PATIENT SOCIOECONOMIC STATUS IS ASSOCIATED WITH AORTIC ANEURYSM REPAIR MODALITY AND PROCEDURAL COSTS

ACC Moderated Poster Contributions
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Background: Our group has previously shown that endoluminal AAA repair (EVAR) has an inferior cost efficacy benefit in low risk patients compared to open repair. The purpose of this study is to examine the relationship between socioeconomic status and costs and outcomes in AAA repair.

Methods: A retrospective AAA database, which included socioeconomic factors (household income, education level and payor status), was analyzed over a three-year period. Patients were stratified by income level (low income [LI] < 200% federal poverty level [$42,400 for a household of 4], and higher income [HI] > 200% federal poverty level) and analyzed for mortality, serious adverse event (SAE) rate, and cost with univariate techniques.

Results: A total of 243 cases were identified, 168 in the LI cohort and 75 in the HI cohort. LI patients differed from HI patients by mean age (73.1±0.6 versus 65.9±0.9 years, P<0.01), female gender (19.6% versus 9.3%, P=0.04), high school graduation rate (54.8% versus 97.3%, P<0.01), government health insurance (89.9% versus 72.0%, P=0.01), and presence of coronary artery disease (41.7% versus 28.0%, P=0.04). LI patients had a higher rate of EVAR (47.0% versus 17.3%, P<0.01) associated with a higher total cost ($25,765±1055 versus $19,533±886, P<0.01). There were no differences in mortality or SAE rate.

Conclusions: The equivalent mortality and SAE rate in the higher risk LI cohort is a testament to appropriate risk stratification and access to minimally invasive technology, despite the higher financial burden associated with caring for these patients. Future national healthcare policy must account for heterogeneous resource utilization, as seen in this study.