
Insurance Status Affects Outcomes For Brain Tumour Patients



Uninsured brain tumour patients or those who use Medicaid experience longer hospital stays and are more likely to develop medical complications, compared to patients with private health insurance. The insurance status of patient populations served by different hospitals should be considered in the assignment of hospital quality ratings, which are influenced by patient outcomes. These findings from a new study by researchers at the University of Florida are published in the journal *Neurosurgery*.

Quality Ratings Do Not Always Reflect Differences In Patient Populations

A study which analysed data from the National Outpatient Sample, the largest such database in the US, indicated that Medicaid patients and the uninsured experienced longer stays in the hospital, even when controlling for hospital and patient factors, which may be a direct consequence of their insurance status. The data referred to 566,346 hospital admissions for brain tumours between 2002 and 2011. The sample did not identify individual patients or their hospitals.

"This type of research is important from a global standpoint to understand what goes into quality assessment, how hospitals are ranked based on quality and which patients are potentially high-risk. The true benefit is identifying areas of improvement and making things better for patients," said Dr. Maryam Rahman, the study's senior author and an assistant professor in the neurosurgery department at the University of Florida.

The Power of Prevention

According to Rahman, hospitals which publicise low complication rates may be caring for people with relatively lower risks. Medicaid patients and the uninsured are more likely to wait until their symptoms are severe before seeking care, sometimes ending up in the emergency room. By that point, the tumours could be more developed, which greatly affects patient outcomes.

"When private-insurance patients start to have a problem, it gets picked up really fast. They go to a primary doctor, who makes a quick referral to a neurologist or neurosurgeon," said Dr. Kristopher G. Hooten, the study's lead author and a resident in the University of Florida College of Medicine's neurosurgery department. "It's both an access-to-care and a quality-of-care issue before patients are admitted."

Care Does Not Differ, But Outcomes Do

The researchers found that Medicaid recipients and uninsured patients were nearly twice as likely as the privately insured to experience problems with blood sugar, and were at a greater risk for "hospital-acquired conditions" such as pressure ulcers and vascular catheter infections. However, these difficulties are not associated with differences in hospital care related to insurance status. In fact, after adjusting for hospital and patient factors, the occurrence of hospital-acquired conditions and patient outcomes were similar. Length of stay discrepancies, however, could not be explained.

Hooten explained that Medicaid patients are more likely than patients with private insurance to have multiple medical problems which complicate their recovery. The additional problems are a contributing factor to their longer stays and their increased likelihood of going to a hospice, nursing home or rehabilitation centre instead of returning home. Death rates are 25 percent higher for this group compared to privately insured patients.

Hooten and Rahman are hopeful that their research results will be used to help patients identify risky conditions like obesity which contribute to other serious medical problems, to improve disparities in medical care, and to influence healthcare policy.

Source: [University of Florida](#)

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