No.	Articles	Implemen- tation of VBHC strategies	Application of VBHC components	Acute/traum a care in military operations	Definitive healthcare / rehabilitation (post	Medical grouping	Remarks for full-tekst screening	Implementing a system using multiple VBHC components (2	Improving value for the patient by transformation/change of the current system	Integrated Practice Units	Measure outcomes and costs for every patient (ex. PROM)	Move to bundled payments for care cycles	Integrate care delivery accross separate facilities	Expand excellent services across geography	Build an enabling information technology	Patient-centred care/shared decision making	Remarks regarding VBHC	Year	Country
		ART	ICLES FOR F	ULL-TEXT SC	REENING			or more)	<u> </u>		1		VALUE-BASED HE	ALTHCARE	piationi	I			
		Group 1 - V	alue-Based	Group 2 - M	ilitary patient			Implementat	tion of VBHC strategies			A	pplication of VBHC-compo	nents					
	ARTICLES - AMPUTATIONS & EXTREMITIES																		
7.	Eskridge, S. L., Clouser, M. C., McCabe, C. T., Watrous, J. R., & Galameau, M. R. (2019). Self-reported Functional Status in US Service Members After Combat- Related Amputation. <i>AM J PHYS MED REHABIL</i> , <i>98(7)</i> , 631-635. doi:10.1097/PHM.0000000000001140		1	1	1	Definitve	Although VBHC not specific mentioned, the focus is to use PROMs in this research project. Looking at wounded warris in the operational and post operational part of the mil patient care pathway	2	possible	x	Importance of self-reported measure of activities - WWRP 15-year examination of patient-reported physical and mental health oputcomes among US mil personnel injured during deployment to Iraq and Afghanistan	x	x	x	x	PCC. using self-reported functional status of dauly activities may help identify activities for patient-centred goals	Future analysis will assess impact of functional status on patient outcome, such as quality of life, mental health including PTSD and depression	2019	United States (US)
12.	Perkins, Z. B., Yet, B., Glasgow, S., Marsh, D. W. R., Tai, N. R. M., & Rasmussen, T. E. (2018). Long-term, patient- centered outcomes of lower-extremity vascular trauma. <i>J</i> <i>Trauma Acute Care Surg</i> , 85(1S Suppl 2), S104-S111. doi:10.1097/TA.000000000001956		1	1	1	Trauma and definitve	Article focus on vascular trauma and long term effects. VBHC components are mentioned, such as PRO and SOM. Focus is both the oper and post-opr area of the mil patient care pathways	3	yes	x	Measure QoL with SF-36 -	x	x	If delay in treatment is possible it is path to find the best care/treatment for the patient	x	SDM. There are situations preserving viable tissue and delay amputation is justifiable. This had added benefit to patient and family to participate in amputation decisions . An opportunity highly valued by patient	Although limited study, the research provides information to translate unique wartime lessons to civilian medicine	2018	US
22.	Scott, D. J., Arthurs, Z. M., Stannard, A., Monroe, H. M., Clouse, W. D., & Rasmussen, T. E. (2014). Patient- based outcomes and quality of life after salvageable wartime extremity vascular injury. <i>J Vasc Surg.</i> 59(1), 173-179 e171. doi:10.1016/j.jvs.2013.07.103		1	1	1	Definitve	The article is interesting because of the pre-, injury and post-injury characteristics. Outcomes based on medical records and QOL surveys.	1	possible	x	Qol measured using SF-36, also used an independent 17-4em demographic questionnaire - long-tem otcomes measurin preinjury- injury-ostinjury which provides extensive companison possibilities	x	x	x	x	x	Study focused on long-term outcome around extremility vascular injuries (EVI).	2014	
43.	Stinner, D. J. (2016). Improving Outcomes Following Extremity Trauma: The Need for a Multidisciplinary Approach. <i>ML MED</i> , <i>18</i> (184), 26-29. doi:10.7205/MILMED-D-15-00511		1	1	1	Definitve	The article emphasizes on the improvement of the outcome, not only clinical reported but also patient reported. This will lead to to an evidence-based treatment plan for the surgeon and patient are given individualized tool to succeed. Or to be said: SDM options Noteworthy to mention: mentioned by Pasquina and Shero: rehab need to start in the acute care setting. Which can be a good way within a MHS.	3	options to increase value for patient are described	Military treatment facilities have recognized the importance of meeting the complete set of need for the individual patients and established well rounded integrated rehab programs	Article describes first steps among orthopedic surgeons to collect functionals outcome measures and mabe even more importantly patient-reported outcomes - SEE THESIS Q, VAN DER VLIET	x	x	x	x	SDM. O'Toole et al showed that surgeons and patients rarely agree on outcomes, perhaps surgeons should not just focus on treating the injury but also the individual patient	*As mentioned by Pasquina and Shero, rehabilitation needs to start in the acute care setting. The Amputee Patient Care Program, which encourages collaboration among various services, to include pain management, encouraged this to happen, ref 13*	2008	us
