

# HTA.BG

EVIDENCE MATTERS



## **VALUE BASED HEALTHCARE** **PERSPECTIVE FROM BULGARIA**

Engine by

**Future Values**  
VALUE DRIVEN HEALTHCARE

Dr. Slaveyko Djambazov

"A profound and powerful critique of America's health-care system."—*The Economist*

Michael E. Porter

Elizabeth Olmsted Teisberg

# Redefining Health Care

*Creating Value-Based Competition on Results*



HARVARD BUSINESS REVIEW PRESS



## Value Measurement for Health Care August 6 - 8, 2018 Harvard Business School



**HARVARD  
BUSINESS SCHOOL**  
Executive Education

**HTA.BC**  
EVIDENCE MATTER

...vices, and in local markets. Instead of rewarding good provider results with more patients, administrators make costly and ineffective attempts to micromanage care processes and second-guess provider decisions.

To reform health care, we must reform the nature of competition itself. *Redefining Health Care* describes how all participants—providers, health plans, employers, suppliers, consumers, and governments—can redefine their strategies, operating practices, and organizational structures to unleash stunning improvements in the health value delivered.

Porter and Teisberg shed new light on:

- Why decades of reform have only worsened the problem
- How physicians and provider organizations have misunderstood their true business
- Why current "solutions"—consumer-driven health care, integrated health systems, pay-for-performance, electronic medical records, single-payer systems—will not suffice
- How each system participant can redefine its strategy to increase value
- Why mandatory measurement and reporting

(Continued on back flap)

# Getting Unstuck: Transform to Value-Based System



## Legacy System

## Value-Based System

6. Siloed IT systems for functions, services, and departments

1. Organized around specialties and departments
2. Measures processes, compliance and charges
3. Fee-for-service payments based on volume of services delivered
4. Each hospital or practice offers a full line of services
5. Providers service their geographic area



1. Organized into Integrated Practice Units (IPUs)
2. Measure outcomes and costs for every patient
3. Move to bundled payments for cycle of care
4. Integrate care delivery systems
5. Expand geographic reach

6. Build an integrated information technology platform

# Public lectures (>20)



Harvard Business Review

## How to Pay for Health Care

Bundled payments will finally unleash the competition that patients want. by Michael E. Porter and Robert S. Kaplan  
From the Magazine (July-August 2016)



**Capitation**  
Providers are **not accountable** for patient-level value  
Providers bear the wrong risks (*costs*)  
Patient choice is limited, and competition is threatened (*no leakage*)

**Paying for Value: Bundled Payments**  
Payment covers the overall care required to treat a condition  
Payment is contingent on delivering good outcomes  
Payment is adjusted for risk  
Payment provides a fair profit for effective and efficient care (*margin*)  
Providers are not responsible for unrelated care or catastrophic cases

**How Bundled Payments Will Transform Patient Care**  
Integrated, multidisciplinary care  
Accountability for outcomes  
Cost reduction

HTA.BG  
FUTURE VALUES MATTERS

Bundle Payments 2021; Future Values

# University lectures (>10...)



## VALUE MEASUREMENT FOR HEALTH CARE (VMHC) CERTIFICATE COURSE

Based on Harvard Business School (HBS) case studies

**Apply now**

### Lecturers

**Dr. Slaveyko Djambazov, PhD**  
Dr. Djambazov is a chief assistant at the Faculty of Pharmacy, he holds a PhD in HTA, MBA from AUBG, master of medicine and public health, certified for VMHC from HBS.

**Adriana Dacheva**  
She has a postgraduate qualification in health management, specializes in Glasgow, Barcelona, Copenhagen. She is actively involved in managed entry agreements, innovative payment models, VMHC.

**Yoanna Vutova, MPharm**  
Master of Pharmacy, works in the field of scientific analysis, health policies, coordination of international health investment projects. She is actively involved in VMHC projects in Bulgaria.

### Main Topics

- Creating and leading a value-based delivery organization
- Measuring outcomes and costs
- Delivering care based on outcomes
- Measuring health-related and patient-related outcomes
- Measuring costs, Time-driven activity-based costing (TDABC)
- Mapping the processes of care and associated costs using the TDABC methodology
- Integrated practice units — re-organize care around medical conditions
- Aligning payment with value
- Bundle payments
- VMHC in out-patient care

**What will you learn?**  
Through faculty presentations, work with case studies and dynamic discussions, students will explore innovative health care practices, value initiatives and prepare to implement similar effective value system across healthcare units.

*Using case studies from HBS and sharing cases from our local practice.*  
*Appropriate for 5th and 6th year students of medicine.*  
*Students receive certificate after finishing this course.*

**EDUCATIONAL FORMAT**

- Self-training with 5 HBS case studies before the course
- Lectures
- Presentations and workshops based on case studies

\*This course requires prior self-preparation, which will be coordinated by the faculty.

For more information  
yoanna@hta.bg

REGISTRATION until October 31<sup>st</sup>, 2021 at Student's Office, Faculty of Medicine, MU—Pleven,  
Phone: 064 800 001, E-mail: [elo\\_edu@mu-pleven.bg](mailto:elo_edu@mu-pleven.bg); [fm\\_edu@mu-pleven.bg](mailto:fm_edu@mu-pleven.bg)





# Field Projects Value-Based Healthcare



- **Ophthalmology clinics – MD, Cataract, Glaucoma**
- **Cardiology clinics – CAD, Arrhythmia, HF**
- **Cancer clinics – lung cancer**
- **Primary care**
- **Dental care**

