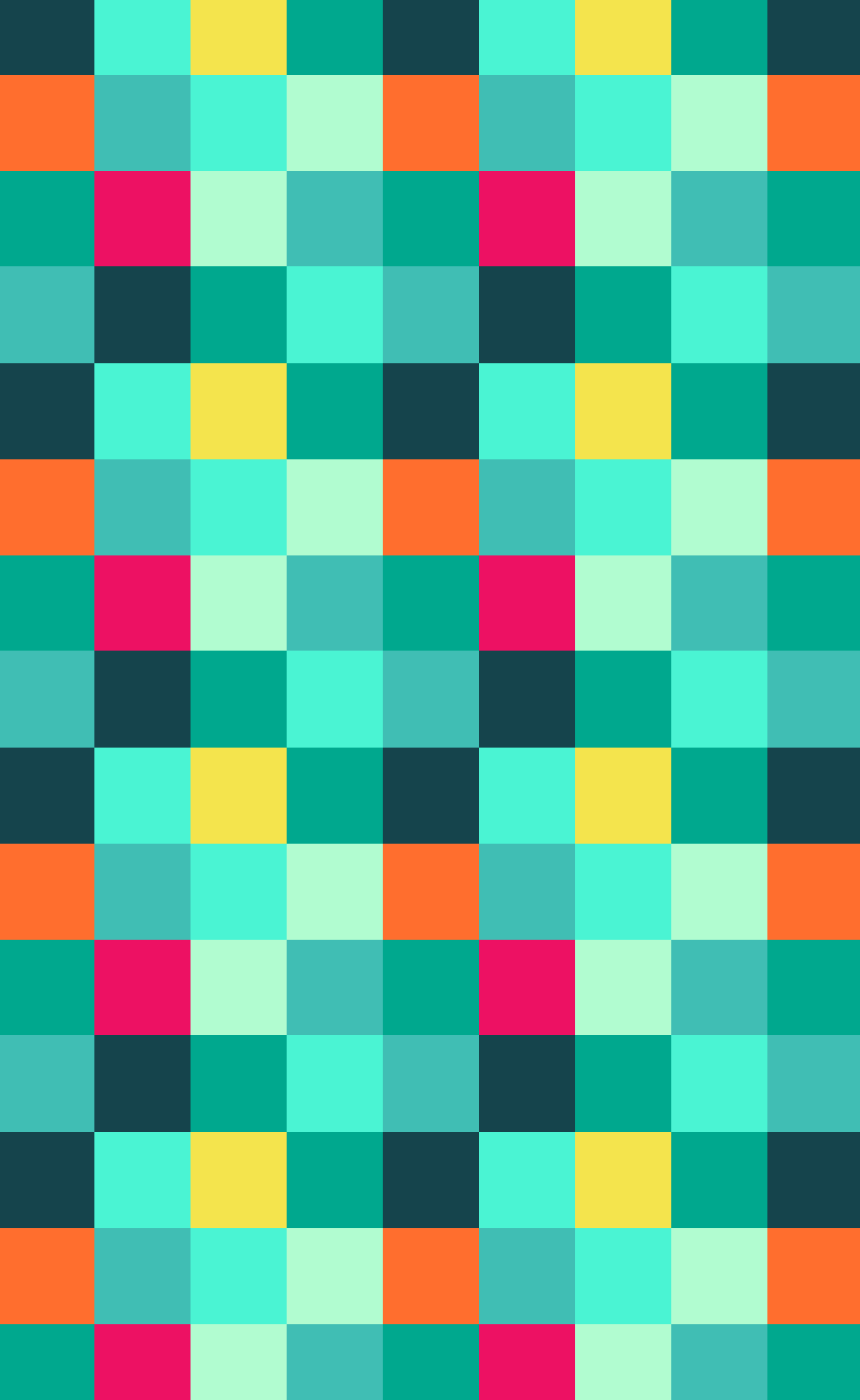


Driving Value in Healthcare

Scaling Up Value-Based Procurement across Europe

9 December 2025
Hotel Le Plaza, Brussels

Event Report



Summary

There is an urgent need for innovative approaches to healthcare delivery. Demand for complex care is rising and, while health spending has increased across Europe, improvements in patient outcomes have not always kept pace. There is also pressure on the healthcare workforce and a growing need to meet climate goals. Ensuring financial and environmental sustainability is a major challenge for all healthcare stakeholders.