51.	Eskridge, S. L., Watrous, J. R., McCabe, C. T., Clouser, M. C., & Galameau, M. R. (2020). The relationship between self-reported physical functioning, mental health, and quality of life in Service members after combat-related lower extremity amputation. <i>Disabil Rehabil</i> , 1-7. doi:10.1080/09658288.2020.1863481		1	1	1	Definitive	See article number 7 in this list, research based on the same study opulation, where this research go more in depth on mental health component. However VBHC components/approaches are used in a setting of the care to mil patients in the whole of their care pathway.	1	possible	x	This study focused ont he relationship between PROMs (functional health status, mental health and QoL) and how amputation level influences thes relationships (in this study for combat-related lower exetremtity amputations)	x	x	x	x	x	see also article number 7. Thre study showed results that provides the importance of integrating physical and mental-health rehabilitation. It is crucial for whol-body rehab, gaing and maintaining optimal functionaring. The self-report nature in the study suggests a need for foolw- up years after initial injury, further study is necessary to determine if this approach can be used to any traumatic amputation	2020	US
4.	Eskridge, S. L., Dougherty, A. L., Watrous, J. R., McCabe, C. T., Cancio, J. M., Mazzone, B. N., & Galameau, M. R. (2022). Prosthesis satisfaction and quality of life in US service members with combat-related major lower-limb amputation [Article]. Prosthet Orthot Int, 46(1), 68-74. https://doi.org/10.1097/PXR.0000000000000054		1		1	Definitive	This study follows the other 2 study which are included in the original search. This study add the patient satisfaction with the device to the research onbjective. The population which was included had combat related lower imba amputation. VBHC elements such as PROMs, cost-related and partnerships/georaphy/excellent locations were included in the study.	4	This study adds patient satisfaction to the model of care and provides more elements to a succesful change creating more value	x	Use of PROMs relates to articles no 7 and 51. of same author. Prosthesis satisfaction can help to improve QoL	This element in the study is more cost related for the patient, emphsizing on the afforability fo the prosthesis	x	This study elaborates on the importance of the admission to excellent services. In this case also the relation betwen military and civilian care	x	PCC: self reported outcomes clarify on the status of the use of the prosthesis, not only on the body? But also the usability, like wearing cloths and dress/undress	Patient satisfaction is a useful measure for QoL	2022	US

No.	Articles	Center/ Program	Penter/ Program Main outcomes vbhc Population Mean score (if possible			Remarks regarding ISS	Time to survey/ Follow up	
			CLINICA	AL AND/OR MEDICAI				
						ISS		
7.	ARTICLES - AMPOINTIONS & EXTREMITIES Eskridge, S. L., Clouser, M. C., McCabe, C. T., Watrous, J. R., & Galameau, M. R. (2019). Self-reported Functional Status in US Service Members After Combat- Related Amputation. <i>AM J PHYS MED REHABIL</i> , <i>98</i> (7), 631-635. doi:10.1097/PHM.0000000000001140	Wounded Warrior Project (WWRP)	Stabilizing tasks are harder for bilateral and above knee amputees	males: 81, females:1, total: 82	16.1 (SD, 8.7).	More than 92% were injured in a blast-related event, and the average Injury Se- verity Score (ISS) was 16.1 (SD, 8.7).	7.7 (SD, 3.0) years	
12.	Perkins, Z. B., Yet, B., Glasgow, S., Marsh, D. W. R., Tai, N. R. M., & Rasmussen, T. E. (2018). Long-term, patient- centered outcomes of lower-extremity vascular trauma. J Trauma Acute Care Surg, 85(15 Suppl 2), S104-S111. doi:10.1097/TA.0000000000001956	Global War on Terror Vascular Injury Initiative (GWOT-VII)	no difference in Qol between salvagable trauma and amputations	554 US service members of which total limbs: 579	27 (4.7)	Injury Severity Score 27 (4.7) Mangled Extremity Severity Score 32 (5.5)	6.3 years, ranging from 1.0 year to 12.2 years.	
