

Implementing Value-Based Health Care in Diabetes and Diabetic Foot Management

A Real-World Experience from a Local Health Authority

Scatena A¹, Rizzo L¹, Manini M¹, D'Amato MG¹, Castaldini F², Nasoni D², Bellucci S¹, Bracciali S¹, Mecheroni S¹, Rocchi B¹, La Rocca B¹, Autieri G¹, Gradi L¹, Cardelli D¹, Turi G¹, Moretti A¹, Beltrano A¹, Tacconi D¹, Limbruno U¹, Bonavita N¹, Bacci F¹, Taddeini F¹, Spaghetti S¹, Agostinelli V¹, Innocenti B¹, Rossi B¹, Torre M¹

¹ Local Health Authority South East Tuscany ² EY Telos | FAAS EY S.p.A.

WHY VBHC?

Diabetic foot combines high morbidity, amputation risk, impaired quality of life and substantial resource use. Fragmented, volume-driven care cannot reliably deliver optimal outcomes or long-term sustainability.

VALUE

Patient-relevant outcomes

Resources used across the full cycle of care

OBJECTIVE

Redesign diabetes and diabetic foot pathways according to value-based principles—aligning clinical outcomes, patient priorities and resource allocation.

MULTIPROFESSIONAL GOVERNANCE

Led by industrial engineers

Clinicians • Administrative personnel
Executive management staff (33 people)

THE VBHC IMPLEMENTATION PATHWAY

01

Analyze &
standardize clinical
pathways



02

Define outcomes and
PROMs



03

Map resource use
across care



04

Integrate hospital and
community services



EARLY RISK STRATIFICATION • TIMELY SPECIALIST ACCESS • CONTINUITY ACROSS SETTINGS

CARE PATHWAY PRIORITIES

01 Identify risk early

Stratify clinical complexity and direct patients to the appropriate level of care.

02 Enable timely access

Define referral criteria and timelines for Diabetology Units and specialist foot care.

03 Coordinate the cycle

Link hospital and community services around the patient's complete care journey.

CENTRAL TAKEAWAY

VBHC shifts the focus from isolated activities to outcomes achieved across the entire patient journey.

EXPECTED IMPACT

↑ Better clinical and patient-relevant outcomes

↓ Unwarranted variability in care

↗ More efficient resource allocation

↔ Stronger clinical–managerial alignment

PRELIMINARY OBSERVATION

A VBHC-oriented model can support more coordinated, patient-centered diabetic foot management.

IMPLEMENTATION CHALLENGES

CULTURAL CHANGE

Shared language and accountability

DATA INTEGRATION

Reliable outcomes and resource data

INSTITUTIONAL COMMITMENT

Sustained leadership over time

A coordinated, data-enabled and patient-centered model can connect better outcomes with sustainable use of resources.

