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Editorial

Eye Healthcare and Economics

Rishi Agarwal*

Department of Optometry, London South Bank University, UK

***Corresponding author:** Rishi Agarwal, Department of Optometry, London South Bank University, UK

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Healthcare based calculations of costs and benefits are a relatively new concept in the provision of general and specialist healthcare for the population. These calculations may include the cost of resources required and the overall economics of providing adequate and appropriate health care to patients. Such calculations, however, may provide different values for identical services. On the basis of an inflexible matrix of economics any evaluation or measurement of costs and benefits may not be accurate for specific clinical and health related services using different procedures and techniques.

In the context of measurement of the cost of time for appropriate healthcare decisions and procedures it is debatable whether physical time should be considered synonymous with actual professional time. Any enforcement of time constraint in healthcare may not provide a satisfactory outcome because of unpredictability of actual time required in the clinical decision making process.

It should also be taken into account that the economics of time management in the delivery of healthcare, including eye healthcare, is a separate issue compared with time and motion study. The latter is normally linked with specific mechanical task performance and to the outcome of industrial output and productivity which is defined as the ratio of output to input and generally relevant in a non-healthcare setting.

In recent years there has been a phenomenal rise in interest in health care related economics, especially on the question of scarcity and allocation of healthcare resources, by the health system policy makers, the economists, politicians and also those people probably not fully acquainted with the complexities of the clinical decision making process and patient management.

Some of these analysts may utilize those methods of evaluating costs by using inflexible procedures and techniques of economics which in fact have their origins in a non-health related work environment. Interestingly in 1844 a French engineer named Jules Dupuit (1804-66) proposed cost-effectiveness in a non-healthcare setting. However, under the US flood control act of 1936 benefits had to exceed the cost.

It would not be surprising if there was a policy decision or professional disagreement or a lack of understanding between clinicians and health related economists on matters affecting clinical decisions and patient welfare, regardless of the age of patients, diagnosis and status ofprognosis. All those professionals involved in clinical work and eye healthcare are fully aware that there are circumstances when even clinical guidelines cannot be followed strictly and complex professional skills and methods are often required for exploration and investigation of cases in diagnosing and solving clinical problems. Some diseases can also lead to disability and prevention is an important aspect of decision making.

Since differential diagnosis and clinical decision making is an intricate process, it will come as no surprise if health economists, business analysts, other workers in the healthcare field and lay media researchers find clinical variations confounding. It would appear that presently most issues under discussion affecting eye healthcare are primarily concerned with cost and benefit analysis for the purposes of allocation of resources. This originates from an ongoing tussle between priorities and pragmatism, almost bywords in the vocabulary of those debating health related economics. Furthermore, the idea of scarcity of resources in eye healthcare and at the same time expectations of highest quality service and care from healthcare professionals appears contradictory.

The main objective of health related policy makers is the successful conclusion from an economic and medical viewpoint and as such health insurance providers would primarily be concerned with economics related to medical matters in hand. Growth of medical care guaranteed by insurance is not related to public or social reform. Epidemics when viewed from a health-related public welfare perspective acquire a different meaning. Political and economic significance of disease may be different from clinical and social significance. With this kind of diverse background, the strategic difference originating from differing viewpoints may result in a clash of interests similar to that found between groups defining priorities and pragmatism to suit their own working model.

Debate continues on the question of any interposition in healthcare management, including eye healthcare. Economic management of healthcare should be considered primarily from a clinical and social perspective. It should be taken into account that management of disability costs much more than prevention. In the eye healthcare field the formidable and obvious task is the eradication of preventable blindness and visual impairment in the whole world.

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