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Commentary

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Scaling transformation: international efforts to build innovation, rapid learning, real-world evaluation cycles

Purva Rawal [1,2]*, **Julia Murphy** [3], **Elizabeth Fowler**[4]

[1]Associate Scientist, Johns Hopkins Bloomberg School of Public Health, Department of Health Policy and Management, Baltimore, MD 21205, United States
[2]Managing Principal, Health Transformation Strategies, Washington, DC 20040, United States
[3]Senior Director, BluePath Health, Larkspur, CA 94939, United States
[4]Department of Health Policy and Management, Distinguished Scholar, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD 21205, United States
*Corresponding author: 615 N. Wolfe St. Baltimore, MD 21205. Email: prawal2@jh.edu

Abstract

Health systems globally are turning to value-based innovations to sustainably address population health and cost challenges. While several countries have established entities to test value-based models, the next challenge for policymakers is rapidly determining what works, under what conditions, and how to scale. Drawing from a roundtable of international innovators, researchers, and policy experts, this commentary identifies three priorities for accelerating transformation through stronger learning and evaluation. First, systems are using data to engage clinicians and patients in co-design and testing, including rapid randomized controlled trials. Second, rapid evidence generation using "good enough" data can inform implementation using mechanisms like communities of practice. Third, evaluation methodologies are assessing real-world outcomes through techniques like extrapolation to estimate long-term health and spending impacts. An international learning network could help policymakers efficiently share, test, and refine these methods to improve how evidence is generated and used to support implementation and scale.

Keywords: value-based care, innovation, transformation, rapid learning, evaluation

Key Points

- Value-based care models are being tested globally, but policymakers share a need to identify what works through rapid learning and scaling successes using real-world evaluation methodologies.
- An international learning network to develop and share rapid learning and real-world evaluation methodologies could accelerate the scaling of impactful value-based care and payment innovations.
- Three ways learning and evaluation are evolving internationally is by using data to inform care delivery, generating evidence rapidly to shape implementation, and developing methodologies that assess real-world outcomes over shorter timeframes.

Internationally, health systems face common challenges including aging demographics, cardiometabolic conditions, behavioral health conditions, and rising costs.[1-4] To address these sustainably, several countries have established innovation centers to test value-based care. The US Center for Medicare and Medicaid Innovation (CMMI), established in 2010, receives $10 billion per decade to test and expand successful value-based payment models. Germany's "InnovationsFonds" received €200-300 million annually to test care models and support health services research and France established "Article 51" in 2018 to test organizational and payment models with funding rising from €30 to €102 million from 2019-2021.[5] European innovation centers note common issues—including criteria for scaling models—shared by the United States.[6]

The next challenge is learning from these tests more effectively. Connecting testing, learning, and evaluation into a continuous process can support more rapid scaling, and digital and AI tools could accelerate it. Drawing from a roundtable of international innovators, researchers, and policy experts from the United States, United Kingdom, France, and Germany, this article recommends how policymakers can strengthen learning and evaluation to scale impactful innovations. While innovations may not translate across countries, the roundtable highlighted strikingly

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similar challenges in implementation, evidence generation, and scaling, creating opportunities for cross-country learning.

Using data to inform change at the front lines

Organizations grounded in data can inform decisions by making technologies, including AI, available to clinicians and frontline staff, and co-designing models with clinicians and patients. For instance, NYU's Randomized Rapid Controlled Trial laboratory has conducted 47 RCTs — including increasing cancer screening, reducing out-of-pocket drug costs, and targeting nudge reminders to at-risk patients.[7] In one instance, 470 elective surgery patients were assigned to phone call or text-based follow-up over 3 months. The RCT compared calls to nursing staff, 14 day readmissions, and 14 day emergency department (ED) visits and found no statistically significant differences between the groups. Because event rates were low, the researchers used bootstrap modeling to assess whether a clinically meaningful difference was missed. In 10 000 simulated iterations, the text group performed as well as or better than the phone call group 88% of the time for ED visits and 69% of the time for 14 day readmissions. The analysis found no signal of harm from switching lower-needs patients to text follow-up and supported scaling its use, saving approximately 14 nursing hours per month.

Policymakers can establish similar capabilities, like CMMI's Rapid Cycle Innovation Program, which conducts rapid RCTs to generate evidence on effective care delivery strategies.[8] Building these capabilities in ways that generate broadly applicable learning is a shared challenge and international exchange could accelerate it.

Rapid evidence generation connects design to impact

Decision-ready evidence during implementation is a near-universal need—and "good enough" data can inform implementation and refine design. Approaches include communities of practice (CoP) that build accountability and spread what works, positive deviance methodology to identify and diffuse care delivery approaches associated with high performance, and rapid cycle testing.

For instance, the UK-based The Healthcare Improvement Studies Institute developed the Ambient Voice Innovation and Development CoP, an online learning community for National Health Service staff and policymakers supporting evidence-based implementation of ambient voice technologies with over 1000 users since November 2025. These constituencies prioritize questions and participate in studies—including consensus-building, process evaluations, effectiveness assessment, and rapid cycle testing. Policymakers can invest in these learning tools to generate evidence on what is and is not working (and why).

Real-world evaluation to meet the practical needs of innovation

Moving beyond difference-in-differences approaches, where effects can be washed out in real-world settings, is a common need. Methodologies include using leading indicators to close data lags of 18-24 months; aligning quality, safety, outcomes, experience, and cost metrics across the design and testing lifecycle; and using qualitative and quantitative evidence to assess system impact. Adverse events, anomalies, or unexpected changes in utilization or outcomes, and subgroup monitoring, among other techniques, should accompany scaling informed by emerging evidence.

For example, extrapolation can inform decisions over shorter time horizons. Simulation models can estimate intervention effects beyond the observed period and project longer-term impacts when policy decisions need to be made before decades of data are available. Cost-effectiveness analysis provides a framework for comparing interventions to inform population health and financial decisions with experts recommending long time horizons, including lifetime projections, to estimate full benefits and costs.[9] Advances in AI-enabled modeling may make extrapolation more accurate and transparent; projected outcomes from simulation models should be prospectively compared against longitudinal and real-world data (ie, through registries or claims). Innovation centers can improve these approaches through structured cross-country exchange.

Future opportunities

Innovation centers across countries are trying to better connect implementation, rapid learning, and evaluation. There is an opportunity to learn across countries from the evidence being generated and from the methods used to generate and apply it. As a next step, philanthropies are considering supporting a second convening with additional countries and to explore an international learning network to facilitate structured exchange, shared repositories of methods and tools, and cross-country validation of rapid evidence generation and real-world evaluation methods.

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Supplementary material

Supplementary material is available at *Health Affairs Scholar* online.

Conflicts of interest

Please see ICMJE form(s) for author conflicts of interest. These have been provided as supplementary materials.

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