

Does a person's insurance coverage affect their access to quality cancer care?

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Does a person's insurance coverage affect their access to quality cancer care? According to researchers at Fox Chase Cancer Center, insurance coverage may not only affect a patient's access to health care, but also the quality of care they receive. Research findings, presented today at the American Urological Association's Annual Meeting, may have implications for a national debate on healthcare reform.

"We discovered a discrepancy in the type of surgical treatment patients are offered based on their health insurance," says Robert G. Uzzo, MD, chairman of the department of surgery at Fox Chase and the study's lead author. His research evaluated differences in surgical treatment for [kidney cancer](#) based on a patient's health insurance carrier. The study explored this question in one specific area of medicine, but the results may have implications for other areas of medicine as well.

The study results showed that kidney cancer patients with Medicare as their primary payer were more likely to have their kidney surgically removed entirely (radical nephrectomy) whereas those with private insurance were offered surgery to preserve organ function (partial nephrectomy).

"The notion that the kind of insurance you have can affect the quality of the care you receive has implications for the ongoing discussion about national [health care](#) reform. This research raises important questions for the government to consider," adds Uzzo. "As our national leaders begin to discuss health care reform, it will be important to keep in mind that

who pays for the care can affect the quality of care received."

Kidney cancer is commonly treated by surgically removing the entire organ, but this is often unnecessary. Due to its technical demands, however, kidney-sparing surgery remains widely underutilized except at high-volume academic centers, where surgeons are experienced not only in resection of very complex kidney tumors but also in minimally-invasive techniques to treat patients with kidney cancer.

There are numerous long-term health benefits to patients when the non-cancerous portion of the kidney can be preserved. These include preserving maximum kidney function, reducing the risk of dialysis down the road and a longer life expectancy.

Uzzo's study evaluated the potential impact of a patient's primary insurance status as it relates to the likelihood of the patient undergoing a radical or partial nephrectomy. The study relied on inpatient discharge data from nearly 42,000 adult patients in New York, New Jersey and Pennsylvania over a six-year period.

The study results revealed that disparities in quality of care exist. Patients 65 and over, with Medicare coverage, were significantly less likely to undergo kidney-sparing surgery for treatment of renal malignancy ([kidney cancer](#)) than patients whose primary payer was a private insurance carrier.

Source: Fox Chase Cancer Center ([news](#) : [web](#))

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