



ACC.15

TCT@ACC-12 | innovation in intervention

A552  
JACC March 17, 2015  
Volume 65, Issue 10S

## Congenital Heart Disease

### GENDER DIFFERENCES IN HEALTHCARE COSTS IN THE EMERGING ADULT CONGENITAL HEART DISEASE POPULATION

Poster Contributions

Poster Hall B1

Sunday, March 15, 2015, 3:45 p.m.-4:30 p.m.

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Session Title: Thinking of the Whole Patient in Congenital Heart Disease

Abstract Category: 10. Congenital Heart Disease: Adult

Presentation Number: 1221-322

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**Background:** It is important to understand the factors that drive costs as patients with congenital heart disease (CHD) transition from pediatric to adult health care. Gender differences in the prevalence and complexity of CHD are expressed throughout life, but it is unknown if this is reflected in healthcare costs during the transitional years.

**Methods:** California State Inpatient Databases 2005-2009 were used to conduct a retrospective study on inpatient admissions of CHD patients 10-29 years old. This population was divided into two study groups: all male admissions and all female admissions.

**Results:** Males with CHD have higher inpatient admission costs than their female counterpart ages 10-29, but this cost difference narrows in the twenties. During the twenties, males have lower hospital admissions and higher mortality than females. Males also have more emergency admissions at ages 10-24 and longer length of stay (LOS) at ages 15-29. At all age groups, males have higher percentages of no insurance and unknown insurance. Females ages 10-29 have statistically significantly more admissions for atrial septal defect (ASD). Males ages 15-29 have statistically significantly more admissions for CHD surgery, arrhythmia/ congestive heart failure (CHF), and trauma; males ages 15-24 have statistically significantly more admissions for catheterization/ electrophysiology studies.

**Conclusion:** The driver of healthcare utilization and costs is the gender-specific presentation of CHD. Females have lower inpatient costs than males, despite unilateral reproductive costs and more admissions in their twenties. Females generally have significantly more ASD admissions, fewer emergency admissions, and shorter LOS, all of which are associated with lower total admission costs due to low CHD complexity.