Value-Based Procurement (VBP) is part of the solution. This requires greater collaboration between healthcare decision-makers and suppliers to deliver high-value care. Innovative technologies and new models of patient-centred care are needed. By looking across the patient pathway to identify opportunities, companies and procurement authorities can get the best value from the resources available while delivering better outcomes.

Over several years, pilot initiatives have illustrated the potential of this approach. Some health systems are moving to make VBP a consistent feature of purchasing operations. However, there is still some distance to travel before value is the primary concern of all healthcare stakeholders. To accelerate progress, communities of practice must continue to share experiences and expertise, supported by strong policy signals at EU, national and regional level. The Value-Based Procurement Conference, now in its 7th year, plays a vital role in connecting stakeholders and building momentum towards VBP.

Introduction

Value-Based Procurement (VBP) in healthcare is an approach to purchasing that focuses on achieving the best patient outcomes at the lowest overall cost of care. Instead of basing procurement decisions solely on price, VBP considers the value that a product or service delivers throughout its lifecycle. VBP awards contracts based on the impact of a medical technology on pre-defined patient and clinical outcomes, aiming to improve healthcare delivery in a sustainable way.

By sharing their experiences, stakeholders from across the health sector can speed up the adoption of VBP. The European Value-Based Procurement Conference has become the annual flagship event for bringing people together to exchange ideas. Organised by the Value-Based Procurement Community of Practice with the support of EHPPA, EUREGHA, the European Alliance for Value in Health, Swansea University and MedTech Europe, the seventh edition of the conference was held in Brussels on 9 December 2025. The conference attracted 120 experts and practitioners from Europe and beyond.

A community driving change

The Value-Based Procurement Conference is more than an annual meeting. It is a community gathering that provides an opportunity to reflect on progress made and the distance left to travel. **Hans Bax, VBP Community of Practice**, opened proceedings by noting the growing ambition of this group of experts and organisations that are driving transformation in European healthcare.

‘Whether we talk about sustainability, digitalisation, supply chain resilience, clinical excellence, or patient-centred care – procurement is becoming a strategic lever for change,’ Mr Bax said. ‘And yet, turning that potential into action requires a community to share learnings, align our language, provide bold leadership, and build partnerships that transcend traditional boundaries of mistrust.’

Across Europe, there is recognition that real patient value cannot be achieved through price-driven decisions alone. Several speakers called for this to be reflected in the forthcoming revision of the EU Public Procurement Directive. **Oliver Bisazza**, CEO of **MedTech Europe**, said the revision, and the wider evolution of VBP, are a chance for industry to respond to society’s needs and to show the value innovation can deliver.

Companies must demonstrate how they are addressing the unmet needs of patients, the planet and of healthcare professionals. For example, by designing products that are easier to use, and making healthcare more efficient, innovation can reduce exhaustion in the healthcare workforce.

‘Our innovation space is vast, almost infinite,’ Mr Bisazza said. ‘Manufacturers are no longer profiling themselves as product makers but as true partners offering innovative services,’ he said. ‘Companies are helping hospitals run labs and provide homecare services that reduce time spent in hospital or keep people out of hospital altogether.’

Green criteria are also increasingly included in tenders, he noted, but a standard methodology is needed to a harmonised approach. This theme of easing pressure on services, in ways that benefit patients, providers and the planet, ran through the Conference as participants discussed ways of achieving sustainability through innovation.

Why we need Value-Based Procurement

Professor Hamish Laing, Value-Based Health and Care Academy, Swansea University School of Management, provided a timely reminder of the urgency of the challenges facing healthcare. Growing demand for care, and the increasingly complex cases health systems must manage, are driving up costs. The proportion of GDP spent on healthcare is rising, but this can come at the expense of investing in areas such as education and housing which play an important role in population health.

Despite greater spending on health, outcomes are not improving proportionately. At the same time, staff shortages will make it practically impossible to meet the future healthcare needs of Europe's population. Innovation is the answer, but policymakers view new medicines and technologies as part of the problem given their costs.