22.	Scott, D. J., Arthurs, Z. M., Stannard, A., Monroe, H. M., Charles, W. D., & Rasmussen, T. E. (2014). Patient- based outcomes and quality of life after salvageable wartime extremity vascular injury. <i>J Vasc Surg</i> , 59(1), 173-179 e171. doi:10.1016/j.jvs.2013.07.103		Compared with those with a favorable outcome, unfavorable outcome groups demonstrated greater proportions of patients with older age (>40 years P < 0.5), junior rank (<27, P < 0.5), and those with lower educational background (high school or GED test (SED Testing Service, Wash, DC); P < 0.5). Those with favorable outcomes had higher proportions of patients with a college degree (P < .05). Multivariate analysis showed older age was predictive of unfavorable PCS scores(odds ratio [OR], 11.64; 95% confidence interval [CI], 2.12-64; P ½ ndas)	214 participants having completed survey	15.3 (+- 8.6)	Generally, patients were considered moderate to severely injured, with an average 2005 injury Severity Score of 15.3 ++. 8.6 and an average Mangled Extremity Severity Score (MESS) of 5.7 +- 1.4.	61.1 6 24.1 months (range, 7-116 months)	
43.	Stinner, D. J. (2016). Improving Outcomes Following Extremity Trauma: The Need for a Multidisciplinary Approach. <i>ML MED</i> , 181(154), 26:29. doi:10.7205/MILMED-D-15-00511	Walter reed medical center & university of pittsburgh	the U.S. military to care for service members with combat-related traumatic amputations is effective. This model of care was largely designed with a rehabilitation-based integrative care approach	158 service members, 152 males and 6 females,	N/A	NA	1	
51.	Eskridge, S. L., Watrous, J. R., McCabe, C. T., Clouser, M. C., & Galameau, M. R. (2020). The relationship between self-exported physical functioning, mental health, and quality of life in Service members after combat-related lower extremity amputation. <i>Disbil</i> <i>Rehabil</i> , 1-7. doi:10.1080/09638288.2020.1863481	Wounded Warrior Recovery Project (WWRP)	Mean OPUS scores were significantly lower among those with a positive PTSD scoren in the unadjusted model and adjusted models (39.4; p/4 0.003 (unadjusted), 35.1; p/4 0.003 (adjusted)). No QOL differences between different amputee levels	82 Service members	12.8 (5.3) - 21.3 (8.7) - 20.6 (12.3)	Mean Injury Severity Score (SD) 12.8 (5.3) 21.3 (8.7)# 20.6 (12.3)# 3 cat low ex amp level	7.7 years. No sd given	
4.	Eskridge, S. L., Dougherty, A. L., Watrous, J. R., McCabe, C. T., Cancio, J. M., Mazzone, B. N., & Galameau, M. R. (2022). Prosthesis satisfaction and quality of life in US service members with combat-related major lower-limb amputation [Article]. Prosthet Orthot Int, 46(1), 68-74. https://doi.org/10.1097/PXR.000000000000054	Wounded Warrior Recovery Project (WWRP)	Focus on prothesis satisfaction, but also cost aspects. Relation with other included studies by Eskridge et al.	86 participants with a combat-related major lower-limb amputation	16.5 (SD 8.6).	All participants were injured in blast-related events, and average ISS was 16.5 (SD 5 8.6).	9.5 years (SD = 3.0)	

No.		Implemen- tation of VBHC strategies	Application of VBHC components	Acute/traum a care in military operations (operational)	Definitive healthcare / rehabilitation (post operational)	Medical grouping	Remarks for full-tekst screening	Implementing a system using multiple VBHC components (2 or more)	Improving value for the patient by transformation/change of the current system	Integrated Practice Units	Measure outcomes and costs for every patient (ex. PROM)	Move to bundled payments for care cycles	Integrate care delivery accross separate facilities	Expand excellent services across geography	Build an enabling information technology platform	Patient-centred care/shared decision making	Remarks regarding VBHC	Year	Country
47.	Johnston-Brooks, C. H., Grassmeyer, R. P., Filley, C. M., & Kelly, J. P. (2021). The Marcus Institute for Brain Health: an integrated practice unit for the care of traumatic brain injury in military veterans. <i>Brain Inj.</i> 35(14), 1702-1710. doi:10.1080/02699052.2021.2013535		1		1	Definitive	The article is more focusing on description of the IPU model and data is not yet available to do comparison. Also attention to PROM and family involvement Focus on def care/rehavb in the mil patient care pathways, but also model for civ care pathway	3	As the MIBH program is set up as a very broad interdisciplenary program, it may prove relevant for other areas of medicine. Especially where an integrated approach of necessary for effective care. This model is possibly interchangeable with civilian programs.	The MIBH is founded on the concept of an Integrated Practice Unit (IPU). The patient is involved in the work of the IPU, during and after the evaluation phase.	Within the whole program, from before start of program, during and after surveys are distributed to meassure patient-reported outcomes. At all moments large sets of surveys are used to report the outcomes	x	x	x	x	PCC. From a PCC perspective, not only the patient is involved in its own evaluation and treatment process but als family membersd are involved.		2021	us
