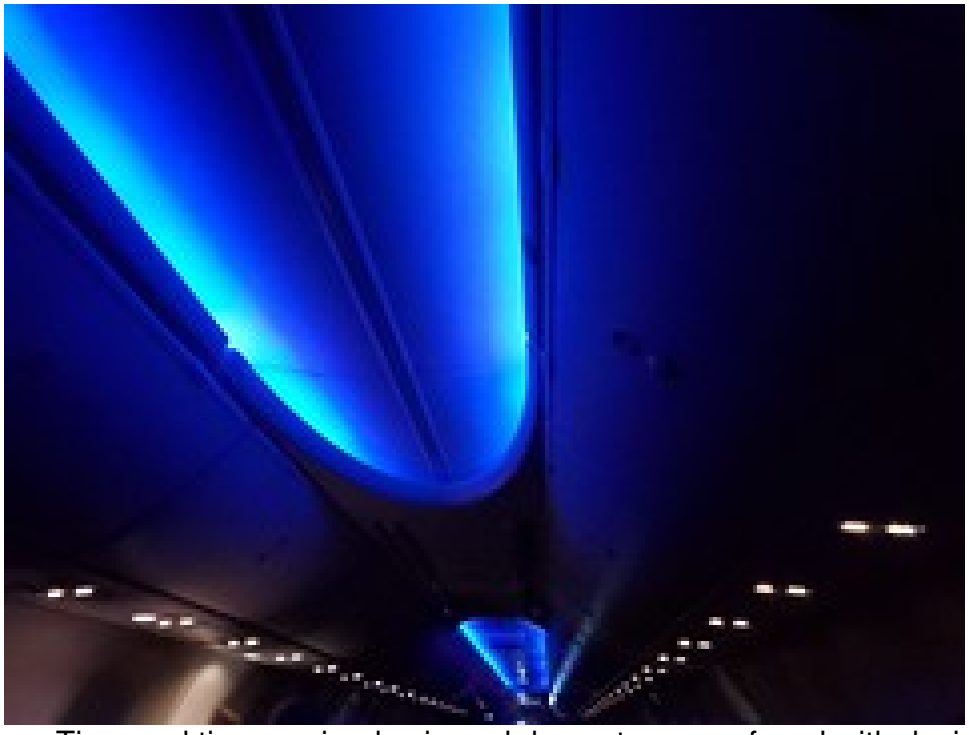

Time and time again, day in and day out, we are faced with decisions based on value. For example, you're out to buy a car. You're examining issues such as performance, service cost, fuel efficiency, and the sticker price. Many wouldn't hesitate to negotiate a price - based on the perceived value of the vehicle. That all makes good sense, yes? But then you require the services of a health care provider - and everything changes.

Ask any clinician, and they will proclaim that they are entitled to fair reimbursement for services rendered. Worse yet, they will brazenly report that they are a degreed professional, so they should "rightfully" make a certain amount of money for their care. The false equivalence, however, is that time spent with the patient, the number of interventions performed on the patient, or both has a direct relationship with the value of the service provided. Medicare further promotes this mentality by paying based on time intervals and the type of intervention provided.

I've heard clinicians charging exorbitant hourly fees because they feel that this is their value - or that the market will stand it - or both. I once had a prospective patient contact me. They said they had been to a physical therapist before me, who charged them $200 a visit, and had attended three visits. In Austin, that could very well be what the market will bear. My final question - before scheduling the patient - was this: what was the outcome of that experience? The response? I spent $600 and wasn't any better.

I scheduled her initial assessment. I provided a projected time frame, a pathway toward self-management, clear expectations, and a projected outcome. I saw her for a total of three visits, at which point she had returned to full pain-free function - and at half the cost and untold increase in value.

If we are adamant about “patient-centered care” (a phrase that has become the trendiest buzzword in medicine), then how does “value” not enter into the equation? Are we asking the patient what value the care provides to them?

Now, I do understand that “value” and “outcome” are challenging terms to define. How dare I demand that a clinician provide an outcome? But here’s the problem - and the reality: health care is the only field in which you don’t have to provide one yet still get paid for services rendered. If I take my Honda to a mechanic, I agree to a diagnosis, an intervention, and an outcome. If I don’t get that outcome in the time specified, or there are issues with the outcome, then I demand that it is remedied - because I was told I’d get an outcome, and I paid for it.

Not so in health care.

I think that it is imperative for healthcare providers to ask whose value is at stake. Just because you’re a degreed professional doesn’t mean you provide value to the patient. And let’s face the music - if we keep tapping the system as we’ve done for decades, there will come a time when the system won’t continue to pay as it has. Healthcare providers have already witnessed an ongoing onslaught on Medicare reimbursement. But the flip side is this: why pay for non-evidence-based or non-outcome-driven or non-patient-centered-value-driven care? We need new models of delivery. We need accountability. We need to actively involve the patient in the establishment of value- and performance-based practices that align with evidence-based ones.

The patient defines the value - and we should all be doing our best to deliver it within a value-driven context.

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