**TDABC**

**CROMs**

**PROMs**

**IPU principles**

**Trainings**

# Ophthalmology clinics



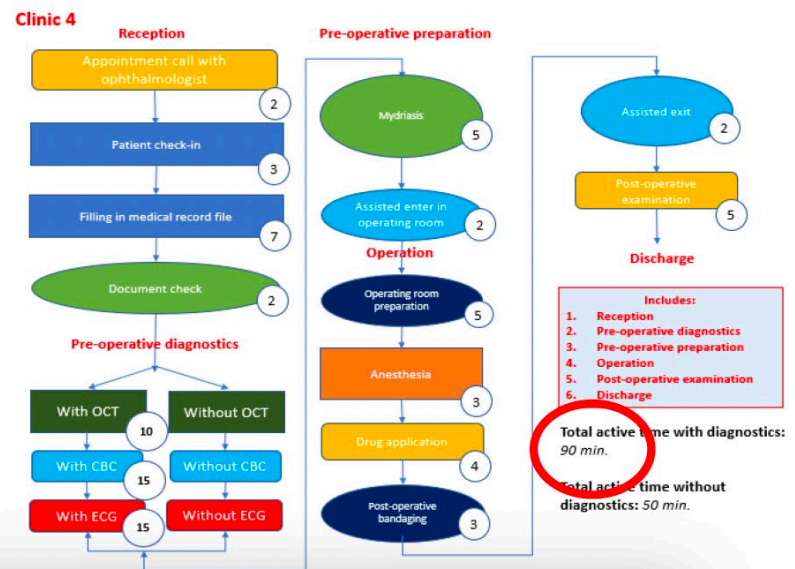
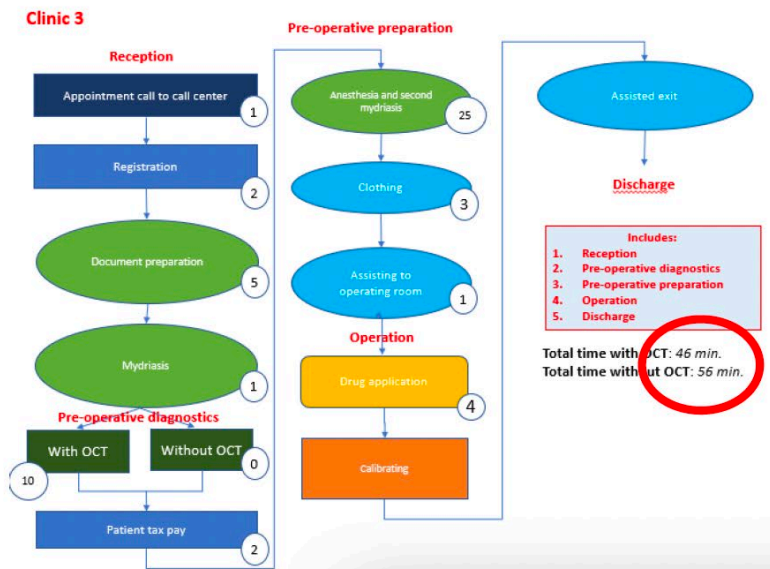
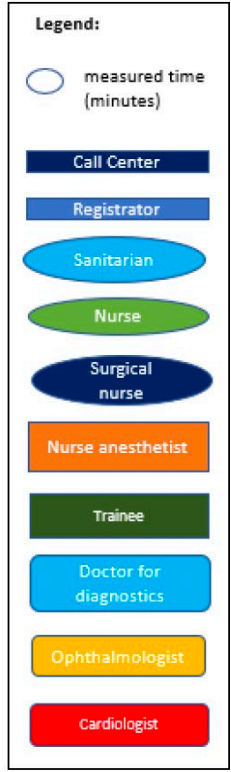
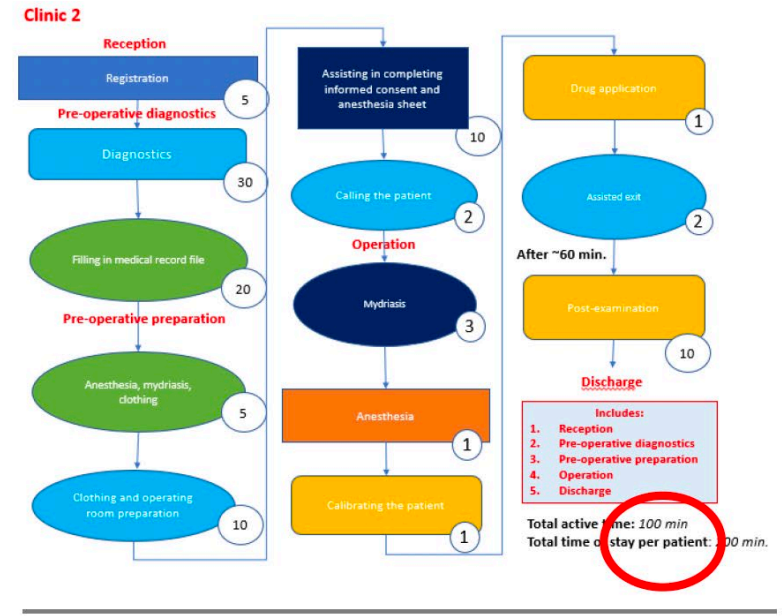
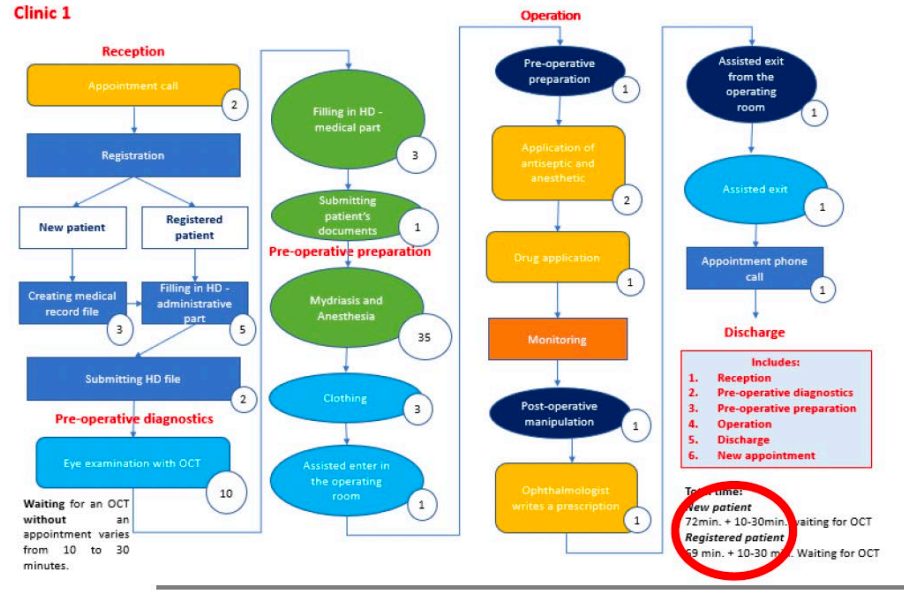
**TDABC**

**CROMs**

**PROMs**

**IPU principles**

**Trainings**







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**Up to  
50%  
optimization of  
the capacity**

---

## **Total time before optimization:**

New patient 72min. + 10-30min. waiting for optical coherence tomography (OCT)

Registered patient 69 minutes + 10-30 minutes waiting for OCT

## **Total time after optimization:**

### **With OCT:**

New patient 51min.

Registered patient 48 minutes.

