

# The Economic and Health Burden of Ambulatory Care Sensitive Hospitalisations in the Mexican Health Care System

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## Abstract

**Background:** Hospitalisations due to ambulatory care sensitive conditions (ACSCHs) have been widely used to study the access, quality and effectiveness of primary care services. In a previous analysis we showed that the national rate of ACSCHs in Mexico increased 50% in the period 2001-2011. This paper focuses on the economic impact that diabetes ACSCHs represent to public finance and sheds light on the preventable losses of health as consequence of ACSCHs, a topic that has not received attention in the literature.

**Methods:** Hospital discharge records from general hospitals run by the 32 local health ministries are used to identify hospitalisations due to the main complications of diabetes (retinopathy, kidney failure, neuropathy, diabetic foot and amputation) between 2001 and 2011. The economic cost of each hospitalisation is estimated using inpatient day cost estimates and its length of stay. The estimation of the health cost assumes that patients would not have experienced complications if they had received appropriate primary care and computes the associated Disability-Adjusted Life Years (DALYs).

**Results:** The national financial cost of treating avoidable diabetes complications in general hospitals during the studied period increased by 127% in real terms; when measured as cost per person without social security it grew from \$8.06 MXN in 2001 to \$15.87 MXN in 2011 [2011 Average Exchange Rate: \$1USD = \$12.42MXN]. The health burden of the selected diabetes complications in 2011 is estimated in 32,540 DALYs. The trends and magnitudes of these costs vary from state to state.

**Conclusion:** Avoiding hospitalisations that could be prevented liberates resources within the health system and makes them available to their allocation for other health purposes. In addition, patients with ACSCHs suffer preventable losses of health that should be considered when assessing the performance of any primary care intervention.

*Keywords: ambulatory care sensitive hospitalisations; preventable health costs; diabetes; Mexico.*