56.	Bolzenius, J. D., Roskos, P. T., Salminen, L. E., Paul, R. H., & Buchoiz, R. D. (2015). Cognitive and self-reported psychological outcomes of biast-induced mild traumatic brain injury in veterans: a preliminary study. <i>Appl Neuropsychol Adult</i> , 22(2), 79-87. doi:10.1080/23279095.2013.845823		1		1	Definitive	This study is more clinical phycological focused on veterans and the outcomes are used to identify the focus for future research. There is no relation between VBHC and the mil patient care pathway.	1	no	x	PROMs are used for the whole group of participants.	x	x	x	x	x	Interesting about this study is the setup to compare military and civilian patient with mTBI - interesting study with recommendation to look in future research also to the case of disability pension, and related ongoing tigation about the impact of mental health, QoL and related physical status	2015	us
c.	MacGregor, A.J., et al., Deployment-related concussion and long-term health-related quality of life among US military personnel. Qual Life Res, 2023. 32 (7): p. 1971- 1980.		1	1	1	Definitive	Research focused on deployment-related concussion and long-term health-related QoL among injured US service members. Researched looked at injured service members in the military patient care pathway.	1	possible	x	Measures (PROMs) used in 4 groups: concussion/physical and mental component sumamry scores/PTSD and depression/demographic and injury specific varables.	x	x	x	x	x	future research could contribute to better transition from futilitary to civilian life to improve long term health. Future researth is needed to continue to examine the long- term effects of concussion among service members	2020	us
	ARTICLES - MULTIPLE TRAUMA'S																		
13.	MacGregor, A. J., Dougherty, A. L., D'Souza, E. W., McCabe, C. T., Crouch, D. J., Zouris, J. M., Fraser, J. J. (2021). Symptom profiles following combati hijury and long-term quality of life: a latent class analysis. <i>Qual Life</i> <i>Res.</i> 30(9), 2531-2540. doi:10.1007/s11136-021-02836- y		1		1	Definitive	This study search for symptom profiles following combat injuries, short after injury and long-term. Use of PRO was dominant in this study. There is a significant place for the use of ISS.	3	A better understanding of system classification could lead to refinement of the post-deployment screening and the link to to long-term adverse health outcomes. This maybe asks for reshaping the health care delivery	x	Self-report symptoms measured with the 'military' PDHA (post-deployment Health assessment). OoL measuired using SF-36. And more surveys used	x	Findings in the study my also be related to under- reporting of symptoms due to a high quality of care administered at or near the point of injury or effective post-injury interventions	see aspect on integrate care delivery	x	x	The increased survivalibily of combat casualties relative to previous conflicts emphazised the need to evaluatie longer 4erm outcomes - "Military medical providers should continue to assess the impact of combat highry on physical and mental health symptoms in the post- injury phase, which could help refine clinical practice guidelines, including the identification of clinical indicators for more focused health interventions."	2021	US
34.	Hawari, R. J., McCabe, C. T., Dougherty, A. L., Eskridge, S. L., Watrous, J. R., Sazon, J., & Gatameau, M. R. (2021). Transport time after combat-related injury and patient-reported outcomes among US service members. <i>BMJ Mil Health</i> . doi:10.1136/bmjmilitary-2020-001542		1	1		Trauma	This study looked at the relation between transport time after injury during deployment and long-term outcome on PTSD, OQL, etc. for long term measurement PROM was used. This is a VBHC component in relation to the mil patient care pathway.	1	study shows long-term patient-reported outcomes vcan be associated with transport time as a contribution to improve the quality of care of the mil medical chaing and the outcome for the individual patient	x	multiple surveys were used, like PCL-C, CEESDS and QWB-A. And used to score physical functionining and QoL. Well validates assessment tolls were used	x	x	x	x	x	article concluded to their knowledge this is first study to exemine the relationschip between transport time to MTF after traumatic injury and long-term patient-reported outcomes.	2021	US