**Without OCT: 43 min.**



# Health Outcomes

Оцен статус: Състояние

Група	Поле	Дясно	Ляво
Зрение	: <b>Обективно състояние</b>		
Вътр. налягане	Клепачи		
Общ статус	Слъзен апарат		
Състояние	Очна ябълка		
	Конюнктива		
	Роговица		
	Склера		
	Предна камера		
	Зеница		
	Ирис		
	Увея		
	Леща		
	Съхловидно тяло		
	Ретина		
	Зрителен нерв		
	Глаукома		
	Страбизъм		
	Очно дъно - ДЗН		
	Макула		
	Съдове		
Периферия			

## Entering eye indicators in the software

- measurement of visual acuity entered only in numerical value;
- introduction of OCT test results expressed as **central thickness of retina** entered only in numerical values

Change in the way of entering information provides an opportunity for detailed reference on patient level, reflecting the changes in both health indicators.

Оцен статус: Зрение

Група	Зрителна острота ДАЛЕЧЕ	
Зрение	VOD	VOS
Вътр. налягане		
Общ статус	Зрителна острота БЛИЗО	
Състояние	VOD	
	VOS	
	ARF на тесни зеници	
	OD	OS
	ARF на широки зеници	
	OD	OS
	Скиаскопия	
	OD	OS
	Зрение	

# Patient-Related Outcome Measurement



Original Paper | [Published: 19 August 2020](#)

## EQ-5D-5L Bulgarian population norms

[Marta Encheva](#) ✉, [Slaveyko Djambazov](#), [Toni Vekov](#) & [Dominik Golicki](#)

[The European Journal of Health Economics](#) 21, 1169–1178 (2020) | [Cite this article](#)

916 Accesses | 9 Citations | 2 Altmetric | [Metrics](#)

### Abstract

#### Objectives

The present study aimed to provide normative data for the EQ-5D-5L questionnaire in Bulgaria, based on a nationally representative sample.

National Eye Institute  
Visual Functioning Questionnaire -  
(VFQ-25)

version 2000



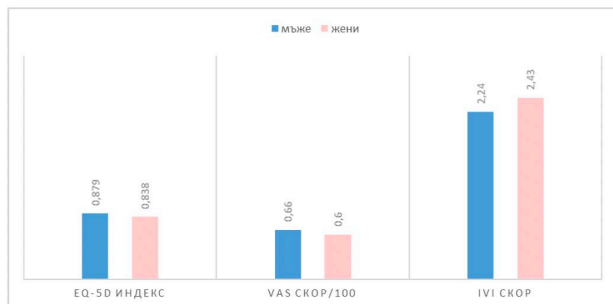
(SELF-ADMINISTERED FORMAT)

## 6. Резултати от пилотното проучване за качество на живот при пациенти с макулна дегенерация



Средни стойности на скоровете от IVI въпросника при отделните домейни - свободно време и работа; социални и потребителски взаимоотношения; домакински и лични грижи; подвижност и емоционална реакция към загубата на зрение

Данни за EQ-5D индекс, VAS скор и IVI скор по пол при пациенти с макулна дегенерация



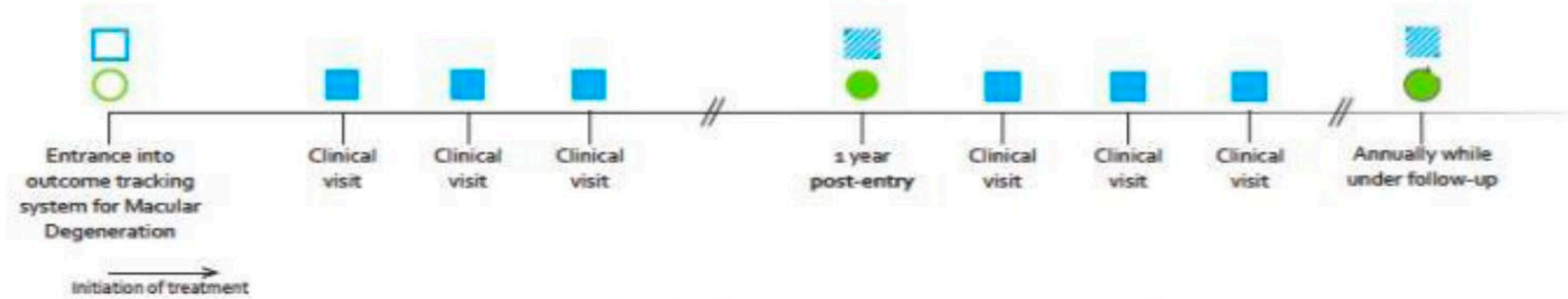
## Impact of Vision Impairment (IVI) Questionnaire

### Baseline Patient-Reported Form Patient and institutional identifying information

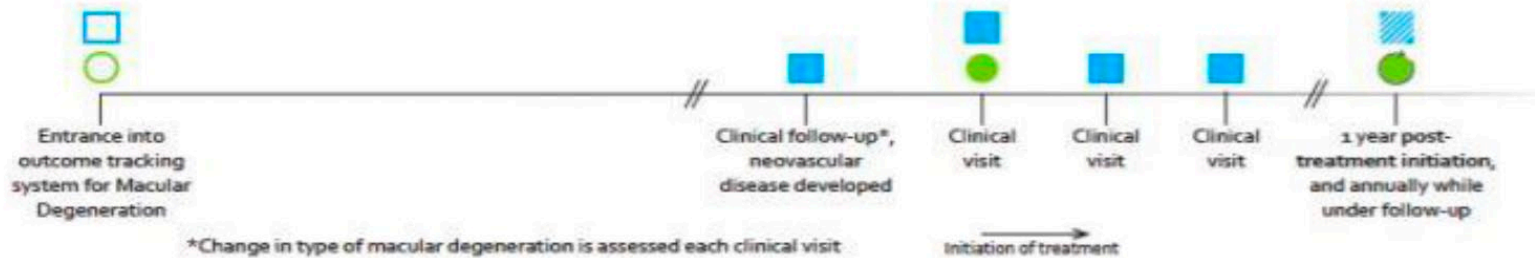
# Patient-Related Outcome Measurement



Example 1: Patient with neovascular disease, receives treatment post diagnosis



Example 2: Patient with dry AMD, does not receive treatment and develops neovascular disease after certain period of time



The following questionnaires should be administered at the indicated time points:

-  Baseline Patient-Reported Form
-  Baseline Clinical Form
-  Each Clinical Visit Clinical Form
-  1 Year Post Initiation of Treatment Patient-Reported Form
-  Annual (While Under Follow-Up\_ Patient-Reported Form
-  Annual (Form Baseline) Clinical Form



