
The Economic Benefits of POCUS: A Win-Win for Providers and Patients through Cost Reduction



The portability, precision, and noninvasive nature of Point of Care Ultrasound (POCUS) empower medical professionals in different hospital departments to deliver timely answers to their patients, right at the bedside where it is needed most.

Clinicians can conduct scans, store images, and record findings without the need for additional orders or waiting for radiology services. This efficient workflow reflects the significant medical and economic impact of POCUS.

Bedside ultrasound presents opportunities for cost savings. These include shorter hospital stays, the avoidance of additional expensive imaging procedures, and an overall reduction in healthcare expenses.

Patients covered by Medicare, Medicaid, or those without insurance – groups that often impose financial strain on hospitals – make up approximately 65% of the typical hospital's patient population. It was proposed that by reducing direct patient expenses through the elimination of unnecessary charges, hospitals can ultimately improve their profit margins.

According to a Harvard study, the utilisation of POCUS yielded savings of \$1,134.31 for privately insured patients, \$2,826.31 for patients without in-network coverage or uninsured patients, and \$181.63 for patients covered by Medicare or Medicaid. These savings were achieved by avoiding the need for additional diagnostic tests.

In the ICU, POCUS assists clinicians in obtaining swift and accurate answers. In addition to expediting diagnoses, the researchers projected that the extrapolated cost savings, resulting from the avoidance of additional testing, exceeded \$80,000.

A cost-effectiveness evaluation demonstrated that using POCUS as initial imaging for paediatric appendicitis and for trauma resulted in the most consistent cost savings.

In cases of trauma, using POCUS led to a reduction in hospitalisation duration, reduced the reliance on CT scans for paediatric patients, and decreased the necessity for invasive procedures like peritoneal lavage in adult cases. POCUS also accelerated the transition of trauma patients into surgery, ensuring faster intervention when needed.

Lastly, the use of POCUS in orthopaedic settings for adults and children has increased. The portability and lower initial cost of the ultrasound devices contributed to overall cost savings for musculoskeletal uses.

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