Conclusion: Medicare reimbursement rates have changed significantly during the last two decades. However, those changes did not seem to follow the inflation trend. It is important that plastic surgeons and policymakers are aware of these trends and public discussion should be continued for establishing fair reimbursement rates.

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Patient Experiences With Cost Discussions And Financial Toxicity In Breast Reconstruction

Nishant Ganesh Kumar, MD, Nicholas L. Berlin, MD, MPH, Sarah Hawley, PhD, MPH, Reshma Jagsi, MD, DPhil, Adeyiza Momoh, MD

University of Michigan, Ann Arbor, MI, USA.

Purpose: The burden of healthcare costs in the United States is increasingly passed on to patients in the form of out-of-pocket spending. Although there is growing awareness of the financial toxicity associated with breast cancer treatment, there is a paucity of patient-reported data about the impact of out-of-pocket spending for breast reconstruction. This study aims to quantify the out-of-pocket costs associated with breast reconstruction and the impact of those costs on the financial wellbeing of patients. In addition, this study seeks to characterize patient experiences and expectations regarding cost discussions on breast reconstruction with their plastic surgeon.

Methods: Women (>18 years old) with a history of breast cancer who had undergone post-mastectomy breast reconstruction at least 1-year earlier are being recruited from the Army of Women Foundation (an online community of women with and without breast cancer engaged in breast-cancer related research) to complete a 34-item survey. In addition to their demographic and medical information, we are surveying women on their estimated out-of-pocket medical and non-medical spending for their breast reconstruction and its impact on their financial status. We are also surveying women on their preferences regarding cost discussions on breast reconstruction with their plastic surgeon. This study is still actively recruiting.

Results: A total of 403 women have responded and met inclusion criteria. The majority (n=361, 90%) were Caucasian, had a Bachelors or Graduate degree (n=338, 84%), a combined household income of ≥ $50,000 (n=292, 73%) and insurance through an employer or union (n=236, 59%). Most women underwent bilateral reconstruction (n=294, 73%) and implant based breast reconstruction (n=249, 62%). Most women (n=244, 61%) reported out-of-pocket medical costs of under $2,000, but a fifth spent more than $5,000 (n=82, 20%). Out-of-pocket non-medical costs were lower (<$2,000, n=343, 85%; >$2,000, n=58, 14%). Of the women (n=339) who remembered their conversations on breast reconstruction with their plastic surgeon, most did not discuss costs before or after (n=222, 66%). Of the 222 women that did not, 160 (72%) felt it would have been helpful to have had this discussion before pursuing breast reconstruction and 125 (56%) after. Due to the direct impact of undergoing breast reconstruction, 97 women (24%) felt their financial status was worse off, 40 women (10%) felt their economic status was worse off, and 66 women (16%) felt their insurance status was worse off. Of the 97 women, the majority (n=55, 57%) did not have a cost discussion with their plastic surgeon before or after pursuing breast reconstruction.

Conclusion: The majority of women in this cohort did not have a discussion with their plastic surgeon on costs related to breast reconstruction but would have preferred receiving this information before undergoing surgery. Despite a high proportion of insured patients in this cohort with higher household income than the national mean, almost a quarter felt their financial status was worse off after undergoing breast reconstruction. Cost discussions related to breast reconstruction may be useful in preoperative visits with patients to help prepare for postoperative expenses and financial repercussions.

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National Trends In Hospitalization Charges For Implant Based Breast Reconstruction

Yida Cai, BA, Cristin Coquillard, MD, Arvin Smith, BS, Lesley Summerville, BS, ScM, Samuel Boas, BS, Anand Kumar, MD

Case Western Reserve University School of Medicine, Cleveland, OH, USA.

Purpose: Implant based breast reconstruction is the most commonly used type of breast reconstruction. There exists significant cost variation among patients undergoing