# Training of young ophthalmologists



- Epidemiology and biostatistics
- Health outcome measurement
- PROMs
- VBHC
- Scientific writing

Future Values  
VALUE DRIVEN  
HEALTHCARE

## Game plan

Курс "Млади Офталмолози" 19-20 февруари, Велико Търново				
ДЕН 1				
	Тема	Времетраене	Детайли	Лектор
13:00-13:15	Welcome and introduction to the course	15 min		
13:15- 14:15	Лекция 1: Въведение в епидемиологията	1h	А. Епидемиологични изследвания В. Събиране на епидемиологични данни за макулна дегенерация и заболявания на ретината	проф. Пламен Димитров
14:15 - 15:15	Лекция 2 + WS: Обработка и анализ на данни от епидемиологични изследвания	1h	А. Анализ на данни	проф. Пламен Димитров
15:15 - 15:35	Кафе пауза	20 min		
15:35 - 16:20	Лекция 3: Литературни прегледи: Систематичен литературен преглед (SLR)	45 min	А. Определяне обхвата на литературния преглед В. Търсене в електронните бази данни С. Селекция и оценка качеството на клиничните проучвания	Георги Славчев, PhD
16:20 - 17:05	Лекция 4: Обединяване на данни чрез методологията на метаанализите. Видове метаанализи	45 min	А. Метаанализ. Мрежови метаанализ В. Интерпретация на резултатите	Георги Славчев, PhD
17:05 - 17:20	Q&A			
ДЕН 2				
	Тема	Времетраене	Детайли	Лектор
8:30-8:45	Wrap-up of day 1;	15 min		
8:45 - 9:30	WS: Метаанализ	45 min	А. Демонстриране на метаанализ	Георги Славчев, PhD Екатерина Павлова
9:30 - 10:15	Лекция 5: Здравепазване, основано на ползите (Value-Based Healthcare) - концепция	45 min	Курсистите ще се запознаят с концепцията на VBHC, разработена за първи път в Harvard Business School. Концепцията ще бъде представена и онагледена с примери от САЩ и Европа. Ще бъдат представени последиците от всичко това върху фармацевтичните продукти	д-р Славейко Джамбазов, PhD
10:15-10:35	Кафе пауза	20 min		
10:35 - 11:20	Лекция 6: Качество на живот (QoL) на пациенти с макулна дегенерация и придържане към лечението с Eylea.	45. min	А. Анализ и оптимизиране на броя на приложенията с цел подобряване както на здравето, така и на резултати, докладвани от пациента (PROs)	Марта Егчева, PhD
11:20 - 12:20	Лекция 7: Изготвяне на научна публикация (научна статия, постер). Добри практики при представяне на научна статия	60 min	А. Изготвяне на научна публикация Б. Добри практики при представяне на научна статия	Екатерина Павлова
12:20 - 12:35	Q&A			



# Heart Care

**TDABC  
CROMs  
PROMs**

**IPU principles**

**Trainings**

**National Stroke Program VBHC**

**Introducing FFR in stenting**



Приложение 2. План на процесите (Mapping)



# Health outcomes and PROs



## Atrial Fibrillation Effect on Quality-of-life (AFEQT) Questionnaire

### Section 1. Occurrence of atrial fibrillation

Are you currently in atrial fibrillation?  Yes  No

Name or ID: \_\_\_\_\_

If No, when was the last time you were aware of having had an episode of atrial fibrillation? (Please check one answer which best describes your situation)

- earlier today  
 within the past week  
 within the past month  
 1 month to 1 year ago  
 more than 1 year ago  
 I was never aware of having atrial fibrillation

### Section 2. The following questions refer to how atrial fibrillation affects your quality of life.

On a scale of 1 to 7, over the past 4 weeks, as a result of your atrial fibrillation, how much were you bothered by: (Please circle one number which best describes your situation)

	Not at all bothered Or I do not have this symptom	Hardly bothered	A little bothered	Moderately bothered	Quite a bit bothered	Very bothered	Extremely bothered
1. Palpitations: Heart fluttering, skipping or racing	1	2	3	4	5	6	7
2. Irregular heart beat	1	2	3	4	5	6	7
3. A pause in heart activity	1	2	3	4	5	6	7
4. Lightheadedness or dizziness	1	2	3	4	5	6	7

On a scale of 1 to 7, over the past 4 weeks, have you been limited by your atrial fibrillation in your: (Please circle one number which best describes your situation)

	Not at all limited	Hardly limited	A little limited	Moderately limited	Quite a bit limited	Very limited	Extremely limited
5. Ability to have recreational pastimes, sports, and hobbies	1	2	3	4	5	6	7
6. Ability to have a relationship and do things with friends and family	1	2	3	4	5	6	7

On a scale of 1 to 7, over the past 4 weeks, as a result of your atrial fibrillation, how much difficulty have you had in: (Please circle one number which best describes your situation)

	No difficulty at all	Hardly any difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	A lot of difficulty	Extreme difficulty
7. Doing any activity because you felt tired, fatigued, or low on energy	1	2	3	4	5	6	7
8. Doing physical activity because of shortness of breath	1	2	3	4	5	6	7
9. Exercising	1	2	3	4	5	6	7
10. Walking briskly	1	2	3	4	5	6	7
11. Walking briskly uphill or carrying groceries or other items, up a flight of stairs without stopping	1	2	3	4	5	6	7
12. Doing vigorous activities such as lifting or moving heavy furniture, running, or participating in strenuous sports like tennis or racquetball	1	2	3	4	5	6	7

Version 1.0 © 2009 St. Jude Medical, Inc. All Rights Reserved License Required for Use  
 Developed by AFEQT Core Team: John Spertus, MD, Mid America Heart Institute, Kansas City, MO; Paul Doran, MD, St. Michael's Hospital, Toronto, ON; Rosmary Rubin, RN, University of Alabama, Birmingham, AL; Caroline Bank, Pharm D, MS; Steven Lewis, PhD; Donna Godwin, BSN, St. Jude Medical, St. Paul, MN.

## EuroHeart Failure Survey

Form 2

### 2 Screening for heart failure

This form should be completed on death or at discharge for all admissions to medical, cardiology or cardiac surgery wards, or wards for the care of the elderly (see the **Screening Log Instructions** for precise inclusion criteria). Regardless of the enrolment decision, this form should be returned to the EuroHeart Failure Centre as part of the study findings.

