

In Patient medical Resource utilization for high-level cervical spinal cord injury without bone fracture in Taiwan

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摘要

Abstract

Study design: Retrospective review of secondary data obtained from the Bureau of National Health Insurance (BNHI) on medical resource utilization in in-patient cervical spinal cord injury patients in Taiwan. Objectives: Since the start of the National Health Insurance Program in Taiwan in 1995, costs have continued to increase each year. High-level cervical spinal cord injury, a catastrophic illness, consumes a large amount of medical resources. Appropriate control of in-patient costs for these patients is mandatory. Analyses of the factors influencing the health-care costs of these patients are needed, so cost-containment policies can be established by the BNHI to conserve health-care resources. Setting: Health-care institutions throughout Taiwan. Methods: We obtained secondary data on a randomized basis for diagnostic codes 952.00, 952.01, 952.02, or 952.03 of the International Classification of Diseases, Ninth Revision, Clinical Modification from the BNHI files of annual in-patient expenses during the period from 1998 to 2000. There were 184 hospital admission records studied. Results: The lengths of stay and in-patient costs were significantly different among different hospital types. Length of stay also was statistically different according to patient, gender, and age. The lengths of stay and in-patient costs were influenced by the hospital accreditation level and patient gender. Medical orders were influenced by patient age. Conclusions: Basic and selective diagnostics and therapeutics for high-level spinal cord injury without bone fracture should be established. Thus, patient needs for appropriate medical care will be met and overuse of medical resources will be prevented. Communication among doctors also should be strengthened.