Outcomes-Based Contracting
Driving More Health per Dollar

The United States spends trillions on health care... but does not deliver sufficient health outcomes.

Outcomes-Based Contracts
Tie payment to the achievement of pre-specified goals to better align spending with desired clinical outcomes.

Examples

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<tr>
<th>Process Outcome</th>
<th>Patient-Centered Outcome</th>
<th>Financial Outcome</th>
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<tbody>
<tr>
<td>A1c Levels</td>
<td>Heart Attacks</td>
<td>Cost</td>
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</table>

Reduces purchaser payment to manufacturer if diabetic patients meet hemoglobin A1c goals.

Refunds medication cost to purchaser if hyperlipidemia patient suffers a heart attack.

Lowers cancer medication cost when total spending per patient is decreased.

These contracts typically involve manufacturers and purchasers, often excluding the patient.

 Patients are commonly subject to high levels of cost-sharing on medications included in these contracts, leading to cost-related non-adherence.

For outcomes-based contracting to achieve its full potential, patient incentives must be aligned with other stakeholders.

Precision Outcomes-Based Contracting

Reduces out-of-pocket costs for clinically-indicated drugs, aligning patient incentives to outcomes designated in agreements.

Enhances adherence to prescribed treatments, optimizing the clinical and financial impact of outcomes-based contracts.

Who Benefits?

- **Patients**: Increases access to clinically appropriate therapy.
- **Purchasers**: Aligns pharmaceutical expenditures with clinical benefit.
- **Manufacturers**: Enhances reimbursement for designated therapies.

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