Abstract Details

Costs of Hospitalizations for Asthma in the Public Health System, Metropolitan Region of Porto Alegre, Brazil.

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Time: Monday 8:30 a.m.-9:45 a.m.
Room Davis Theatre (Arts Building)

Long Format Session: Cost of Chronic Illness (/sessions/2177/)

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Abstract (467 words)

INTRODUCTION: Asthma is a condition responsive to primary health care that should not generate hospitalizations. Resources spent on asthma admissions could be used in other health priorities. The metropolitan region of Porto Alegre (MRPA/RS) covers 32 municipalities and 4.1 million people in southern Brazil (30º south latitude) with unequal distribution of health services. Therefore, it is important to know costs of admissions for asthma in the public health system for improving target interventions.

OBJECTIVES: To estimate the costs of hospitalizations for asthma for the National Unified Health System (SUS) in the MRPA/RS. METHODS: Analysis of secondary data in the public domain from the SUS Hospital Information System (SIH/SUS) (“RD files”), the governmental payment database. First-listed diagnosis for admissions of residents from MRPA/RS anywhere in the country for asthma (ICD-10 J45-
J46) from 2008 to 2010 were extracted and tabulated by TabWin® software. Expenditure values represented reimbursement for staff, diagnostic and therapeutic procedures, materials and drugs. Population numbers were obtained from the national census bureau. Values were converted in PPP$ of 2009. RESULTS: 3,588 yearly hospitalizations (8.8/10,000 inhab.) for asthma was found totaling about PPP$ 1.2 million per year. It represented 1.4% out of 262,564 admissions per year for residents from MRPA/RS (53.8% men and 46.2% women). About 99.8% of the residents were admitted in hospitals in the MRPA/RS itself. Total cost was PPP$ 0.64 million for men and 0.56 for women and correspond to PPP$ 336.90/admission (85.79/day). The annual hospitalization coefficient was 11.6/10,000 inhab. in Porto Alegre, the capital of the state, with large amplitude in other cities (0.5 in São Leopoldo up to 24.3 in São Jerônimo). People <10 years old were most affected (83.8%) exhibiting coefficients of 140.3, 72.0, and 21.6/10,000 inhab. for children aged <1, 1-4 and 5-9 respectively vs. 4.5/10,000 for 80+. The average length of stay was 3.9 days (3.7 days for children vs. 8.3 for 80+). Although the 80+ group had the highest cost per admission (PPP$ 538.19), budget consumption by children represented 82.1% (3.0 millions) (42% or 1.5 million for 1-4 years old). Use of Intensive Care Unit (ICU) was needed for 3.6% admissions but costs represented 17.2% (PPP$ 1,628 per ICU admission). Mortality was low (0.4%, from 0.0 for <10 years old up to 9.2% for 80+) although reached 36.6% in ICU patients. The hospitalization cost for patients who died was PPP$ 1,055.20 and, if they died at the ICU, PPP$ 2,332.16. CONCLUSIONS: Hospitalizations for asthma represented a small volume in relation to the total admissions in RMPA/RS. However, as they are largely preventable, an expressive amount of public resources could be saved and suffering be avoided, especially for children and their families. A substantial part of these admissions could be avoided if the primary health care had been better organized to be the frontline provider of asthma care.

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