

















Baylor College of Medicine

# Geographic and Socioeconomic Disparities in Access to Care for Adult Congenital Heart Disease Patients

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#### No disclosures





#### **Background**

- The adult congenital heart disease (ACHD) population is growing
  - Increased by 54% from 2000-2010
  - 2010 U.S. estimate: 1.4 million
- ACC/AHA recommend follow up at a regional ACHD center
  - At least every 12-24 months for moderate, complex disease
- ACHD center accreditation: 17 centers approved
  - Offered by Adult Congenital Heart Association (ACHA)







#### Study aims

- 1. Estimate ACHD population in the U.S.
- 2. Identify mid- to high-volume ACHD centers
- 3. Describe the distribution of patient driving times to ACHD centers
- 4. Evaluate specific socioeconomic factors that may compound challenges in accessing ACHD care





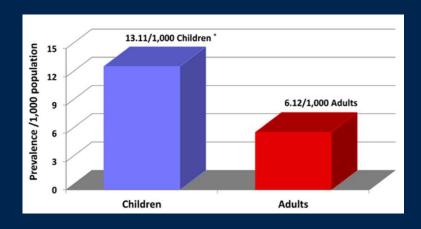
# Methods





#### **Estimating the ACHD population**

- No U.S. prevalence estimates exist
- Key assumptions:
  - Geographic distribution of ACHD ≈ general population
  - ACHD prevalence in U.S. ≈ Canada
- Population data source: 2015 American
   Community Survey (ACS) 5-year estimate
  - Continuous data collection by U.S. Census Bureau
  - Socioeconomic factors: insurance status, household poverty, educational attainment









#### **Identifying ACHD centers**

- No list of ACHD regional centers exists
- ACHD center data source: ACHA directory
  - Self-reported clinic, surgery, provider information
  - Publicly available
    - Used in 2010 study to describe ACHD workforce

Pediatr Cardiol (2010) 31:511–514 DOI 10.1007/s00246-009-9629-5

ORIGINAL ARTICLE

Care of the Adult Congenital Heart Disease Patient in the United States: A Summary of the Current System

Manisha S. Patel · Brian E. Kogon

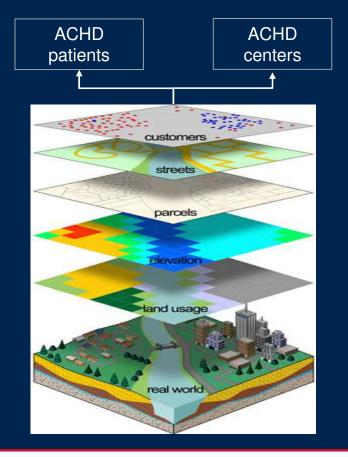
- ACHD center database created using 2016-2017 clinic data
  - Clinic and affiliated hospital locations
  - Annual clinic visits, ACHD surgeries

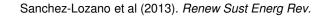




# Geographic Information System (GIS) mapping

- A GIS is designed to capture, analyze, and present data that have been spatially referenced to a location on earth
- County-level ACS data used
  - Ideal geographic level for national U.S. mapping
- Analysis limited to continental U.S.
  - No ACHD centers in AK, HI: cannot drive to center









# Results

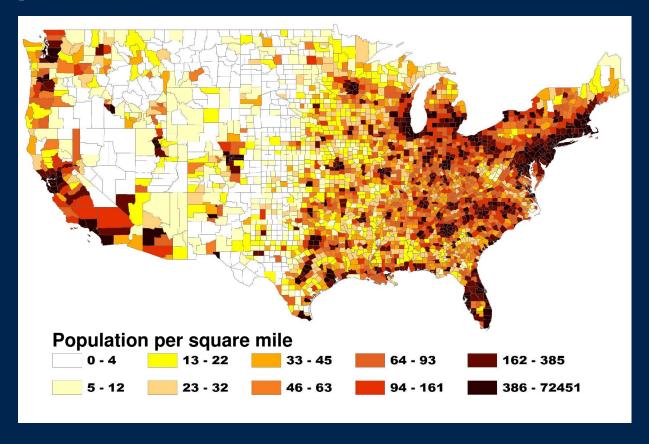




## 2015 U.S. ACHD population

Estimated ACHD population: 1,475,089

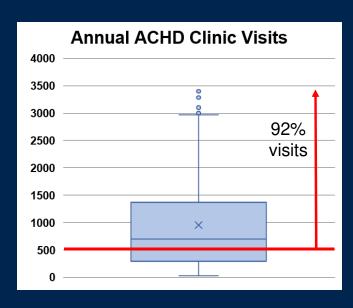
Estimated complex ACHD population: 149,437

