

Race/ethnicity isn't associated with unplanned hospitalizations after breast reconstruction: Study

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Race/ethnicity is not an independent predictor of hospital readmission in

patients undergoing breast reconstruction surgery, reports a study in *Plastic and Reconstructive Surgery*.

Among patients who have unplanned hospitalizations after breast reconstruction, costs are substantially higher for Black or Hispanic patients, according to the new research by ASPS Member Surgeon Kevin C. Chung, MD, MS, of University of Michigan, and colleagues.

Dr. Chung comments, "Our study lends new insights into health care disparities for an important [reconstructive surgery](#) and points to possible strategies to foster more equitable care." Dr. Chung is Editor-in-Chief of *Plastic and Reconstructive Surgery*.

Study looks at disparities in readmission and costs after breast reconstruction

The researchers evaluated potential racial/ethnic disparities in a sample of more than 17,000 patients who underwent breast reconstruction from 2006 to 2015. Data were drawn from the Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project, representing five states in four US regions.

The analysis focused on differences in unplanned emergency department visits and hospitalizations within 30 days after breast reconstruction. Differences in costs incurred during hospital readmissions were compared as well.

White patients accounted for 70% of the study sample, Black patients for 11%, Hispanic patients for 8%, and patients of "other" race/ethnicity for 11%. Rates of unplanned hospital visits were six percent for Black patients and seven percent for Hispanic patients, compared to 5% for [white patients](#) and those in "other" racial/ethnic categories.

However, after adjustment for other variables, race/ethnicity was not an independent risk factor for unplanned readmission. The presence of up to four comorbidities (other medical conditions) was a significant factor, associated with a 27% increase in readmission risk.

Non-white patients 'bear a higher cost burden' from unplanned readmissions

In contrast, non-white patients had [higher costs](#) for hospital readmission. Average costs were about \$12,800 for Black patients, \$12,350 for Hispanic patients, and \$18,000 for patients in the "other" category, compared to \$10,000 for white patients. In adjusted analyses, Black and Hispanic patients were about 35% more likely to experience an increased cost for their readmission and "other" patients about 70% more likely, compared to white patients.

"Racial disparities in postoperative [plastic surgery](#) care are well documented," Dr. Chung and colleagues write. "[H]owever, little is known about the consequences of this disparity as it related to unplanned hospital visits and associated costs." Breast reconstruction has benefits in restoring form and function in women who have undergone mastectomy for breast cancer.

"Although race is not an independent predictor of an unplanned hospital visit after surgery, [racial minorities](#) bear a higher cost burden after controlling for insurance status, further stimulating health care disparities," Dr. Chung and co-authors conclude.

They highlight the need for further studies to determine the reasons for [racial disparities](#) in costs and what strategies can be followed to mitigate them, such as adjusted payment models. Additionally, the authors recognize the limitations of using an administrative database to study

such a phenomenon and state that prospective studies are needed to better evaluate differences in cost for readmission among racial minorities.

More information: Jacob S. Nasser et al, Racial Disparities in the Cost of Unplanned Hospitalizations After Breast Reconstruction, *Plastic & Reconstructive Surgery* (2023). [DOI: 10.1097/PRS.00000000000010200](https://doi.org/10.1097/PRS.00000000000010200)

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