

Explanation of “Primary Payer Status Studies” by UVA Health System October 21, 2013

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UVA Health System Primary Payer Studies

Title of Study	Authors	Publication	Database
1. "Primary Payer Status Affects Mortality for Major Surgical Operations"	Damien J. LaPar, MD, Castigliano M. Bhamidipati, DO, Carlos M. Mery, MD, MPH, George J. Stukenborg, PhD, David R. Jones, MD, Bruce D. Schirmer, MD, Irving L. Kron, MD, and Gorav Ailawadi, MD	<i>Annals of Surgery</i> , September 2010	Nationwide Inpatient Sample
2. "Primary Payer Status Affects Outcomes for Cardiac Valve Operations"	Damien J. LaPar, MD, Castigliano M. Bhamidipati, DO, Dustin M. Walters, MD, George J. Stukenborg, PhD, Christine L. Lau, MD, Irving L. Kron, MD, and Gorav Ailawadi, MD	<i>Journal of the American College of Surgeons</i> , May 2011	Nationwide Inpatient Sample
3. "Primary Payer Status is Associated With Mortality and Resource Utilization for Coronary Artery Bypass Grafting"	Damien J. LaPar, MD, George J. Stukenborg, PhD, Richard A. Guyer, BA, Matthew L. Stone, MD, Castigliano M. Bhamidipati, DO, Christine L. Lau, MD, Irving L. Kron, MD, and Gorav Ailawadi, MD	<i>Circulation</i> , (American Heart Association) September 11, 2012	Nationwide Inpatient Sample
4. "Primary Payer Status is Significantly Associated With Postoperative Mortality, Morbidity, and Hospital Resource Utilization in Pediatric Surgical Patients Within the United States"	Matthew L. Stone, MD, Damien J. LaPar, MD, Daniel P. Mulloy, MD, Sara K. Rasmussen, MD, Bartholomew J. Kane, MD, Eugene D. McGahren, MD, and Bradley M. Rodgers, MD	<i>Journal of Pediatric Surgery</i> , January 2013	Kids' Inpatient Database

