

Value in Hospital Medicine



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KEYWORDS

- Value • Waste • Value based • Hospital medicine • Cost reduction
- Choosing Wisely

HOSPITAL MEDICINE CLINICS CHECKLIST

1. Value in medicine can be defined as health outcomes achieved per dollar spent.
2. Value may be assessed differently by individual patients, providers, health care systems, and populations. The goal of quality improvement is to integrate and align these perspectives to generate maximum value for all parties involved.
3. The United States health care system currently provides low-value care (the lowest-quartile quality at the highest cost per capita).
4. Reducing waste is the most promising method of controlling health care costs.
5. One of the main drivers of cost is the use of hospital-based services.
6. Low-value hospital care has negative patient-level consequences, including prolonged hospitalization, increased out-of-pocket spending, and possible physical and psychological harm to patients from excess testing and treatment.
7. Centers for Medicare and Medicaid Services has introduced a 4-pronged Value-Based Program to attempt to incentivize higher-value care.
8. Clinical decision support tools like the American College of Radiology Appropriateness Criteria help to increase value by making sure patients are getting the most effective and safest imaging tests for their conditions.
9. The Society of Hospital Medicine's contribution to the Choosing Wisely campaign represents a good initial resource to improve practice value for hospitalists.

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DEFINITION

What does value in health care mean?

Value in medicine can be defined as health outcomes achieved per dollar spent.

High-value health care, therefore, is producing the best possible outcomes at the lowest possible costs.^{1,2} Although this simple definition is accurate, value is difficult to measure. The terms quality and cost are challenging to quantify and may change depending on the point of view. Further complicating matters, cost encompasses not only the fee for the initial service but also the downstream costs of testing, including physical harm and/or psychological distress, to patients and their families. For patients, reducing time spent accessing health care, minimizing out-of-pocket costs, and improving patient-centered outcomes may define value.^{1,3} Physicians may value evidence-based practice, whereas health care systems may value reducing inefficiency and overuse.

In 2008, the Institute for Healthcare Improvement (IHI) proposed a framework for improving value on a health system level, known as the Triple Aim (Fig. 1).¹ In this paradigm, the value equation takes on a fixed perspective for population health outcomes and per capita costs, and integrates patient-level data in the experience of care.

The remainder of this article discusses value from the perspective of the health care system and explores the role hospitalists can play in improving value, both for the health care system and for patients.

VALUE IN THE UNITED STATES HEALTH CARE SYSTEM

Where does the United States health care system stand in terms of value?

United States health care spending has increased as a percentage of total gross domestic product (GDP) from 4.4% in 1950 to almost 18% in 2011.² The United States spends more per capita than any other industrialized nation, with the next costliest health care system spending more than 30% less per patient (Fig. 2).³

Despite the massive health care expenditures, the United States health care system ranks at 37th in the world.⁴ In contrast, Japan spends less than half as much as the United States per patient, and is ranked as the world's 10th best health care system.

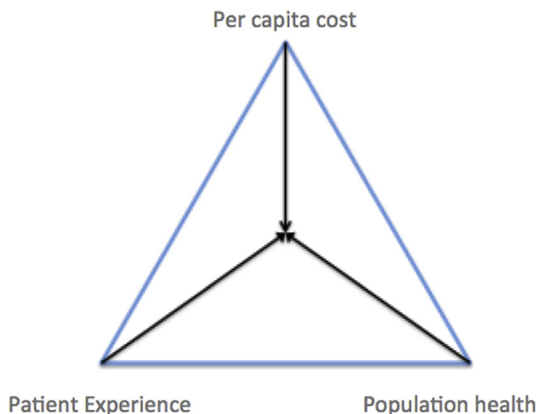


Fig. 1. The Triple Aim framework. (Adapted from Berwick DM, Nolan TW, Whittington J. The Triple Aim: care, health, and cost. *Health Aff (Millwood)* 2008;27(3):759–69.)

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