40.	MacGregor, A. J., Dougherty, A. L., McCabe, C. T., & Watrous, J. R. (2021). Trajectory of self-rated health after combat-related injury. <i>INURY</i> , 52(7), 1721-1726. doi:10.1016/j.injury.2021.04.026		1	1	1	Definitive	Study focus on full scope of how to understand health outcomes. Shift from treatment-seeking samples/research to self-rated health is necessary - post-injury SRH as a new approach on measuring SRH during a longer period - Relation with article 13 in this list	1	benefit to the MHS could be to integrate preinjury outcomes both from CROM and PROM	x	Study used the PreDHA (pre- deployment health assessement to measure preinjury. Also just PDHA and PDHA/RA (reassessment)	x	x	x	x	x	a limitation of previous research on health status after injury is the lack of of preinjury health measure. Only 2 studies found with health status prior before injury, among motor vejicle crash survivors - this study is seen as first to examine the long-term trajectory, of self- reated health using a preinjury estimate of health - because of the uniqueness of this study no comparison could be made	2021	US
66.	MacGregor, A. J., Zouris, J. M., Watrous, J. R., McCabe, C. T., Dougherty, A. L., Galameau, M. R., & Fraser, J. J. (2020). Multimonibility and quality of life after blast- related injury among US military personnel: a cluster analysis of retrospective data. <i>BMC Public Health</i> , 20(1), 578. doi:10.1186/s12889-020-08696-4		1		1	Definitive	There is a relation between polytrauma, also using ISS as a measure. From a focus of patient-centred care the use of PROs is used. Focus is on patient in the mil patient care pathway	1	possible	x	PROMs are used for the whole group of participants. QoL measure is done by using QWB-SA (as seen in more mil studies)	x	x	x	x	x	Another finding of this study was that ISS did not ap- pear to have a direct relationship with OQL. This is con- sistent with civilian literature, which has found that subjective, rather than objective, injury severity tends to be a better predictor of psychological motivitily (52, 63). In fact, ISS was created as an indicator of mortality risk from the injury iseff, not OQL [33]. It was also interest- ing that, despite vastly divergent ISS values, the concus sion/anxiety and polytrauma clusters yielded similar QQL scores.	2020	us

No.	Articles	Center/ Program	Main outcomes vbhc	Population	Mean score (if possible	Remarks regarding ISS	Time to survey/ Follow up
	ARTICLES - (M)TBI						
47.	Johnston-Brooks, C. H., Grassmeyer, R. P., Filley, C. M., & Kelly, J. P. (2021). The Marcus Institute for Brain Health: an integrated practice unit for the care of traumatic brain injury in military veterans. <i>Brain Inj</i> , 35(14), 1702-1710. doi:10.1080/02699052.2021.2013535	Marcus Institute for Brain Health (MIBH)	explanation about how integrated practise unit is used in TBI veterans	103 patients completed	NA	NA	103 patients went on to complete the three-week treatment program.
56.	Bolzenius, J. D., Roskos, P. T., Salminen, L. E., Paul, R. H., & Bucholz, R. D. (2015). Cognitive and self-reported psychological outcomes of blash-induced mild traumatic brain injury in veterans: a preliminary study. <i>Appl Neuropsychol Adult</i> , 22(2), 7947. doi:10.1080/23279095.2013.845823	Saint Louis University	Results of this study indicated that veterans sustaining mTBI as a result of blast injury reported significantly more psychological and somatic symptoms than did civilians, despite relatively similar cognitive performance between groups.	30 males	N/A	N/A	48.43, SD:24.73 Months post injury
ú	MacGregor, A.J., et al., Deployment-related concussion and long-term health-related quality of life among US military personnel. Qual Life Res, 2023. 32 (7): p. 1971- 1980.	Wounded Warrior Project (WWRP)	Loss of consciousness (LOC) may be a key indicator of poor physical health following combat-related concussion.	810 participants	1-8: 91.7% / 9+: 8.3%	Blast mechanism: No: 10.6% / Yes: 89.4%	18 months
	ARTICLES - MULTIPLE TRAUMA'S						
13.	MacGregor, A. J., Dougherty, A. L., D'Souza, E. W., McCabe, C. T., Cruch, D. J., Zouris, J. M., Fraser, J. J. (2021). Symptom profiles following combat injury and long-term quality of life: a latent class analysis. <i>Qual Life</i> <i>Res</i> , 30(9). 2531-2540. doi:10.1007/s11136-021-02836- y	Wounded Warrior Recovery Project (WWRP)	Multimordity predicts lower MCS and PCS scores	total: 885	1–8 n=823 (93.0) - 9+ n=62 (7.0)	lnjury Severity Score 1–8 823 (93.0) 9 + 62 (7.0) Total n=885	(PDHA), 2008 version, within 1 year post-injury 6.6±1.3 years, completing both surveys
