

Racial Disparities in the Cost of Unplanned Hospitalizations After Breast Reconstruction

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Introduction

- Unplanned hospital visits after elective surgery is an indicator of care quality.
- Literature illustrates racial disparities in access, cost, and quality of care.
- Paucity of research on difference of unplanned hospitalizations for different racial ethnicities.

Methods

- Females Undergoing Breast Reconstruction After Breast Cancer
- Healthcare Cost and Utilization Project (HCUP)
- Rate of 30-day unplanned hospitalizations (emergency department visit or readmission) among different races
- Cost of unplanned hospitalization among different races
- Controlled for income and socioeconomic status
- Multivariable analyses



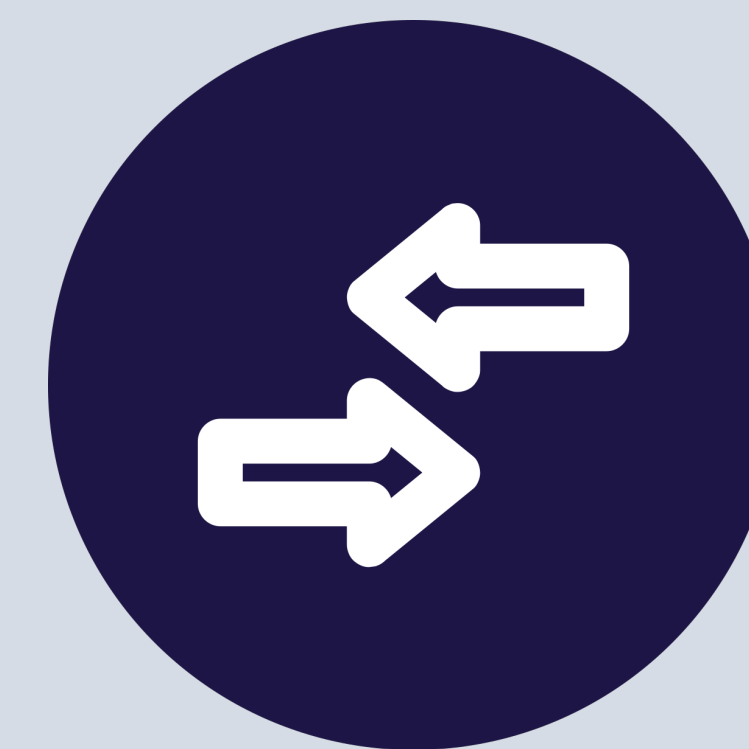
17,745 Cases



2006-2015



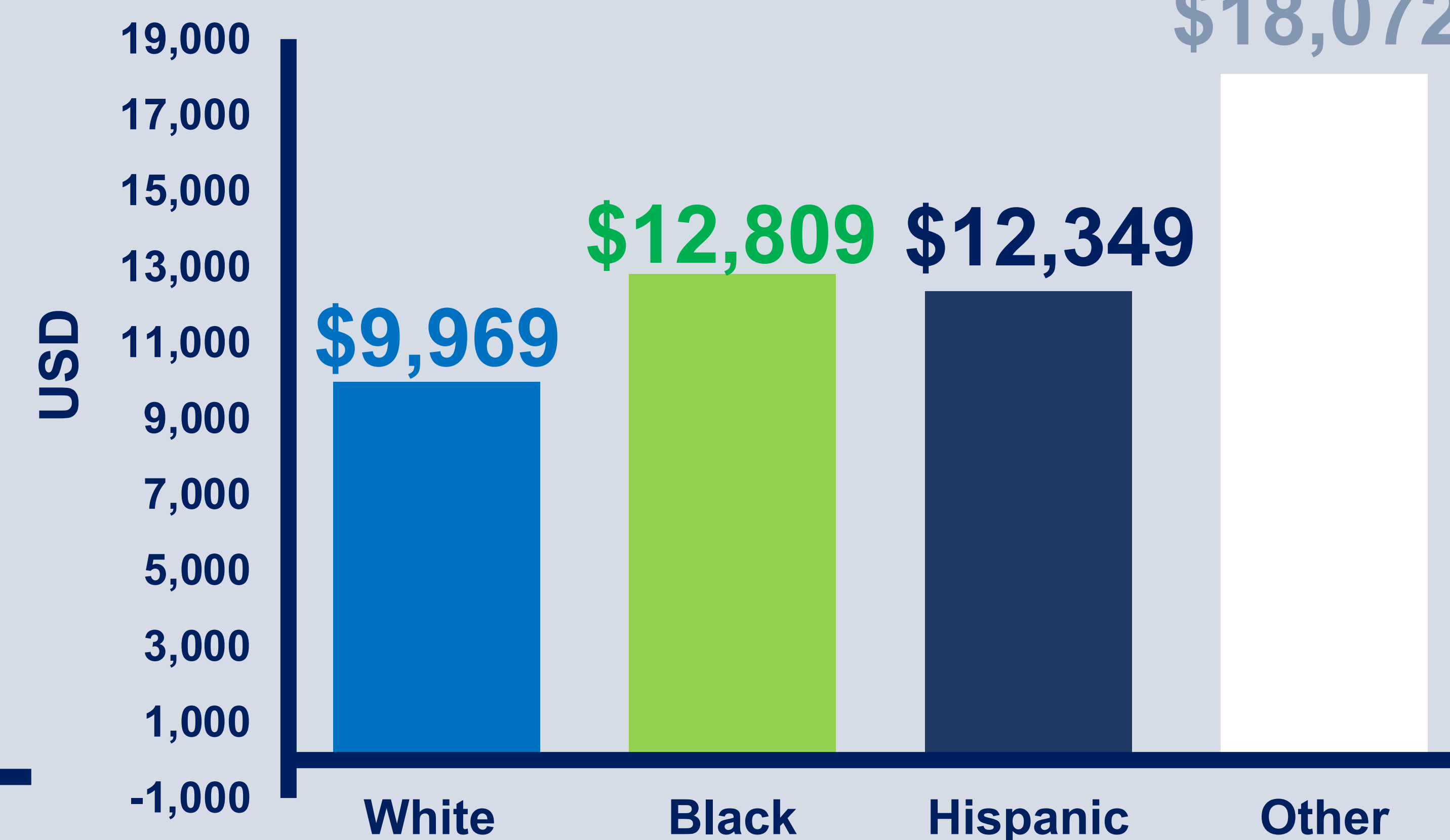
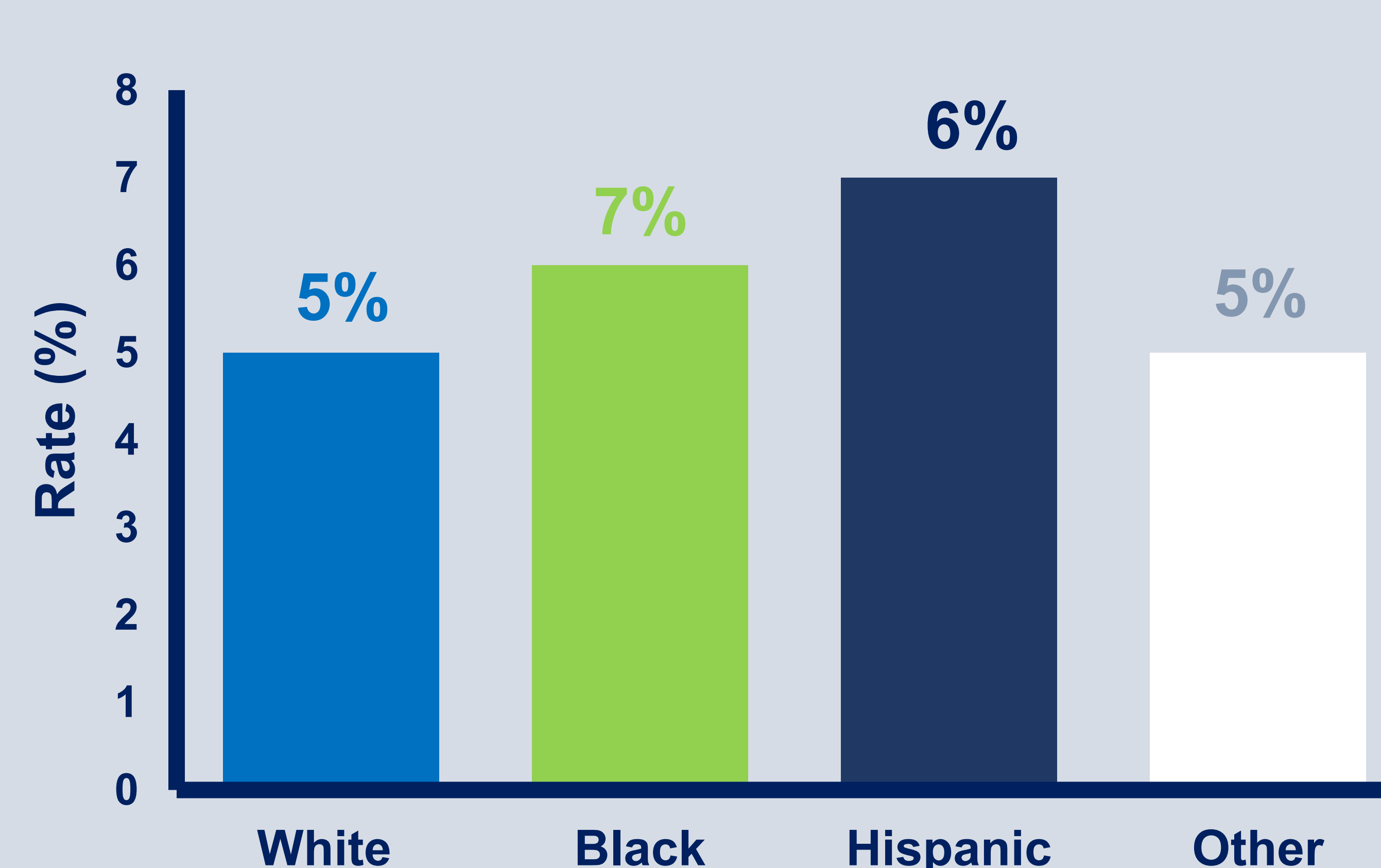
5% Readmission Rate



No significant difference in readmission among different races



Black patients (OR: 1.35 [1.11-1.66]) and Hispanic patients (OR: 1.34 [1.08-1.65]) greater cost compared to White patients



Conclusions

Black and Hispanic patients experienced higher costs for unplanned hospital visits.



Systems-level factors may lead to delayed access to care and higher complexity, thus worsening existing disparities.

Improved data collection and registries will provide feedback & metrics to surgeons, relevant to their institution and practice to reduce disparities



Bundling payments may incentivize providers to minimize unplanned returns to care.