

NOW IS THE TIME FOR VALUE-BASED RENAL CARE

The European Renal Care Providers Association (ERCPA) represents private renal care providers who treat around 60,000 **Chronic Kidney Disease (CKD)** patients in the European Union. The ERCPA strongly advocates for **Value-Based Healthcare (VBHC)** as a vision for EU healthcare system transformation towards higher quality, better coordinated and cost-effective care.

The rapid rise in chronic diseases has put a huge strain on national healthcare budgets. This requires a paradigm shift towards a **value-centric model**. Healthcare should be measured and funded based on performance, i.e. improved outcomes, improved experience of care, and lower total costs. Moreover, value in healthcare should be based on the needs of patients and wider population, with implementation at the local level, where it is delivered. Renal care providers and their associated healthcare professionals work most closely with patients, and are therefore well-placed to transform the system. We have extensive international experience, through providing more than one hundred million treatments per year across diverse national settings.

The VBHC approach is ideal for managing CKD, due to the multimorbid nature of CKD and its mode of treatment. Value-based renal care should be therefore delivered through the **integration of care across different specialties and co-morbidities, with implementation of integrated pathways** harmonised across the EU. Different medical professions across the care sector should be coordinated by professionals at one treatment centre.

Transparency of outcomes is another key element of VBHC. All renal care providers should be required to communicate pre-defined real outcome parameters, traceable along the patient lifecycle and aligned across the EU to ensure consistency of care.

Patient Reported Outcome Measures should be mandatory because they directly impact the quality of care.

Furthermore, **harmonisation of key indicators of national renal care registries** should be supported. This would enable comparison of quality of treatment, best practice identification and innovation. Integration of the **latest IT solutions** would permit inclusion of all types of patient data, enabling integration and coordination of care, thereby empowering patients to take well-informed decisions.

Reimbursement systems for chronic patients should be **designed along the patient lifecycle**. This allows control of cost-effectiveness of care. To maximize both value and quality, the **reimbursement schemes** should be **linked to actual performance**. We support **bundled payment systems**, where healthcare budgets are allocated to the entire care pathway of certain chronic conditions, eliminating fee-for-service and care fragmentation due to sectorial budgets.

A shift towards VBHC would bring benefits to patients and society, but only if stakeholders at all levels engage in this process, as it would reduce the fragmentation of care and improve outcomes for patients with CKD.

To learn more about ERCPA and our *Manifesto for a Patient-Centric Management of CKD* please visit www.ercpa.eu.



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