

Spending more on trauma care doesn't translate to higher survival rates: study

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A large-scale review of national patient records reveals that although survival rates are the same, the cost of treating trauma patients in the western United States is 33 percent higher than the bill for treating similarly injured patients in the Northeast. Overall, treatment costs were lower in the Northeast than anywhere in the United States.

The findings by Johns Hopkins researchers, published in *The Journal of Trauma and [Acute Care Surgery](#)*, suggest that skyrocketing [health care costs](#) could be reined in if analysts focus on how [caregivers](#) in lower-cost regions manage their patients.

At least in the case of trauma care, “spending more doesn’t always mean saving more lives,” says study leader Adil H. Haider, M.D., M.P.H., an associate professor of surgery at the Johns Hopkins University School of Medicine and director of Hopkins’ Center for Surgical Trials and Outcomes Research. “If doctors in the Northeast do things more economically and with good results, why can’t doctors out West do the same thing? This study provides a potential road map for cutting unnecessary [costs](#) without hurting outcomes.”

But researchers say they don’t know exactly why costs vary by region. Haider says that it is possible that in one part of the country, it may be customary to do an expensive type of medical test prior to treatment, while in other parts, that test may not be done.

Haider notes that health care costs account for roughly 16 percent of the

Gross Domestic Product (GDP) of the [United States](#), and trauma-related disorders rank among the five most costly conditions.

For their study, Haider and his colleagues analyzed three years of data from the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (NIS), the largest all-payer inpatient database publicly available in the United States. They identified 62,678 adult patients with a primary injury in one of five domains: blunt injury to the spleen, collapsed lung and bleeding in the chest, shinbone (tibia) fracture, mild traumatic brain injury and liver injury.

After controlling for a variety of factors that could bias the results — including injury severity, the presence of chronic illnesses, variations in regional prices for goods — the researchers estimated that the average per-person cost in the Northeast for [trauma care](#) for all five injury types combined was \$14,022. The cost was 18 percent higher in the South, 22 percent more in the Midwest and 33 percent more in the West.

Of the injury types, the most expensive was for liver injury. For liver injury, the average cost of care in the Northeast was \$16,213, while the cost was 18 percent more in the South, 22 percent more in the Midwest and 35 percent more in the West.

The Northeast also had the lowest costs for each of the five types of [injury](#), while the West had the highest, even after accounting for known differences in the widely used consumer price index.

Haider, a trauma surgeon, cautions that when looking for ways to cut costs, researchers should look closely at outcomes beyond survival alone to make sure the more expensive care isn't better in some way. For example, it may be possible, he says, that higher-cost regions have patients with less pain and fewer disabilities after recovery.

“If surgeons are fixing tibia fractures in the West in a way that’s more expensive but makes patients more comfortable, that would not be a trivial finding,” Haider says. “We really need to drill down and figure out what parts of care improve outcomes and what parts drive up costs without improving any outcomes or aspects of care important to patients.”

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