34.	Hawari, R. J., McCabe, C. T., Dougherty, A. L., Eskridge, S. L., Watrous, J. R., Sazon, J., & Galameau, M. R. (2021). Transport time after combat-related injury and patient-reported outcomes among US service members. <i>BMJ Mil Health</i> . doi:10.1136/bmjmilitary-2020-001542	Wounded Warrior Recovery Project (WWRP)	ISS scores above 9 were seen with higher rates of depression and lower QoI. Age was statistically prominent for lower qoI after injury	total: 879	1–8 n=681 (77.5) - 9+ n=198 (22.5)	Injury Severity Score, 1–8 681 (77.5) 9+ 198 (22.5) based on transport times	7.7 (3.3) years to survey
40.	MacGregor, A. J., Dougherty, A. L., McCabe, C. T., & Watrous, J. R. (2021). Trajectory of self-rated health after combar-feated injury. <i>INULIPK</i> , 52(7), 1721-1726. doi:10.1016/j.injury.2021.04.026	Wounded Warrior Recovery Project (WWRP)	Chronic group significantly older when injury occurred and more back/spine injury.	1093 combat- injured personnel.	1-8 n=926 (84.7) - 9+ n=167 (15.3)	ISS, n (%) Mild-moderate (1-8) 926 (84.7) Serious- severe (>=9) 167 (15.3)	PreDHA within one year prior to injury, and PDHA/RA within one year postinjury. 7.8 years (SD = 2.8) to second survey in WWRP (follow-ups every six months for 15 years)
66.	MacGregor, A. J., Zouris, J. M., Watrous, J. R., McCabe, C. T., Dougherty, A. L., Galameau, M. R., & Fraser, J. J. (2020). Multimobility and quality of life after blast- related injury among US military personnet: a cluster analysis of retrospective data. <i>BMC Public Health</i> , 20(1), 578. doi:10.1186/s12889-020-08696-4	Wounded Warrior Recovery Project (WWRP).	The lowest QOL was in the clinical triad cluster, and the highest was in the musculoskeletal and heterogeneous clusters. Both the polytrauma and concussion/anxiety clusters had similar QOL.	1972 participants	7.6 (SD 7.9)	mean ISS for the overall sample was 7.6 (SD = 7.9) - The highest ISS was in the polytrauma cluster and the smallest was in the concussion/anxiety cluster (17.1 vs. 4.0, respectively).	The median time between injury and WWRP survey response was 6.4 years (interquarile range = 3.3–9.2)

No.	Articles	Implemen- tation of VBHC strategies	Application of VBHC components	Acute/traum a care in military operations (operational)	Definitive healthcare / rehabilitation (post operational)	Medical grouping	Remarks for full-tekst screening	Implementing a system using multiple VBHC components (2 or more)	Improving value for the patient by transformation/change of the current system	Integrated Practice Units	Measure outcomes and costs for every patient (ex. PROM)	Move to bundled payments for care cycles	Integrate care delivery accross separate facilities	Expand excellent services across geography	Build an enabling information technology platform	Patient-centred care/shared decision making	Remarks regarding VBHC	Year	Country
64.	ARTICLES - OTHER INJURIES Wade, S. M., Nesti, L. J., Cook, G. A., Bresner, J. S., Happel, J. P., Villahermosa, A. J., Souza, J. M. (2020). Managing Complex Peripheral Nerve Injuries Within the Military Health System: A Multidisciplinary Approach to Treatment, Education, and Research at Walter Reed National Military Medical Center. <i>MIL MED</i> , 185(5-6), e825-e830. doi:10.1093/milmed/usz415		1		1	Definitive	Although a comparison is made to the IPU structure projects within the US Navy, there is no explicite application of VBHC components. However the multi- disc. Approach follows the VBHC model directly and indirectly	3	this model is example of VBHC to deliver superior care. There is no much comparison programs in civilian healthcare	The WRNMMC PNP appraoch resembles the NAVY pilot with IPUs	x	x	x	To keep high standard of care for the patient, the program uses teleImdecine to provide remote consultation and follow-up	x	PCC. The program is designed to provide comprehensive patient centered care for PNI patients in MHS.	This approach provides valuable graduate medical education training for residency and fellowship training programs	2020	us
7.	Hines, S. E., Gaitens, J. M., Brown, C. H., Glick, D. R., Chin, K. H., Reback, M. A., & McDiarmid, M. A. (2022). Self-reported respiratory outcomes associated with blast exposure in post 9/11 veterans [Article]. Respir Med, 202, 106963. https://doi.org/10.1016/j.mmed.2022.106963		1	1	1	Definitive	This study report self reported respiratory outcomes with a group of veterans exposed to blast or non blast during deployment. This gives insight in combat infury versus DNBI exposed during deployment. Syptoms are compared with diagnosis by Dr. this delivers information to create more value for the patient, and the exposure is obased on operational and post operational exposure in the military patient care pathway.	1	Possible	x	PROMS were used in relation with diagnosis. It gave also insight in trauma versus non-trauma	x	x	x	x	x	From a military perspective PROMs are also useful for DNBI	2022	US
