

Study finds hospitals of last resort deliver lower quality of lung cancer care

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A new study finds that lung cancer patients treated in hospitals that care for a high percentage of uninsured and Medicaid-insured patients, so-called "high safety-net burden facilities," were significantly less likely to undergo surgery that was intended to cure the cancer compared to patients treated at low safety-net burden facilities. This difference persisted even after controlling for other factors that significantly decreased the likelihood of curative-intent surgery, such as race, insurance status, stage, and female gender as well as other hospital characteristics.

This study is the first to examine the impact of safety-net burden status on access to curative-intent surgery for [lung cancer patients](#) nationwide. Researchers led by Katherine S. Virgo, Ph.D., used the National Cancer Database (NCDB) to review the treatment of more than 50,000 patients diagnosed with non-small cell [lung cancer](#) who were treated at American College of Surgeons Commission on Cancer accredited facilities throughout the United States. They found that 67.1 percent of patients treated at high safety-net burden hospitals underwent surgery intended to cure their disease, compared to 77.1 percent of those at low safety-net burden centers (odds ratio 0.69; 95% CI, 0.62-0.77).

"This study adds to the growing literature about the ability of the so-called safety-net to catch patients in need of care," said Dr. Virgo. "It demonstrates that access to high quality lung cancer care is less than optimal at high-safety net burden facilities."

The authors say while the reasons for the [disparities](#) are not fully understood, it appears that reimbursement issues may play a role. Some care centers likely lack full and unrestricted availability and/or participation of specialists, including [thoracic surgeons](#), because treating uninsured and Medicaid-insured patients is less lucrative and/or hospital compensation is insufficient. Addressing the problem may require innovative solutions to ensure quality cancer care by strengthening the safety net to ensure needy patients receive appropriate care, including securing additional funding for safety-net facilities.

More information: Virgo KS, Little AG, Fedewa SA, Chen AY, Flanders WD, Ward EM. Safety-Net Burden Hospitals and Likelihood of Curative-Intent Surgery for Non-Small Cell Lung Cancer. Journal of the American College of Surgeons - 09 September 2011 (10.1016/j.jamcollsurg.2011.07.014)

Provided by American Cancer Society

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