highlight variations in costs across different payers for the same condition.	The brief concludes by summarizing the costliest conditions and emphasizing the substantial financial burden these conditions place on the healthcare system. It also notes the variation in costs across different payers.	The study’s findings can inform future research exploring the drivers of high costs for specific conditions. Further research could investigate variations in treatment patterns, resource utilization, and patient outcomes across different payers. Research could also explore the effectiveness of cost- containment strategies for these high-cost conditions.	Hospital administrators can use this information to identify areas for potential cost savings. Understanding the most expensive conditions can help prioritize resource allocation, improve care coordination, and implement cost-effective treatment strategies. The data can also inform negotiations with payers and the development of VBR models.	Yes
Pollack, R. (2024)	Conceptual	N/A. However, it raises questions about how rising costs for labor, drugs,	The article uses a descriptive and commentary-based approach, relying on financial data and real-world trends to	It reports that hospitals are experiencing significant financial strain due to rising	The article concludes that unless payment models are updated to reflect the true cost of	Future research could examine sustainable reimbursement strategies and assess how	Healthcare leaders and policymakers could advocate for payment reforms and	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
		and supplies are affecting hospitals' financial health, how these pressures impact their ability to deliver around-the-clock care, and whether reimbursement rates are keeping pace with the real cost of care delivery. These questions guide the article's focus on the growing gap between expenses and funding in the healthcare system.	highlight current challenges facing hospitals.	labor, drug, and supply costs, while reimbursement rates have not kept pace with these increases.	care, hospitals may struggle to maintain essential services and access for patients.	financial pressures influence care quality, workforce stability, and access.	explore cost-containment strategies to ensure hospitals remain financially viable while delivering high-quality care.	
Reindersma , T., Sülz, S., Ahaus, K., & Fabbricotti, I. (2022)	Conceptual	The study investigates how various network-level payment models impact the performance of healthcare networks,	The study relies on a scoping review methodology, systematically examining 76 empirical studies to assess the impact of network-level payment models on	The analysis indicates that network-level payment models, such as capitation, bundled payments, pay-for-performance, and blended	The study concludes that network-level payment models have moderate success in enhancing care network performance, suggesting	Future research could explore the contexts and mechanisms through which these payment models operate to better understand the	Healthcare policymakers and administrators could consider implementing and refining network-level payment models to	Yes

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
		focusing on metrics such as quality, utilization, and spending.	care network performance.	global payments, generally lead to improvements or stability in quality and utilization metrics, with many studies also reporting reduced spending.	continued experimentation with these models is warranted.	factors contributing to their success or limitations.	potentially improve care quality and reduce costs within healthcare networks.	
Shrank, W., DeParle, N. A., Gottlieb, S., Jain, S., Orszag, P., Powers, B. W., & Wilensky, G. R. (2021)	Conceptual	The article does not present formal research questions or hypotheses, as it is a policy-focused commentary. However, it implicitly explores questions such as what major challenges the U.S. healthcare system faces regarding costs and financing, what strategies a new administration can adopt to control spending while improving care quality and	The article relies on a policy analysis approach, reviewing existing healthcare cost and financing challenges and proposing strategic policy recommendations for the incoming administration.	The authors identify key areas requiring attention, including the need to expand insurance coverage, accelerate the transition to value-based care, advance home-based care, improve the affordability of drugs and other therapeutics, and develop a high-value workforce.	The article concludes that addressing these identified priorities is essential to enhance healthcare access, affordability, and equity in the United States.	Further research is needed to evaluate the effectiveness of proposed policy interventions and to explore innovative solutions for persistent challenges in healthcare costs and financing.	Policymakers and healthcare leaders could implement the recommended strategies to reform the healthcare system, aiming to improve patient outcomes and achieve sustainable cost reductions.	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
		access, and how to balance cost containment with equitable and innovative healthcare delivery. These guiding questions shape the article's analysis and policy recommendations.						
Teisberg, E., Wallace, S., & O'Hara, S. (2020).	Theoretical Value-Based Healthcare Theory	No research questions - the primary goal is to outline a practical framework for implementing value-based care.	Overall, its derived from over a decade of research and practical experience of the authors in observing and working with healthcare organizations that have successfully implemented value-based care. It's a synthesis of best practices and key principles.	N/A	concludes that improving value in healthcare is achievable. The framework emphasizes the importance of understanding patient needs, building integrated care teams, measuring outcomes, and continuous improvement	The framework presented could serve as a basis for future research exploring the effectiveness of different value-based care implementation strategies. Research could focus on evaluating the impact of specific components of the framework or comparing different approaches to	The framework provides a roadmap for administrators seeking to implement value-based care in their organizations. It emphasizes the need for a patient-centered approach, integrated care teams, data-driven decision-making, and a culture of continuous improvement.	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
						value-based care.		
Wagenschieber, E., & Blunk, D. (2024)	Theoretical	It aims to investigate how various reimbursement systems specifically salary, bundled payment, FFS, and VBR affect patient care across structural, process, and outcome indicators	The study applies a systematic review of systematic reviews, analyzing 34 reviews encompassing 971 primary studies.	The analysis reveals that FFS and VBR systems exhibit the most positive impacts on patient care, particularly in resource utilization and quality/health outcomes, while pay-for-performance and bundled payment models are the most frequently studied.	The study concludes that the choice of reimbursement system can significantly influence patient care, highlighting the necessity for further research to identify factors that contribute to successful implementation.	Future studies could explore the specific mechanisms through which reimbursement models impact various dimensions of patient care and identify optimal strategies for implementing these systems effectively.	Healthcare policymakers and administrators could carefully consider the selection and design of reimbursement systems to enhance patient care quality, ensuring that financial incentives align with desired health outcomes.	Yes
Winberg, D., Baker, M., Hu, X., & Horvath, K. (2024)	Conceptual	Which physician characteristics are associated with participation in value-based care models? Specifically, the study investigates the relationship between physician specialty and participation in	This is an empirical study using a cross-sectional survey design. Data were collected from a nationally representative sample of physicians through the National Sample Survey of Physicians. The researchers used descriptive statistics and multivariable logistic regression	The analysis revealed significant variation in value-based care participation across physician specialties. Primary care physicians were more likely to participate in most value-based care models compared to other specialties.	The study concludes that physician specialty is a strong predictor of participation in value-based care. This suggests that payment reform initiatives may need to consider specialty-specific factors to encourage broader adoption of value-based	Future research could explore the reasons behind the observed specialty differences in value-based care participation. Understanding the barriers and facilitators to participation for different specialties	In practice, administrators could consider the specialty distribution of their physician workforce when implementing value-based care programs. They may need to tailor implementation strategies to address the specific needs	Yes

