Health economics: Why surgeons must embrace these concepts or be content with what politicians and administrators will leave us with

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The time has passed when surgeons had the luxury to worry only about delivering the best care possible to the patient in front of them. The present reality of health care finances not only makes that practice financially unsustainable, but questionably unethical.

Today, every care choice made for the patient in front of us carries significant implications for countless patients that are waiting patiently behind. In this regard, economic evaluations of health care delivery are being used by hospitals, regional health care authorities and governments on an ever expanding basis. Plastic surgeons use extensive resources when delivering a vast array of cancer care, trauma care and quality-of-life care to their patients. This leads to a situation in which a solid knowledge of health economics may soon be as important as the knowledge of anatomy, physiology, pharmacology and others we learned in residency. It can be argued that in the upcoming years, our specialty's most important task will be the economic evaluation of the outcomes of our surgical care.

Health economics is a group of analytic techniques that are being used to prioritize budgets within our health care system. The goal is to efficiently allocate fixed budgets to ever expanding needs. When new technologies and techniques are at least as efficient as the ones they replace, our decisions are easy. Funding decisions become much more difficult when there are incremental cost

increases for newer technologies. Even more difficult is the implementation of completely new care practices. Not only must we consider pure costs, but quality of life considerations will need to hold a prominent position in the decision process. Cost-utility analytic techniques not only consider cost benefit, cost-effectiveness and cost consequence measures, but quality-adjusted life years. This latter measure, a combination of duration of life and health-related quality of life, is of prime importance to us as a group of surgeons who strive to improve the quality of life for each and everyone of our patients. It is important that we as plastic surgeons understand this science, begin to use it and become involved in its implementation as it pertains to our patients.

In the fall issue of the *Journal*, a review article on the basics of cost-utility analysis will be published. Hopefully, this educational material will enable us to better understand the language and science behind decisions that are being made regarding health care funding. The increasing cost of our perpetually advancing technology and techniques must always be judged against their health care outcomes. Cost-utility analysis evaluates cost per quality-adjusted life year as its primary outcome measure. As plastic surgeons, we need to be ACTIVELY involved in this analysis or be content with the resources administrators and politicians allocate to us and our patients.

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