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## Healthcare Costs After Sepsis

Sepsis, a life-threatening condition caused by a dysregulated response to infection, is linked to high in-hospital mortality and healthcare costs. Survivors face increased risks of hospital readmission, cardiovascular disease, cognitive impairment, and long-term healthcare expenses. While previous reviews have examined initial hospitalisation costs and healthcare use post-sepsis, no systematic reviews have focused specifically on healthcare costs incurred after discharge. Understanding these costs is essential for shaping policy and reducing the long-term burden of sepsis.

A new review aims to fill that gap by summarising post-discharge healthcare costs among sepsis survivors. A comprehensive search of four databases from 2000 to February 2025 was conducted using terms related to sepsis, costs, study types, and developed countries. Twenty-three observational studies were included, showing wide variation in how healthcare costs were calculated and reported.

Common cost categories included readmissions, physician visits, and medications. The median total healthcare cost for sepsis survivors was $28,719 in the first year and $22,460 in the second year post-discharge. Readmission costs had a median of $20,320. Most studies with comparator groups found that sepsis survivors incurred higher post-discharge healthcare costs than those without sepsis.

This review underscores the substantial and sustained healthcare costs incurred by sepsis survivors after hospital discharge, primarily driven by rehospitalisations and hospital-based care. Median costs exceeded $60,000 per patient in the first year in some studies and remained elevated up to five years. Sepsis survivors consistently had higher healthcare costs and resource utilisation compared to non-sepsis patients, though only seven studies included a comparator group.

These findings reflect the long-term sequelae of sepsis, such as disability, cognitive decline, and post-intensive care syndrome, that contribute to ongoing healthcare needs. Some sepsis survivors become high-cost users (HCUs), accounting for a disproportionate share of healthcare spending.

The review highlights the need for targeted policy responses and further research to reduce sepsis-related health and economic burdens. Future work should identify high-risk populations, incorporate quality-of-life metrics, and examine the post-COVID impact on sepsis care. Coordinated national efforts, as outlined in the Berlin Declaration and World Health Assembly resolution 70.7, are essential to address the growing burden of sepsis and improve long-term outcomes.

It is evident that there are substantial and long-lasting healthcare costs faced by sepsis survivors across various regions. These findings emphasise the significant economic burden sepsis places on health systems. Implementing strategies to reduce the burden of sepsis may help mitigate its financial impact on healthcare payors.

Source: Critical Care
Image Credit: iStock

Published on : Tue, 26 Aug 2025