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
		various VBR models.	to analyze the relationship between physician characteristics (primarily specialty) and participation in value-based care models	Hospital-based physicians and medical specialists also showed relatively high participation rates in certain models.	care models.	could inform the design of more effective payment reform strategies. Longitudinal studies could examine how participation patterns change over time.	and concerns of different specialties. Understanding the factors that influence physician participation can help administrators design more effective programs and achieve broader buy-in.	
Yu, Z., & Gorgone, M. (2024)	Conceptual <i>Source 1 Justification</i>	This article does not explicitly present formal research questions or hypotheses, since it functions primarily as a review rather than empirical research. It implicitly addresses key questions concerning the evolution of healthcare reimbursement models, the	Narrative Review. The article utilizes a narrative review approach, synthesizing existing literature and policy developments related to U.S. healthcare reimbursement models. It draws on historical context, government reports, and previously published studies to explain the evolution from FFS to value-based care.	The article “Pay-for-Performance and Value-Based Care” provides a comprehensive overview of the evolution of healthcare reimbursement models in the United States, transitioning from FFS to managed care systems, and eventually to value-based care initiatives. While it does not present original research findings, the article	The article concludes that while value-based care models aim to enhance healthcare quality and reduce costs, the traditional FFS model remains more profitable and less complex for many providers. It suggests that future iterations of programs like the Hospital Value-Based Purchasing (HVBP) Program could focus on	The article highlights the need for further research into simplifying overlapping initiatives to encourage broader hospital participation. It also emphasizes the importance of extending value-based care programs beyond Medicaid and Medicare to encompass all	For healthcare practitioners and administrators, the article underscores the necessity of adapting to evolving payment models that prioritize quality over quantity. It encourages healthcare organizations to focus on delivering high-quality care and to consider	No

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
		comparative advantages and disadvantages of each model, and the implications of transitioning from traditional FFS systems toward value-based care. These thematic questions serve as a structural foundation guiding the review's synthesis of existing literature.		discusses the implications of these payment models on healthcare delivery and costs.	delivering quality care, increasing participation, and addressing health equity.	publicly funded healthcare, suggesting that future studies could explore strategies for achieving these goals.	participating in value-based programs to align with the shifting landscape of healthcare reimbursement.	
Abicalaffe, C., & Schafer, J. (2020)	Theoretical	What are the challenges and opportunities for healthcare organizations transitioning to value-based care?	Qualitative interviews with healthcare leaders and policymakers.	Key challenges include managing financial risks and aligning stakeholders. Opportunities include enhanced care coordination and improved patient outcomes.	Brazil is poised for a significant shift in healthcare in the coming decade. The current FFS model needs to evolve, and the study suggests that Brazil can learn from the US experience with value-based healthcare. The authors argue that by supporting	It is difficult to retrieve future implications for research from unfamiliar studies (locality). All in all, the future implication for research would be to conduct/synthesize more literature from	The healthcare landscape in Brazil is evolving rapidly. Administrators need to be adaptable and prepared to embrace new models of care delivery and reimbursement. This includes staying informed about	Yes

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & Results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
					providers with technology, knowledge, and tools to deliver value-based care. Additionally, manufacturers could be prepared to demonstrate the value their products bring to the healthcare system, such as medical cost offsets and reduce healthcare utilization.	different countries and compare/contrast the differences/similarities of them.	best practices in value-based care, engaging in ongoing learning, and fostering a culture of innovation within their organizations.	

Appendix B: DHA Review Questions Search Log

Database or location name	Search terms	Results	Notes
Pubmed	<p>(((((("Acute hospitals") AND ("strategies")) OR ("fee for service")) OR ("value based")) AND ("reimbursement")) AND (united states)) NOT (ambulatory care)) NOT (pharmacies)</p>	1,889	<p>Adding Publication year filter, English Text, Full Text, excluding preprints resulted in 48 articles to be reviewed. Removed 3 for being related to clinical practice/private practice</p> <p>Removed 2 for being geographic locations Final: 43</p>
CINAHL (via EBSCOhost)	<p>("acute hospitals" AND reimbursement AND "fee for service" OR "value based") AND "united states" NOT pharmacies AND "reform"</p>	245	<p>Adding Publication year filter, English Text, Full Text resulted in the articles to be reviewed further.</p> <p>Removed 60 that were 'magazines'/CEUs.</p> <p>Removed 19 that were based in Europe</p> <p>Removed 15 that were UK/Ireland and 4 that were related to 'Continental Europe'</p> <p>Resulting in 10.</p>
ProQuest Health & Medical Collection	<p>noft("acute hospitals") AND noft(reimbursement) AND noft("fee for service") OR noft("value based") AND noft("united states") AND noft("strategy") NOT noft(pharmacies)</p>	747	<p>Adding Publication year filter, English Text, Full Text and peer reviewed, resulted in 34 articles to be reviewed and apply the inclusion/exclusion. Removed 14 due to locations (2 Australia, 2 China, 2 Germany, 1 Asia, 1 Black Sea, 1 Japan, 1 Romania, 1 Queensland Australia, 1 Singapore, 1 South Asia, 1 United Kingdom)</p> <p>Removed 1 due to it not being related (tobacco use)</p> <p>Deeper review resulted in 2 more being removed for duplicity.</p> <p>Removed 1 more due to relation (litigation between Samsung and apple)</p> <p>Resulting of 25</p>

Database or location name	Search terms	Results	Notes
ProQuest Public Health Database	(payment reform) AND “acute hospitals” AND “fee for service” OR “value based” AND “united states” NOT pharmacies	1,408	Adding Publication year filter, English Text, Full Text and peer reviewed, resulted in 58 articles to be reviewed and apply the inclusion/exclusion. Removed based on locations, and was left with 22 results
HFMA (Healthcare Financial Management Association)	Hand Searching- Cost Management, Payment reform, FFS-VBC	5	

