

Early intervention by infectious diseases specialists saves lives, reduces costs

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In a first-of-its-kind study to evaluate the impact of a medical specialty on patient outcomes, researchers found that hospitalized patients with severe infections such as meningitis and *Clostridium difficile* (C. diff.) are significantly less likely to die if they receive care from an infectious diseases specialist. The study, which analyzed nearly 130,000 Medicare patient cases, is now available online and will be published in the December 15 issue of *Clinical Infectious Diseases*.

According to the data, researchers at Avalere Health and the Infectious Diseases Society of America (IDSA) found that patients treated by infectious diseases (ID) specialists are 9 percent less likely to die in the hospital and 12 percent less likely to die after discharge. When an ID physician is consulted, patients experience an average 3.7 percent fewer days in an intensive care unit. The study also found that consultation with an ID specialist reduces the likelihood patients will be readmitted to the hospital within 30 days.

"Infectious diseases are the second leading cause of death worldwide. In an age where healthcare-acquired infections are linked to payment penalties and bundled payments leave little room for error, the impact of ID physicians is more critical than ever in providing high quality care," said Steven K. Schmitt, MD, FIDSA, chair of the IDSA's Clinical Affairs Committee, an ID physician at Cleveland Clinic and lead author of the study. "As the 'detectives' of the medical world, ID specialists have additional years of training and possess the expertise to quickly identify and treat potentially life-threatening infections."

In the study, researchers looked at a sample of Medicare patients who were hospitalized between Jan. 1, 2008 and Dec. 31, 2009 and had at least one of 11 serious but commonly treated infections: bacteremia, C. diff., central line associated bloodstream infections (CLABSI), bacterial endocarditis, human immunodeficiency virus (HIV)/opportunistic infections, meningitis, osteomyelitis, prosthetic joint infections, septic arthritis, septic shock, and vascular device infections. Matching patient characteristics, researchers compared the outcomes of 61,680 cases in which a hospitalized patient saw an ID specialist to 65,192 cases that did not involve an ID specialist.

The benefits of ID consultation are more pronounced when patients are seen earlier, researchers note. Patients seen by an ID physician within two days of being admitted to the hospital are 6 percent less likely to be readmitted to the hospital within 30 days of discharge compared to patients seen by an ID physician after the first two days. These patients also have an average 3.8 percent fewer days in the hospital, and their total Medicare costs are nearly 6.2 percent lower in the 30 days after discharge from the hospital.

"These findings are in line with healthcare reform efforts being implemented through the Affordable Care Act, which shows that including ID specialists in up-front care of patients provides better outcomes at lower costs," said Daniel McQuillen, MD, FIDSA, a member of the Infectious Diseases Society of America, ID physician at Lahey Hospital & Medical Center and study author. "Further, the association of ID specialist involvement with reduced readmission rates suggests an important role for the ID physician in transitions of care from the hospital to the community."

Provided by Infectious Diseases Society of America

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