Prof Laing said value-based healthcare (VBHC) responds to this complex challenge by aiming to get the best outcomes with the resources available. This approach can deliver more efficient pathways through the health system, creating personal, technical, allocative and societal value. Procurement is responsible for 10% of healthcare spending, making it a critical part of the health ecosystem – and a key lever for change.

'By looking across the care pathway, value-based procurement promotes investment in high value healthcare and allows disinvestment in low-value care,' he said, adding that this would have a positive environmental impact. 'Every time we do something for a patient that is of low value, it is bad for the individual and bad for the system, but it's also bad for the planet.'

He called on companies to consider how to get the right technology to the right patients at the right point in the pathway, and for suppliers and payers to work together to optimise the overall cost of care. This should include risk-sharing approaches that would bring earlier access to innovation and procurement contracts that rewarded outcomes, rather than focusing solely on price.

Break-out sessions

Unlocking Value in Healthcare Systems – a Person-Centred Approach

Speaker: Prof. Sally Lewis, Swansea University School of Management / Kintsugi International

True value can only be achieved by adopting a whole-pathway approach that analyses each step of the patient journey from prevention to end-of-life care (where relevant). This requires cross-discipline collaboration, including input from procurement professionals, clinicians and patients, along with industry.

Technology can help to overcome barriers to collecting patient-reported outcome measures, even in older patients or those whose conditions limit their capacity to give feedback. With some modifications to an iPad interface, questionnaires can be used to collect data from people with Parkinson's in advance of a clinical consultation. Not only does this give insights into patient well-being, but it also empowers patients to lead discussions with clinicians.

From a service delivery perspective, this kind of data helps to focus resources on those with the highest need, ensuring high-value interventions are provided to those who will benefit most. This frees up time and resources that create opportunities to incorporate innovative tools and technologies into the care pathway. Companies should consider how their innovations might fit into the patient journey.

Recommendations to Improve Innovation Procurement in Healthcare

Speaker: Jorge Gonzalez, Procure4Health / Ticbiomed

The Procure4Health (P4H) project brought together 33 partners to advance innovation procurement. This EU-funded consortium actively promoted knowledge sharing and capacity building, networking and matchmaking, needs identification, and the launch of joint actions to address them. It has produced a set of [ten policy recommendations](#) to help policymakers understand the barriers and priorities of innovation procurement in healthcare.

Procure4Health Recommendations

1. Empower healthcare managers and opinion leaders to make innovation procurement a strategic priority.
2. Support the creation, alignment and uptake of standards and guidelines.
3. Foster the learning-by-doing of stakeholders and the delivery of targeted support.
4. Strengthen EU-wide collaboration and knowledge exchange.
5. Increase predictable, broad-scope funding on innovation procurement calls.
6. Adopt VBHC and VBP as guiding principles in healthcare transformation.
7. Enforce measures to systematically increase the adoption of successful results.
8. Provide clear rules and updated guidance to accelerate the uptake of innovation.
9. Reinforce existing networks to maximise strategic impact.
10. Align procurement with health system priorities: green, digital, integrated & precise.

How Procurement can help drive Clinical and Quality-of-Life Outcomes

Speaker: Zofia Das-Gupta, ICHOM

One of the challenges that procurement professionals face when exploring value-based healthcare is a lack of robust metrics. The International Consortium for Health Outcomes Measurement (ICHOM) is helping to address this by developing standard sets of patient outcomes. These sets are co-created with input from patients and clinicians to ensure they are evidence-based and patient-centred. By striving to achieve these outcomes, healthcare services can transition from outdated fee-for-service models to a fee-for-value approach – where ‘value’ is defined by outcomes patients want.

The process of developing a standard set takes between 12 and 15 months. It begins by working with patients and clinicians to define outcomes that truly matter; collecting structured, comparable outcomes data and integrating PROMs into the clinical workflow; analysing outcomes to reveal unwarranted variation and opportunities for better care; and turning insights into action by redesigning care pathways to improve outcomes.

