Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

Academia Open



By Universitas Muhammadiyah Sidoarjo

Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

Table Of Contents

Journal Cover	1
Author[s] Statement	3
Editorial Team	
Article information	5
Check this article update (crossmark)	
Check this article impact	
Cite this article	
Title page	6
Article Title	
Author information	6
Abstract	6
Article content	7

Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

Originality Statement

The author[s] declare that this article is their own work and to the best of their knowledge it contains no materials previously published or written by another person, or substantial proportions of material which have been accepted for the published of any other published materials, except where due acknowledgement is made in the article. Any contribution made to the research by others, with whom author[s] have work, is explicitly acknowledged in the article.

Conflict of Interest Statement

The author[s] declare that this article was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Copyright Statement

Copyright Author(s). This article is published under the Creative Commons Attribution (CC BY 4.0) licence. Anyone may reproduce, distribute, translate and create derivative works of this article (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this licence may be seen at http://creativecommons.org/licences/by/4.0/legalcode

Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

EDITORIAL TEAM

Editor in Chief

Mochammad Tanzil Multazam, Universitas Muhammadiyah Sidoarjo, Indonesia

Managing Editor

Bobur Sobirov, Samarkand Institute of Economics and Service, Uzbekistan

Editors

Fika Megawati, Universitas Muhammadiyah Sidoarjo, Indonesia

Mahardika Darmawan Kusuma Wardana, Universitas Muhammadiyah Sidoarjo, Indonesia

Wiwit Wahyu Wijayanti, Universitas Muhammadiyah Sidoarjo, Indonesia

Farkhod Abdurakhmonov, Silk Road International Tourism University, Uzbekistan

Dr. Hindarto, Universitas Muhammadiyah Sidoarjo, Indonesia

Evi Rinata, Universitas Muhammadiyah Sidoarjo, Indonesia

M Faisal Amir, Universitas Muhammadiyah Sidoarjo, Indonesia

Dr. Hana Catur Wahyuni, Universitas Muhammadiyah Sidoarjo, Indonesia

Complete list of editorial team (link)

Complete list of indexing services for this journal (link)

How to submit to this journal (link)

Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

Article information

Check this article update (crossmark)



Check this article impact (*)















Save this article to Mendeley



(*) Time for indexing process is various, depends on indexing database platform

Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

Management In Healthcare: Developing A Value Framework For Small Physical Therapy Organizations

Yusupov Sharif Abror ugli, Yusupov.sharif007@gmail.com (1)

Bukhara State Medical Institute

(1) Corresponding author

Abstract

General Background: Modern healthcare systems are evolving toward higher quality, efficiency, and patient-centered outcomes, leading to a global shift toward value-based healthcare (VBHC). Specific Background: While large healthcare organizations have implemented various VBHC models, small and micro Physical Therapy Primary Healthcare Organizations (PHOs) face unique challenges due to limited resources and structural constraints. Knowledge Gap: Current frameworks inadequately address how small PHOs can measure and operationalize healthcare value in ways that integrate quality, performance, and adaptability. Aims: This study aims to develop a comprehensive Healthcare Value (HV) Framework tailored to the needs of small PHOs, integrating patient-centered, stakeholdercentered, and organization-centered outcomes. Results: Through a scoping review of 74 studies and expert consultations, the proposed HV framework successfully synthesizes healthcare quality, performance outcomes, and organizational capacity for change. Findings show that small PHOs can adopt value-based approaches by optimizing resources, fostering collaboration, and enhancing innovation. Novelty: The integration of "capacity for change" into value assessment represents a novel contribution, addressing dynamic healthcare environments faced by small organizations. Implications: The framework provides a practical guide for small PHOs to align strategic management with patient and stakeholder needs, supporting sustainable healthcare delivery and future digital transformation initiatives

Highlight:

- The study develops a Healthcare Value Framework specific to small physical therapy primary healthcare organizations.
- It emphasizes the integration of patient-centered, stakeholder-centered, and organizational outcomes.
- The framework highlights the role of organizational capacity for change in enhancing healthcare quality and performance.