17.	ARTICLES-SYSTEMS Taylor-Clark, T. M., & Patrician, P. A. (2020). Soldier- Centered Care: A Concept Analysis. <i>MIL MED</i> , <i>185</i> (3-4), e422-e430. doi:10.1093/milmed/usz448	1	1	1	1	Definitive	This article describes the analysis of soldier centered care and in the conclusion shows that a clear concept of soldier centred care may lead to impovements in overall quality of care, health outcomes and patient experience. Therefor this support VBHC system approach and describes application of VBHC components in the whol mil patient care pathway, even pre-deployment	4	SCC can be used as a foundation for a new paradigm of soldier care in the primary care setting. This would be a system change.	x	development of soldier centred care a concept may nehance the health outcome specific to soldiers and cerate tie ability to strengthen the evidence base for interventions that support imporvemnt to soldier care	x	THE AMELDIZO VEHTIBUT solder care as 'providing enhanced services located in close proximity work area, ideally within waiking distance, thereby improv- ing access, enhancing individual and unit medical readiness, and minimizing lost duty time medical readiness, and minimizing lost duty time approach' (c. 2). This definition of the AMEDD can be transited to this	x	By using IT to deliver healthcare services, there can be more easy access to healthcare info, but also continuous continuous contection between patient and primary care team in a fast-paced operational military environment	PCC. Concept of patient-centred care is core of US Army Patient contered Medical home, serving healthcar eneeds for soldiers, family members, retirees and their family members, applied to include all patient categories. This is also limitation because of the specific medical requirements for soldiers.	Considering the Army warrior ethos as a strenght ans source of resilience for soldiers, but can be also a vulnerability. Mission first before physical limitations can direct negative effect on soldier health and welness. Concept of SCC in the US Army primary care may lead to improvemin in overall quality of care, health outcomes and patient experience. This concept goes further then PCC because more aspects of the whole of life is integrated	2020	υs
37.	Schaettle, P. R., Kaplan, R. S., Lee, V. S., Parkinson, M. D., Gorman, G. H., & Browne, M. A. (2022). Mobilizing the U.S. Mitay's TRICARE Program for Value-Based Care: A Report From the Defense Health Board. <i>MIL</i> <i>MED</i> , <i>187</i> (1-2), 12-16. doi:10.1093/milmed/usab271	1	1	1	1	Definitive	Tricare transformation is about adoption of the value- based care concept, also regarding improve readiness, better health, better care and lower costs. De Defense health board approach formulated principles to guide its request to DoD, duch as prevention, integrative care, outcome measurement, payment for good outcome, patinets seek best care and participate in shared decision making. These are VBHC components in a VBHC led strategy.	6	The request to the DHB provides a evolutionary change of the military health system, more focussing on value to all its benificiaries. Because of the connection to readiness of the military, there are benefits for the whole medical chain. Even from this TRICARE oriented approach	approach where care is best defivered by collaborative multidisceptenry teams	approach on outcome measurement, especially patient-reported outcomes, essential for accountability and improvement	reward providers for good outcomes	approach to seek for high quality and evidence based care from best institutions	x	find enabling IT by extensive telehealth use	PCC. Care should be prevention- oriented and patient and family centric. SDM, benificiaries participate in SDM with their carergivers		2022	US
