

Health care cost

As [healthcare](#) costs rise, attempts are made to perform an increasing proportion of [spine surgery](#) in [ambulatory surgery centers](#) (ASCs).

Hospital [readmission](#) is a key surgical [quality metric](#) associated with financial penalties and higher [healthcare costs](#).

see also [Cost effectiveness](#).

As medical [costs](#) continue to rise during a time of increasing medical resource utilization, both [hospitals](#) and [physicians](#) must attempt to limit superfluous health care expenses.

In an era of escalating health care costs and pressure to improve efficiency and cost of care, ambulatory surgery centers (ASCs) have emerged as lower-cost options for many surgical therapies.

With increasing [health care](#) cost threatening the stability of the [USA](#) economy, policymakers and health care providers have shifted focus on pay-for-performance and value-based purchasing. Current health care reforms are scrutinizing all interventions and call for a reduction in the number of procedures and treatments that are less effective, more costly, and of little "value." Because the health care value equation ([cost effectiveness](#)) is being used to drive policies and health care reforms, accurate measurement of real-world effectiveness is of utmost importance. Prospective registries have emerged as a feasible way to capture and measure real-world effectiveness via patient-reported outcomes incorporating multiple domains of patients' general health status, disease-specific health, and societal productivity. As compared with a randomized controlled trial (RCT), prospective longitudinal registries are more feasible and may more closely reflect daily clinical situations, as they measure real-world care and are not artificially constrained by research settings, strict inclusion/exclusion criteria, and loss of patients not consenting to participate in clinical trial.

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