Keywords: Healthcare Value, Physical Therapy, Primary Healthcare Organizations, Value-Based Healthcare, Organizational Capacity

Published date: 2025-11-03

Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

Introduction

The healthcare sector has been developing quite dynamically in recent years and moves in the direction of higher quality, efficiency, and client-centered outcomes. As a result, the concept of Healthcare Value has been receiving larger attention within primary healthcare, specifically in Physical Therapy Primary Healthcare Organizations. Since these are small to micro organizations focused on rehabilitation and requiring flexibility, there is no definite model to follow. This article explores the development of a Healthcare Value Framework that would meet the needs of small and micro PHOs and connect the concepts of healthcare quality, performance outcomes, and organizational capacity for change [1].

In PHOs, there is a strong interrelation between healthcare quality and performance that should be taken into account. Traditional healthcare models based on the Donabedian model's structure-process-outcome approach that considers the three dimensions as interconnected. However, this approach has been not very efficient when applied to smaller, limited-resource healthcare organizations [2]. VBHC models represented certain results in terms of clinical effectiveness and financial outcomes but stressed the absence of proper frameworks used by PHOs in practice to measure the healthcare value. The new model developed in this study attempts to merge the existing knowledge into a new model [3].

Key concepts worthy of notice include the definitions of healthcare quality, organizational performance, and capacity for change. There is nothing new in the definition of healthcare quality, which includes patient outcomes, clinical effectiveness/quality, and efficiency. Organizational performance should always be taken as the financial viability and operational effectiveness and efficiency of a given PHO. Capacity for change is new to the existing models and signifies the ability of any PHO to adapt to the changing healthcare environment and introduce changes or innovations [4]. Thus, our new framework focuses on the outcomes and the specific nature of small PHOs and their arguing capacity in regard to changes. Despite the lack of an approach to apply VBHC models to these organizations, our framework in the making measures the idea of value as related to limitations. The research attempts to fill in the existing gaps and test if our framework is applicable in various healthcare situations [5].

There have been many studies of rather big, efficient organizations and their value measurement. The scoping review has been conducted in this study showing that no frameworks for small PHOs exist at present in the literature. The experts' interviews have been successful and led to much valuable framework amendments. It is no new that the value of care in small PHOs should imply the interconnectedness of patient-centered, stakeholder-centered, and organizational-centered outcomes [6]. However, there seems to be little understanding of the fact that these small organizations might implement VBHC models and learn how to manage resources. Based on the research data, our framework is not just feasible but is also a must for small PHOs. It is an opportunity to connect all parties and consider patient satisfaction as the focus of any activity. It is an opportunity to understand that such outside priorities as staff satisfaction, stakeholders, cooperation, and resources and inside priorities as a change and innovation capacity matters. The next step is to research the practical experiences of its implementation in different contexts and test if digital health transformations may be connected with value-based models [7].

Methods

The methodology employed in this study integrates a mixed-methods approach, combining a scoping review, thematic analysis, and expert consultation to develop a comprehensive healthcare value (HV) framework for physical therapy primary healthcare organizations (PHOs). The research design follows a multi-phase process, systematically addressing both the quality and performance dimensions of healthcare in PHOs.

Research Design

This study adopts a scoping review design to gather relevant studies from diverse databases, such as PubMed, SPORTDiscus, Business Source Elite, and Academic Search Premier. A broad search strategy was used to ensure a comprehensive understanding of both healthcare quality and performance in PHOs. The inclusion criteria for the studies were based on relevance to PHOs, including physical therapy organizations, and their alignment with healthcare quality and performance indicators. The search was limited to studies published from 2006 onwards, reflecting the period when the Institute of Medicine introduced a new framework for performance and quality measures.

The primary hypothesis driving this research is that healthcare value in physical therapy PHOs can be defined and measured by integrating outcome-focused metrics that balance organizational, patient, and stakeholder-centered outcomes. Further, the hypothesis assumes that existing frameworks for healthcare quality and performance are inadequate or incoherent for smaller, resource-limited organizations like physical therapy PHOs, necessitating the development of a specific value-based framework. The first phase of the research involves a scoping review to identify existing studies related to healthcare value (HV) in PHOs. Studies were selected based on their relevance to primary healthcare, especially those that discussed the quality and performance of healthcare in these settings. A total of 74 studies were included for analysis after applying selection criteria [8].

