

CALL FOR PAPERS

Health Economics and Outcomes Research in Acute and Critical Care Medicine, Nursing, and Public Health

Value in Health

Background

The fields of general internal medicine, hospital medicine and critical care, and complementary fields in nursing and public health have undergone marked advancements in staffing and technology in inpatient care to improve survival and health-related quality of life. Through the work of these fields, health systems have increased performance measures, improved coordination of care, and reduced adverse outcomes that previously would have led to greater morbidity and mortality. Simple interventions ranging from checklists to artificial intelligence offer significant value gains to health systems, however, many members of system leadership teams remain hesitant to make upfront investments in these advancements due to tight profit margins and questions about opportunity costs of spending on next-best alternatives.

Thus, there remain many outstanding questions related to advancements in the fields related to acute and critical care. Articles in this theme section will focus on these outstanding questions, creating a body of work aimed at helping decision makers within health systems to make sound economic decisions that aid clinical providers and benefit patients using a full array of value-based evidence as a way of minimizing uncertainty around economic gains.

The Value of New Solutions: Outstanding Questions

While not exhaustive, below is a list of outstanding questions related to the value of changes in these fields for healthcare decision making. Authors may choose to address one or more of these questions or may pose additional policy-relevant questions related to the value of improving health and healthcare delivery in this space. The Editors are primarily interested in articles that focus on addressing outstanding value-based healthcare and policy questions that advance the field.

- Addressing methodological challenges of economic evaluation in hospital medicine and critical care

- Applied economic evaluations of interventions in general internal medicine, hospital medicine, and critical care, including interventions aimed at improving performance measures, such as reducing hospital length of stay, keeping patients safe, keeping patients out of hospital, improving health and well-being, minimizing costs.
- Outcomes research and real-world evidence studies focused on intervention strategies, such as discharge planning, geriatric assessment, medication management, clinical pathways, interdisciplinary or multidisciplinary care, case management, hospitalist services, and telehealth.
- Capturing economic considerations following hospital discharge from medical and surgical wards, intensive care units, and emergency departments within economic evaluations.
- Methods and frameworks for assessing the value of aspects of general internal medicine, hospital medicine, and critical care.
- Methods/approaches for moving evaluation into practice and policy

Target Audiences

- Chiefs of Critical Care
- Chiefs of Hospital Medicine
- Chiefs of General Internal Medicine
- Chief Medical Officers
- CCRNs
- Analysts designing and/or conducting economic evaluations and outcomes research in the context of acute and critical care
- Policy makers, payers, health technology assessment agencies, health system leadership, patients, and members of the public

Please direct any content-related questions to the Guest Editors, **William Padula, PhD** (padula@usc.edu) and **Stavros Petrou, PhD** (stavros.petrou@phc.ox.ac.uk). Submissions received before **October 1, 2024** will have the best chance of being published in *Value in Health* in early 2025. All invited papers will undergo the journal's peer-review process before the Editors make final decisions about papers to be included in this themed section of *Value in Health*.

Authors should submit manuscripts through the journal's online submission system at <https://mc.manuscriptcentral.com/valueinhealth> and be sure to indicate in their cover letter that the paper is to be considered as part of the Critical Care Medicine theme.

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