Appendix C: DHA Appraisal Results Log

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<p>Cattel, D., & Eijkenaar, F. (2020). Value-based provider payment initiatives combining global payments with explicit quality incentives: A systematic review. <i>Medical Care Research and Review</i>, 77(6), 511–537. https://doi.org/10.1177/1077558719856775</p>	<p>Evidence Level: Level V Quantitative Quality Rating: A</p>	<p>HSO Type: Hospital System Research Domain: Financial management Specific Problem: Examines provider payment reform combining global base payments with explicit quality incentives, assessing design features and impact on spending and quality across 18 initiatives</p>	<p>Global payment models with quality incentives help slow spending growth while maintaining or improving care quality. Their success relies on strong primary care, clear spending targets, and integrated quality metrics to promote efficiency without compromising outcomes. Early evidence suggests these models also improve financial predictability and reduce risk for hospitals transitioning from FFS.</p>	<p>Spending growth trends (total cost of care, per-capita expenditure)</p>	<p>Only 18 programs were included</p>
<p>Chacko, J., Mazza, K., Stathakos, K., Kim, D., & Carlo, L. (2025). Evaluating technology-driven strategies for enhancing patient outreach for preventive care: A systematic review. <i>Cureus</i>, 17(2), E79467. https://doi.org/10.7759/cureus.79467</p>	<p>Evidence Level: Level III Quantitative Quality Rating: A</p>	<p>HSO Type: Hospital System Research Domain: Information Management Specific Problem: Assesses whether technology-based outreach improves</p>	<p>Although prevention-focused, the article went through different key strategies for hospital financial resilience under value-based models. Increasing by</p>	<p>Vaccination/screening uptake rates (primary outcome). Response and completion rates across multiple outreach methods. User experience</p>	<p>Preventive care focus; No direct hospital-level cost or clinical outcome data.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
		preventive screening uptake beyond immunizations a strategy linked to reducing preventable hospitalizations and costs.	closing care gaps, digital outreach supports preventive care, potentially lowering avoidable emergency visits and admissions.	and engagement metrics in select studies. Multi-modal intervention counts, uncontrolled exposure, and study duration data.	
Chen, A., Ghosh, A., Gwynn, K. B., Newby, C., Henry, T. L., Pearce, J., Fleurant, M., Schmidt, S., Bracey, J., & Jacobs, E. A. (2022). Society of general internal medicine position statement on social risk and equity in Medicare’s mandatory value-based payment programs. <i>Journal of General Internal Medicine</i> , 37(12), 3178–3187. https://doi.org/10.1007/s11606-022-07698-9	Evidence Level: Section B, Level V Quality Rating: A	HSO Type: Hyperbaric Medicine Center Research Domain: Financial management Specific Problem: Examines inequities in mandatory VBR in Medicare that disproportionately penalize safety-net providers and recommends adjustments for social risk.	The findings of social risk adjustment in VBP, which answer recommendations of peer grouping, using area-level indices, and long-term research. This aids safety-net hospitals from being unfairly penalized and promotes financial stability.	Operating margins / net savings. Area Deprivation Index (ADI) (Used to adjust VBC payments based on social risk) Dual-eligible percentage (Medicare/Medicaid)	Policy-driven; Medicare-specific
Crook, H. L., Saunders, R. S., Roiland, R., Higgins, A., & McClellan, M. B. (2021). <i>A decade of value-based payment: lessons learned and implications for the Center for Medicare and Medicaid innovation, Part 2</i> . Health Affairs Forefront. https://www.healthaffairs.org/content/forefront/decade-value-based-payment-lessons-learned-and-implications-center-medicare-and	Level III, Quality: B (policy review with empirical references).	HSO Type: Insurance Company Domain: Financial management. Problem: Lessons from a decade of value-based programs for CMS innovation.	VBP models follow phases: development, implementation, refinement. Outcomes have been mixed context sensitive. Expansion requires system alignment and standard outcome metrics.	VBP models follow phases: development, implementation, refinement. Outcomes have been mixed context sensitive.	Although nothing is wrong with commentary, it was Commentary rather than new data; relies on prior literature.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
DeMik, D. E., Gold, P. A., Frisch, N. B., Kerr, J. M., Courtney, P. M., & Rana, A. J. (2024). A cautionary tale: malaligned incentives in total hip and knee arthroplasty payment model reforms threaten promising innovation and access to care. <i>The Journal of Arthroplasty</i> , 39(5), 1125–1130. https://doi.org/10.1016/j.arth.2024.01.06410	Evidence Level: Section B, Level V Quality Rating: B	HSO Type: Orthopedic Center Research Domain: Financial Management Specific Problem: Warns that misaligned financial incentives in new payment reform models for total hip and knee arthroplasty threaten innovation and access to care.	This study highlights pitfalls of misaligned bundled payment reforms. Detection of preoperative work and lack of standardized episode definitions increased financial risk. The caution underscores the importance of accurate cost modeling and incentive alignment to ensure hospitals benefit from cost-saving innovations.	Postoperative complication rates (Used in orthopedic bundled payments to determine cost/quality alignment) Preoperative cost capture and attribution	Perspective-only, opinion based.
Dera, J. (2021). How to succeed in value-based care. <i>Family Practice Management</i> . 28(6), 25–31. https://www.aafp.org/pubs/fpm/issues/2021/1100/p25.html	Level III, Quality: B.	HSO Type: Ambulatory Clinics. Domain: Operational & clinical management. Problem: Tips for implementing VBC in practice.	Identify your patient panel and stratify by risk. Use team-based approach for chronic care management. Beware pitfalls: coding accuracy, alignment of models.	Operational suggestions, no formal metrics.	Practical but anecdotal; no empirical validation.
El Fadel, O., Goldberg, Z. N., Jain, A., Venkat, N., Upadhyaya, A., Mack, S., Kaminski, M., Papanagnou, D., Ziring, D., & Hayden, G. (2024). Integrating choosing wisely, value-based care principles, into undergraduate medical education: A pilot study. <i>Cureus</i> , 16(3), e56912 https://doi.org/10.7759/cureus.56912	Evidence Level: Level IV Quality Rating: A	HSO Type: Hospital System Research Domain: Quality Improvement Specific Problem: Addresses lack of value-based care and	This study shows that early value-based care (VBC) education may indirectly ease future hospital financial strain by influencing clinician behavior. Greater	Survey responses: Annual 10-question metrics on awareness and VBC knowledge across four cohorts (n = 700) Statistical	Survey and exam design limitations

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
		resource stewardship teaching in undergraduate medical education by integrating “Choosing Wisely” and VBC content into the curriculum	curricular exposure was linked to higher campaign awareness and understanding, with quiz scores averaging 81.5%. These findings suggest that educating clinicians early on could promote resource stewardship and reduce unnecessary hospital utilization.	measures: Pearson’s correlation coefficients, chi-square, and logistic regression assessing relationships between curricular exposure and outcome scores Examination metrics: Mean correct response percentage and discrimination index for quiz items related to VBC.	
Etges, S., Liu, H. H., Jones, P., & Polanczyk, C. A. (2023). Value-based reimbursement as a mechanism to achieve social and financial impact in the healthcare system. <i>Journal of Health Economics and Outcomes Research</i> , 10(2) 100-103. https://doi.org/10.36469/001c.89151 .	Level III, Quality: B.	HSO Type: Health System Research Domain: Financial management. Problem: Achieving social impact while ensuring financial sustainability in VBR.	VBR models can rebalance stakeholder risk and deliver social benefits. No single superior model; must integrate cost/outcome data and risk mechanisms.	N/A	Theoretical, no empirical testing and it lacks measurable outcomes and stakeholder voice.
Forney, S., Kinney, T., Mueller, H., Remorenko, M., & Willis, K. (2025). <i>How healthcare organizations can build resiliency and drive growth in a challenging financial environment</i> . Healthcare Financial Management Association. from https://www.hfma.org/finance-and-business-strategy/how-healthcare-organizations-can-build-	Evidence Level: Section B, Level V Quality Rating: A	HSO Type: Hospital System Research Domain: Organizational dynamics and/or governance Specific Problem: Shares real-world tactics from	Strategies to strengthen hospital finances include aligning with Medicare Advantage plans to better navigate risk-based	Net revenue increases: e.g., \$20M/year from RCM improvements -Cumulative savings: \$70M	Risk of selection bias and over estimation