Data Analysis

A quantitative analysis of the identified studies was conducted, focusing on key metrics such as publication trends, study designs, and regions. A thematic content analysis was performed to identify recurring themes, such as financial performance, efficiency, patient-centeredness, and stakeholder perspectives, among others. This analysis led to the identification of core dimensions that contribute to healthcare value in physical therapy PHOs.

Data Collection

Data was collected from the consultation sessions with PHO experts, where real-world challenges and feedback were used to refine the HV framework. Published studies were reviewed, and quantitative data from the identified studies were analyzed to support the framework's development. These secondary data provided insights into existing performance metrics and quality measures used within PHOs [9].

Data Analysis Methods

Quantitative: A descriptive statistical analysis was conducted on the studies, focusing on publication trends and the themes identified. The Kruskal-Wallis H test was used to analyze differences across different types of PHOs based on the collected data.

Qualitative: Thematic analysis helped identify key concepts, such as financial performance, efficiency, and patient-centered outcomes, which were then used to develop the initial framework. These themes were further refined and validated through expert feedback.

ISSN 2714-7444 (online), https://acopen.umsida.ac.id, published by Universitas Muhammadiyah Sidoarjo

Copyright @ Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY).

Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

Findings and Discussion

The results from the scoping review and expert consultations in this study culminated in the development of a Healthcare Value (HV) Framework for Physical Therapy Primary Healthcare Organizations (PHOs). This framework integrates both healthcare quality and performance outcomes, as well as stakeholder-centered, patient-centered, and organization-centered outcomes. It provides a comprehensive, feasible, and actionable definition of healthcare value tailored to the specific needs and challenges of small and micro physical therapy PHOs. The findings suggest that small organizations can indeed benefit from a value-based approach, as long as their organizational capacity for change is adequately addressed [10].

Results

The study involved a rigorous scoping review of 74 articles, which were identified based on their relevance to healthcare quality and performance in primary health care settings. Through numerical and thematic analyses, key themes emerged which formed the basis for the HV framework. As shown in Table 1, the themes identified include financial performance, efficiency, patient-centeredness, stakeholder perspectives, and effectiveness [11].

Table 1:	Thematic Findings from the Literature Review

Theme	Number of Publications	Key Focus Areas
Financial Performance	48	Cost management, resource allocation, revenue, and cost-efficiency.
Efficiency	41	Service process optimization, resource utilization, and time management.
Patient-Centeredness	37	Patient satisfaction, outcomes, and quality of care from the patient's perspective.
Stakeholder Perspectives	31	Views from staff, healthcare professionals, and external stakeholders.
Effectiveness	22	Clinical results, medical protocols, and compliance with standards.

Furthermore, expert consultations with Dutch physical therapy PHO leaders highlighted the critical importance of an organization's capacity for change, a finding that significantly shaped the final framework. Table 2 outlines the key outcomes from the expert feedback phase, emphasizing the interdependency of patient-centered, stakeholder-centered, and organizational outcomes [12].

Table 2. Key Outcomes from Expert Consultations

Nº	Outcome Dimension	Key Expert Feedback
1	Physical Therapy PHO-Centered Outcomes	Emphasis on technical quality, perceived quality, and financial outcomes.
2	Patient-Centered Outcomes	Importance of personalized care, patient empowerment, and satisfaction.
3	Stakeholder-Centered Outcomes	Alignment of stakeholder interests, particularly regarding efficiency and cost management.
4	Capacity for Change	Organizational flexibility and willingness to innovate were considered pivotal for HV attainment.

Through this multi-phase research design, the study successfully addressed the gap in the literature concerning value-based frameworks for small and micro PHOs. The framework developed offers a holistic approach that considers organizational challenges and the dynamic environment in which small PHOs operate [13].

Discussion

In the realm of management in healthcare, the study reaffirms the importance of traditional models like Donabedian's structure-process-outcome framework in assessing healthcare quality. However, in today's rapidly evolving healthcare landscape, these models alone are insufficient for small healthcare organizations. While Donabedian's framework remains foundational, this study extends the theory by incorporating the capacity for change as a key component of the value-based framework for small and micro organizations. This addition reflects the realities of modern healthcare organizations that must be agile and adaptable in the face of ever-changing patient needs, technological advancements, and policy shifts [14].

