# Measure Value Across the Entire Episode of Care

***CASCADE | Treatment trajectories, downstream burden, and expected episode expenditure***

**The relevant economic question is not only what the index procedure costs; it is what care trajectory the decision is expected to create or prevent.**

## THE ISSUE

**In brief.** Payment and coverage decisions often compare the immediate cost of competing treatments while leaving complications, reoperations, readmissions, post-acute care, prolonged recovery, and disability outside the frame. Patients experience a trajectory of care—not an isolated line item. A less expensive index treatment can be more costly overall when it materially changes the probability or burden of downstream events.

## WHY IT MATTERS

- Index-price comparisons can reward short-term savings while shifting cost and burden downstream.
- Complication risk and recovery burden may differ meaningfully between treatment strategies.
- Transparent probability ranges expose assumptions better than a single unqualified cost estimate.

## POLICY DIRECTION

- Use episode-of-care analysis when an index decision may materially affect failure, revision, readmission, post-acute care, or recovery.
- Disclose index cost, success and failure probabilities, pathway costs, time horizon, data sources, and uncertainty ranges.
- Report nonmonetized clinical and recovery burdens separately when credible valuation is unavailable.
- Require qualified human review, risk adjustment, appeal, versioning, and validation before high-stakes use.

## WHAT THE ARTICLE OR FRAMEWORK CONTRIBUTES

**Contribution.** CASCADE—Cost Analysis of Surgical Complications and Downstream Expenditure—organizes alternative strategies as probability-weighted care pathways. The full project model can compare index cost, success and failure trajectories, additional procedures, recovery burden, and expected total episode cost. The published paper intentionally presents a simpler threshold model for conceptual clarity.

## EVIDENTIARY BOUNDARY

**Do not overread it.** CASCADE is conceptual and requires validation against institutional or claims data. It is not a treatment mandate, payment formula, patient-specific predictor, or proof that a higher-cost procedure is better or less expensive overall. Clinical appropriateness and informed consent remain primary.

**BOTTOM LINE** **When downstream consequences are material, require decision-makers to compare expected care trajectories—not only the visible index price.**

*Source foundation: Cost-Trajectory Framework for Total Episode Expenditure in Complex Wound Reconstruction (Cureus, 2026) | PMID 42100647 | doi:10.7759/cureus.108363*