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<u>resiliency-and-drive-growth-in-a-challenging-financial-environment/</u>		hospital finance executives to reduce operational costs, strengthen margins, and prepare for new reimbursement challenges under evolving value-based care environments	models, optimizing digital tools like MyChart to improve access and reduce denials, and outsourcing functions such as IT and revenue cycle as seen at Covenant Health, which achieved significant cost savings and revenue gains.	projected with outsourced IT -CDI revenue lift: \$20M over 18 months Investment in technology: 75% of providers increased IT budgets; 20% increased by over 30%.	
Gee, R. E., Shulkin, D., & Romm, I. (2021). A blueprint for comprehensive Medicaid reform. <i>Journal of the American Medical Association</i> , 325(7), 619. https://doi.org/10.1001/jama.2021.0013	Evidence Level: Section B, Level V Quality Rating: A	HSO Type: Health Insurance Research Domain: Financial Management Specific Problem: Addresses structural inefficiencies, fragmentation, and variability in state Medicaid programs. Proposes modernization strategies to improve access, equity, affordability, and system stability.	The findings highlight policy strategies to ease hospital financial strain, including standardizing benefits across states to reduce administrative burden and stabilize revenue, and aligning Medicaid payments with value-based models to lower uncompensated care and support integrated care delivery.	Number of distinct Medicaid programs (56 jurisdictions) administrative complexity and cost variability across states (discussed qualitatively)	Offers recommendations based on policy expertise, not data analysis
Hammond, G., Waken, R., Zheng, J., Epstein, A., Lanter, T., Wang, F., Orav, J., & Maddox, J. (2024). Hospitals strategies to reduce costs and improve quality: survey of hospital leaders. <i>The</i>	Evidence Level: Level III Empirical cross-sectional survey	HSO Type: Hospital System Research Domain: Financial Management	Hospitals widely adopt value-based strategies across care settings	Survey metrics: Proportion of 20 defined strategies implemented,	Self-reported- Potential social desirability bias and incomplete

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<i>American Journal of Managed Care</i> , 30(8), e240–e246. https://doi.org/10.37765/ajmc.2024.89593	study Quality Rating: A	Specific Problem: Fills the knowledge gap on which financial and care strategies hospitals deploy to reduce costs and improve quality under value-based and bundled payment models	implementing 89% of inpatient, 65% of post-acute, 84% of outpatient, and 82% of community-based initiatives to improve quality and reduce costs. Strategy use was similar across bundled payment and non-participant groups, showing broad uptake beyond specific payment models.	across four domains: inpatient, post-acute, outpatient, and community. Quantitative results: Percentages implemented, comparative prevalence between BPCI-A vs non-BPCI-A hospitals, significance testing with P-values.	participant knowledge may affect accuracy.
Harrill, W. C., & Melon, D. E. (2021). A field guide to U.S. healthcare reform: the evolution to value-based healthcare. <i>Laryngoscope Investigative Otolaryngology</i> , 6 (3), 590–599. https://doi.org/10.1002/liv2.575	Evidence Level: Section A, Level V Quality Rating: B	HSO Type: Hospital System Research Domain: Strategic planning and marketing Specific Problem: Clarifies overlapping reform paradigms (e.g., ACOs, PCMH, P4P), defines “value,” and explores how stakeholder alignment shapes value-based care evolution	This review outlines strategies that align clinical quality with financial sustainability under value-based care, including APMs that reward cost control, P4P models linking payment to outcomes, and population health approaches that reduce readmissions through coordinated, preventive care.	Healthcare expenditure as % of GDP Trends in premiums and deductibles vs. wages/inflation	Narrative review, not systematic

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<p>Husaini, M., & Maddox, K. E. J. (2020). Paying for performance improvement in quality and outcomes of cardiovascular care: challenges and prospects. <i>Methodist DeBakey Cardiovascular Journal</i>, 16(3), 225. https://doi.org/10.14797/mdcj-16-3-225</p>	<p>Evidence Level: Section A, Level V</p> <p>Quality Rating: B</p>	<p>HSO Type: Ambulatory Surgical Facility Research Domain: Quality Improvement Specific Problem: Evaluates pay-for-performance and alternative payment models to improve quality and outcomes in cardiovascular care. It discusses federal initiatives and the challenges and opportunities of such programs.</p>	<p>Pay-for-performance programs and public reporting encouraged hospitals to track clinical metrics such as aspirin use, vaccinations, and readmissions leading to improved quality of care and eligibility for financial incentives or avoidance of penalties. Applying quality improvement frameworks like Lean, PDSA, and Six Sigma further enhanced efficiency, reduced waste, and helped limit financial losses.</p>	<p>30-day readmission rates</p> <p>In-hospital mortality rates</p> <p>Vaccination rates (e.g., influenza)</p>	<p>Cardiovascular focus; narrative review</p>
<p>Iglesia, E. G. A., Greenhawt, M., & Shaker, M. S. (2020). Achieving the Quadruple Aim to deliver value-based allergy care in an ever-evolving health care system. <i>Annals of Allergy, Asthma & Immunology</i>, 125(2), 126–136. https://doi.org/10.1016/j.anai.2020.04.007</p>	<p>Evidence Level: Section B, Level V</p> <p>Quality Rating: A</p>	<p>HSO Type: Hospital System Research Domain: Strategic planning and marketing Specific Problem: Defines and explores how to achieve the “Quadruple Aim” improved outcomes, patient experience, cost, and provider well-being in allergy care within evolving healthcare models.</p>	<p>Although focused on allergy care, this article highlights broader applicability: Quadruple Aim alignment Integrating patient experience and provider well-being with cost and outcomes fosters team-based care and</p>	<p>Provider burnout / wellness measures</p>	<p>Allergy care focus; no cost/metric data</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			efficiency, reducing unnecessary resource use.		
Kalainov, D. M., Barnard, C., & Walradt, J. (2024). Medicare in the 21st Century: understanding the program to promote improvements. <i>Journal of the American Academy of Orthopedic Surgeons</i> , 32(10), 427–438. https://doi.org/10.5435/JAAOS-D-23-00464	Evidence Level: Section A, Level V Quality Rating: C	HSO Type: Health Insurance Research Domain: Quality Improvement Specific Problem: Provides an overview of Medicare’s shift from FFS to value-based care, explaining implications for orthopedic surgeons, quality incentives, and cost containment in the 21st century.	Medicare’s move to VBR through bundled payments, ACOs, and MIPS aims to link payment to quality and efficiency. Hospitals that implemented integrated care pathways and strong data systems saw financial gains.	Operating margins / net savings Shared savings / losses in ACO/Bundled Payment Models Patient satisfaction scores (e.g., HCAHPS)	Research design, intended for education overview, not empirical.
Kuo, D. Z., Comeau, M., Perrin, J. M., Coleman, C., White, P., Lerner, C., & Stille, C. J. (2022). Moving from spending to investment: A research agenda for improving health care financing for children and youth with special health care needs. <i>Academic Pediatrics</i> , 22(2), S47–S53. https://doi.org/10.1016/j.acap.2021.11.009	Evidence Level: Section A, Level V Quality Rating: A	HSO Type: Hospital System (Pediatric) Research Domain: Financial Management Specific Problem: Pediatric acute and chronic care financing is skewed toward FFS acute spending; the article proposes shifting to investment-based models (bundled payments, global budgets, care coordination) for children with special needs	Though centered on pediatrics, the strategies align with acute-care hospital goals advocating for bundled or global payments to encourage coordinated, efficient care, and investing in outpatient services, family support, and telehealth to reduce unnecessary hospital use.	Cost per episode or population-based payments Return on investment (ROI) for expanded care coordination Quality/process indicators (e.g., telehealth reach, service continuity) Utilization measures (e.g., ED visits, readmissions)	No empirical data
Loreal, J., Duong, Q., & Gundling, R. (2023). <i>Cost management in healthcare: Status quo and opportunities</i> . Healthcare Financial Management	Evidence Level: Section B, Level V	HSO Type: Hospital System Research Domain: Financial	The study encourages hospitals to use advanced tools like	Unit cost by process (e.g., TDABC-derived	provides observations and