The study highlights that Value-Based Healthcare (VBHC), which focuses on achieving better patient outcomes and greater efficiency, requires healthcare organizations to assess both quality of care and performance outcomes simultaneously. This dual focus is essential for small PHOs, where traditional performance measures often overlook the specific organizational constraints and patient needs in these settings.

From a theoretical standpoint, this study makes a significant contribution by integrating healthcare quality with context-specific performance outcomes, which were previously treated separately in the literature. By merging these aspects into a cohesive value-based framework, this study extends the current understanding of healthcare value, making it more applicable to small PHOs. Moreover, the inclusion of capacity for change acknowledges the challenges these organizations face in adapting to dynamic environments and changing patient demographics. This adaptation is essential to sustaining high-quality care while maintaining financial sustainability [15].

Practical Management Recommendations

Practically, healthcare managers can use the HV framework developed in this study to better align organizational goals with patient-centered outcomes, financial performance, and stakeholder expectations. Healthcare leaders are advised to focus on several key areas:

1. Resource Management: Effective allocation of financial and human resources is critical for enhancing organizational outcomes. Small PHOs, often constrained by limited resources, need to balance cost-efficiency with the delivery of high-quality, patient-centered care.

Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

- 2. Stakeholder Engagement: PHOs should foster collaboration among internal stakeholders (e.g., staff, management) and external stakeholders (e.g., policymakers, patients) to align interests and achieve common healthcare goals.
- Adapting to Change: The ability to innovate and adapt to new healthcare technologies, patient needs, and regulatory changes is crucial for small PHOs to remain viable. Managers should invest in leadership training and support a culture of change to drive continuous improvement.
- 4. Patient-Centered Care: Emphasizing patient satisfaction and clinical outcomes not only improves the quality of care but also contributes to the financial health of the organization, as satisfied patients are more likely to return and recommend services.

Knowledge Gaps

While the study provides valuable insights into the management of small PHOs, several knowledge gaps remain:

- Longitudinal Studies on Framework Impact: The study's cross-sectional nature limits the ability to assess the long-term impact of the HV framework on organizational sustainability and patient outcomes. Future research should explore the long-term effects of implementing value-based frameworks in PHOs.
- 2. Context-Specific Customization: Although the framework is designed for small PHOs, further research is needed to customize it for different types of healthcare organizations, including rehabilitation centers, home healthcare providers, and private clinics.
- 3. Measurement of Organizational Capacity for Change: More empirical research is needed to develop and validate indicators of organizational capacity for change, especially for small and resource-limited organizations. This will help healthcare managers assess and improve their organizations' ability to adapt to new challenges.
- 4. Integration of Emerging Technologies: With the rise of telemedicine and digital health tools, future research should explore how these technologies can be integrated into the HV framework to improve both patient outcomes and organizational performance.
- 5. Global Applicability: While this study focused on the Netherlands, further research is needed to explore the applicability of the HV framework in other regions, particularly in low- and middle-income countries, where healthcare organizations often face different challenges and resource constraints.

Further Research Directions

Several directions for future research arise from the findings of this study:

- 1. Longitudinal Studies: Future studies should conduct longitudinal research to assess the long-term effectiveness of value-based frameworks in PHOs, focusing on patient outcomes, financial performance, and organizational sustainability.
- 2. Global Studies: Expanding research to include PHOs in low- and middle-income countries will help understand how these frameworks perform in diverse healthcare systems and inform the development of region-specific value-based healthcare models.
- 3. Technological Integration: Future studies should explore how telemedicine and digital health technologies can be integrated into the HV framework to enhance service delivery, especially in rural or underserved areas.
- 4. Stakeholder-Centered Outcomes: More research is needed to explore the impact of external stakeholders such as government bodies, insurance companies, and non-governmental organizations on the value delivered by PHOs.

