

# Uninsured Americans have 50 percent higher odds of dying in hospital from heart attack or stroke

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An analysis of over 150,000 hospital discharges has revealed that there are significant insurance related differences in hospital mortality, length of stay, and costs among working-age Americans (age 18-64 years) hospitalized for acute myocardial infarction (AMI), stroke, or pneumonia. These three conditions are among the leading causes of non-cancer in-patient deaths in patients under 65 years old. The analysis is published today in the *Journal of Hospital Medicine*.

Compared with the privately insured, hospital mortality among AMI and stroke patients was significantly higher for the uninsured, 52% and 49% higher odds, respectively, and 21% higher among [Medicaid](#) recipients with pneumonia. Length of stay was significantly longer for Medicaid recipients for all three conditions while hospital costs were higher for Medicaid recipients for stroke and pneumonia, but not AMI. These disparities in hospital care were present even after accounting for differences in baseline health, socioeconomic status, and disease severity.

With about one in five working-age Americans currently uninsured and a large number relying on Medicaid, adequate access to quality health care services is becoming increasingly difficult. Although numerous studies have focused on insurance related disparities in the outpatient setting, few nationally representative studies have examined such disparities among hospitalized patients. The current study is a retrospective

database analysis of 154,381 adult discharges with a principal diagnosis of AMI, [stroke](#), or pneumonia from the 2005 Nationwide Inpatient Sample.

"We hope that the results of our study will broach a national dialogue on whether provider sensitivity to [insurance status](#) or unmeasured sociodemographic and clinical prognostic factors are responsible for the observed disparities and stimulate additional research to find answers to these questions," said lead author Dr. Omar Hasan of Harvard Medical School and Brigham and Women's Hospital in Boston, USA.

"The new healthcare bill will bring vast changes to the insurance status of millions of Americans, and we hope that our work will provoke policymakers, healthcare administrators, and practicing physicians to consider devising policies to address potential insurance related gaps in the quality of inpatient care."

Compared with the privately insured, uninsured and Medicaid patients were generally younger, less likely to be white, more likely to have lower income, and more likely to be admitted through the emergency department (ED). The researchers speculated that being admitted through the ED could indicate more severe illness at admission, possibly due to a delay in seeking treatment.

"The presence of substantial variability in healthcare utilization and outcomes for these three common conditions suggests that more needs to be done to ensure that every hospital patient receives appropriate evidence-based care," added Hasan.

**More information:** Hasan O, Orav EJ, Hicks LS; Insurance Status and Hospital Care for Myocardial Infarction, Stroke, and Pneumonia; Journal of Hospital Medicine 2010; [DOI: 10.1002/jhm.687](https://doi.org/10.1002/jhm.687)

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