To date, ICHOM has developed 48 sets that cover nearly 60% of the global disease burden. Some are more suited than others to informing procurement practices. Three more sets, focused on liver disease, bladder cancer and spinal muscular atrophy, are in development. The Heart Valve set was presented as an example of how PROMs and Clinical-reported outcome measures (CROMs) are combined to assess a wide range of metrics. Over 500 healthcare providers are already implementing ICHOM sets, with strong growth seen in the Middle East and SouthEast Asia. Uptake in Europe is slower in comparison.

The Evolving Use of HTA in Medtech Procurement: Challenges & Opportunities

Speakers: Teresa Barcina Lacosta, MedTech Europe; Laura Sampietro-Colom, Deputy Director of Innovation and Head of the HTA Unit at the Hospital Clinic of Barcelona; and Øyvind Melien, Chair of the Council for HTA at the Oslo University Hospital

This session brought together the communities of ‘doers’ and procurers to discuss the evolving use of health technology assessments (HTA) at the hospital level. The speakers explored what HTA means in the hospital context, why more hospitals are investing in mini-HTA approaches, and how assessments can effectively support procurement and managerial decisions. They highlighted the importance of adapting HTA to local care pathways and current limitations in capacity to conduct HTA.

There is a growing need for alignment on assessment frameworks for evaluating the next wave of fast-evolving digital health and AI technologies. The panel shared their desire for a wider and more effective collaboration between stakeholders within and outside of the hospital setting, as a way of facilitating evidence-based decision-making to deliver value-driven healthcare.

Creating Momentum and Sustaining the Gain in the UK

*Speakers: Brian Mangan, Luach Consulting; Robert McGough, Hill Dickinson;
Gemma Badger, Hill Dickinson*

A value-based health system requires all parties, including suppliers and procurers, working together in the common interest. This session traced the evolution of VBP in the English National Health Service from its early stages in 2015 to a 2025 ten-year plan which puts value at the heart of healthcare. A University of Liverpool report on VBP in the north-west of England was followed by a national framework in 2018, laying the foundation for a transition to value-based healthcare.

Value-based contracting can catalyse the shift from products to pathways. To make this work, partners must build data infrastructure, develop innovative payment models, embrace collaborative contracting approaches, and focus on improving outcomes for the population.

A six-point plan for achieving change:

1. Create a need for change: Reset power balance between providers & suppliers
2. Secure leadership buy-in: Identify critical individuals who can unlock support
3. Provide evidence it works: Storytelling through case studies can show impact
4. Generate support: Ensure incentives, data and targets are aligned
5. Be committed: Plan ahead, invest your time, and act on your beliefs
6. Evolve: Run pilots to learn, adapt and grow

Towards Greener Healthcare; the Power of Partnerships

Speakers: Fiona Adshead, Sustainable Healthcare Coalition; Keith Moore, Sustainable Healthcare Coalition; Jesus Rodriguez, MedTech Europe

The healthcare sector is responsible for almost 5% of global greenhouse gas emissions. Choices in healthcare, including buildings, transport and the use of anaesthetic gases, drive around 45% of healthcare emissions. There are sustainability opportunities in how healthcare products are manufactured, used and disposed of – as well as in decisions about how and where care is delivered.

The Sustainable Healthcare Coalition is a public-private partnership of healthcare companies and health agencies working together to tackle the environmental impact of healthcare. By publishing guidance on how to measure the carbon footprint of medicines and devices, and by developing online calculators to track the impact of products across the lifecycle, the Coalition aims to inform sustainable decision-making.

Delivering net zero requires a whole system response. For its part, MedTech Europe published an emissions baseline study in June 2025, [Decarbonising Healthcare: How a Competitive MedTech Industry Can Contribute](#). It sets out a roadmap to net zero, based on four key decarbonisation levers, and provides best practice examples of how industry is taking action on carbon emissions. As well as the planetary benefits, climate action can have competitive advantages by helping customers to meet their climate goals.

Case study: Patient-Centred Outcomes in Heart Valve Disease

Speakers: Laura Sampietro-Colom, Hospital Clinic Barcelona; Belén Martí Sánchez, Edwards Lifesciences

Aortic stenosis (AS) can lead to a narrowing of the aortic valve with life-threatening consequences. The prevalence of aortic valve disease is high and rising. Timely care can save lives but there is low public awareness of the problem, underdiagnosis, poor coordination between primary and hospital care, and excess medical visits.

