
Value-Based Healthcare Course: Patient Outcomes, Pathway Costing and Outcome-Linked Contracts

16 – 20 August 2027
Tokyo





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Programme Summary

Value-based healthcare, covering patient outcomes, pathway costing and outcome-linked contracts, is the subject of this one-week training course for hospital executives, insurers, ministry planners and clinical service leaders, ending in a value improvement plan for one medical condition. Health systems spend heavily on activity yet rarely measure what patients gain for each unit of cost, so payment and service design reward volume. The programme moves from principles, through measurement of outcomes and costs, to the redesign of pathways and payment, then to application on one condition. Mars Training Centre UK delivers this programme on value-based healthcare for senior decision makers.

The Business Case

When providers and payers cannot show outcomes against cost, budgets follow activity, variation between clinical teams goes unexplained and contracts reward repeat services rather than recovery. Leaders who measure outcomes by condition, cost the full care cycle and link payment to results can redirect spending toward care that works, negotiate on evidence and give clinicians a shared target.

- Outcome Quality: Improves as results that matter to patients are measured and compared.
- Cost per Outcome: Falls as waste and unexplained variation are removed from pathways.
- Contract Alignment: Rises as payment terms reward results instead of activity.

Principles and Evidence Base

- Porter value equation: Session 1 defines value as patient health outcomes achieved relative to cost over the full cycle of care.
- ICHOM standard sets: Session 2 uses patient-centred outcome sets to choose what is measured for a condition.
- Time-driven activity-based costing: Session 2 applies it to cost each step of a pathway.
- Bundled payment: Session 3 uses a single payment for a care cycle to test how payment can reward value.

Intended Participants

- Hospital executives who must show results and cost for a clinical service.
- Insurers and purchasers who design payment terms with providers.
- Ministry planners who set policy for how care is funded and measured.
- Clinical service leaders who redesign pathways for a condition.



The programme suits public and private hospital groups, health insurers, social security bodies and ministries of health, and works well with mixed groups in which clinical, finance and contracting leaders share one measurement language.

Learning Outcomes

1. Participants will be able to define value for a medical condition as outcomes relative to cost.
2. Participants will be able to select patient-centred outcome measures for a condition.
3. Participants will be able to calculate the cost of a care pathway step by step.
4. Participants will be able to redesign a pathway to remove waste and unwarranted variation.
5. Participants will be able to evaluate payment models and contract terms for their effect on provider behaviour.
6. Participants will be able to justify a value improvement plan to executives and payers.

Programme Structure

Day 1: Value-Based Healthcare Principles and the Value Equation

What counts as value, and for whom?

- Value Equation Worksheet
- Condition-Based Care Cycle Map
- Patient-Centred Outcome Hierarchy
- Integrated Practice Unit Model
- Value Agenda Statement

Day 2: Measuring Outcomes and Costs

What do patients gain, and what does each step of care cost?

- Standard Outcome Set Review
- Patient-Reported Outcome Collection Plan
- Risk Adjustment Basics
- Time-Driven Costing Process Map
- Cost per Outcome Dashboard

Day 3: Designing Pathways and Payment

How are pathways and payment terms redesigned to reward value?

- Care Pathway Redesign Canvas
- Variation and Waste Analysis
- Bundled Payment Design Sheet
- Outcome-Linked Contract Term Sheet
- Risk Sharing Model



Day 4: Governance, Data and Adoption

What makes a value programme last once it has started?

- Value Governance Charter
- Clinician Engagement Plan
- Outcome Registry Requirements
- Benefits Realisation Tracker
- Patient Communication Brief

Day 5: Applying Value-Based Healthcare to One Condition

Is the value improvement plan ready for executives and payers?

- Applying the Session 2 Baseline to the Chosen Condition
- Testing the Session 3 Payment Design Against Provider Risk
- Checking the Session 4 Governance Against Data Capacity
- Rehearsing the Payer and Provider Negotiation
- Completing the Value Improvement Plan

Methodology

The programme uses a data workshop built on anonymised pathway records, cost schedules, outcome summaries and contract extracts from hospitals and insurers. Participants work in small teams as clinical lead, finance partner and payer, and carry one condition from baseline to recommendation, challenging each assumption together and recording the evidence that would change the decision.

- Suggested activity: Costing a surgical pathway from time records and comparing cost per outcome.
- Suggested activity: Redesigning a chronic care pathway to remove avoidable visits.
- Suggested activity: Negotiating bundled payment terms in a payer and provider role play.

Capstone Output

Each participant completes a value improvement plan for one medical condition. It holds an outcome set, a pathway cost baseline, a redesigned pathway, a payment option and a governance outline. The plan is used to brief an executive team, open talks with a payer and track results after launch, so the case for change stays open to review.

Frequently Asked Questions

Is value-based healthcare suitable for leaders without a finance background?

Yes. Value-based healthcare is taught in plain language for executives, planners and clinical leaders. The training assumes familiarity with your own services, not accounting or statistics expertise.



Which models does value-based healthcare rest on in this training?

Value-based healthcare in this training rests on the Porter value equation, ICHOM standard sets, time-driven activity-based costing and bundled payment.

How is the improvement plan from value-based healthcare used at work?

You use the value improvement plan to brief executives, open talks with payers and track whether outcomes and costs move as agreed.

How does value-based healthcare differ from a hospital finance programme?

Value-based healthcare centres on linking outcomes, pathway cost and payment for a condition, while a hospital finance programme centres on institution-wide budgeting and revenue management.