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<p>Association. https://www.hfma.org/wp-content/uploads/2023/05/Cost-Mgmt-in-Healthcare_Report_Final.pdf</p>	<p>Quality Rating: A</p>	<p>Management Specific Problem: Examines the expanding role of management accountants in healthcare and identifies opportunities for improving cost management, finance function maturity, and organizational value delivery</p>	<p>time-driven activity-based costing and analytics to identify cost drivers and improve efficiency. It also highlights the need for finance teams to collaborate with clinical leaders in strategic planning, profitability analysis, and performance tracking.</p>	<p>cost per patient encounter) Cost variance vs budget at service-line/program level. Return on investment (ROI) of strategic initiatives. Finance maturity indices</p>	<p>recommendations but lacks original data analysis.</p>
<p>Meese, K. A., Hearld, L. R., O'Connor, S. J., Peterson, M. D., Carroll, N. W., & Sen, B. (2022). Environmental and organizational correlates and motivations for provider-sponsored health plan ownership in the post-reform era. <i>Health Care Management Review, 47</i>(3), 188–198. https://doi.org/10.1097/HMR.0000000000000316</p>	<p>Evidence Level: Mixed (explanatory sequential design) Quantitative-Level III (nonexperimental) Rating A Qualitative-Level III Rating A/B Quality Rating: A</p>	<p>HSO Type: Public Health Research Domain: Organizational dynamics and/or governance Specific Problem: Investigates why and under what conditions health systems initiate or maintain ownership of PSHPs in response to evolving reimbursement environments and VBR incentives</p>	<p>Hospitals should adopt risk-bearing models such as owning provider-sponsored health plans and aligning with clinically integrated networks to gain financial control under value-based care. These strategies reduce dependency on traditional payers, support diversification through risk-based payments, and help manage revenue loss from declining FFS models, while</p>	<p>Quantitative(N = 5,849 hospitals): Dependent variable: PSHP ownership status (yes/no) Predictors: Market variables: payer and hospital concentration, Medicare penetration, income, unemployment, for-profit status, metro area. Organizational variables: salaried physician arrangements, clinical integration,</p>	<p>Empirical mixed-methods Interviewees came from a small number of systems (8 systems across 5 states), limiting representativeness.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			avoiding over-consolidation in already saturated markets.	other risk-based payment models Qualitative 10 interviews and discussion	
Melzer, S. (2022). Addressing social determinants of health in pediatric health systems: balancing mission and financial sustainability. <i>Current Opinion in Pediatrics</i> , 34(1), 8–13. https://doi.org/10.1097/MOP.0000000000001083	Evidence Level: Section D, Level V Quality Rating: B	HSO Type: Hospital System Research Domain: Organizational dynamics and/or governance Specific Problem: Reviews how pediatric health systems address SDoH like poverty and racism, balancing mission and financial sustainability amidst evolving policies and funding structures.	Investing in social determinants of health (SDoH) initiatives Programs targeting food insecurity, housing instability, and racism are being funded through new state/federal pathways; these reduce readmissions and long-term costs, improving both patient outcomes and reimbursement alignment.	Emergency department revisits	Pediatric only; There was no outcomes tested
Milad, M., Murray, R., Navathe, S., & Ryan, A. (2022). Value-based payment models in the commercial insurance sector: A systematic review. <i>Health Affairs</i> , 41(4), 540–548. https://doi.org/10.1377/hlthaff.2021.01020	Evidence Level: Level III Quality Rating: A	HSO Type: Hospital System Research Domain: Financial Management Specific Problem: Identifies and evaluates the quality, spending, and utilization outcomes of commercial insurance payment models, a comparatively understudied area versus Medicare APMs	The authors emphasize that while commercial models often enhance quality, results for cost and utilization are mixed suggesting the need for stronger VBP program design to support hospitals during payment reform.	Quality indicators (e.g., outcome measures) Total or per-episode spending Healthcare utilization (e.g., hospital admissions, ED visits)	Lack of hospital-specific data

