

Hospitalization Costs Associated with Hypertension as a Secondary Diagnosis

The following is a synopsis of “Hospitalization Costs Associated with Hypertension as a Secondary Diagnosis among Insured Patients Aged 18–64 Years,” an article published in the March 2010 issue of the *American Journal of Hypertension*.



What is already known on this topic?

The health and economic burdens of hypertension are high and increasing. Many studies have investigated the medical costs of hypertension, but most either analyzed treatment costs or the costs of complications or co-morbidities; these measures underestimate and overestimate, respectively, the true costs of hypertension.

What is added by this article?

This article provides an analysis of hospitalization costs in patients who had hypertension as a secondary diagnosis. Hypertension-associated hospitalization costs for patients with hypertension as a secondary diagnosis were compared to costs for patients with the same primary diagnosis but without hypertension as a secondary diagnosis. The annual estimated

cost for patients with hypertension as a secondary diagnosis was \$21,094, of which \$2,734 (13%) was associated with hypertension.

The estimated average hospitalization cost was \$31,106 for patients with a primary diagnosis of ischemic heart disease, \$17,298 for those with cerebrovascular disease, and \$18,693 for those with neither disease; hypertension-associated costs for these patients were \$3,540, \$1,133, and \$2,254, respectively, when compared to patients without hypertension as a secondary diagnosis.

Data analysis for this article incorporated proper cost estimation methods that can be used to estimate economic burden associated with other health risk factors or chronic diseases.

What are the implications for public health practice?

Hypertension-associated hospitalization costs are substantial among patients with hypertension as a secondary diagnosis. This finding suggests a need for cost-effective programs to prevent, manage, and control hypertension. This analysis of hospitalization costs due to hypertension as a secondary diagnosis allows for a reasonable estimation of hypertension costs. These estimates are useful as data for policymakers in allocating resources and for public health officials in evaluating the cost-effectiveness of intervention programs.

What are the applications of the findings to state programs?

These findings indicate the importance of correctly quantifying the economic burden of hypertension for patients with a secondary diagnosis. Hypertension-related hospitalization costs would be severely underestimated if based only on costs incurred by patients with a primary diagnosis of hypertension. The estimated costs can be used in economic evaluations, such as cost-effectiveness analyses, and as a reference for policymakers in allocating resources at the state and local levels.

Citation

Wang G, Zhang Z, Ayala C. Hospitalization costs associated with hypertension as a secondary diagnosis among insured patients aged 18–64 years. *Am J Hypertens*. 2010;23:275–81.

The findings and conclusions in these reports are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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