Country code   Hospital code   Patient number

Inclusion criteria: answer all questions 2.1 to 2.4

- 2.1 A clinical diagnosis of heart failure has been recorded during this admission (regardless of the primary reason for admission)  Yes  No
- 2.2 The patient has had a heart failure diagnosis recorded in the hospital notes at any time in the last 3 years  Yes  No
- 2.3 The patient has received a loop diuretic for any reason other than renal failure during the 24 hours prior to death or discharge  Yes  No
- 2.4 The patient has received treatment for heart failure or major ventricular dysfunction within the 24 hours prior to death or discharge (review the use of ACE-inhibitors, beta-blockers, all types of diuretics, digitalis compounds and aprinolactone during this period to determine the reason for administration)  Yes  No

### Previous enrolment

- 2.5 The patient has been enrolled previously in the EuroHeart Failure Study (check Patient Interview Log)  Yes  No

### Enrolment decision

If the answer to any of the statements 2.1 to 2.4 is Yes and statement 2.5 is No, then the patient meets the study enrolment criteria. Record the decision in the Screening Log

- 2.6 This patient fulfils the enrolment criteria  Yes  No

### Other questions

- 2.7 Did this patient have an acute myocardial infarction on this admission  Yes  No
- 2.8 Did this patient have new onset or paroxysmal atrial fibrillation on this admission  Yes  No
- 2.9 Was the patient on insulin at discharge  Yes  No
- 2.10 Was this patient on an oral hypoglycaemic at discharge  Yes  No
- 2.11 Did the patient die during this admission  Yes  No

If the patient fulfils the enrolment criteria then proceed to Form 3





BULGARIAN  
SOCIETY  
OF CARDIOLOGY



# Bulgarian Society of Cardiology



- Introducing **FFR** for stenting
- **Stroke** management national program (VBHC)
- **Training** young cardiologists
  - Epidemiology and biostatistics
  - CROMs and PROMs
  - Scientific writing



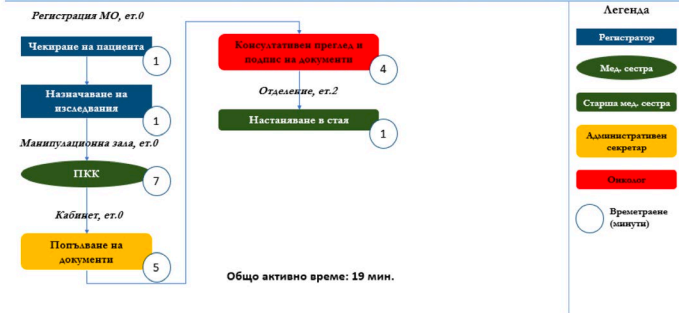
**Cancer Care**



**TDABC**  
**CROMs**  
**PROMs**  
**IPU principles**  
**Trainings**



## МО, карта 1: Прием по клинични пътеки



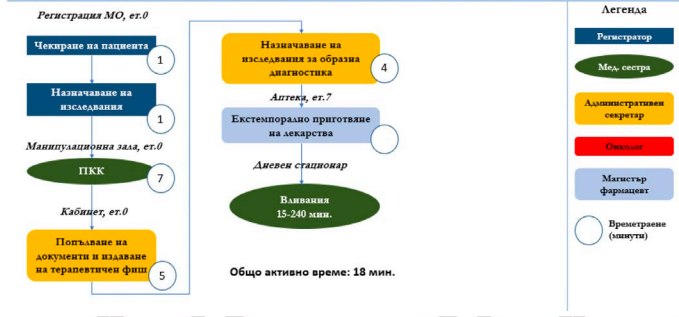
## Нуклеарна медицина: ПЕТ/КТ изследване



## Лъчелечение: Път на пациента



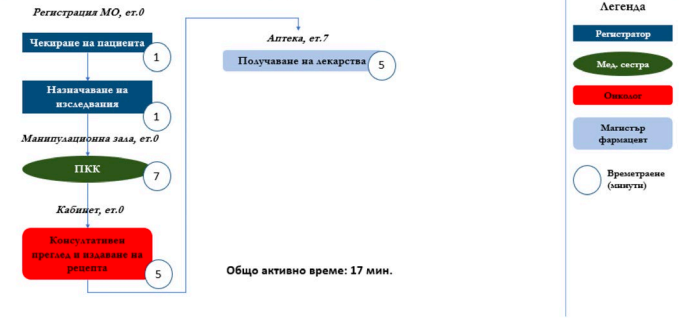
## МО, карта 2: Прием по амбулаторна процедура в дневен стационар (вливания)



## • Integrated cancer care

- Medical oncology
- Nuclear medicine
- Radiotherapy

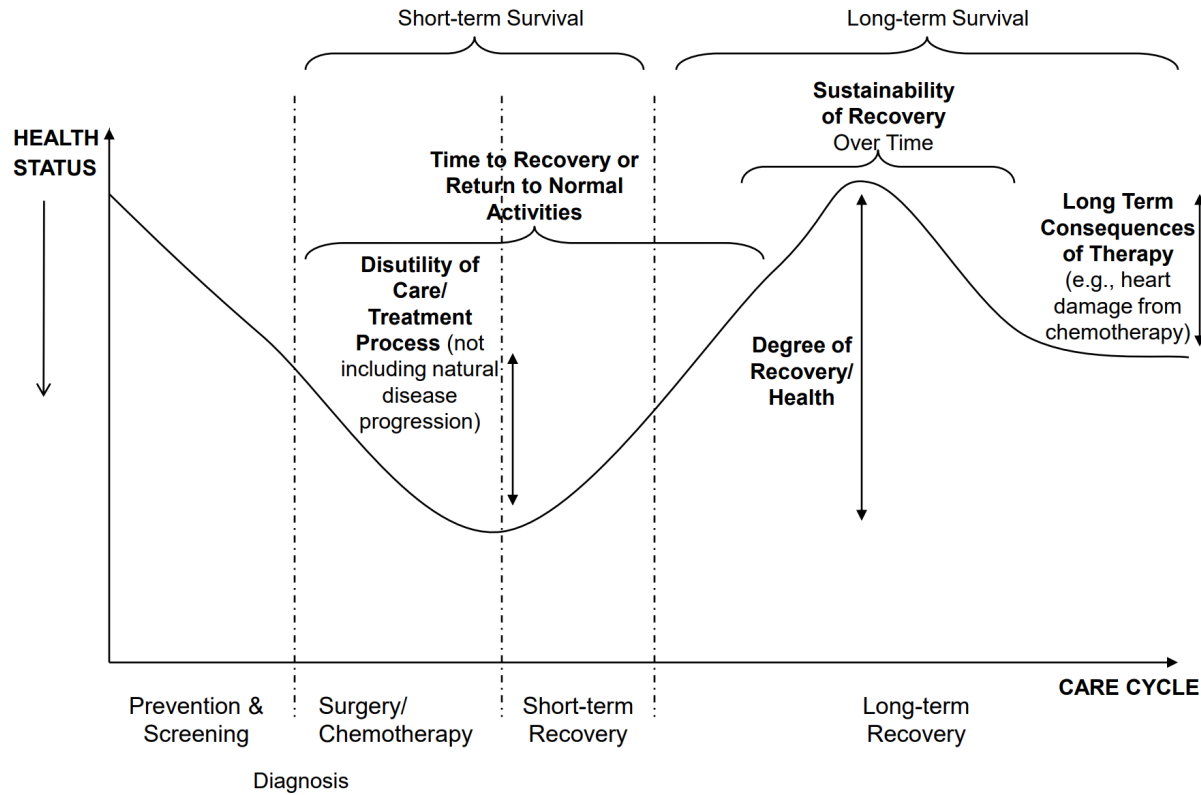
## МО, карта 3: Прием по амбулаторна процедура (перорална терапия)



