EDITORIAL

# From Volume to Value: Operationalizing Value-Based Healthcare in Sri Lanka

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As stewards of Sri Lanka's healthcare system, we stand at a critical juncture. The familiar pressures—rising rates of non-communicable diseases, escalating costs, constrained budgets, and ever-higher patient expectations—are converging into a single, inescapable question: Is our current model of healthcare delivery sustainable for the next decade?

For generations, we have excelled at managing volume. Our success has been measured in the number of patients seen, beds turned over, and procedures performed. This "activity-based" mindset has served a purpose, but it is increasingly showing its limitations. It rewards the quantity of care, not necessarily the quality of health outcomes. It is a system often consumed by managing sickness at the expense of proactively fostering health.

The global answer to this challenge is a fundamental paradigm shift known as Value-Based Healthcare (VBHC). At its core, VBHC is a simple yet transformative concept: to achieve the best health outcomes for patients at the lowest possible cost. Value is not defined by activity, but by results—by the patient's recovery, their functional status, and their quality of life.

This shift is not an abstract theory; it is the most practical vehicle to achieve the ambitious targets set forth in our National Policy on Health and Well-being. Whether the goal is reducing maternal mortality to a single digit, adding healthy years to our aging population, or eliminating public health threats like rabies and leptospirosis, a volume-based system will struggle. A value-based system, focused on outcomes, is precisely the engine we need to turn these policy goals into tangible results for our people.

Some may argue that this is a luxury for wealthier nations, an impractical ideal for a system like ours. We contend the opposite. Precisely because our resources are finite, focusing on value is not a luxury; it is an imperative. Continuing on our current path is the truly unaffordable option. The transition will be complex, but Sri Lanka is uniquely positioned to adapt VBHC principles in a pragmatic, phased manner. We need not import a foreign model wholesale; we can build our own.

## The Sri Lankan Pathway: A Pragmatic Pilot Approach

The journey from volume to value is not a single leap, but a series of deliberate steps. We can begin by identifying low-risk, high-impact areas for pilot programs:

- ***Bundled Care Models for Elective Procedures:*** Let us start with well-defined clinical pathways, such as cataract surgery or primary joint replacements. In the private sector, this may look like a "bundled payment" covering the entire cycle of care. In the public sector, this translates to allocating resources based on the full patient journey rather than departmental silos. This aligns incentives for efficiency and

coordination, rewarding providers for getting it right the first time and avoiding complications.

- ***Integrated Care Pathways for Chronic Diseases:*** Our greatest burden lies with conditions like Diabetes and Hypertension, which the National Policy explicitly targets for reduction, especially among our youth (20-39 age group). Here, we can shift from measuring simple clinic attendance to measuring long-term outcomes: rates of renal failure, amputations, and strokes. By creating multi-disciplinary teams—doctors, nurses, dietitians, community health workers—who are collectively accountable for the patient's health journey, we can directly contribute to the policy's goal of slashing the prevalence of these diseases and their devastating complications.
- ***Leveraging Technology as an Enabler:*** Telemedicine and mobile health are not mere conveniences; they are powerful tools for value-based care. They allow for continuous monitoring, timely interventions, and efficient follow-ups, improving access and outcomes while containing costs, especially for rural populations. Furthermore, this technology can be pivotal in achieving policy objectives like the universal screening of newborns for hearing loss and providing remote support for our aging population to reduce falls.

**The Administrator's Call to Action: From Managers to Value Architects**

This is where our role as Medical Administrators evolves from managers of the status quo to architects of the future. Clinicians drive clinical interventions, but we are the ones who must build the ecosystems that allow those outcomes to flourish. Our call to action is threefold:

1. ***Become Data Champions:*** Value cannot be managed if it cannot be measured. We must lead the charge in developing the data infrastructure to track patient-reported outcomes and true costs of care. We must champion interoperable systems that allow a patient's narrative to flow seamlessly across care levels. This data is essential for monitoring our progress against the National Policy's clear, quantitative benchmarks—from reducing suicide rates to maintaining the elimination status of diseases like Lymphatic Filariasis and Malaria.
2. ***Serve as Process Architects***: Our expertise in workflow, logistics, and supply chain must be directed at redesigning patient journeys. We must map and eliminate waste, reduce delays, and ensure seamless coordination between departments and care settings.
3. ***Embrace the Role of Change Leaders***: Perhaps most importantly, we must be the bridge-builders. We must facilitate the crucial conversations between clinical teams, finance departments, and policymakers to align incentives and create a shared vision for value.

The shift to Value-Based Healthcare is no longer a theoretical debate found in international journals; it is the pressing agenda for our time. It is a journey that demands courage, collaboration, and a steadfast commitment to our fundamental purpose and the most credible pathway to fulfill our National Policy on Health and Well-being.

By championing this transition, we are doing more than just managing systems more efficiently. We are fundamentally reaffirming our commitment to the people of Sri Lanka, ensuring that every rupee spent and every effort made translates directly into a healthier, more productive life for the patients we serve. The future of our healthcare system depends on the choices we make today. For the sake of our patients and the sustainability of our nation's health, let us choose value.

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