

CORRECTION

Correction to: Trends of Clinical and Health Care Resource Utilization in Heart Failure Admissions in the United States

In the article by Khan et al, “Trends of Clinical and Health Care Resource Utilization in Heart Failure Admissions in the United States” (*J Am Heart Assoc.* 2020;9:e016782. DOI: 10.1161/JAHA.120.016782), corrections were needed.

After publication, it was brought to the authors’ attention that they had not applied the cost-to-charge ratio adjustment in estimating the costs reported in this study. The Healthcare Cost and Utilization Project provides ‘charges’ for hospitalizations with additional files to estimate the ‘cost of care’ from those charges. The specific corrections to the article are as follows:

The last sentence of the Methods and Results in the Abstract, which read “The adjusted mean cost of stay increased from \$51 548 to \$72 075 ($P<0.001$; average annual increase, 2.78%), which was partially explained by the higher proportion of procedures (echocardiogram, right heart catheterization, use of ventricular assist devices, coronary artery bypass grafting) and the higher incidence of HF complications (cardiogenic shock, respiratory failure, ventilator, and renal failure requiring dialysis)” has been corrected to read “The inflation adjusted mean cost of stay increased from \$14,301 to \$17,925 ($P<0.001$) (average annual increase, 1.52%), which was partially explained by the higher proportion of procedures (echocardiogram, right heart catheterization, use of ventricular assist devices, coronary artery bypass grafting) and the higher incidence of HF complications (cardiogenic shock, respiratory failure, ventilator, and renal failure requiring dialysis).”

On page 2, in the Statistical Analysis section of the Methods, the following sentence has been added: “The Healthcare Cost and Utilization Project Cost-to-Charge Ratio File was used to calculate costs, by multiplying the charges by the cost-to-charge ratio.”

On page 3, in the Results, under the heading Trends in Length of Stay and Resource Use, the following sentence has been added: “The adjusted mean cost of stay increased from \$14,301 to \$17,925 ($P<0.001$) (average annual increase, 1.52%).”

On page 6, in the Discussion, the following sentence has been added: “Our results validate this impression by reporting a 1.52% annual rise in cost burden since 2002.”

In Figure 2B, along the Y axis, the mean cost of stay (US\$) has been changed from 40000–80000 to 12000–19000 after applying the cost-to-charge ratio adjustment.

In Table 2, under “resource use” the authors have now added a row for “Cost of hospitalization-mean (SD), \$ (unadjusted)”.

In Figure 3A, along the Y axis, the total cost of stay (US\$) has been changed from 0–140000 million to 0–40000 million.

After the corrections, the absolute numbers have changed for mean and total cost of care estimates, but these changes have not altered the results and conclusions of the article.

The authors apologize for the errors.

The online version of the article has been updated and is available at <https://www.ahajournals.org/doi/10.1161/JAHA.120.016782>