



AIDS 2018

Value-Based Financing of Integrated Care for Persons Living with HIV



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An actionable approach to engage payers on value-drive, indicator-based financing

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Context and objectives

Delivery of **patient-centered, integrated care** is paramount to **meet the HIV challenge**:

- reducing undiagnosed patient numbers
- improving the continuum of care (90-90-90 treatment targets)
- achieving the 'fourth' health-related quality of life treatment target through management of comorbidities and self-perceived quality of life.

Integrated care systems, however, **face the same (financial) pressures as the healthcare system as a whole** as payers struggle to balance costs and outcomes.

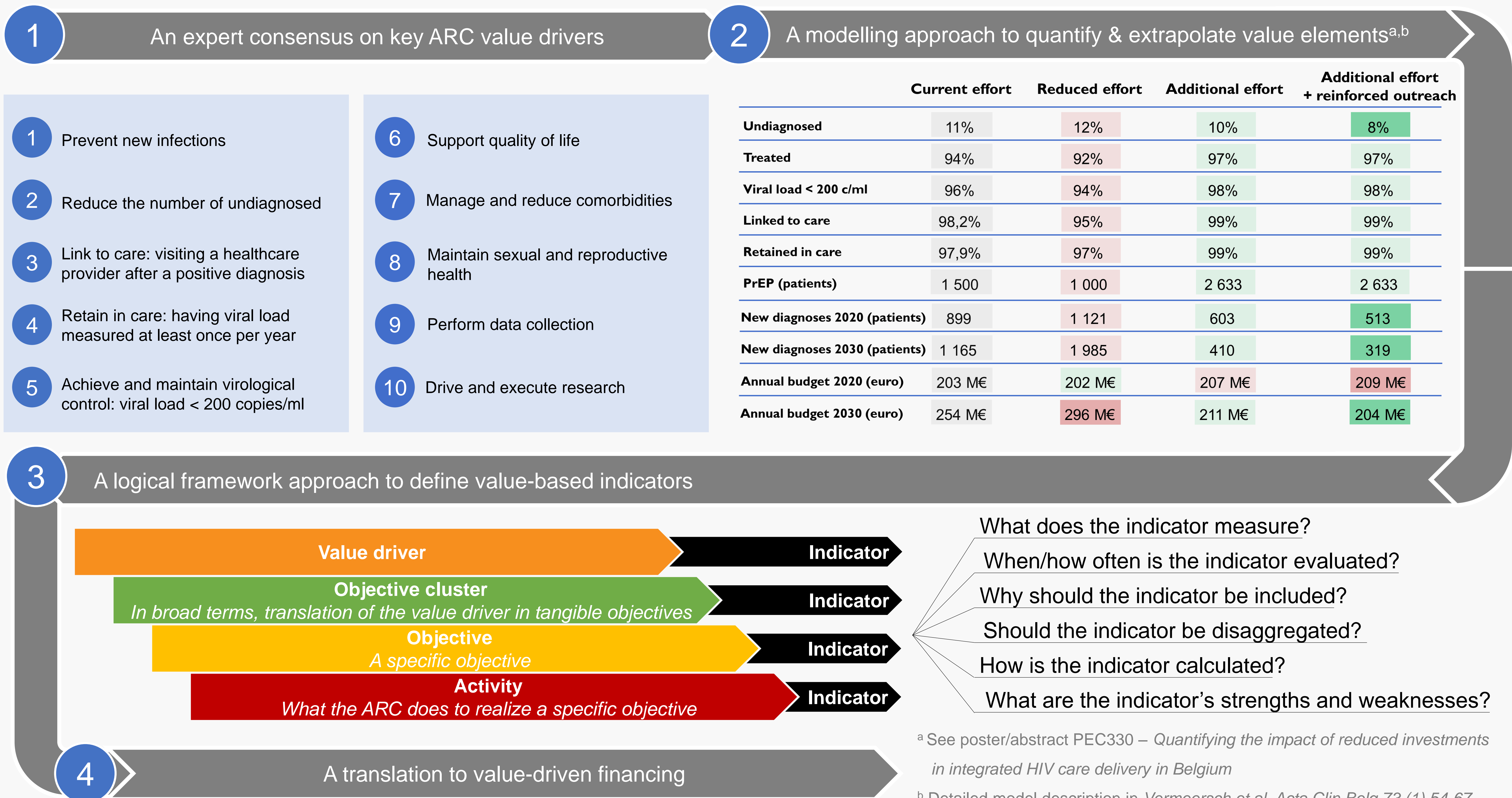
We developed and deployed, in the context of Belgian AIDS Reference center (ARC) financing, **an integrated framework** to:

- shift the discussion **from costs to value and value for money**.
- quantify value impact to **bolster value messages**.
- translate value messages to **practical value-driven financing approaches**.

Conclusions

We developed **an actionable approach** to **shift financing towards a value-driven, indicator-based model**. Value-driven healthcare models foster **high-quality, solidarity-based and sustainable healthcare systems**.

Methods & results



^a See poster/abstract PEC330 – *Quantifying the impact of reduced investments in integrated HIV care delivery in Belgium*

^b Detailed model description in *Vermeersch et al. Acta Clin Belg 73 (1),54-67*

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