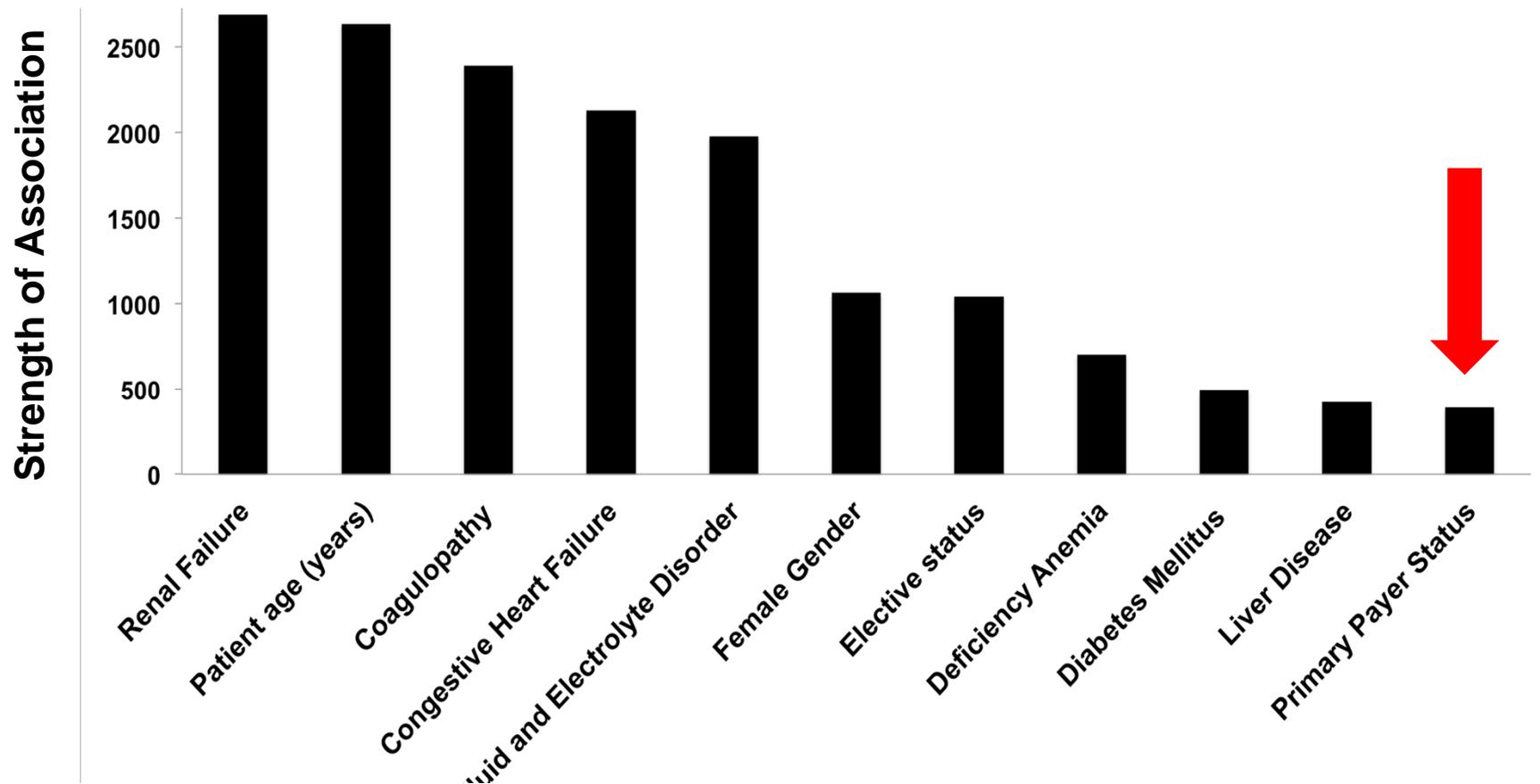
Conclusion

- Purpose of the studies was to show that payer status is a predictor of risks of surgery faced by patients
- Purpose of the studies was not to show, and does not show, that the Medicaid program negatively affects patient's health

Methodology

- The studies evaluated major surgical operations occurring over a multi-year period, stratified by primary payer status, on three outcomes: in-hospital mortality, length of stay, and total costs incurred.
- The studies controlled for variables such as age, gender, income, geographic region, operation, and comorbid conditions.

Mortality More Dependent on Patient Risk Than Payer Status



Significant Differences in Baseline Characteristics Between Medicaid and Uninsured Populations

Comorbid Disease	Medicaid	Uninsured	P
Congestive Heart Failure	3.1%	1.5%	<0.001
Chronic Lung Disease	22.1%	16.7%	<0.001
Diabetes	3.6%	2.0%	<0.001
Liver Disease	2.8%	1.5%	<0.001
Electrolyte Disturbance	18.3%	16.5%	<0.001
Metastatic Cancer	7.8%	7.0%	<0.001
Paralysis	1.6%	0.5%	<0.001
Pulmonary Hypertension	0.4%	0.3%	<0.001
Renal Failure	4.6%	2.3%	<0.001
Malnutrition	4.4%	3.1%	<0.001
Elective Hospital Admission	47.7%	36.9%	<0.001

Uninsured with Higher Odds of Mortality Than Medicaid in CABG Population

Table 5

Adjusted Odds Ratios and Means for the Effect Of Primary Payer Status on Outcomes among Patients Undergoing Cardiac Valve Operations

Outcomes	Medicare	Medicaid	Uninsured	Private Insurance	AUC
In-hospital mortality	1.36 (1.26-1.47)*	1.71 (1.49-1.95)*	2.01 (1.70-2.39)*	1.0	0.88
Any hospital complications	1.04 (1.01-1.08)*	1.10 (1.02-1.18)*	1.21 (1.10-1.33)*	1.0	0.78
Wound complications	1.34 (1.19-1.51)*	1.48 (1.18-1.85)*	1.77 (1.34-2.33)*	1.0	0.73
Infectious complications	1.08 (0.95-1.24)	1.28 (0.99-1.64)	1.25 (0.87-1.78)	1.0	0.76
Urinary complications	0.87 (0.79-0.96)*	0.98 (0.79-1.21)	1.05 (0.77-1.42)	1.0	0.81
Pulmonary complications	0.97 (0.92-1.01)	0.95 (0.86-1.04)	1.14 (1.01-1.28)	1.0	0.78

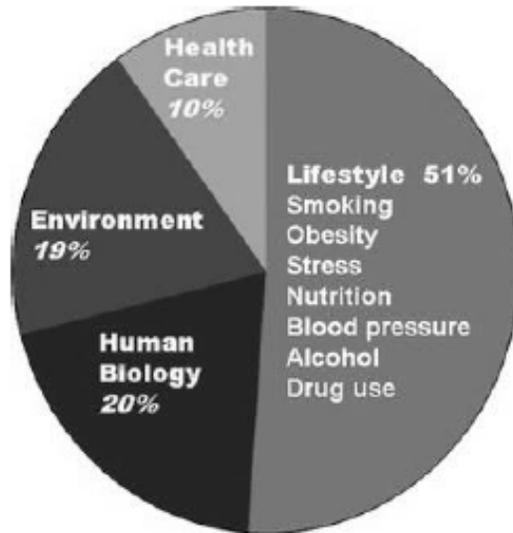
Findings

- There are lower mortality (death) rates for patients with private insurance than Medicaid and uninsured patients.
- Medicaid and uninsured patients have increased lengths of stay and total costs as compared to patients with private insurance.

