

SOUTHWESTERN NEWS

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COMPREHENSIVE CARE FOR HIGH-RISK INFANTS SAVES MONEY WHILE IMPROVING HEALTH, UT SOUTHWESTERN PHYSICIANS REPORT IN *JAMA*

DALLAS – Oct. 25, 2000 – Providing high-risk infants with more comprehensive follow-up care not only results in substantially healthier babies, but also saves money, according to a study by a UT Southwestern Medical Center at Dallas physician in today's issue of *The Journal of the American Medical Association*.

Dr. Rebecca Sue Broyles, assistant professor of pediatrics, and colleague Dr. Jon Tyson, a former UT Southwestern professor of pediatrics and obstetrics and gynecology, studied the care given to 887 high-risk infants born at Parkland Memorial Hospital and treated at the very-low-birth-weight clinic at Children's Medical Center of Dallas. They found that compared with those who received more routine care, the infants who received comprehensive care had 48 percent fewer life-threatening illnesses and spent 42 percent fewer days in intensive care in the year following discharge from the Parkland nursery.

In addition to the decreased health risks, Broyles and Tyson found that care for the comprehensive group cost an average of \$6,265 per infant during the first year after discharge compared with an average cost of \$9,913 for those who received routine care.

"Inner-city, high-risk infants often receive limited and fragmented care, a problem that may increase serious illness," Broyles said. "We see this as a model for how care should be given for these children."

The infants studied had birth weights of less than 2 pounds, 3 ounces or weighed up to 3 pounds, 5 ounces and required mechanical ventilators within 48 hours after birth.

(MORE)

HIGH-RISK INFANTS - 2

The infants were randomized into two groups. One group received routine follow-up care, available two mornings per week, which included well-baby care (immunizations, social services and assessment of development) and care for chronic conditions. The comprehensive-care group received the same services, but those services were available five days per week and included care for sudden (acute) illnesses along with 24-hour access to a nurse practitioner or physician's assistant. The comprehensive group also received a greater complement of social services, including routine visits by "foster grandparents," who helped with and modeled proper infant care and parenting skills.

Broyles and Tyson explained that much of the cost savings can be attributed to the simple idea that a more complete regimen of primary care at a relatively modest expense prevents acute illnesses that can be extremely costly.

"We hear often about the long-term cost savings of primary care. But this is one of the few times when someone has actually quantified that," said Tyson, who now is with UT Health Science Center at Houston.

Funding for the study was provided by the Agency for Healthcare Research and Quality and the North Texas Chapter of the National Foundation March of Dimes.

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