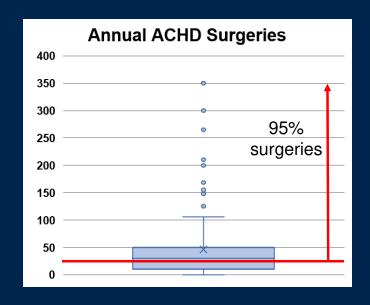






#### **Identifying ACHD centers**



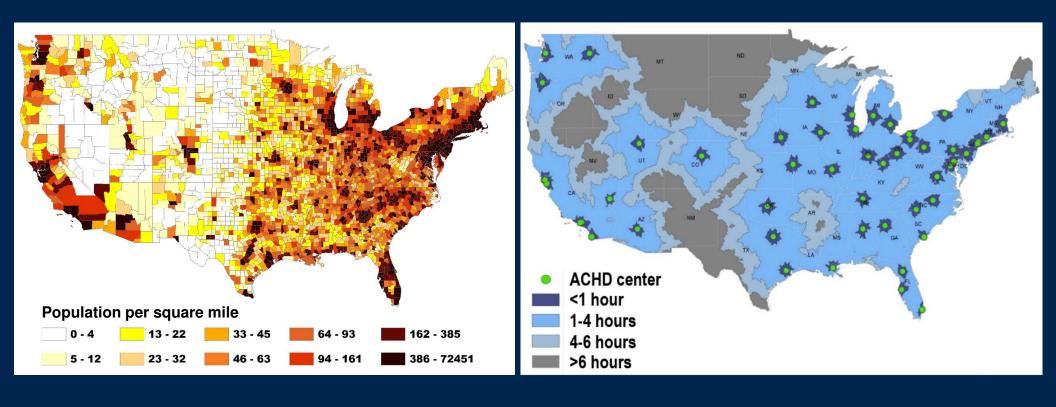


- Inclusion criteria: top 50% clinical and surgical volume annually
  - $\ge 500$  ACHD clinic visits,  $\ge 20$  ACHD surgeries annually
- 56 mid- to high-volume centers identified





# **Driving time to ACHD centers**







# **Driving time to ACHD centers**

		% of total pop.	AII ACHD N	Complex ACHD N
	<1 hour	54.9	809,215	81,979
g time	1-4 hours	39.7	586,305	59,396
Driving time	4-6 hours	3.4	49,956	5,061
	>6 hours	2.0	29,613	3,000







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#### **Insurance status**

	Driving time to ACHD center								
	<1 hour		1-4 hours		4-6 hours		>6 hours		p- value
	N	%	N	%	N	%	N	%	
Insured	584,253	72.2	412,758	70.4	31,472	63.0	14,243	48.1	۰۰ ۵۰۱
Uninsured	224,961	27.8	173,547	29.6	18,483	37.0	15,369	51.9	<0.001
TOTAL	809,215		586,305		49,956		29,613		





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## **Household income**

	Driving time to ACHD center								
	<1 hour		1-4 hours		4-6 hours		>6 hours		p- value
	N	%	N	%	N	%	N	%	
Above federal poverty level	704,017	86.8	492,496	84.5	41,462	82.8	23,987	81.1	~0.001
Below federal poverty level	105,198	13.2	93,809	15.5	8,493	17.2	5,626	18.9	<0.001
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## **Educational attainment**

	Driving time to ACHD center								
	<1 hour		1-4 hours		4-6 hours		>6 hours		p- value
	N	%	N	%	N	%	N	%	
College or greater	291,317	35.7	149,684	25.5	11,490	22.9	7,107	24.3	~0 001
Less than college	299,410	64.3	256,567	74.5	22,480	77.1	13,652	75.7	<0.001
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# Summary





#### Conclusions

- ~1.5 million ACHD patients live in the U.S.
- 56 ACHD centers account for 92% of clinic visits, 95% of surgeries
- 45% of ACHD patients live >1 hour drive from an ACHD center
  - 5% live >4 hour drive
- Longer drive time to access ACHD care is associated with lower socioeconomic status





#### Limitations

- No national population-based registry for ACHD patients
- No external validation of ACHA center data
- Factors other than clinical and surgical volumes not evaluated in identifying ACHD centers





#### **Future directions**

- Validation of ACHD patient distribution estimates
- GIS analysis using:
  - Individual-based demographic data
  - Accredited ACHD centers
  - Board certified ACHD physicians
- Analysis of ethnic and racial disparities





#### **Acknowledgments**

#### CHD Disparities

Keila N. Lopez MD, MPH Assistant Professor, Pediatrics Director, Transition Medicine Division of Pediatric Cardiology

#### **ACHD**

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Assistant Professor, Pediatrics
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#### GIS mapping

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