

Value Implications of Facility Type in Breast Conservation Surgery: A Comparative Analysis of Tertiary and Community-Based Hospitals

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INTRODUCTION

Breast cancer places a huge clinical and economic burden on health systems.

Breast conservation surgery (BCS) is commonly performed procedure in the management of early breast cancer.

BCS is performed at Tertiary hospitals (TH) and Community Hospitals (CH).

However, the value implication of BCS based of facility of care are unknown.

We assessed the outcomes and costs of BCS based of treatment facility.

POPULATION STUDIED

Patients who underwent BCS for clinical stage 0-II breast cancer from April 2015 to September 2021 within a larger integrated cancer network were analyzed.

METHODS

A regression-based propensity score match based on age, race, clinical stage, and Charlson comorbidity Index.

242 TH cases were compared to 242 CH cases.

RESULTS

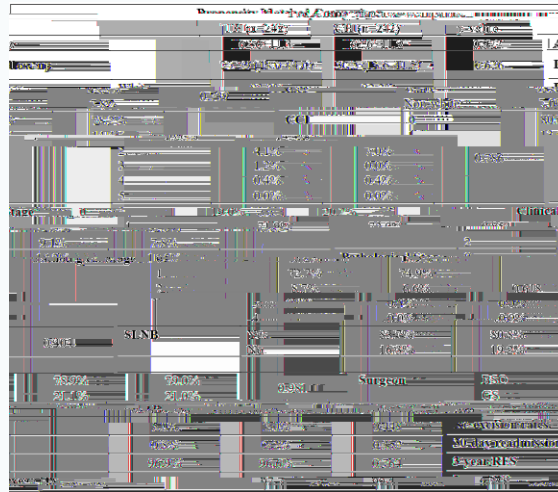
Hospital length of stay and readmission rates were similar across facilities (both $p > 0.05$).

Direct institutional costs were 10% higher ($p = 0.135$) at TH.

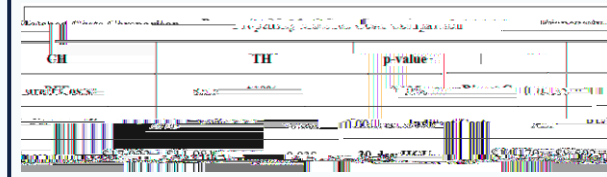
Indirect institutional costs were 28% higher ($p < 0.001$) at TH.

30-day HCU was higher at TH ($p = 0.038$).

3-year recurrence-free survival rates remained consistent irrespective of facility (97% TH vs 97% CH, $p = 0.764$).



RESULTS



CONCLUSIONS

While maintaining perioperative and oncologic outcomes, BCS provided at community-based hospitals provides cost-efficient care.

These findings advocate for all institutions to conduct an internal analysis for the decentralization of select breast cancer surgeries within integrated cancer networks.

CONTACT INFORMATION

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