

## Scientific Session IV

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#### Databases and Randomized trials for Optimization and Regionalization of Surgical Care

Saturday, May 4, 11:00 a.m. - Noon

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#### HIGHER COSTS, CHARGES AND RESOURCE UTILIZATION DO NOT AFFECT SURVIVAL IN CONGENITAL DIAPHRAGMATIC HERNIA

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#### **Purpose:**

Congenital Diaphragmatic Hernia (CDH) is associated with significant mortality, cost, and variations in resource utilization. Using the Pediatric Health Information System (PHIS) we aimed to examine the adjusted effects of regional hospital pricing tiers and resource utilization on outcome in CDH.

#### **Methods:**

2357 CDH patients treated at 45 freestanding children's hospitals between 2006-2010 within 7 days of birth were analyzed using PHIS. Hospitals were divided into tiers within region by mean costs/charges of initial CDH hospitalization based on whether their costs were in the (1) upper quartile, (2) middle-50% or (3) lower quartile within their region. Multivariate models were used to determine the case-mix adjusted association of price tier with inpatient-mortality and costs/charges.

#### **Results:**

While hospitals in the upper cost tiers were associated with significantly longer length-of-stay, and greater costs and charges on unadjusted analyses, there was no difference in unadjusted inpatient mortality (Table-1). The case-mix adjusted cost of an initial hospitalization was \$178,091 greater at upper pricing-tier hospitals compared to those in the lowest tier (Table-2). Finally, hospital cost tier was not associated with differences in the case-mix adjusted risk of mortality.

#### **Conclusion:**

While hospital cost tiers were associated with significant differences in length-of-stay, costs and charges, there was no apparent difference in survival to discharge even after adjusting for hospital case-mix; suggesting that increased resource utilization may not be associated with improved outcomes in CDH.