# Health outcomes and PROs



## Outcomes Along the Care Cycle Cancer Care



During the past week:

- 31. Have you coughed? 1 2 3 4
- 32. Have you coughed up blood? 1 2 3 4
- 33. Have you been short of breath when you rested? 1 2 3 4
- 34. Have you been short of breath when you walked? 1 2 3 4
- 35. Have you been short of breath when you climbed stairs? 1 2 3 4
- 36. Have you had a sore mouth or tongue? 1 2 3 4
- 37. Have you had problems swallowing? 1 2 3 4
- 38. Have you had tingling hands or feet? 1 2 3 4
- 39. Have you had hair loss? 1 2 3 4
- 40. Have you had pain in your chest? 1 2 3 4
- 41. Have you had pain in your arm or shoulder? 1 2 3 4
- 42. Have you had pain in other parts of your body? 1 2 3 4
- 43. Have you had allergic reactions? 1 2 3 4
- 44. Have you had burning or sore eyes? 1 2 3 4
- 45. Have you been dizzy? 1 2 3 4
- 46. Have you had splitting fingernails or toenails? 1 2 3 4
- 47. Have you had skin problems (e.g. itchy, dry)? 1 2 3 4
- 48. Have you had problems speaking? 1 2 3 4

Not at all A little Quite a bit Very much

During the past week:

- 49. Have you been afraid of tumor progression? 1 2 3 4
- 50. Have you had thin or lifeless hair as a result of your disease or treatment? 1 2 3 4
- 51. Have you worried about your health in the future? 1 2 3 4
- 52. Have you had dry cough? 1 2 3 4
- 53. Have you experienced a decrease in your physical capabilities? 1 2 3 4
- 54. Has weight loss been a problem for you? 1 2 3 4

Not at all A little Quite a bit Very much

Please answer the following questions

only if you had surgery for lung cancer:

- 55. Have you had pain in the area of surgery? 1 2 3 4
- 56. Has the area of your wound been oversensitive? 1 2 3 4
- 57. Have you been restricted in your performance due to the extent of surgery? 1 2 3 4
- 58. Have you had any difficulty using your arm or shoulder on the side of the chest operation? 1 2 3 4
- 59. Has your scar pain interfered with your daily activities? 1 2 3 4

Not at all A little Quite a bit Very much

Were there any symptoms or problems that were not covered by the questionnaire, but were relevant for you in the past week?

- 60. \_\_\_\_\_ 1 2 3 4
- 61. \_\_\_\_\_ 1 2 3 4
- 62. \_\_\_\_\_ 1 2 3 4

Not at all A little Quite a bit Very much

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# Cancer clinic - pilot



- Introducing **IPU** principles
- **Training** young oncologists



# Primary Care

# Integrating Primary Care with Specialty Care



## Specialty IPUs

Embedded specialists in areas prevalent in the population

Specialists rotation in PC practices to enable multidisciplinary visits

Disease specific protocols and training to shift appropriate care to lower cost primary care settings

Telemedicine consults to efficiently access specialists

Repeated relationships with affiliated specialists to facilitate efficient care integration