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<p>Shrank, W. H., DeParle, N.-A., Gottlieb, S., Jain, S. H., Orszag, P., Powers, B. W., & Wilensky, G. R. (2021). Health costs and financing: challenges and strategies for a new administration. <i>Health Affairs</i>, 40(2), 235–242. https://doi.org/10.1377/hlthaff.2020.01560</p>	<p>Evidence Level: Section B, Level V</p> <p>Quality Rating: A</p>	<p>HSO Type: Public Health Research Domain: Financial Management Specific Problem: Provides strategies to reduce unsustainable healthcare system costs and improve affordability, access, and equity during the shift from FFS to value-based care models</p>	<p>The study recommends expanding VBR models to incentivize cost-effective, high-quality care over traditional FFS. Aligning Medicare, Medicaid, and private payers can reduce fragmentation and stabilize hospital revenue. Supporting hospital-at-home programs further eases financial strain by cutting costs while maintaining strong clinical outcomes.</p>	<p>Payment model adoption APM share increased from 23% (2015) to 36% (2018); population-based payments remained at just 5% Uninsurance trends Uninsured population rose from 28.7M (2016) to a projected 37.2M by 2028 Cost-related access issues: About 50% of adults delayed or avoided care due to cost</p>	<p>This study has no empirical data, system-level focus, lacks detailed outcomes</p>
<p>Wang, S., Weyer, G., Duru, O. K., Gabbay, R. A., & Huang, E. S. (2022). Can alternative payment models and value-based insurance design alter the course of diabetes in the United States? <i>Health Affairs</i>, 41(7), 980–984. https://doi.org/10.1377/hlthaff.2022.00235</p>	<p>Evidence Level: Section B, Level V</p> <p>Quality Rating: A</p>	<p>HSO Type: Hospital System Research Domain: Financial Management Specific Problem: Investigates whether payers' use of APMs and VBID can meaningfully improve diabetes management, reduce complications, and potentially ease financial</p>	<p>Higher-risk Alternative Payment Models (APMs) lead to better diabetes care processes (e.g., screenings and testing). Value-Based Insurance Design (VBID), such as lower copays for medications, increases treatment adherence and</p>	<p>Diabetes process measures Medication adherence</p>	<p>Synthesizes existing literature and conceptual evidence but offers no new data or statistical analyses.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
		pressures on care delivery systems	reduces costly complications. Together, APM-driven care coordination and VBID-supported adherence lower preventable hospitalizations and emergency visits, easing financial strain under value-based care.		
Yashar, C. M., Hubbard, A., & Chollet-Lipscomb, C. (2024). ROCR: Modernizing radiation oncology payment to embrace innovation and better care. <i>Seminars in Radiation Oncology</i> , 34(4), 474–476. https://doi.org/10.1016/j.semradonc.2024.07.002	Evidence Level: Section D, Level V Quality Rating: C	HSO Type: Dialysis Center Research Domain: Financial Management Specific Problem: Introduces ROCR, a new payment model shifting from FFS to per-patient or per-episode reimbursement, aimed at fostering innovation, addressing health equity (Heart initiative), and ensuring practices can invest in technology.	A model titled, Per-patient/episode-based payment model (ROCR), that encourages practice consolidation, investment in advanced technology, and standardization of care. This aligns financial incentives with quality outcomes and lowers overhead compared to FFS.	Cost per episode of care	Predictive; no real-world results
Yu, Y. R., Mehl, S. C., Carberry, K. E., Ren, H., Barclay, C., Patel, B., Nuchtern, J. G., & Lopez, M. E. (2022). Lessons learned from value-based pediatric appendectomy care: A shared savings pilot model. <i>The American Journal of Surgery</i> ,	Evidence Level: Level III – Qualitative research Quality Rating: A	HSO Type: Hyperbaric Medicine Center Research Domain: Quality Improvement Specific Problem: Identifies	The key point to call out is recognizing economic tension as a barrier-Participants highlighted that	Participant data: 113 respondents (65% response rate) from five academic health centers across	Academic-center focus

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
223(1), 106–111. https://doi.org/10.1016/j.amjsurg.2021.07.017		structural and economic barriers to mission alignment across tripartite responsibilities, focusing on how economic drivers create silos and hinder value-based patient care	economic pressures reinforce silos, pushing systems to reevaluate mission and incentives toward integrated VBC. The strategies for aligning clinical includes streamlined patient-centered delivery models, adopting value-based care mindsets, and integrating research and education into clinical processes.	multiple roles Qualitative themes (no quantitative metrics): Five higher-order thematic categories and mission-specific integration strategies.	
Yu, Z.A. & Gorgone, M.B. (2024). Pay-for-performance and value-based care. Treasure Island (FL): <i>StatPearls Publishing</i> . https://www.ncbi.nlm.nih.gov/books/NBK607995/	Educational resource summary. Level III, Quality: <i>B</i> (review tool).	HSO Type: Primary care/clinics. Domain: Financial & clinical management. Problem: Overview of P4P and VBC models and implementation guidance.	Definitions/classification of payment model types. Highlights pros/cons of each and implementation recommendations. Discusses risk stratification and patient attribution considerations.	High-level model comparisons; no new measures introduced.	Non-empirical, generic overview; lacks context specificity.

Appendix D: DHA Thematic Analysis Results

Author(s) and date	Data extracted	Initial codes	Preliminary themes
<p>Cattel, D., & Eijkenaar, F. (2020). Value-based provider payment initiatives combining global payments with explicit quality incentives: A systematic review. <i>Medical Care Research and Review</i>, 77(6), 511–537. https://doi.org/10.1177/1077558719856775</p>	<p>Systematic review of global and VBR models. Strong focus on combining quality metrics with provider incentives. Evaluation of financial risk-sharing arrangements. Emphasis on long-term cost efficiency and quality improvement.</p>	<p>Financial strategy Quality improvement metrics VBR models Provider accountability Payment reform structures</p>	
<p>Chacko, J., Mazza, K., Stathakos, K., Kim, D., & Carlo, L. (2025). Evaluating technology-driven strategies for enhancing patient outreach for preventive care: A systematic review. <i>Cureus</i>, 17(2), E79467. https://doi.org/10.7759/cureus.79467</p>	<p>Systematic review of digital tools like SMS and chatbot outreach. Measured impact on patient engagement in preventive services. Highlighted disparities in access and response by population. Emphasized importance of tailoring outreach to population needs.</p>	<p>Information management Preventive health strategy Digital engagement Population-specific communication Equity in care access</p>	
<p>Chen, A., Ghosh, A., Gwynn, K. B., Newby, C., Henry, T. L., Pearce, J., Fleurant, M., Schmidt, S., Bracey, J., & Jacobs, E. A. (2022). Society of general internal medicine position statement on social risk and equity in Medicare’s mandatory value-based payment programs. <i>Journal of General Internal Medicine</i>, 37(12), 3178–3187. https://doi.org/10.1007/s11606-022-07698-9</p>	<p>Addressing social risk factors is critical in Medicare’s value-based programs. Equity must be explicitly considered in the design of payment models. Social determinants of health impact outcomes and payments. Recommendations for incorporating social risk adjustment and quality measures.</p>	<p>Organizational equity priorities Social risk integration Medicare payment reform Health disparities Policy and incentive redesign</p>	
<p>Crook, H. L., Saunders, R. S., Roiland, R., Higgins, A., & McClellan, M. B. (2021). <i>A decade of value-based payment: lessons learned and implications for the Center for Medicare and Medicaid innovation, Part 2</i>. Health Affairs Forefront. https://www.healthaffairs.org/content/forefront/decade-value-based-payment-lessons-learned-and-implications-center-medicare-and</p>	<p>Analysis of lessons learned from the first decade of value-based payment initiatives in the U.S. Examines alternative payment models (APMs) implemented through the Center for Medicare & Medicaid Innovation (CMMI). Evidence from early reforms shows mixed results in improving cost efficiency and care quality. Highlights the importance of provider incentives, accountability structures, and model design for successful payment reform.</p>	<p>Value-based payment reform APMs Cost containment strategies Provider incentive alignment Healthcare payment policy</p>	