55.	Galvin, J. W., Thompson, J. C., Thompson, A. M., Parada, S. A., Eichinger, J. K., Dickens, J. F., & Gillingham, B. L. (2019). A Guide to Understanding Reimbursement and Value-Based Care in the Military Health System. <i>MIL MED</i> , <i>184</i> (3-4), e205-e210. doi:10.1093/milmed/usy206	1			1	Definitive	This article is a short guide to understand reimbursement and VBHC in the MHS for providers and more. It also describes potential VBHC strategies to improve outcome and lower costs, by for example focused programs, see also other articles from US Navy programs. These must be programs with a huge impact from injuries on health and readiness. VBHC in MHS is direct related with readiness. Focus is on def care and rehab but has a direct relation wot hoper care and pre-deployment care (prevention).	2	US MHS continue to focus on improving health outcomes while minimizing costs, thereby increasing value. More important, value delivered has direct implications for the readiness and lethality of there fighting force.	IPUs are utilized across the MHS, but on a system level	The JOES (joint outpatient experience survey) is an example of value-based care measurement of patien satisfaction. This approach is valaue-based based on its attept to capture the subjective outcome of a patient medical encounter experience. This survey is similar to a civilian health survey (system) - the military muskoloskeletal community started collecting PRO in 2019, this multiservice effort has been named MOTION.	search for change from fee for service model is ongoing	x	x	x	x	Few studies have evaluated the use of VBHC in MHS. This study explains VBHC and MHS reimbursement models - MHS uses a national surgical database to providing monetary rewards to MTFs for better surgical outcomes	2019	US
No.		Group 1 - V	alue-Based	Group 2 - Mi	ilitary patient														
		Healt implemen- tation of VBHC strategies 3	Application of VBHC components	care participation care participation care participation care in military operations (operational)	Definitive healthcare / rehabilitation (post operational) 17														
Sumn	Total articles (included)	18]																
	Articles with VBHC components	17	1																

rotar articles (moradea)	10
Articles with VBHC strategies	3
Articles with VBHC components	17
Articles with VBHC strategies AND components	2
Articles military operational	11
Articles military post-operational	17
Articles military operational AND post-operational	10
Articles with VBHC strategies and components AND	2
military operational and post operational	2

No.	Articles	Center/ Program	Main outcomes vbhc	Population	Mean score (if possible	Remarks regarding ISS	Time to survey/ Follow up
	ARTICLES - OTHER INJURIES						
64.	Wade, S. M., Nesti, L. J., Cook, G. A., Bresner, J. S., Happel, J. P., Villahermosa, A. J., Souza, J. M. (2020). Managing Complex Peripheral Nerve Injuries Within the Military Health System: A Multidisciplinary Approach to Treatment, Education, and Research at Walter Reed National Military Medical Center. <i>MIL MED</i> , 185(5-6), e825-e830. doi:10.1093/milmed/usz415	Walter Reed National Military Medical Center	The WRNMMC PNP is designed to provide comprehensive, patient- centered care for PNI patients within the MHS. The quality of evaluation and range of therapeutic interventions offered by the WRNMMC PNP meets or exceeds that provided by the most distinguished academic medical centres.	356 patients, 222 patients traumatic	N/A	NA	
7.	Hines, S. E., Gaitens, J. M., Brown, C. H., Glick, D. R., Chin, K. H., Reback, M. A., & McDiarmid, M. A. (2022). Self-reported respiratory outcomes associated with blast exposure in post 9/11 veterans [Article]. Respir Med, 202, 106963. https://doi.org/10.1016/j.mmed.2022.106963	VA's TEF Registry	Self-reported blast exposure, even years after exposure, predict sympoms. Further study could help to create better reation between ways of exposure and be more predictive	2147 included Veterans	N/A	NA	
	ARTICLES - SYSTEMS						
17.	Taylor-Clark, T. M., & Patrician, P. A. (2020). Soldier- Centered Care: A Concept Analysis. <i>MIL MED, 185</i> (3-4), e422-e430. doi:10.1093/milmed/usz448		Definition of soldier centered care, discussing prominent features of this kind of care				
37.	Schaettle, P. R., Kaplan, R. S., Lee, V. S., Parkinson, M. D., Gorman, G. H., & Browne, M. A. (2022). Mobilizing the U.S. Millary's TRICARE Program for Value-Based Care: A Report From the Defense Health Board. <i>MIL</i> <i>MED</i> , <i>187</i> (1-2), 12-16. doi:10.1093/milmed/usab271	TRICARE	Describing components of vbhc and how to implement them in TRICARE				
55.	Galvin, J. W., Thompson, J. C., Thompson, A. M., Parada, S. A., Eichinger, J. K., Dickens, J. F., & Gillingham, B. L. (2019). A cluide to Understanding Reimbursement and Value-Based Care in the Milliary Health System. <i>MIL MED</i> , <i>184</i> (3-4), e205-e210. doi:10.1093/milmed/usy206		Explaining how the MHC is improving their vbhc components				
No.							
Summ	ary Total articles (included) Articles with VBHC strategies Articles with VBHC strategies Articles with VBHC strategies AND components Articles military operational Articles military operational AND post-operational Articles with VBHC strategies and components AND Military operational and post operational						