

Perioperative Medicine: The Value Proposition for Anesthesia?



A UK Perspective on Delivering Value from Anesthesiology

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KEYWORDS

- Perioperative medicine • Perioperative physician • Anesthesiology • Anesthesia
- Value • Value proposition • Health economics • Cost-effectiveness

KEY POINTS

- Perioperative medicine is a patient-focused, multidisciplinary, and integrated approach to delivering the best possible health care throughout the perioperative journey from the moment of contemplation of surgery until full recovery.
- Perioperative medicine offers a physician-led vision of perioperative care in the twenty-first century and beyond. It extends the roles of the anesthetist beyond the operating room/theater into the wider hospital and community role and defines care delivery around the patient (as partner or consumer) rather than the care providers.
- Value considerations in health care in general, and perioperative medicine in particular, are complicated by the difficulty of attaching a monetary value to health outcomes, such as survival or freedom from disability.

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- The value proposition for perioperative medicine is based on the efficient reapplication of current resources, rather than through major new investment. All the elements of perioperative medicine have been implemented somewhere, but few if any centers have successfully implemented the complete package of perioperative care.
- The successful implementation of the Enhanced Recovery Partnership Programme in England suggests that such projects can be implemented at minimal cost with increased productivity and quality through the application of leadership and quality improvement techniques.

INTRODUCTION

Perioperative medicine describes the practice of patient-centered, multidisciplinary, and integrated medical care of patients from the moment of contemplation of surgery until full recovery.^{1,2} The Royal College of Anaesthetists has expressed a commitment to “developing a collaborative programme for the delivery of perioperative care across the UK” and to leading the development of UK perioperative medicine.³ The Perioperative Surgical Home is a similar initiative led by the American Society of Anesthesiologists in the United States and embraces a parallel vision of physician-led seamless patient-centered care through the surgical pathway from shared decision making to full recovery.⁴

Economics and health care make uncomfortable bedfellows in 2015. In the aftermath of the global financial crisis, cost containment is a dominant theme in an economic environment in which health care demand continues to increase and government budgets are tight. Surgical interventions are costly, particularly in the developed world where a substantial proportion of the health care infrastructure and labor force is focused on delivering elective surgery as safely as possible, often within large well-equipped hospitals. Furthermore, it is likely that the volume (and therefore aggregate cost) of surgery, both at a national and global level, will increase with time because of several interacting factors predominantly related to demographic change.

Health economics is commonly recognized as a special case within general economics because of a variety of factors that result in relative market failure.⁵ One important factor in this regard is uncertainty about whether a monetary value can be attached to health-related benefits, such as longer life or being free of disability. As a consequence, many considerations of value in relation to health care are presented in relative terms, rather than using absolute monetary units. It is in this context that the general value proposition for perioperative medicine must be justified.

This article outlines some key elements of the health care economic landscape including consideration of the reasons for relative market failure. It then explores some concepts of value in health care, describes the scope of perioperative medicine, and explores the assertion that perioperative medicine offers a value proposition to health care systems, purchasers, policy makers, patients, and the public, with specific reference to the UK health care environment.

HEALTH CARE DELIVERY IS RESOURCE CONSTRAINED

Definitions of the dismal science have evolved since Adam Smith⁶ described economics as “an inquiry into the nature and causes of the wealth of nations” in 1776. A more useful formulation defines economics as “the science that studies human behavior as a relationship between ends and scarce means that have alternative uses.”⁷ In other words, economics is the study of choice when resources are constrained.

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