Choosing the Future

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Of "Value" to Whom?

According to the National Institutes of Health, "Value-based medicine is the practice of medicine emphasizing the value received from an intervention. Value is measured by objectively quantifying: 1) the improvement in quality of life and/or 2) the improvement in length of life conferred by an intervention. Evidence-based medicine often measures the improvement gained in length of life, but generally ignores the importance of quality of life improvement or loss."

To provide a little context, it is beyond question that the Third Party Payers are wholly focused on reducing the amount of money paid out to physicians and hospitals. Unfortunately, even that obvious focus doesn't begin to illustrate just how problematic value-based medicine is, both as a basis for "managing patient care" and as a method of determining how much money should be paid to physicians and hospitals for care provided to insured patients.

The assumptions underlying this scheme are transparently self-serving and false.

1. The core foundational assumption of "value based medicine" is that physicians and hospitals control outcomes*.* This notion is absurd on its face. Many complex and interacting factors, known and unknown, determine the outcome of an adverse health event for any patient. The effects of these factors on outcomes vary from patient to patient and cannot be measured. Final outcomes also vary from patient to patient, even among patients who present with the same problems, share identical ICD and CPT codings, and receive the same care. In many instances, the "intevention" may be the least influential of the factors contributing to the result.

2. Physicians and hospitals will be compensated based on their ability to avoid "causing" adverse health care outcomes. Clearly this scheme incentivizes physicians and hospitals to avoid treating patients and populations of patients who are most at risk of producing adverse health outcomes, that is the very poor, the chronically ill, and the elderly.

The idea that "value-based" medicine will be used to determine whether or not a patient will gain enough of an improvement in the length of life or, even more subjectively, the quality of life, to justify the expense of providing a particular treatment should be rejected by every ethical and religiously-affiliated physician and hospital in the United States on moral grounds. The calculation required to produce a "treatment decision" imagines that a dollar value can be assigned to human life and places the financial interest of the State and its Third Party Payer agents above the value of life itself. If value-based medicine is the reimbursement model of the future, it is past time to consider other options.

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