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Advanced Value Management for Healthcare Organisations Training Course

24 January – 4 February 2027
Manama

Advanced Value Management for Healthcare Organisations Training Course

Ref: 738_27729 **Date:** 24 January – 4 February 2027 **Location:** Manama **Fees:** 8000 GBP

Value Management for Healthcare Organisations is a 2-week training course for hospital executives, service line leads and finance heads who must show what each patient pathway achieves for what it costs, ending with a pathway value case. Payers, boards and patients now expect hospitals to prove outcomes per unit of resource rather than activity alone. Jupiter Prime Training delivers Value Management for Healthcare Organisations with an outcome-per-cost lens.

Why Value Management for Healthcare Organisations Matters Now

Three pressures shape this discipline today. Purchasers are shifting contracts from fee-for-activity towards bundled and outcome-linked payment. Clinicians and patients want results that matter to the person treated, such as recovery of function, not just throughput. Boards face capital choices between competing service lines with limited funds. A hospital that measures outcomes against the full cost of a care cycle can redesign pathways, defend investment and negotiate contracts with evidence; one that cannot tends to cut cost blindly and erode quality. The course rests on the value-based health care model, time-driven activity-based costing TDABC and value engineering practice.

Who Gains Most from Value Management for Healthcare Organisations

- Executives who set service line priorities and approve capital bids
- Clinical leads accountable for outcomes across a condition pathway
- Finance and costing staff who build patient-level cost models
- Contracting leads who negotiate bundled or outcome-linked payment
- Quality and performance heads who track patient-reported results

A paired clinical and finance group from one hospital gains most, because value work needs both outcome and cost evidence on the same pathway.

Value Management for Healthcare Organisations Capabilities

Participants learn to set the outcome side and the cost side of a care cycle against each other and turn the gap into redesign and investment choices.

- Define outcome sets per medical condition — clinical leads choosing measures that matter to patients
- Calculate pathway cost with process maps and capacity cost rates — finance heads pricing care cycles
- Apply value engineering to service line functions — executives removing cost without harming outcomes
- Weigh investment options with benefits realisation logic — boards approving capital bids
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Design bundled payment proposals from pathway evidence — contracting leads facing purchasers
- Communicate value results in dashboards — clinicians, managers and patient representatives

Key Value Management for Healthcare Organisations Terms

- Value in health care — health outcomes achieved per unit of cost spent across a full cycle of care for one condition.
- Care cycle — the full set of activities from first contact to recovery or long-term management for a medical condition.
- Time-driven activity-based costing TDABC — a costing method that multiplies the time each resource spends on a patient by its capacity cost rate.
- Patient-reported outcome measure PROM — a questionnaire in which patients rate their own health status, function or symptoms.
- Value engineering — a structured review of the functions a service performs to deliver them at lower whole-life cost.
- Benefits realisation — tracking whether the gains promised in an investment case actually appear after implementation.

Value Management for Healthcare Organisations Day by Day

Day 1: Forces Reshaping Hospital Value

- Value-Based Health Care Model — Moving Boards Beyond Activity Targets
- Payment Reform Trends — Exposure of Service Lines to Outcome Risk
- Stakeholder Value Map — Patients, Clinicians, Purchasers and Boards
- Integrated Practice Units — Organising Care Around Medical Conditions
- Value Maturity Self-Assessment — Setting the Starting Point for Change

Day 2: Outcomes That Matter to Patients

- Condition-Based Outcome Sets — Choosing What Each Pathway Must Achieve
- Outcome Hierarchy Tiers — Survival, Recovery and Sustainability of Health
- PROM Selection and Collection — Capturing the Patient's Own Results
- Case-Mix Risk Adjustment — Comparing Outcomes Fairly Across Units
- Outcome Baselines — Fixing the Benchmark Before Redesign

Day 3: Mapping the Care Cycle

- Care Cycle Boundaries — Where a Pathway Starts and Ends
- Process Mapping of Patient Journeys — Seeing Every Resource Touch
- Resource Inventory per Step — Staff, Equipment and Space Used
- Time Estimates and Observation — Grounding Maps in Real Durations
- Variation Between Clinicians — Spotting Unwarranted Practice Differences

