Evaluating Length Of Stay vs. Cost Controls

(Reuters) An intensive look at two common conditions – pneumonia and heart failure – showed that it may be possible to lower costs in the U.S. system without hurting patients, the researchers reported in the *Archives of Internal Medicine*.

“Most evidence did not support the ‘penny wise and pound foolish’ hypothesis that low-cost hospitals discharge patients earlier but have higher re-admission rates and greater downstream inpatient cost of care,” Dr. Lena Chen of the Ann Arbor Veterans Affairs Medical Center and colleagues wrote.

They looked at quality of care, 30-day mortality rates, re-admission rates and six-month inpatient cost of care for nearly 800,000 heart failure and pneumonia patients in 2006. They found a mixed bag. For congestive heart failure, hospitals that spent the most also had higher quality of care and lower death rates, but the opposite was true for pneumonia.

“At least for congestive heart failure and pneumonia, the overall relationship between a hospital's cost of care and process quality of care is small and inconsistent,” they wrote. “Low-cost hospitals had slightly higher re-admission rates for congestive heart failure but did not generate higher hospital cost of care over time for congestive heart failure or for pneumonia.”

They noted that they only looked at two conditions and that while some low-cost hospitals may be more efficient, others could be skimping on care. “The results of Chen and colleagues' study add to the growing body of data demonstrating that spending more does not necessarily mean better care,” Dr. Mitchell Katz of the San Francisco Department of Public Health noted in a commentary.

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