

Health Technology Assessment on behalf of



Costs of day surgery in Austria: An analysis of data and methods for varicose vein surgery as an example

Fischer S, Zechmeister-Koss I

Due to an estimated cost benefit of day surgery, an increase of day surgical procedures may help to reduce the costs in the Austrian health care system. This report contains an analysis of data and methods to calculate the costs of day surgery and inpatient treatment in Austria. Thus, varicose vein surgery was chosen as an example to examine several data sources in terms of their applicability.

For the first approach, meta data from the Austrian "Dokumentations- und Informationssystem für Analysen im Gesundheitswesen" was used. Generated lump sums from hospital reimbursement, total costs that occurred in the departments and number of patients were considered in an equation. For the second approach, we used data from individual hospitals in Austria both for the surgery itself and for nursing. The third approach contained the adaptation of international cost data from the UK by an adjustment for inflation and prices for Austria.

The calculated costs differ between 859 and 4,664 Euros for day surgery and 1,720-2,330 Euros for an inpatient treatment. The main strength of the first approach is that it can be done relatively quickly, whereas the validity of the calculated costs is problematic. The use of hospital data takes more time, though the quality of the data is much better and the costs are closer to "true" costs. A weakness of this approach is that individual costs (e.g. for nursery) are not available for a specific intervention. Furthermore, these costs are hospital specific and a generalisation for other hospitals in Austria is not possible. The fast availability of international reference costs is a main strength, but the costs are from a different health care system and thus makes their transferability highly questionable.

The calculation by using hospital data seems to provide the most valid results. However, to draw a conclusion for Austria, data from a representative sample of hospitals is required. Thereby, a reference costs database could be established to make these data available for further research in the future.

The full German version is available

under

http://eprints.hta.lbg.ac.at/1035/1/HTA-Projektbericht_Nr.71.pdf