Day 4: Time-Driven Activity-Based Costing

- Capacity Cost Rates — Pricing Each Minute of Staff and Equipment
- TDABC Equations — Building Cost Formulas for Complex Steps
- Overhead Allocation Choices — Treating Shared Services Consistently
- Patient-Level Cost Model — Comparing TDABC with Ratio-Based Costing
- Cost Validation with Clinicians — Gaining Trust in the Numbers

Day 5: Linking Outcomes to Cost

- Value Ratio Construction — Outcome Gain Against Pathway Cost
- Value Dashboards — Presenting Results to Clinical Directors
- Peer Benchmarking Sets — Learning from Similar Service Lines
- Low-Value Care Lists — Identifying Interventions to Reduce
- Value Variation Reviews — Prioritising Which Pathway to Redesign First

Day 6: Value Engineering of Service Lines

- Function Analysis System Technique FAST — Separating Essential from Secondary Functions
- Creative Option Generation — Alternative Ways to Deliver Each Function
- Skill-Mix Redesign — Matching Tasks to the Right Professional
- Site-of-Care Shifts — Day Case, Outpatient and Home Options
- Whole-Life Costing of Options — Comparing Equipment and Estate Choices

Day 7: Contracting and Payment Design

- Bundled Payment Structures — Pricing a Full Care Cycle
- Outcome-Linked Incentives — Sharing Gains and Risks with Purchasers
- Warranty and Readmission Clauses — Protecting Against Avoidable Returns
- Supplier Value Agreements — Paying Device Makers for Results
- Negotiation Evidence Packs — Presenting Pathway Data to Payers

Day 8: Investment Decisions and Benefits Realisation

- Investment Appraisal for Health Assets — Net Present Value and Payback
- Benefits Dependency Network — Linking Enablers to Patient Gains
- Benefits Register and Owners — Assigning Accountability for Each Gain
- Post-Investment Review — Checking Realised Against Promised Value
- Disinvestment Criteria — Retiring Services That Add Little Value

Day 9: Leading the Value Shift

- Clinical Engagement Tactics — Bringing Physicians into Cost Conversations
- Value Governance Committee — Steering Pathway Redesign Portfolio
- Data Infrastructure Needs — Linking Clinical and Costing Systems
- Patient Partnership Panels — Bringing Users into Outcome Choices
- Change Roadmap Sequencing — Pacing Redesign Across Service Lines

Day 10: Practising the Pathway Value Case

- Outcome Set Applied — Selecting Measures for a Chosen Pathway
- TDABC Model Applied — Costing the Chosen Care Cycle
- Value Engineering Options Applied — Ranking Redesign Proposals
- Benefits Register Applied — Defining Owners and Review Points
- Pathway Value Case — Final Board-Ready Recommendation

Applying Value Management for Healthcare Organisations After the Course

- Lead a TDABC costing of one high-volume pathway with its clinical team and compare it against current ratio-based costs.
- Agree a condition outcome set with clinicians and start PROM collection for that pathway within the month.

Value Management for Healthcare Organisations Questions FAQ

What is value management for healthcare organisations and why does it matter now?

It is the practice of measuring patient outcomes against the full cost of a care cycle and redesigning services around that ratio. It matters now because purchasers and boards increasingly pay for and fund results rather than activity.

Which roles gain most from value management for healthcare organisations?

Hospital executives, clinical pathway leads, costing specialists and contracting heads gain most. You benefit especially when outcome and cost owners for the same service line attend together and build one shared evidence base.

How does value management for healthcare organisations differ from a hospital finance course?

A finance course centres on budgets, accounts and revenue. This value course joins clinical outcome measurement with pathway costing and value engineering, so you judge services by results per cost rather than by spending alone.

What do you bring back from value management for healthcare organisations?

You bring back a pathway value case for one service line: its outcome set, TDABC cost model, ranked redesign options and benefits register, ready for a board or contracting discussion.

Value Management for Healthcare Organisations: The Way Forward

The pathway value case first informs which service line to redesign and fund next. Service line leads, finance heads and boards use it to compare outcome gains with cost per care cycle. After its first use, revisit the outcome set with patients and the cost model with clinicians, since both shift as pathways change and new evidence arrives.