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Editorial

Patient focused management: cost versus value

Stocker and Houghton's article in this issue of Ambulatory Surgery (pages 87–89), 'Anaesthetic drug costs in a district general hospital day surgery unit' concludes that cost should not be the only factor determining availability and use of an anaesthetic drug or technique. Although the study is day surgery and anaesthesia specialty specific, it has wide reaching implications for all aspects of patient care. Value to the patient and the facility must be factored in when assessing real cost. It is therefore, incumbent upon every day surgery center to develop a facility specific economic model that addresses all aspects of patient care.

During the last two decades of the past century, 'quality care' used to describe physician–patient–facility relationships evolved into 'cost-effective quality care'. The definition of cost-effective quality care is dependent upon the differing perspectives of the three major players in health care: payers, consumers or providers.

- The payers (government, industry, health care plans) want the lowest possible cost for 'safe care' (a yet undefined term).
- The consumers (patients) want the best available care. Cost is never the issue as long as the patient is not responsible for the payment.
- The providers (physicians and facilities) have finally moved from the 1970s where neither bothered thinking about cost to the present where both realize cost must enter into the decision making process.

It was not that long ago that patient care generated revenue proportional to the time and resources consumed. Cost was not a factor. The more anaesthesiologists (for that matter other physicians and facilities) utilized in providing care, the more the facility charged. Anaesthesiologists could embrace every new drug, new agent or technique; if it was new it had to be better. The way it was, is not the way it is, or the way it will be. Emphasis is now placed upon minimizing resources expended, decreasing costs and maximizing revenues, the perceived elements of survival.

Anaesthetic drugs in current use (and for that matter every new drug) in day surgery must be assessed from the standpoint of intensity of care required post anaesthesia (morbidity, time to arousal, time to discharge, recovery staffing needs) and anaesthesia related costs. Anaesthetic drugs and agents must offer unique and important benefits. As anaesthesiologists we have to learn to ask the following regarding any new agent, drug or technique:

- Is it sufficiently better than what is currently available to warrant widespread incorporation into clinical practice?
- Are there added costs associated with it's use (cost of product, equipment needed to administer, waste)?
- Are there cost savings that result from a decrease in patient morbidity and length of recovery stay?

Having a procedure performed in a day surgery facility creates savings compared to the patient staying overnight in a hospital. Day surgery plus value based anaesthesia management multiplied by the number of patients cared for each year can result in significant savings to the facility or health care system. Value based anaesthesia management refers to: Drugs, devices and medical procedures that anaesthesiologists use in and outside the operating room; Administrative and organizational support needed to improve turnaround time between cases; Reduction or possible elimination of the labor intensive phase one recovery room stay by the use of specific anaesthetic techniques that limit the duration of post-procedure anaesthetic effect.

Although today, patient care is being driven by cost, ultimately the relationships among patient outcome and satisfaction, efficiencies and cost will define a value based management system. Physicians and facilities

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have to embrace the concept of patient focused management: Helping the patient in and out of the system as efficiently and cost effectively as possible without compromising care.

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