Conclusions of the Studies

- Medicaid and uninsured payer status confer increased risk-adjusted mortality as compared to insured patients.
- Primary payer status should be considered as a risk factor during pre-operative planning.

**Overheard
Medicaid is
worse than no
coverage at all**

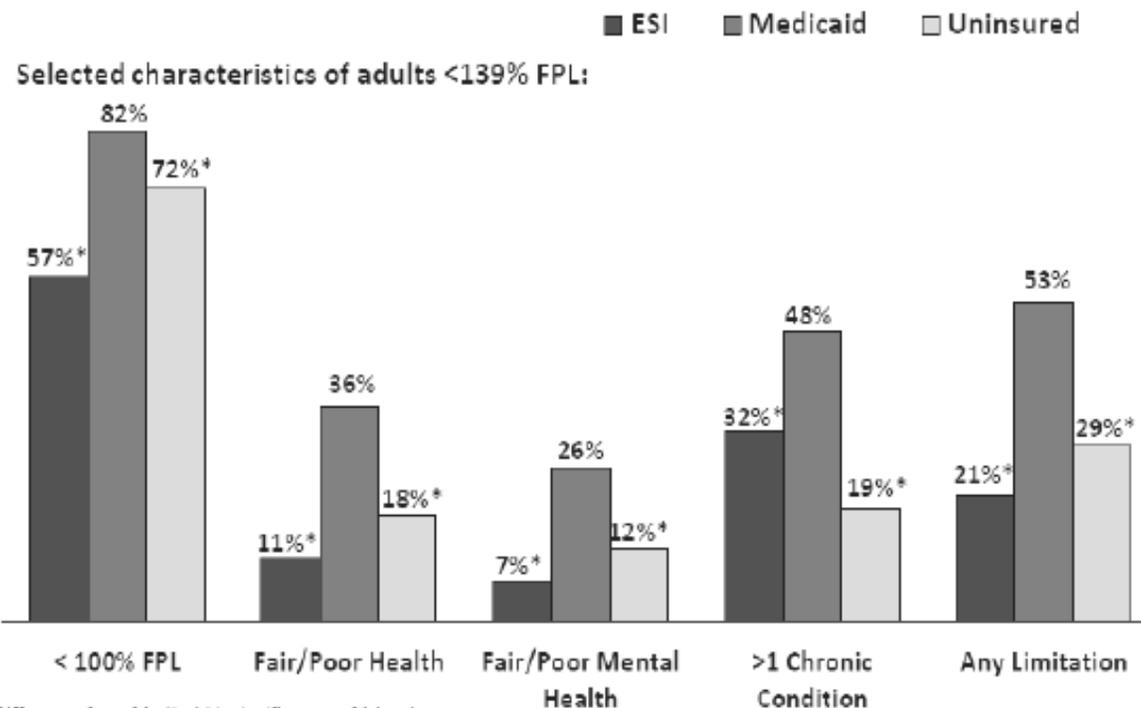


- Medicaid was designed to provide health coverage for low-income children and families who lack access to private coverage because of limited finances, health status, and/or severe physical, mental health, intellectual or developmental disabilities.

- Because of Medicaid's eligibility criteria and the strong correlation between poverty and poor health and disability, Medicaid beneficiaries are poorer and have poorer health profiles compared with privately insured and the insured.

Kaiser Family Foundation, August 2013

Adults with Medicaid are both poorer and sicker than low-income adults with private health insurance.



*Difference from Medicaid is significant at .01 level.

SOURCE: Coughlin T et al., *What Difference Does Medicaid Make: Assessing Cost Effectiveness, Access, and Financial Protection under Medicaid for Low-income Adults*, Kaiser Commission on Medicaid and the Uninsured, May 2013. Appendix Table 1, data from 2003-2009 MEPS.

Source: Dr. Bill Hazel, Secretary of Health and Human Resources, Presentation to the Medicaid Innovation and Reform Commission, August 19, 2013

Take Aways

- Purpose of the studies was to show that payer status is a predictor of risks of surgery faced by patients
- Purpose of the studies was not to show, and does not show, that the Medicaid program negatively affects patient's health
- Despite higher risk profiles, Medicaid patients may do better than uninsured in many surgical populations.