

Health Insurance-Related Disparity

Identifying disparities in health [outcomes](#) related to modifiable patient factors can improve [patient care](#).

To compare the likelihood of withdrawal of [life-supporting treatment](#) (WLST) and mortality in patients with complete [cervical spinal cord injury](#) (SCI) with different types of [insurance](#).

This [retrospective cohort study](#) collected data between 2013 and 2020 from 498 [trauma centers](#) participating in the Trauma Quality Improvement Program. Participants included adult patients (older than 16 years) with complete cervical SCI. Data were analyzed from November 1, 2023, through May 18, 2024.

Exposure: Uninsured or [public health insurance](#) compared with [private health insurance](#).

Main outcomes and measures: Coprimary outcomes were WLST and mortality. The adjusted odds ratio (aOR) of each outcome was estimated using hierarchical logistic regression. Propensity score matching was used as an alternative analysis to compare public and privately insured patients. Process of care outcomes, including the occurrence of a hospital complication and length of stay, were compared between matched patients.

Results: The study included 8421 patients with complete cervical SCI treated across 498 trauma centers (mean [SD] age, 49.1 [20.2] years; 6742 male [80.1%]). Among the 3524 patients with private insurance, 503 had WLST (14.3%) and 756 died (21.5%). Among the 3957 patients with public insurance, 906 had WLST (22.2%) and 1209 died (30.6%). Among the 940 uninsured patients, 156 had WLST (16.6%) and 318 died (33.8%). A significant difference was found between uninsured and privately insured patients in the adjusted odds of WLST (aOR, 1.49; 95% CI, 1.11-2.01) and mortality (aOR, 1.98; 95% CI, 1.50-2.60). Similar results were found in subgroup analyses. Matched public compared with private insurance patients were found to have significantly greater odds of hospital complications (odds ratio, 1.27; 95% CI, 1.14-1.42) and longer hospital stays (mean difference 5.90 days; 95% CI, 4.64-7.20), which was redemonstrated on subgroup analyses.

In this study, health insurance types were associated with significant differences in the odds of WLST, mortality, hospital complications, and days in hospital among patients with complete cervical SCI. Future work is needed to incorporate patient perspectives and identify strategies to close the quality gap for the large number of patients without [private health insurance](#) ¹⁾.

¹⁾

Shakil H, Essa A, Malhotra AK, Jaffe RH, Smith CW, Yuan EY, He Y, Badhiwala JH, Mathieu F, Sklar MC, Wijeyesundera DN, Ladha K, Nathens AB, Wilson JR, Witiw CD. Insurance-Related Disparities in Withdrawal of Life Support and Mortality After Spinal Cord Injury. JAMA Surg. 2024 Aug 14. doi: 10.1001/jamasurg.2024.2967. Epub ahead of print. PMID: 39141362.

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