

Publication

Does coordinated postpartum care influence costs?

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ID 3846302 Author(s) Zemp, Elisabeth; Signorell, Andri; Kurth, Elisabeth; Reich, Oliver Author(s) at UniBasel Kurth, Elisabeth ; Zemp Stutz, Elisabeth ; Year 2017 Title Does coordinated postpartum care influence costs? Journal International journal of integrated care Volume 17 Number 1 Pages / Article-Number 7

Questions under study: To investigate changes to health insurance costs for post-discharge postpartum care after the introduction of a midwife-led coordinated care model. Methods: The study included mothers and their newborns insured by the Helsana health insurance group in Switzerland and who delivered between January 2012 and May 2013 in the canton of Basel Stadt (BS) (intervention canton). We compared monthly post-discharge costs before the launch of a coordinated postpartum care model (control phase, n = 144) to those after its introduction (intervention phase, n = 92). Costs in the intervention canton were also compared to those in five control cantons without a coordinated postpartum care model (cross-sectional control group: n = 7, 767). Results: The average monthly post-discharge costs for mothers remained unchanged in the seven months following the introduction of a coordinated postpartum care model, despite a higher use of midwife services (increasing from 72% to 80%). Likewise, monthly costs did not differ between the intervention canton and five control cantons. In multivariate analyses, the ambulatory costs for mothers were not associated with the post-intervention phase. Cross-sectionally, however, they were positively associated with midwifery use. For children, costs in the post-intervention phase were lower in the first month after hospital discharge compared to the pre-intervention phase (difference of -114 CHF [95%CI -202 CHF to -27 CHF]), yet no differences were seen in the crosssectional comparison. Conclusions: The introduction of a coordinated postpartum care model was associated with decreased costs for neonates in the first month after hospital discharge. Despite increased midwifery use, costs for mothers remained unchanged.

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