

Medical Utilization and Costs of Outpatient Visits in Women with Stress Urinary Incontinence

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Background and Purpose: This study aimed to investigate the medical utilization and cost of women with stress urinary incontinence (SUI) from outpatient clinics during the years of 2000 and 2001. **Methods:** A nationwide data released from Bureau of National Health Insurance and National Health Research Institute were analyzed. We extracted data from the files of Ambulatory Care Expenditures by Visits (CD files), Details of Ambulatory Care Orders (OO files), and Rehabilitation Service (RH files) to get medical utilization data of women with SUI (ICD-9-CM coded as 625.6), including age, usage rate, the registered departments and the cost in the years of 2000 and 2001. The CD and OO files were systematically sampled from the total claimed data, with a rate of 0.5%, while the RH files included all the claimed data from department of rehabilitation. **Results:** From the data bank of ambulatory care, the majority of cases receiving the treatment were women aged between 30 to 65 in 2000 (66.67%) and 2001 (76.28%). None of them had rehabilitation therapy. Departments of gynecology, urology and surgery were the three primary caring departments. The average outpatient costs per case from the surgery department was about NTD 600, NTD 1500 for patient from urology department, and NTD 882 and 3566 from gynecology department in year of 2000 and 2001 respectively. From the data of RH files, the average outpatient costs per case from rehabilitation department was NTD 700-1300. The total number of cases receiving rehabilitation service decreased from 2000-2001. Gynecological departments reported the highest rate of prescribing the rehabilitation services (60.0%), however, rehabilitation departments had utilization rate increased from 38.4% to 57.8% in these two years. **Conclusion:** Less than 1% of the cases with diagnosis of SUI utilized rehabilitation services. We suggested physical therapists made more intensive cooperation with all the relevant physicians in addition to physiatrists to benefit the patients with SUI most. (FJPT 2006;31(2):112-117)

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