

Co-Creating Value for Patients: Reinventing Payer–Provider Partnerships through Pay for Patient Value

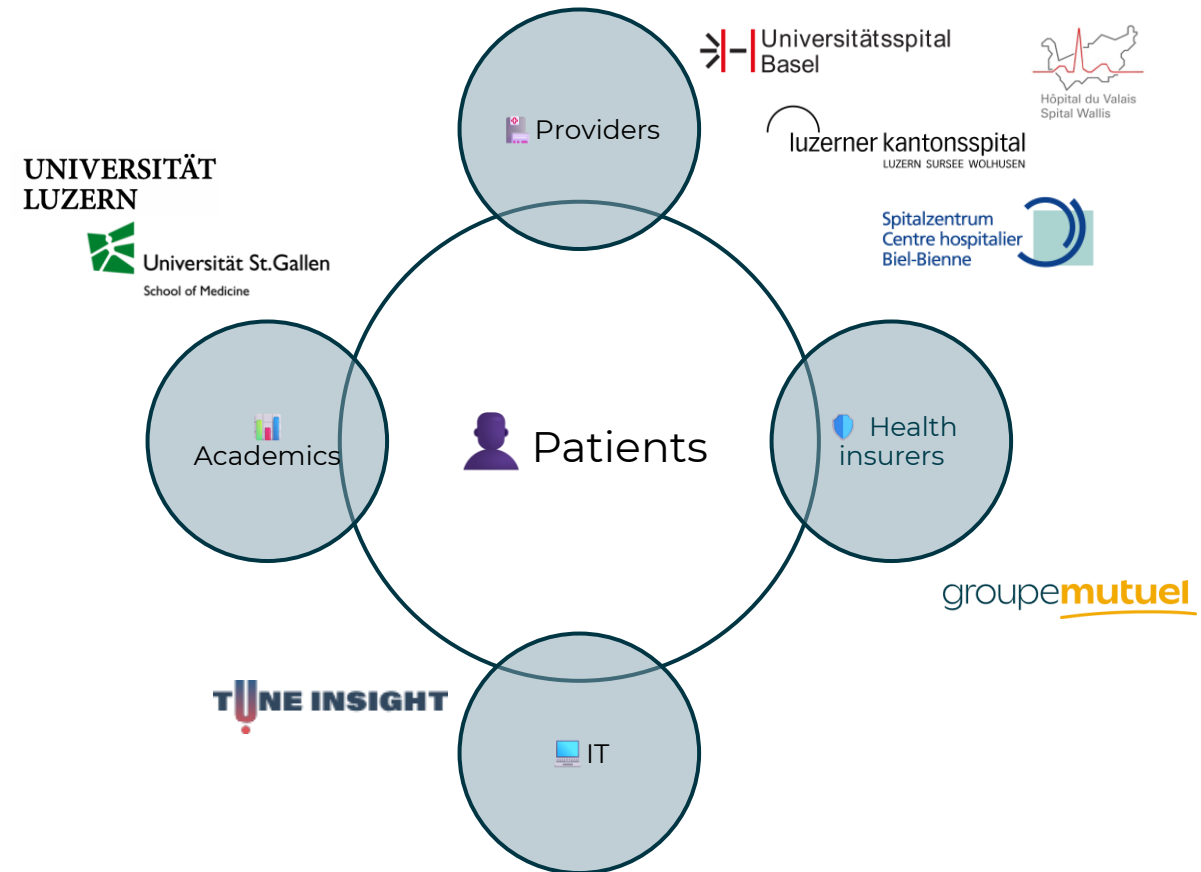
Stephan Studer, Director Individual Health,
Groupe Mutuel

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What we achieved: from exploration to a validated model

- ✓ A **collaborative project** (insurers, hospitals, physicians, academics) over 5+ years
- ✓ A **validated value-based payment model in orthopedics** (hip & knee replacement)
- ✓ Strong **co-construction with clinicians**
- ✓ Integration of medical **outcomes that matter to patients** (PROMs)
- ✓ **Feasibility demonstrated:**
 - ✓ Simulation of financial impacts
 - ✓ Legally compatible with Swiss framework
 - ✓ Technically feasible (secure data sharing)



How does the incentive model work?

