The estimated net economic benefits ranged from $640 million to $1.8 billion, with the corresponding net benefits per case averted ranging from $15,780 to $24,391. The per dollar rate of return on the CDC’s investments ranged from $3.88 to $23.85.” Scottt et al (2014).

Reference:


Net benefits of central-line associated bloodstream infection prevention efforts
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Abstract:

The prevention of central line-associated bloodstream infections in patients in hospital critical care units has been a target of efforts by the Centers for Disease Control and Prevention (CDC) since the 1960s. We developed a historical economic model to measure the net economic benefits of preventing these infections in Medicare and Medicaid patients in critical care units for the period 1990-2008—a time when reductions attributable to federal investment resulted primarily from CDC efforts—using the cost perspective of the federal
government as a third-party payer. The estimated net economic benefits ranged from $640 million to $1.8 billion, with the corresponding net benefits per case averted ranging from $15,780 to $24,391. The per dollar rate of return on the CDC’s investments ranged from $3.88 to $23.85. These findings suggest that investments in CDC programs targeting other health care-associated infections also have the potential to produce savings by lowering Medicare and Medicaid reimbursements.

Other intravenous and vascular access resources that may be of interest (External links – IVTEAM has no responsibility for content).