

NR 533 Week 2 Discussion: Volume-Based Versus Value-Based Reimbursement

Models of payment to healthcare organizations have begun to shift from paying for volume (fee for service) to paying for value (quality). Using a Venn Diagram, compare volume-based versus value-based reimbursement. Be sure the overlapping area contains the commonalities between the two systems. Use the editable template for the Venn Diagram, which is available for download above. This template (with your findings) will need to be posted as an attachment in your discussion post along with your written prompt.

Consider Jim, who is 69 years old and comes to your Emergency Department (ED) with severe abdominal pain. His evaluation, besides a physical exam, includes an abdominal ultrasound, a CT scan with and without contrast, multiple lab studies, all lead to his having an emergency appendectomy. Other than having Type II diabetes well controlled on diet and exercise, he is in otherwise good health. Jim is treated as an outpatient and is discharged home the next morning. Two weeks later he returns to the ED with fever, continued abdominal pain, and a surgical site infection. He is admitted and is treated for 5 days before being sent home.

Using your findings from your comparison of volume- versus value-based reimbursements, analyze the scenario. Determine how the hospital could charge and be reimbursed using the two methods. In this case, which would be better for the hospital? How do each of these payment models contribute to or detract from the goal of the Triple Aim? Considering payer mix, delivery systems, population demographic, and value-based purchasing of the institution. How do all of these elements influence the financing of the type and quality of care provided at your facility? What are the implications on access and availability of types of care provided by your institution?

Remember to support your thoughts with scholarly sources.