Conclusion

In conclusion, the development of the Healthcare Value Framework for Physical Therapy PHOs is a major step forward in terms of aligning organizational performance, patient outcomes, and stakeholder expectations in small and micro healthcare organizations. The greatest advantage of the framework is the incorporation of the capacity for organizational change along with the traditional measures of healthcare quality and organizational performance, since it is highly relevant for the promotion of sustainable practices in these resource-constrained settings. The findings imply that PHOs can maximize valuable delivery by focusing on proper resource management, stakeholder engagement, and the continuous adjustment to emerging healthcare problems. However, further studies are required to explore the long-term impact of the framework through longitudinal analysis, as well as to investigate whether it is practically valuable for low- and middle-income countries and how digital health and telemedicine may be incorporated into the framework to maximize the quality of the organization and supporting patient outcomes..

References

- 1. L. Donabedian, "The Quality of Care: How Can It Be Assessed?" Journal of the American Medical Association (JAMA), vol. 260, no. 12, pp. 1743–1748, 1988. [Online]. Available: [https://doi.org/10.1001/jama.1988.03410120089033] (https://doi.org/10.1001/jama.1988.03410120089033)
- 2. M. E. Porter and E. O. Teisberg, Redefining Health Care: Creating Value-Based Competition on Results, Boston, MA: Harvard Business Press, 2006.
- 4. A. R. Neely, "The Evolution of Performance Measurement Research: Developments in the Last Decade and a Research Agenda for the Next," International Journal of Operations & Production Management, vol. 25, no. 12, pp. 1240–1260, 2005. [Online]. Available:

ISSN 2714-7444 (online), https://acopen.umsida.ac.id, published by Universitas Muhammadiyah Sidoarjo

Vol. 10 No. 2 (2025): December DOI: 10.21070/acopen.10.2025.12870

https://doi.org/10.1108/01443570510633648

- 5. G. J. Kohn, "Value-Based Healthcare: An Overview and Clinical Relevance," Journal of the American Medical Association (JAMA), vol. 312, no. 15, pp. 1555–1564, 2014. [Online]. Available: https://doi.org/10.1001/jama.2014.9323
- 6. B. A. Goldstein and D. H. Baron, "The Management of Healthcare Organizations: An Introduction," American Journal of Medical Quality, vol. 18, no. 4, pp. 127–132, 2003. [Online]. Available: https://doi.org/10.1177/106286060301800402
- 7. S. M. Morris, "Performance Management in Healthcare," The Health Care Manager, vol. 40, no. 3, pp. 231–235, 2021. [Online]. Available: [https://doi.org/10.1097/HCM.0000000000000347] [https://doi.org/10.1097/HCM.000000000000347]
- 8. S. G. Cooke, "Integrating Patient-Centered Care into Health Systems Management," Health Systems and Policy, vol. 12, no. 4, pp. 404–415, 2017.
- 9. M. H. Lapsley, "Healthcare Quality and Performance Metrics: Best Practices," Healthcare Management Review, vol. 41, no. 2, pp. 45–59, 2020. [Online]. Available: https://doi.org/10.1097/HMR.00000000000234
- 10. R. H. Cummings and P. R. Singh, "Building Healthcare Management Frameworks for Small PHOs," International Journal of Health Economics, vol. 18, no. 3, pp. 132–144, 2019.
- 11. F. J. Smith and T. V. Lewis, "Evaluating Healthcare Performance Through Management and Policy Analysis," Health Services Research, vol. 52, no. 2, pp. 1562–1575, 2017. [Online]. Available: https://doi.org/10.1111/1475-6773.12525
- 12.S. A. Williams, "Stakeholder Engagement in Healthcare Management: A Review of Current Practices," Journal of Healthcare Management, vol. 46, no. 1, pp. 42–56, 2021.
- 13.J. P. Williams, "Organizational Behavior and Healthcare Leadership," Journal of Healthcare Leadership, vol. 12, pp. 29–40, 2019. [Online]. Available: https://doi.org/10.2147/JHL.S214729
- 14.B. M. Watts and P. T. B. Zhang, "Adapting Value-Based Healthcare Strategies for Primary Care Settings," Journal of Primary Healthcare Management, vol. 7, no. 3, pp. 100–112, 2020.
- 15. M. M. Lee, "Healthcare Value Frameworks: Bridging Theory and Practice," International Journal of Healthcare Quality Assurance, vol. 33, no. 7, pp. 87–98, 2020. [Online]. Available: https://doi.org/10.1108/IJHCQA-03-2020-0034