

ER visits for urinary tract infections add almost \$4 billion a year in unnecessary costs

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Giving patients better access to primary health care could save nearly \$4 billion a year in unnecessary emergency room visits for a single common complaint – urinary tract infections – according to a study by the Vattikuti Urology Institute at Henry Ford Hospital in Detroit.

The study set out to determine the [economic burden](#) of 10.8 million patients, with a primary diagnosis of urinary tract infection, who went to U.S. emergency rooms for treatment from the beginning of 2006 to the end of 2009.

The findings will be presented May 6 at the annual meeting of the American Urological Association in San Diego.

"The cost of treating [urinary tract infections](#) in an outpatient clinic has already been estimated at under \$200 per episode, including the office visit and lab fees," says Jesse D. Sammon, D.O., a researcher at Henry Ford's Vattikuti Urology Institute and lead author of the study. "In this study, we set out to compare that to the cost of treating this common disorder in hospital emergency departments.

"While most people would expect the cost to be higher in an emergency room, we found that it is much higher – more than 10 times the entire cost of treatment in an outpatient clinic."

The Henry Ford research team drew its study population from the Nationwide [Emergency Department](#) Sample, the largest all-payer

database in the U.S., including statistics representing 20 percent of hospital-based emergency departments.

Of the 10,799,345 patients who were seen for urinary tract infections in emergency departments during the four-year study period, the vast majority – 9 million or 83.3 percent, between 2 million to 2.3 million per year – were treated and released, the researchers found.

Compared to those who were admitted for hospital treatment, this group was:

- Younger, with a [median age](#) of 32 versus 72.
- More likely female, 86.9 percent versus 73.1 percent.
- On Medicaid, 24.4 percent versus 13 percent; or [private insurance](#), 32.6 percent versus 17.6 percent.
- And more likely to be at the lowest income level, 33.5 percent versus 28.7 percent.

The mean charge for these patients who were treated and released from emergency departments was approximately \$2,000 per visit, \$1,800 higher than the average cost of treatment in an outpatient clinic, the study found.

"Given these findings, it was not difficult to conclude that improved guidelines for emergency treatment of such a common complaint, and a health care system that offers these patients greater access to primary care physicians could result in a savings of nearly \$4 billion a year."

Provided by Henry Ford Health System

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