Primary care for complex conditions embedded in specialty IPUs

## Primary Care Practices (Population Segmented)

**VBHC**  
case study







### **Specialty IPU for kids with**

- Asthma
- Infant hemangioma
- Obesity
- Premature babies
- Cystic fibrosis

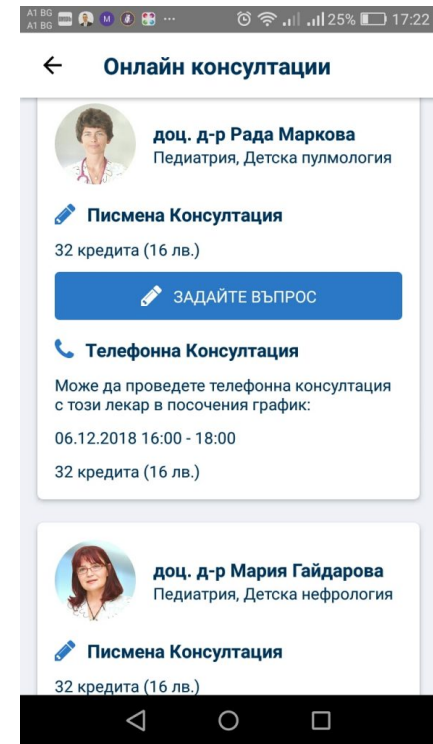
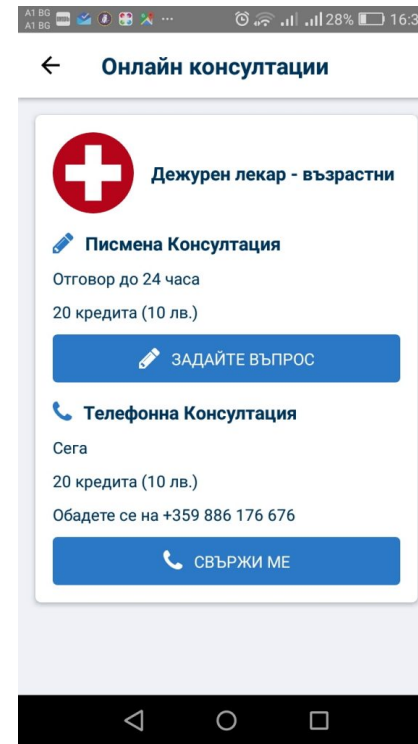
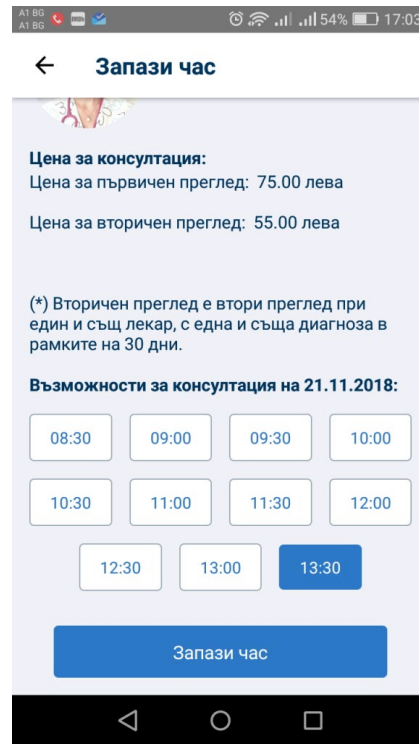
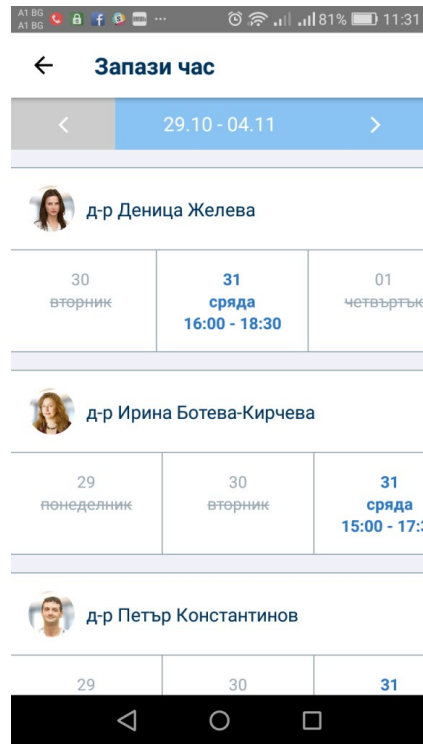
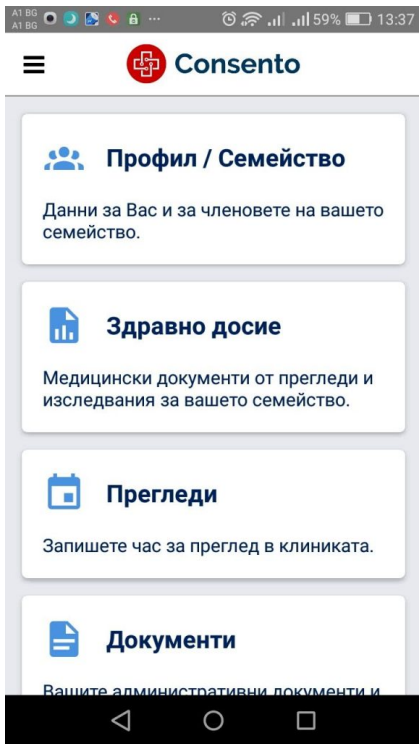
### **Specialty IPU for adults with:**

- Obesity
- Women's health
- Dermatology

# **Integrated Primary Care with Specialty Care**

- 24/7
- Primary & Specialty Care
- Laboratory
- Up to 48 hours stays
- Home care
- Pharmacy
- Telemedicine
- Multidisciplinary team
- Clear leadership
- Single P&L
- IT platform for measuring results and processes
- Shared accountability for patients
- Patients from 0 to +100
  - Kids
  - Students
  - Working population
  - Elderly
  - Special populations

## Mobile App



# Dental Care





Digital microscope

Digital X-ray



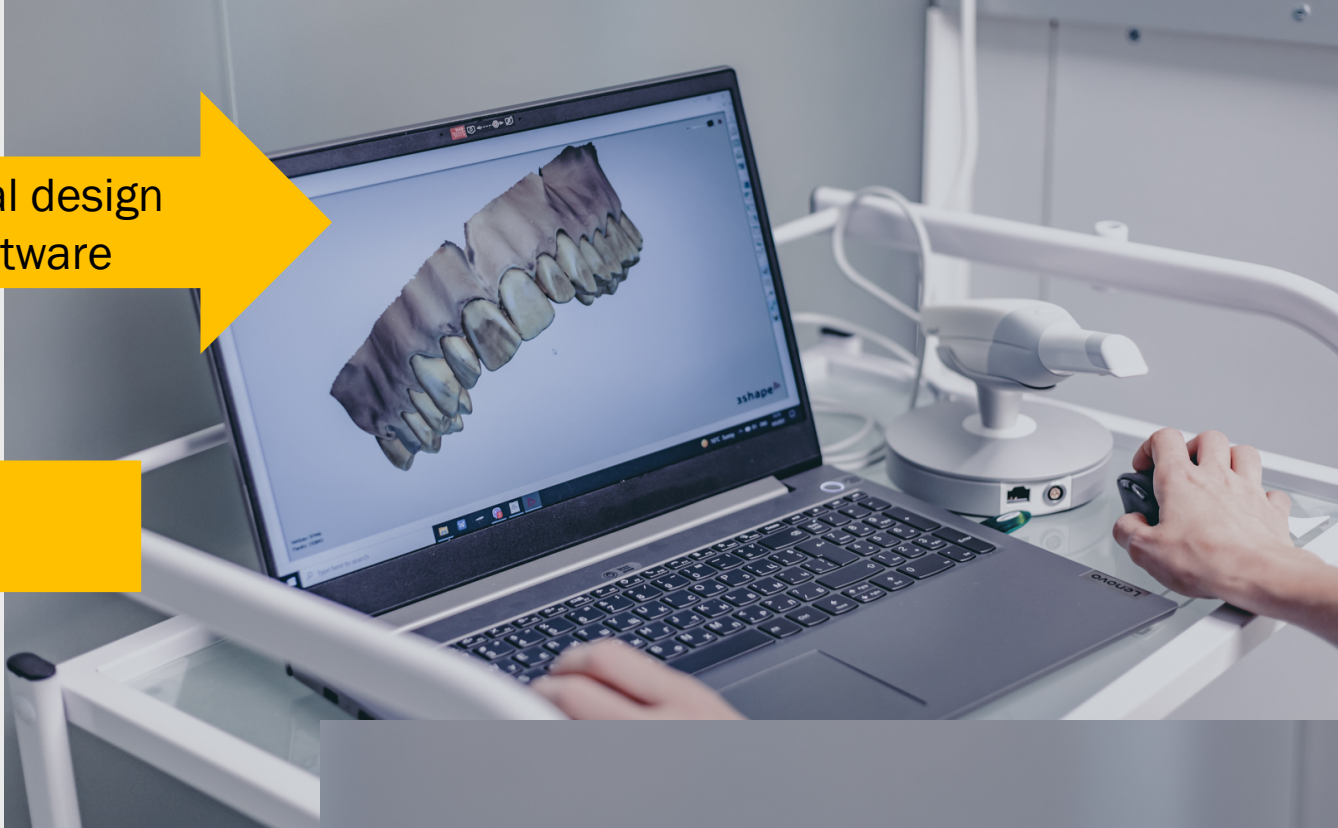
zumax

Digitally tracking outcome and progression of treatment.  
The data is stored in a cloud-based EMR.



