

# Administration of Emergency Medicine



## UNDERSTANDING THE VALUE OF EMERGENCY CARE: A FRAMEWORK INCORPORATING STAKEHOLDER PERSPECTIVES

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**□ Abstract—Background:** In the face of escalating spending, measuring and maximizing the value of health services has become an important focus of health reform. Recent initiatives aim to incentivize high-value care through provider and hospital payment reform, but the role of the emergency department (ED) remains poorly defined. **Objectives:** To achieve an improved understanding of the value of emergency care, we have developed a framework that incorporates the perspectives of stakeholders in the delivery of health services. **Methods:** A pragmatic review of the literature informed the design of this framework to standardize the definition of value in emergency care and discuss outcomes and costs from different stakeholder perspectives. The viewpoint of patient, provider, payer, health system, and society is each used to assess value for emergency medical conditions. **Results:** We found that the value attributed to emergency care differs substantially by stakeholder perspective. Potential targets to improve ED value may be aimed at improving outcomes or controlling costs, depending on the acuity of the clinical condition. **Conclusion:** The value of emergency care varies by perspective, and a better understanding is achieved when specific outcomes and costs can be identified, quantified, and measured. Using this framework can help stakeholders find common ground to prioritize which costs and outcomes to target for research,

quality improvement efforts, and future health policy impacting emergency care. © 2014 Elsevier Inc.

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## INTRODUCTION

In the face of escalating health care spending, measuring and maximizing the value of health services has become an important focus of health reform. Accountable Care Organizations, hospital readmission penalties, efforts to bundle payments, and public reporting of quality metrics are all examples of this. The emergency department (ED) is generally viewed as a source of high-cost, low-value care that is inappropriately utilized and generates large charges for services (1–4). Recent reform proposals either ignore discussions of the ED altogether or specifically target the ED as a means of achieving cost savings (5). To measure the effects of reforms and guide future efforts, it is important for stakeholders to better determine the value of ED-based care.

Value can be defined as health outcome per dollar spent (6). Value is increased when outcomes improve or costs are reduced. However, measuring the value of emergency care has proven challenging. Multiple stakeholders prioritize measurement of different outcomes and costs. Attributing outcomes to ED care is further complicated by reliance on external factors like outpatient follow-up, inpatient services, and sub-specialist availability to achieve optimal outcomes. Calculating costs for ED care can be even more difficult due to the wide variations in under- or uncompensated care experienced by different EDs. A standardized approach to cost measurement is therefore necessary.

This framework is designed to improve understanding of the value of emergency care. We assess outcomes and costs associated with ED-based care from the perspective of the patient, provider, payer, health system, and society. This framework can build upon recently reported ED cost-saving strategies to ensure that outcomes are not neglected (7). Understanding value by these distinct and varying perspectives can guide research agendas, quality improvement efforts, and future health policy interventions aimed to maximize the value of ED care.

METHODS

A pragmatic review of the literature informed the design of this framework to standardize the definition of value in emergency care. Five different viewpoints were chosen to demonstrate how outcomes and costs are prioritized based on perspective. The value of an ED visit will differ based on the perspective used to evaluate value. Understanding how value calculations can differ by perspective will help identify the appropriate viewpoint for analysis

(8,9). These considerations can identify when the patient, provider, health system, payer, or societal perspectives have competing values. These differences also explain why, frequently, these five actors disagree over utilization, cost, and reimbursement for ED visits. One recent example of these dynamics is the controversy over the state of Washington’s initial decision to refuse reimbursement for certain “non-urgent” ED visits for its Medicaid patients (5). In this scenario, certain ED visits were perceived as lower value by the payer than by the providers and patients.

RESULTS

The ED fulfills many roles in the United States health system, but primarily functions as the most accessible and timely venue of care available. Some of the ED’s roles are more patient-centered, whereas others clearly benefit society. For example, its role in treating and evaluating time-sensitive conditions is highly valued by payers, though providing convenient services for “non-urgent” illnesses is frequently criticized. Table 1 provides a description of many commonly ascribed functions of the ED. Traditionally, the value of ED-based care has been examined using a particular role the ED plays within the health system. Table 2 provides a summary of the outcomes, costs, and perceived value for emergency care from each stakeholder and illustrates how value calculations can vary by perspective.

*Value from the Patient Perspective*

The Institute of Medicine emphasizes patient-centeredness as an important quality domain, and respecting patient

**Table 1. List of Commonly Ascribed Roles the ED Performs in the Health Care System**

| Role                                   | Service Description                                                                                                                                                                                                                                                         |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Acute unscheduled care                 | Venue available for any unscheduled care needs on 24-h basis, ranging from nonurgent to emergent conditions                                                                                                                                                                 |
| Exacerbation of chronic conditions     | Venue available for flares of chronic disease                                                                                                                                                                                                                               |
| Treatment of time sensitive conditions | Venue well positioned to manage emergency conditions requiring stabilization, treatment, and rapid care coordination with a high concentration of resources and a range of specialists                                                                                      |
| Rapid diagnostic center                | Venue available on 24-h basis for rapid evaluations and testing across range of laboratory, imaging, specialty consultation                                                                                                                                                 |
| Admission portal                       | Increasingly the primary source for unscheduled hospitalizations                                                                                                                                                                                                            |
| Alternative to hospitalization         | May provide period of evaluation, treatment, and short observation that mitigates need for hospitalization                                                                                                                                                                  |
| Safety net care                        | Venue available for evaluation and care without regard to ability to pay                                                                                                                                                                                                    |
| Public health                          | Positioned to deliver health screening and prevention services related to acute care conditions (drugs of abuse, violence, injuries) and traditionally difficult to access patient populations and disease (HIV, sexually transmitted infections, undiagnosed hypertension) |
| Prehospital care medical control       | Coordination and default medical direction for prehospital care providers                                                                                                                                                                                                   |
| Disaster preparedness and response     | Planning and point-of-contact venue of care during periods of crisis and maintenance of surge capacity                                                                                                                                                                      |

ED = emergency department; HIV = human immunodeficiency virus.

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