Led by the Director of the Institute of Cardiology, the Hospital Clinic Barcelona published a tender to procure innovation in the care pathway for AS patients. Known as the MITMEVA project, the hospital first mapped the patient journey to identify gaps and points of improvement. They then engaged with suppliers to agree on an outcome-driven approach and developed a mobile app for patients.

The hospital established an innovative procurement approach, with 4% of the tender awarded on price and 96% on value. At the end of the project, the approach was shown to provide early access to breakthrough innovation, reduced time to hospital admission and medical treatment, together with a reduction in complications, length of stay and ICU stay, while reducing overall healthcare costs. MITMEVA was cost-effective in 70% of cases. This integrated care approach has now been adopted by the hospital as standard.

Implementing VBP in the US and Globally – MedReddie in Action

Speaker: Kara Leblanc, Founder and CEO of MedReddie Canada

Artificial intelligence (AI) has the potential to address complex challenges facing global procurement. Hundreds of hours are currently wasted when healthcare systems purchase innovative medical solutions. The wide range of expertise required to design procurement processes, and the siloed, unstructured nature of data, not only slow down the adoption of innovation, but it also limits patients' quality of care.

To address this, MedReddie has built an AI platform to make smarter hospital procurement decisions. Generating a request for proposal, driven by value-based healthcare, can now be done in minutes. This, in turn, informs contracting terms later in the process. The system takes account of regulatory requirements in a range of jurisdictions, as well as allowing questions to be customised to specific needs.

The platform also helps suppliers to get noticed by customers, providing opportunities to showcase innovation and highlight clinical impact. It offers insights on what countries or regions are looking for, opening up markets that might otherwise be difficult to access.

Over the past year, MedReddie has supported 128 projects in North America, saving a total of 50,000 full-time equivalent hours by facilitating faster contracting with the supplier community. This translates into productivity savings of \$2.2 million – a return of investment of 4,905%. The platform is building a strong track record in Canada and the US, and it is now available for European partners to explore.

Co-Creating an interconnected Value Based Procurement Ecosystem across borders

Speakers: Elisa Frenz, CEO and Co-founder, Health Proc Europe, and Teja Kikelj, COO, Health Proc Europe

Health Proc Europe is building an interconnected European healthcare procurement ecosystem in response to growing system pressures, including supply chain disruption, sustainability requirements, innovation cycles and budget constraints. Procurement is positioned as a strategic lever for resilience, public value and innovation.

The approach is centred on Communities of Practice as essential enablers of change, implementation and harmonisation. These communities bring procurement professionals together with industry partners from the medtech and pharma sectors, creating structured spaces for practical collaboration, exchange and co-creation. The role of such Communities of Practice is to offer a forum for exchange, support implementation, accelerate learning, and enable consistent adoption of VBP approaches across borders.

The Healthcare Buyers Community is driven by **Health Proc Europe**, **European Health Public Procurement Alliance (EHPPA)** and **HealthPRO Canada** to support cross-sector engagement among healthcare procurement stakeholders. Designed as a community of communities, the platform provides dedicated digital spaces for thematic Communities of Practice, including Value Based Procurement and Sustainability. The platform also hosts a space for the concluded EU project Procure4Health, ensuring that project deliverables, outcomes and practical resources remain accessible.

Communities of practice are critical to driving procurement transformation. By fostering continuous collaboration between procurement professionals and industry, they enable practical implementation, support exchange, and help translate strategic ambition into measurable impact. Health Proc Europe convenes and facilitates these communities to ensure continuity, governance and relevance across the healthcare procurement landscape.

When Value Meets Innovation – Aligning VBHC and Public Procurement of Innovation

Speakers: Carlos Laranneta, Procure4Health / Junta de Andalusia

Strategic procurement can be viewed as a driver of system changes. Procurement represents 19% of European GDP, with more than 350,000 contracting powers operating in European territory. Some of these bodies have significant budgets. For example, the Andalusian Public Health System (APHS) is considered the second largest ‘company’ in Spain and plays a key role in generating biomedical knowledge and supporting competitiveness in the region.