Dental design software

Dental laser



Better, faster and painless treatment

Digital intraoral scanner

## VBHC domains

Re-organize care around patients conditions into IPU	Fully implemented	Our patients receive multidisciplinary treatment in the clinic.
Measure outcome and costs for every patient in the line of care	Partially implemented	Fully implemented in terms of costs. Partially implemented in terms of measuring outcomes.
Move to value based re-imbursed models and ultimately bundled payment for condition	Partially implemented	It's not done for all the conditions we treat.
Integrate and coordinate care across multisite cross-delivery systems	Still planning	
Expand services across geographically	Still planning	
Build an enabling information platform	Fully integrated	Fully digitalized working process implementing the available software.

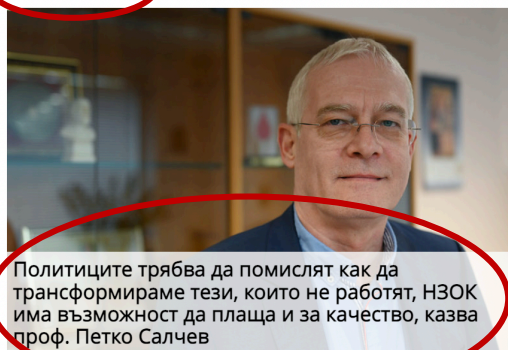
# Involvement of decision-makers



January 28th, 2022

## ДЪРЖИМ БОЛНИЦИ НА ИЗКУСТВЕНО ДИШАНЕ

03-02-2022 06:30



Политиците трябва да помислят как да трансформираме тези, които не работят, НЗОК има възможност да плаща и за качество, казва проф. Петко Салчев

Бюджетът на здравната каса за 2022 г. вече е в парламента и предстои да се разгледа от депутатите. Какви политики се залагат с него, намалени ли са бюджетите на болниците, ще има ли актуализация на цените на КП и с колко, защо скъпите лекарства са на отделен ред, попитахме проф. Петко Салчев управител на НЗОК.



Мар ЧИП chipi

основно в областта на извънболничната медицинска помощ. Увеличени са средствата за тази дейност, защото непл казва, че тя е недофинансирана. Едно от предложенията в ПИМП, което е и в коалиционното споразумение, е за деи плаща потребителска такса от държавата, така че да помогнем лекарите, които се занимават с детско здравеопазва се, да се договорят и допълнителни стойности за дейностите на базата на наредбата на МЗ за диспансеризация и п - С какъв процент се обмисля да е увеличението на дейностите?  
- Не мога да кажа, това ще се реши с преговорите, които ще води Надзорният съвет на НЗОК с БЛС. Другото, което м

**Future Values** is a non-governmental organization, an ambassador of the VBHC strategies from **Harvard Business School** for value-based healthcare delivery. Future Values aims **to implement innovative methodologies**, practices, experience and scientific achievements in the field of healthcare in medical practice, **education** of students, postgraduates and professionals in healthcare.

# Future Values

VALUE DRIVEN HEALTHCARE

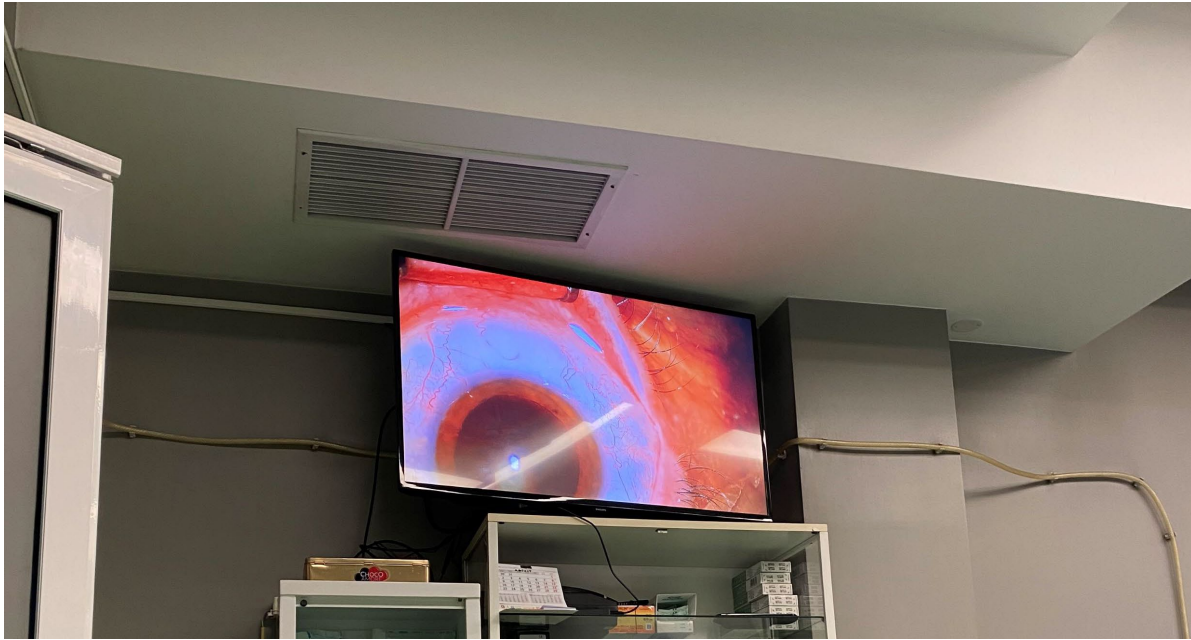


**GROWTH IS  
PAINFUL.**

**CHANGE IS  
PAINFUL.**

**BUT THERE IS  
NOTHING AS PAINFUL  
AS STAYING STUCK  
SOMEWHERE YOU  
DON'T BELONG.**









# Future Values

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VALUE DRIVEN  
HEALTHCARE

*Future values value driven healthcare*

**HTA.BG**

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EVIDENCE MATTERS

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