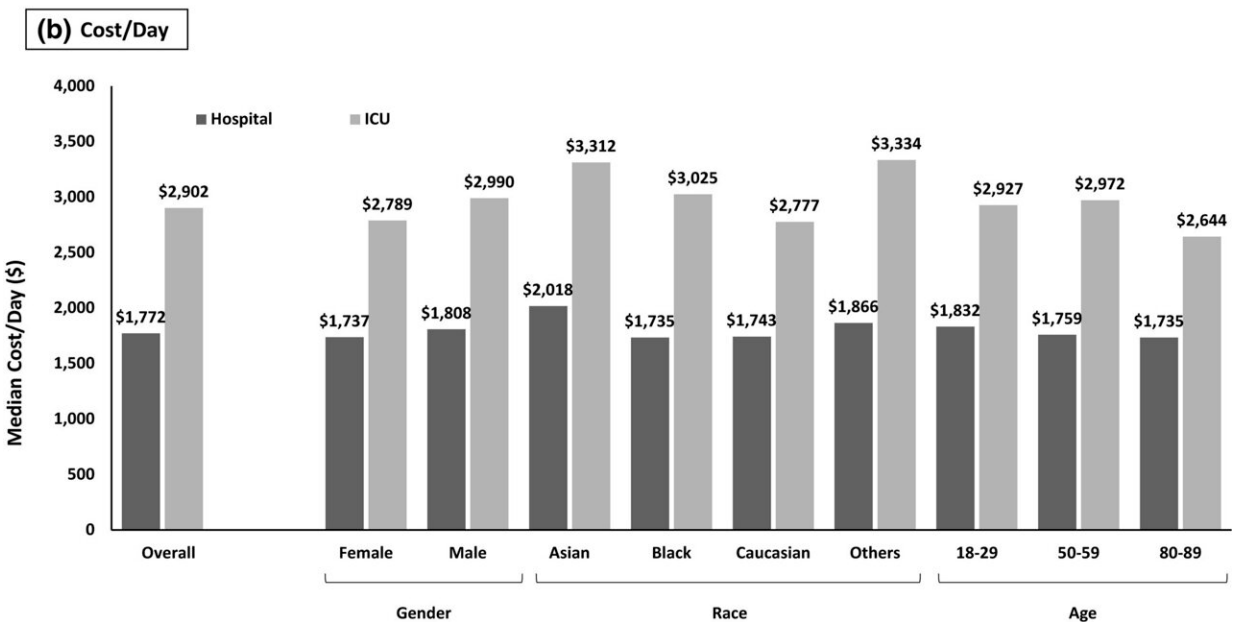
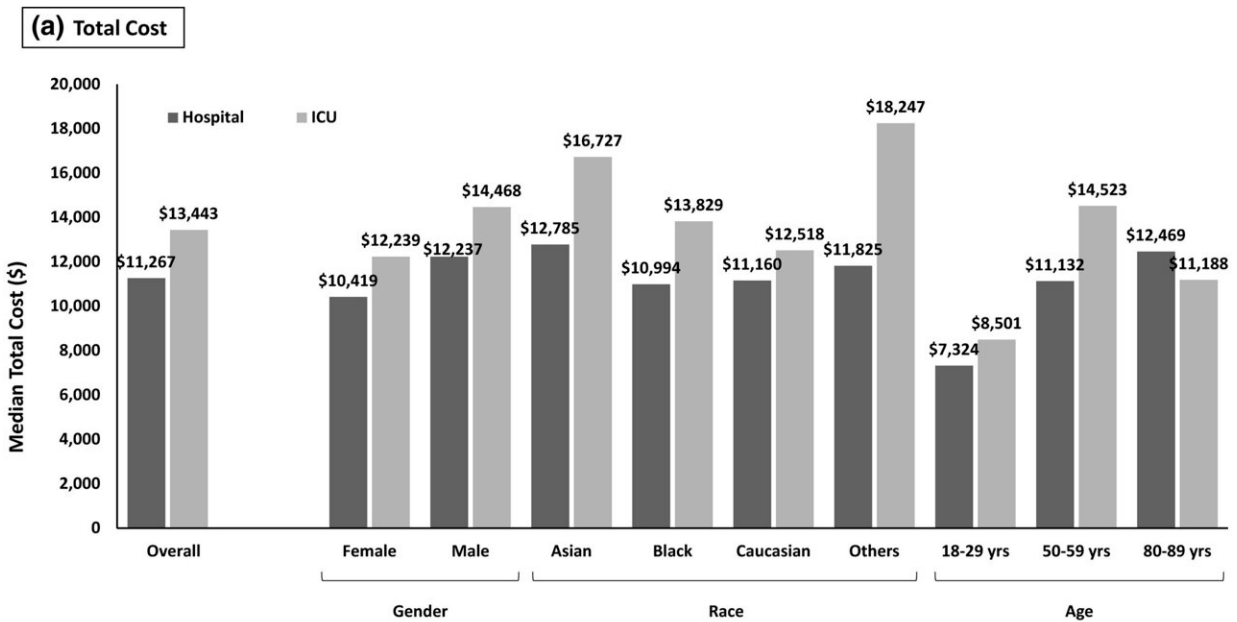


COVID-19 hospitalization costs, outcomes in 2020 improved over time

January 4 2022, by Kelly Tucker



COVID-19 hospital and ICU total costs (a) and costs/day (b) by patient characteristics; ICU intensive care unit. Credit: DOI: 10.1007/s12325-021-01887-4

A new study published in *Advances in Therapy* provides the first comprehensive analysis of the hospitalization costs for COVID-19 patients, factors associated with costs and length of stay, and the monthly trends of costs and length of stay from April to December 2020 in the United States.

A multidisciplinary team including Robert L. Ohsfeldt, regents professor and Ph.D. program co-chair in the Department of Health Policy and Management at the Texas A&M University School of Public Health, used admissions and discharge data from [patient records](#) in the Premier Healthcare Database to estimate the inpatient costs and length of stay for patients in the hospital overall, as well as those patients specifically in the [intensive care unit](#) (ICU). Regression analyses were used to examine patient and hospital characteristics for factors associated with changes in costs and length of stay.

For hospitalized patients overall, the median length of stay was six days, median total cost was \$11,267 and median cost per day was \$1,772. For ICU patients, the median length of stay was five days with a median total cost of \$13,443 and a median cost per day of \$2,902.

Patients who were older, had additional medical conditions, and were put on [mechanical ventilation](#) had higher hospitalization costs, longer stays in the [hospital](#), and increased risk of death. Other factors that increased cost, length of stay, or risk of death included race, level of care and

discharge to long-term care facilities.

Monthly trends showed overall average hospitalization costs decreased by 26 percent and average overall length of stay decreased from 13 to 10 days from April to December, adjusted for differences in the ages, COVID-19 case severity, and other characteristics of hospitalized patients over the study period. These improvements could be attributable to increased understanding of the virus over time, development and refinement of treatment protocols, and the use of medications such as remdesivir.

The findings of this initial comprehensive analysis provide crucial information on and context for COVID-19 hospitalizations in the United States. Although the analysis shows that hospitalization [costs](#) and outcomes improved over time, it also underscores both the burden of the pandemic on health care resources in America and the continuing need for better treatments.

More information: Robert L. Ohsfeldt et al, Inpatient Hospital Costs for COVID-19 Patients in the United States, *Advances in Therapy* (2021). [DOI: 10.1007/s12325-021-01887-4](https://doi.org/10.1007/s12325-021-01887-4)

Provided by Texas A&M University

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