

Conceptual confusion among researchers of value-based health care

May 28 2015, by Katarina Sternudd

A new study from Karolinska Institutet suggests that the management concept Value-Based Health Care (VBHC) is frequently misinterpreted and misunderstood by researchers. According to the study, which is being published in the journal *BMJ Quality & Safety*, this conceptual confusion may contribute to the carousel-like rapid replacement of management ideas in health care.

Politicians and other decision-makers often apply different management theories to drive improvement projects in health and medical care. Six Sigma, Total Quality Management and Lean Management are just some examples that have found their way into health and [medical care](#). Many theories are also linked to New Public Management (NPM), which has recently attracted considerable attention and criticism about the ways in which different management systems affect the public sector.

"One of the problems with these management concepts is that many are trend-driven. As soon as one [health care](#) organisation adopts a particular model, management decides that it's time to switch to the next. Many of these concepts essentially contain the same ideas but use different terminology. Research has labelled this phenomenon, which occurs in three- to five-year cycles, as Pseudo-Innovation," says Carl Savage, senior researcher at Medical Management Centre, Karolinska Institutet.

The most recent management concept to gain a foothold in health care is VBHC, which is aimed at measuring the effects of health care (rather than how much is produced) and comparing it with the costs. VBHC is

currently being introduced at a number of hospitals in Sweden including the University Hospital in Uppsala and the Sahlgrenska University Hospital in Gothenburg. VBHC will also be a cornerstone at the future New Karolinska Solna Hospital.

Identify a trend-starting article

In the study, the researchers at the Medical Management Centre have scrutinised 199 scientific articles that reference VBHC. They have used a novel approach where they first identify a trend-starting article and then analyse how researchers cite that article. The results show that more than one-quarter of all researchers who cite the trend-starting VBHC article have failed to grasp the concept's key aspects. Furthermore, this understanding does not appear to have improved over time, which suggests that the researchers have not contributed to developing the concept.

According to the researchers behind the study in question, this conceptual confusion among colleagues is cause for concern. If the supposed experts do not know what VBHC is, there is a big risk that neither will the decision-makers in health care.

"A weak understanding of the implications of VBHC makes it difficult for decision-makers, supervisors and clinics to realise these ideas to their full potential. There is also a risk of resources going to waste if our dedication to improving health care is lost because we keep reaching for new trends instead of understanding, implementing and evaluating the [management](#) concepts to their fullest extent," says Jens Jacob Fredriksson, MD, a PhD student and one of the researchers behind the study.

More information: "Pseudo-understanding: an analysis of the dilution of value in healthcare." *BMJ Quality & Safety*, online 14 May 2015,

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