Health systems can buy R&D services to develop innovation and procure innovation solutions that do not yet exist on the market. To do this, procurement authorities identify their unmet need, scan the market for existing products, collaborate with industry to develop new solutions, and deploy innovative products or approaches. There are synergies between procurement of innovation and VBP, with both supporting value-based healthcare. They share a common aim: improving health outcomes for patients and the population, and achieving the greatest possible value from available resources.

Supporting VBP through AI-led tools and solutions – Real-life Case Studies

Speaker Praful Mehta, Vamstar

Most tenders are still awarded based on price and compliance, rather than measured outcomes. Where VBP is used, it is often as a one-off pilot rather than a scalable and systematic approach. Part of the problem is that even when procurement bodies wish to consider focusing on outcomes, the complexity of doing so may be overwhelming. There is also a lack of standardisation in applying key performance indicators, and a weakness in how data is collected and analysed. AI tools can help to fix the 'execution gap' in value-based procurement.

Companies can use AI to scan thousands of tenders and requests for proposals, flagging those that prioritise value. From there, they should suggest high-impact KPIs and propose risk-sharing models. Suppliers should lead the way by proposing outcomes indicators rather than waiting for buyers to take the first step. The most successful value-based procurement initiatives are those where suppliers co-created KPIs and care pathways with clinicians.

Some buyers are simply not ready for VBP. Suppliers are advised to focus on developing relationships with value-conscious buyers, and to actively engage with more evolved procurement bodies that have the data infrastructure to build value criteria into tenders. By embracing AI-powered approaches to show the value of their solutions – such as reduced complications or shorter hospital stays – companies can outmanoeuvre incumbents.

Making VBP a Reality in the NHS - From Vision to Value

Speaker: Briony Coulson, UK Department of Health and Social Care

The UK is bringing in standard guidance to help shift the health system toward consistent VBP practices. This will include establishing common scoring and weighting to be used at national and local level, along with a question bank that will make it easier for authorities to write tenders.

The move is designed to overcome a range of challenges, including the missed opportunities associated with focusing on lower cost rather than overall benefit. By standardising practices, the NHS will also reduce inconsistencies that are leading to unwarranted variation. This will also enable faster procurement by reducing time preparing tenders and contracts.

The guidance will take a whole life approach to costing, with a minimum 60% to be allocated to value criteria, including a mandated 10% minimum for social value. This implies a maximum 40% can be allocated to cost criteria.

A nine-step programme for delivery is under way, with VBP pilots running on an agreed portfolio of live procurement exercises at 13 NHS trusts. These pilots will be independently evaluated before guidance is finalised. After that, training and implementation workshops will ensure that personnel are ready for rollout.

Product and Supply Chain Transparency – the Key to Green Procurement

Speaker: Stefan Krojer, Osapiens

In some quarters, there is a backlash against sustainability targets amid concerns about the impact of purchasing on green goals. Questions have been raised about the real-world impact of sustainability metrics, while environmental advocacy groups have concerns about whether manufacturers can account for the true carbon footprint of their products. The answer is to achieve real transparency on the environmental impact of healthcare at a corporate, supply chain and product level.

New technologies allow companies to track a wider range of relevant sustainability measures across the supply chain. For example, when assessing the full impact of surgical gowns, satellite data can monitor deforestation to ensure a forest is legal and well managed. This rigorous approach is not a 'nice to have', but an essential tool in meeting the needs of customers and EU corporate sustainability reporting. The Osapiens platform helps medtech companies to calculate the environmental impact of their products, which supports their responses to tenders. It accounts for variation in requirements across jurisdictions, allowing reports to provide information on, for example, carbon or bioplastics.

Looking ahead, while there is some hesitancy about sustainability reporting, clinicians and hospital staff are increasingly committed to going green. To do this, they need transparency on the environmental impact of the products they use. Without transparency, value-based procurement is impossible.