Author(s) and date	Data extracted	Initial codes	Preliminary themes
DeMik, D. E., Gold, P. A., Frisch, N. B., Kerr, J. M., Courtney, P. M., & Rana, A. J. (2024). A cautionary tale: Malaligned incentives in total hip and knee arthroplasty payment model reforms threaten promising innovation and access to care. <i>The Journal of Arthroplasty</i> , 39(5), 1125–1130. https://doi.org/10.1016/j.arth.2024.01.06410	Payment reforms for joint replacement have created unintended consequences. Malaligned incentives can reduce access to innovative treatments. Need for balancing cost control with clinical innovation. Highlights gaps in bundled payment model structure.	Financial model evaluation Bundled payment reform Access and equity Clinical innovation risk Unintended outcomes	
Dera, J. (2021). How to succeed in value-based care. <i>Family Practice Management</i> . 28(6), 25–31. https://www.aafp.org/pubs/fpm/issues/2021/1100/p25.html	Practical guidance for primary care practices transitioning to value-based care models. Emphasizes care coordination, population health management, and data-driven decision making. Highlights the importance of workflow redesign and team-based care to improve outcomes and efficiency. Discusses strategies for managing financial risk and aligning clinical operations with value-based reimbursement requirements.	Care coordination strategies Population health management Workflow redesign Value-based care implementation Financial risk management	
El Fadel, O., Goldberg, Z. N., Jain, A., Venkat, N., Upadhyaya, A., Mack, S., Kaminski, M., Papanagnou, D., Ziring, D., & Hayden, G. (2024). Integrating choosing wisely, value-based care principles, into undergraduate medical education: A pilot study. <i>Cureus</i> , 16(3), e56912 https://doi.org/10.7759/cureus.56912	Medical curriculum integration of value-based care is feasible. Increased awareness of cost-effective care among students. Educational interventions can impact attitudes on resource use. Pilot model shows positive reception and knowledge gains.	Educational innovation Workforce preparation Cost-conscious culture Training in value-based care Curricular alignment	
Etges, S., Liu, H. H., Jones, P., & Polanczyk, C. A. (2023). Value-based reimbursement as a mechanism to achieve social and financial impact in the healthcare system. <i>Journal of Health Economics and Outcomes Research</i> , 10(2) 100-103. https://doi.org/10.36469/001c.89151 .	Examines value-based reimbursement as a strategy to improve both financial sustainability and social outcomes in healthcare systems. Discusses how aligning payment models with quality and outcome measures can promote cost efficiency and improved patient outcomes. Highlights the role of performance incentives and accountability mechanisms in driving provider behavior. Suggests that value-based reimbursement can support long-term system sustainability when supported by strong data infrastructure and measurement systems.	Value-based reimbursement models Quality and outcome incentives Healthcare system performance	

Author(s) and date	Data extracted	Initial codes	Preliminary themes
<p>Forney, S., Kinney, T., Mueller, H., Remorenko, M., & Willis, K. (2025). <i>How healthcare organizations can build resiliency and drive growth in a challenging financial environment</i>. Healthcare Financial Management Association. from https://www.hfma.org/finance-and-business-strategy/how-healthcare-organizations-can-build-resiliency-and-drive-growth-in-a-challenging-financial-environment/</p>	<p>Hospitals need proactive financial strategies to manage external pressures. Workforce optimization and digital tools are key resilience levers. Focus on strategic partnerships and diversification of revenue streams. Emphasis on agile leadership and scenario planning.</p>	<p>Strategic financial planning Operational resilience Organizational agility Workforce alignment Scenario-based decision making</p>	
<p>Gee, R. E., Shulkin, D., & Romm, I. (2021). A blueprint for comprehensive Medicaid Reform. <i>Journal of the American Medical Association</i>, 325(7), 619. https://doi.org/10.1001/jama.2021.0013</p>	<p>Medicaid needs structural reform to support sustainability and equity. Proposals include federal-state partnerships, coverage stability, and simplification. Focus on removing administrative burden and aligning incentives. Prioritizes vulnerable populations and long-term fiscal balance.</p>	<p>Health insurance system redesign Coverage equity Federal-state coordination Incentive restructuring Policy modernization</p>	
<p>Hammond, G., Waken, R., Zheng, J., Epstein, A., Lanter, T., Wang, F., Orav, J., & Maddox, J. (2024). Hospitals' strategies to reduce costs and improve quality: Survey of hospital leaders. <i>The American Journal of Managed Care</i>, 30(8), e240–e246. https://doi.org/10.37765/ajmc.2024.89593</p>	<p>Leaders prioritize care management programs and reducing clinical variation. Investments in data infrastructure and workforce engagement were common. Few reported strong results from payment model participation alone. Highlights disconnect between cost-cutting and outcome improvement.</p>	<p>Operational strategy Cost-quality alignment Technology investment Workforce engagement Care standardization</p>	
<p>Harrill, W. C., & Melon, D. E. (2021). A field guide to U.S. healthcare reform: the evolution to value-based healthcare. <i>Laryngoscope Investigative Otolaryngology</i>, 6(3), 590–599. https://doi.org/10.1002/lio2.575</p>	<p>Historical overview of U.S. health reform leading to value-based care. Outlines core principles: accountability, quality, and cost-effectiveness. Stresses alignment of payment incentives with patient-centered goals. Emphasizes broad stakeholder involvement in reform process.</p>	<p>System-level reform Payment incentive design Historical policy context Value-based care transition Stakeholder engagement</p>	
<p>Husaini, M., & Maddox, K. E. J. (2020). Paying for performance improvement in quality and outcomes of cardiovascular care: challenges and prospects. <i>Methodist</i></p>	<p>Discusses performance-based payment models for cardiovascular care. Emphasizes quality measures tied to reimbursement. Challenges include data integration and clinician</p>	<p>Quality improvement Outcome-based payment models Health IT infrastructure</p>	

Author(s) and date	Data extracted	Initial codes	Preliminary themes
<p>DeBakey <i>Cardiovascular Journal</i>, 16 (3), 225. https://doi.org/10.14797/mdcj-16-3-225</p>	<p>engagement. Identifies need for stronger infrastructure to support outcomes-based models.</p>	<p>Provider engagement Cardiovascular care reform</p>	
<p>Iglesia, E. G. A., Greenhawt, M., & Shaker, M. S. (2020). Achieving the Quadruple Aim to deliver value-based allergy care in an ever-evolving health care system. <i>Annals of Allergy, Asthma & Immunology</i>, 125(2), 126–136. https://doi.org/10.1016/j.anai.2020.04.007</p>	<p>Explores strategies to align allergy care with the Quadruple Aim. Addresses patient outcomes, provider satisfaction, and cost. Recommends use of clinical decision support tools and telehealth. Stresses team-based care coordination and patient education.</p>	<p>Clinical integration Digital tools in care Cost-effectiveness Team-based delivery Patient-centered allergy management</p>	
<p>Kalainov, D. M., Barnard, C., & Walradt, J. (2024). Medicare in the 21st Century: understanding the program to promote improvements. <i>Journal of the American Academy of Orthopedic Surgeons</i>, 32(10), 427–438. https://doi.org/10.5435/JAAOS-D-23-00464</p>	<p>Overview of Medicare structure and current payment models. Promotes simplification and transparency of Medicare processes. Highlights issues in FFS vs. value-based systems. Advocates for evidence-based updates to reimbursement frameworks.</p>	<p>Health policy modernization Medicare reimbursement structure Transparency in payment Evidence-driven policy Program simplification</p>	
<p>Kuo, D. Z., Comeau, M., Perrin, J. M., Coleman, C., White, P., Lerner, C., & Stille, C. J. (2022). Moving from spending to investment: A research agenda for improving health care financing for children and youth with special health care needs. <i>Academic Pediatrics</i>, 22(2), S47–S53. https://doi.org/10.1016/j.acap.2021.11.009</p>	<p>Calls for a shift in pediatric financing toward long-term investment. Focus on coordination of care and addressing social determinants. Recommends research into outcomes-based pediatric funding models. Addresses gaps in access, funding, and equity for special needs populations.</p>	<p>Pediatric value-based funding Equity in child health Care coordination models Social determinant investment Long-term financing strategy</p>	
<p>Loreal, J., Duong, Q., & Gundling, R. (2023). <i>Cost management in healthcare: Status quo and opportunities</i>. Healthcare Financial Management Association. https://www.hfma.org/wp-content/uploads/2023/05/Cost-Mgmt-in-Healthcare_Report_Final.pdf</p>	<p>Assesses current cost management practices in U.S. healthcare. Identifies operational inefficiencies and duplication of services. Calls for better data-driven decision-making. Encourages culture change toward financial accountability.</p>	<p>Cost containment strategies Operational efficiency Financial stewardship Healthcare cost culture Analytics for decision support</p>	

