

# The importance of quantifying value

Barry A. Kogan, MD

Albany Medical College, Division of Urology, Albany Medical College, Albany, NY

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It has become increasingly important for clinicians to consider “value” in health care. In this sense, value is defined as the ratio of quality to cost. To implement real healthcare reform and/or continuous quality improvement, it behooves us all to improve the value of the services we provide. To do this we need to quantify both quality and cost.

Moore and colleagues have done an excellent job of measuring the cost of laparoscopic pyeloplasty and comparing it to the cost of open pyeloplasty.<sup>1</sup> Their results confirm the impression that many of us have had that laparoscopic procedures are more expensive due to longer operating room times and an increase in the cost of supplies. Despite the difference in age of the two groups (laparoscopic patients were older), their results are convincing. In the United States, robotic-assisted pyeloplasty has become even more popular than laparoscopic pyeloplasty. Although it is unknown whether operative times are longer or shorter with the robotic-assisted procedure, the cost of disposable supplies and amortization of the robotic platform itself certainly raises the cost even further.

So, what can we make of this result and how does it relate to value? Moore and colleagues provide excellent baseline data on costs.<sup>1</sup> Based on this, all of us should re-double our efforts to increase (and better document) the benefits of laparoscopic pyeloplasty, as well as to reduce the costs.

How do we do this? First, document and improve the outcome. One benefit of laparoscopic approaches is a smaller and more cosmetic scar. Perhaps accentuated by the increased emphasis on TV and movies of the ideal

body image, we now realize that scars that were previously thought to be innocent may result in significant patient distress. How do we document this and how do we assess the trade-off of less visible scarring versus additional expense? Other benefits also need to be documented. What can we do to make the procedure less traumatic to the patient and family? How can we make the procedure an outpatient one (or requiring a 23-hour stay)? Can we document quicker recovery or better outcomes? Can we show that parents get back to work sooner? From the cost-perspective, if operating room expense is the major driver of cost, how can we reduce waste in the operating room to improve efficiency?

The authors provide an excellent basis for beginning the evaluation of the value of laparoscopic versus open pyeloplasty. They should be encouraged to continue this excellent work. At the same time, let’s not forget that this process of improving quality and reducing cost applies to open, as well as laparoscopic, pyeloplasty and, perhaps most importantly, to all that we do!

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## Reference

1. Moore K, Lorenzo AJ, Turner S, et al. Prospective cost analysis of laparoscopic vs. open pyeloplasty in children: Single centre contemporary evaluation comparing two procedures over a 1-year period. *Can Urol Assoc J* 2013;7:94-8. <http://dx.doi.org/10.5489/cuaj.11096>. Epub 24 Jan 2012.

**Correspondence:** Dr. Barry A. Kogan, Albany Medical Center’s South Clinical Campus, 23 Hackett Blvd, Albany, NY 12208; [bkogan@communitycare.com](mailto:bkogan@communitycare.com)