

Racial disparity seen with congenital heart surgery

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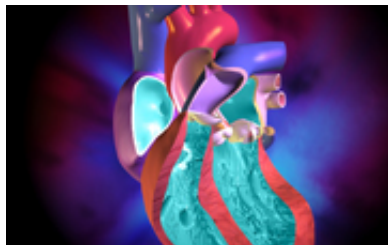


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similarly disparate outcomes for Hispanic patients (\$104,292, \$351,371, and 23 days, respectively), and they also had longer stays in the intensive care unit.

"Medical and economic measures increased predictably with increased procedure risk," the authors write.

More information: [Abstract](#)

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(HealthDay)—There are poorer medical outcomes in black and Hispanic patients undergoing surgical intervention for congenital heart disease, although mortality is not increased, according to a study published in the Dec. 1 issue of the *American Journal of Cardiology*.

Frank J. Raucci Jr., M.D., Ph.D., from the University of Virginia in Charlottesville, and colleagues analyzed data from the University Health-System Consortium to assess inpatient resource use by patients with International Classification of Diseases, Ninth Revision, procedure codes representative of Risk Adjustment for Congenital Heart Surgery-1 (RACHS-1) classifications 1 through 5 and 6 from 2006 to 2012 (15,453 pediatric [congenital heart disease](#) surgical admissions).

The researchers found that the overall mortality was 4.5 percent (689 patients). The total cost of hospitalization, hospital charges, total length of stay, length of [intensive care unit](#) stay, and mortality increased with increasing RACHS-1 classification. Black patients (2,034) had higher total costs (\$96,884 versus \$85,396 for white patients), higher charges (\$318,313 versus \$285,622), and longer length of stay (20.4 versus 18 days) compared with [white patients](#), even when controlling for RACHS-1 classification. There were

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