Author(s) and date	Data extracted	Initial codes	Preliminary themes
<p>Meese, K. A., Hearld, L. R., O'Connor, S. J., Peterson, M. D., Carroll, N. W., & Sen, B. (2022). Environmental and organizational correlates and motivations for provider-sponsored health plan ownership in the post-reform era. <i>Health Care Management Review, 47</i>(3), 188–198. https://doi.org/10.1097/HMR.0000000000000316</p>	<p>Examines factors influencing hospitals to own health plans. Organizational strategy and market environment were key drivers. Ownership often linked to care integration goals. Includes financial motivations and regulatory considerations.</p>	<p>Strategic integration Health plan ownership Regulatory influence Organizational motivations Market-driven decision making</p>	
<p>Melzer, S. (2022). Addressing social determinants of health in pediatric health systems: Balancing mission and financial sustainability. <i>Current Opinion in Pediatrics, 34</i>(1), 8–13. https://doi.org/10.1097/MOP.0000000000001083</p>	<p>Explores pediatric systems' response to social determinants of health (SDOH). Balancing mission-driven care with financial viability is emphasized. Advocates for integration of SDOH data into clinical systems. Calls for sustainable funding strategies for social care models.</p>	<p>Social care integration Financial-ethical balance SDOH data use Sustainable care models Pediatric health equity</p>	
<p>Milad, M., Murray, R., Navathe, S., & Ryan, A. (2022). Value-based payment models in the commercial insurance sector: A systematic review. <i>Health Affairs, 41</i>(4), 540–548. https://doi.org/10.1377/hlthaff.2021.01020</p>	<p>Systematic review of commercial insurer adoption of value-based models. Identifies mixed effectiveness in quality improvement and cost control. Highlights implementation complexity and variation. Suggests need for standardized performance measures.</p>	<p>Private payer reform Value model performance Standardization needs Implementation barriers Insurance innovation</p>	
<p>Shrank, W. H., DeParle, N.-A., Gottlieb, S., Jain, S. H., Orszag, P., Powers, B. W., & Wilensky, G. R. (2021). Health costs and financing: challenges and strategies for a new administration. <i>Health Affairs, 40</i>(2), 235–242. https://doi.org/10.1377/hlthaff.2020.01560</p>	<p>Policy guidance for managing U.S. healthcare costs at a national level. Recommendations include global budgeting and administrative simplification. Emphasizes bipartisan opportunities for payment reform. Focus on affordability, sustainability, and innovation.</p>	<p>National financing strategy Payment reform policies Cost reduction frameworks Administrative efficiency Health policy innovation</p>	
<p>Wang, S., Weyer, G., Duru, O. K., Gabbay, R. A., & Huang, E. S. (2022). Can alternative payment models and value-based insurance design alter the course of diabetes</p>	<p>Explores impact of value-based insurance and APMs on diabetes management. Finds potential for improved outcomes through aligned incentives.</p>	<p>Chronic disease payment reform Insurance-based incentives Data infrastructure</p>	

Author(s) and date	Data extracted	Initial codes	Preliminary themes
<p>in the United States? <i>Health Affairs</i>, 41(7), 980–984. https://doi.org/10.1377/hlthaff.2022.00235</p>	<p>Calls for better data sharing and care integration. Highlights policy gaps and scalability concerns.</p>	<p>Integrated chronic care Scalable APM models</p>	
<p>Yashar, C. M., Hubbard, A., & Chollet-Lipscomb, C. (2024). ROCR: Modernizing radiation oncology payment to embrace innovation and better care. <i>Seminars in Radiation Oncology</i>, 34(4), 474–476. https://doi.org/10.1016/j.semradonc.2024.07.002</p>	<p>Proposes updates to radiation oncology payment to support innovation. Model aims to improve quality and reduce unnecessary variation. Incorporates bundled payments and value-linked quality measures. Targets outcomes-based reimbursement for advanced therapies.</p>	<p>Specialty payment reform Innovation enablement Bundled care models Outcomes-based reimbursement Quality-driven oncology</p>	
<p>Yu, Y. R., Mehl, S. C., Carberry, K. E., Ren, H., Barclay, C., Patel, B., Nuchtern, J. G., & Lopez, M. E. (2022). Lessons learned from value-based pediatric appendectomy care: A shared savings pilot model. <i>The American Journal of Surgery</i>, 223(1), 106–111. https://doi.org/10.1016/j.amjsurg.2021.07.017</p>	<p>Pilot tested value-based appendectomy model for pediatrics. Results showed decreased costs with maintained outcomes. Shared savings were achieved through coordinated care pathways. Highlights use of targeted metrics and reduced LOS.</p>	<p>Pediatric value pilot Shared savings outcomes Clinical pathway optimization Cost-effective surgery Metrics-driven reimbursement</p>	
<p>Yu, Z.A. & Gorgone, M.B. (2024). Pay-for-performance and value-based care. Treasure Island (FL): <i>StatPearls Publishing</i>. https://www.ncbi.nlm.nih.gov/books/NBK607995/</p>	<p>Overview of pay-for-performance (P4P) models as a component of value-based care initiatives. Explains how financial incentives tied to quality metrics are designed to improve patient outcomes and cost efficiency. Discusses implementation of performance measurement systems and outcome-based reimbursement structures. Identifies challenges such as provider adaptation, measurement accuracy, and alignment of incentives with care quality.</p>	<p>Pay-for-performance models Quality-linked financial incentives Performance measurement systems Value-based care implementation Provider incentive alignment</p>	

Appendix E: Final Concept/Thematic Map