A simple idea: reward quality, not volume

✓ Key-design principles:

- ✓ Cost-neutral financing mechanism, funded by reallocating resources from lower- to higher-value care
- ✓ Based on DRG tariff
- ✓ Quality-based payment
- ✓ Transparent & data-driven

1. Define value (with clinicians)

Outcomes that matter:

- Complications (revisions)
- Patient quality of life & function (PROMs)
- Indication quality



2. Create an incentive pool

The incentive pool is funded via:

- A small % of DRG payment withhold
- A share of the savings generated by better outcomes



3. Redistribute the incentive pool to high-quality providers

Based on composite performance:

- + clinical outcomes
- + PROMs (at first : collection rate → then outcomes)
- + indication quality

From volume to value: What changes for patients, providers and insurers?

Patients

- ✓ Quality is defined as what matters to patients
 - ✓ Pain, function, quality of life (PROMs)
- ✓ Encourages:
 - ✓ **Better outcomes**
 - ✓ **Better decision-making** (shared decision)
- ✓ Enables:
 - ✓ transparency on the quality of care provided by hospitals

Providers

- ✓ **Rewards hospitals delivering real value** —not just activity
- ✓ Makes quality visible and actionable

Health insurers

- ✓ Cost-control
- ✓ **Guiding patients towards high-value providers**

Paying for quality is also empowering patients to choose better care.

A model designed to be scaled

✓ **Beyond orthopedics**

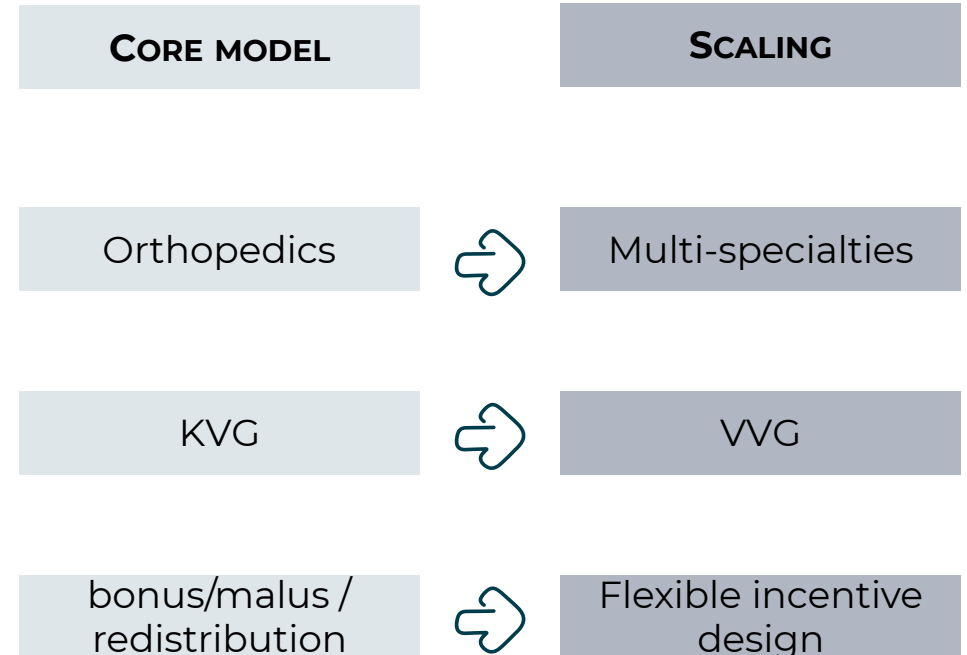
- ✓ Model designed to be replicable to other specialties
- ✓ Indicators to be co-defined with physicians for each condition/specialty

✓ **Dual applicability: KVG & VVG**

- ✓ KVG : Maximum system-wide impact
- ✓ VVG: differentiation on quality

✓ **Flexible incentive design**

- ✓ Same logic: bonus/malus / redistribution
- ✓ Adaptable parameters depending on contract framework



From pilot to implementation: join us

The next step: from model to real-world contracts

Where we are today

- ✓ Exploration phase completed
- ✓ Model validated (clinical, legal, technical)

What changes now

- Move to:
 - Contracts with providers
 - Small-scale implementation (“real money”)

What we need

- Hospitals willing to:
 - Measure outcomes (PROMs/CROMs)
 - Test new reimbursement logic
- Insurers ready to:
 - Scale the model

e Merci Thank You
ou Gracias Teşekk
Köszönöm 🖐️ Hvala
a Grazie Danke Te
Obrigada Salamatu