

Child and Family Information Material

## **Length of Stay for Specialized Pediatric Urologic Care**

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**Background:** Pediatric urologic specialists have been excluded from any recent managed care contracts because they are believed to be more expensive and of no better quality than general urologists in managing common urologic problems in children. We believed this to be inaccurate.

**Objectives:** To compare the length of stay at the University of California, San Francisco Medical Center for 2 common pediatric urologic operative procedures with data from other northern California hospitals and to document our results and patient satisfaction.

**Design:** Retrospective analysis of HCIA statewide database (HCIA Inc, Orange, Conn).

**Setting:** Northern California, 1995.

**Subjects:** Children younger than 12 years undergoing surgery for repair of an obstruction of the ureteropelvic junction or vesicoureteral reflux.

**Main Outcome Measure:** Length of stay.

**Results:** The length of stay in our hospital was similar to that observed in other hospitals in which other fulltime pediatric urologic specialists practiced and was significantly less than that observed in other northern California hospitals, even when adjusted for risk. In fact, a savings of 279 hospital days would have been realized if all patients had the same length of stay as that achieved at University of California, San Francisco Medical Center. In the 38 patients operated on at our center, there was uniform surgical success. Of the parents, 92% (11/ 12) were satisfied with their child's care and 92% (11/ 12) believed they received enough information to know what to expect and how to care for their child at home.

There were no data available evaluating quality from other northern California hospitals for comparison.

**Conclusions:** Our finding that actual and risk-adjusted length of stay were shorter when patients were treated by full-time pediatric urologists, while excellent quality was maintained, suggests that these specialists achieve their results with more efficiency and lower resource utilization than do general urologists. The implication of these results is that exclusive contracting that prevents patients from receiving care from full-time specialists results in overuse of valuable resources and possibly reduced quality. If our results are generalizable, they have important implications for health care reform in the United States.

**Editor's Comment:**

In evaluating the length of stay associated with 2 pediatric urologic procedures commonly performed by full-time pediatric urologists and general urologists, we found that our length of stay was significantly shorter than the community for most comparisons, and this trend was equally true when accounting for the severity of illness. Our length of stay was slightly shorter (but not statistically different) from that achieved by other full-time pediatric urologists in northern California. We also found excellent surgical results, minimal complications, and high satisfaction of parents in this retrospective review of patients operated on in 1995 by full-time pediatric urologists.

The full article can be read in *Archives of Pediatrics & Adolescent Medicine*, November, 1998 -- Vol 152, 1122-1131

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