Bridging Evidence with Real-world Practice – The Case of Dialysis

Speaker: Giuditta Callea and Ludovico Cavallaro, SDA Bocconi School of Management

This project set out to address the existing knowledge gap regarding how VBP is defined and how it is implemented, especially within complex and high-cost care domains such as dialysis. The lack of standardised outcome indicators and registries limits comparability and the capacity to measure value consistently across countries, healthcare providers and settings. This leads to a reliance on lowest-price procurement. However, value can be achieved across the entire lifecycle of procurement and by considering risk-sharing models.

Key opportunities for implementing VBP in dialysis are in the integration of devices, disposables and services into outcomes-oriented approaches, and in the promotion of patient-centred innovations (e.g., home dialysis, digital monitoring tools). This can enhance equity of access, clinical outcomes, and patient experience. A value-based approach supports the systematic collection and use of outcome data across healthcare providers, enabling the definition of standardised indicators and fostering learning across context.

VBP contributes to environmental sustainability in a field characterised by high water, energy and waste demands. It can also act as a driver of organisational transformation, requiring workforce upskilling, continuous professional development, and the integration of home-based and in-centre care pathways.

Closing plenary

Learning from international procurement practices

Speaker Prof. Nick Guldemon, Leiden University Medical Center, Department of Public Health

The closing session picked up themes introduced in the opening plenary, including the need for new thinking to respond to the pressure health services are under. **Prof Nick Guldemon, Leiden University Medical Center**, noted that policymakers are wary of embracing innovative solutions as there is a perception that spending on technological advances can drive up healthcare costs. On the other hand, supporting population health is essential to protecting growth.

‘We know investment in healthcare pays off through better well-being, a stronger labour market and society, and better productivity,’ he said. ‘Health investments create a positive feedback loop. The cost of not investing is what is really too expensive.’

Procurement can deliver value by focusing on outcomes rather than just cost. He stressed the importance of prevention by, for example, reducing the burden of diabetes through continuous glucose monitoring devices. These tools deliver real value for patients not only through better clinical outcomes but by providing greater freedom.

Prof Guldenmond provided a summary of lessons learned through international innovative and value-based procurement initiatives. Collaborative approaches to procurement tend to pay off for providers, but some authorities need to build the capacity required to engage in new partnerships with suppliers.

Hospital procurement: moving from concept to action

One of Belgium’s biggest hospitals, CHC in Liege, has taken a value-based approach to procurement in its orthopaedic services. To do this, hospital authorities worked with clinicians and patients to define outcomes against which to measure success – allowing procurement officials to purchase a result for patients rather than buying a hip or knee implant.

Danny Havenith, Chair of the **European Health Public Procurement Alliance (EHPPA)**, explained how the hospital tracked data on hip and knee replacement procedures for nine months. For knee surgery patients, they used a self-administered questionnaire (KOOS) to assess PROMs after surgery, achieving a response rate of 42%. To measure clinical impact, data on mortality and preventable readmissions were also tracked. The initiative found very high patient satisfaction, as well as excellent functional and safety results.

Procurers can use patient-reported and clinical outcomes to determine whether the desired results are achieved. If the outcomes fall short of agreed targets, the price can be reduced; alternatively, if results exceed expectations, a bonus payment may follow. While the hospital will continue to push for higher response rates from patient questionnaires, the experience paves the way for buying sustainable, measured and shared results that can be used to drive quality outcomes.

‘Even hospital structures themselves are changing: from inpatient to outpatient care, from hospital-centric models to integrated care, and from analogue systems to digital and AI-supported solutions,’ Mr Havenith said. ‘In this context, Value-Based Healthcare is the tool to measure quality using a commonly accepted denominator – PROMs, PREMs, and CROMs. The circle is thus closing, making healthcare systems more resilient, financially healthier, and fully sustainable.’



What's next?

Among the recurring themes of the event was the strong sense that healthcare systems cannot continue along their current path. As demand and complexity rises, current models of care are not financially or environmentally sustainable, nor will they meet the needs of the public. The way forward must include identifying and supporting high value care – while disinvesting low value care. This is better for payers and for patients, but also better for the planet.

A key takeaway was the need for industry to think about patient pathways and how to make sure the right technologies are deployed at the right point in the care journey. For procurers, there is an ongoing need to expand capacity and share experiences of taking a value-based approach. A public procurers' group with the Value-Based Procurement Community of Practice will be launched in 2026 to support this effort.

