

Study finds Massachusetts health reform leads to increased inpatient surgical procedures

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Researchers from Boston University Schools of Medicine and Public Health (BUSM, BUSPH), along with the VA Boston Healthcare System and Harvard Medical School, have found inpatient medical procedures increased more among non-elderly, lower- and medium- income populations, Hispanics and whites, after health care reform went into effect in Massachusetts. The findings, which currently appear in *Medical Care*, suggest improved access to outpatient care for vulnerable subpopulations since health care reform took effect.

The 2006 Massachusetts [health reform](#) implementation substantially decreased the number of uninsured in the state. Yet, little is known about the reform's impact on actual [healthcare utilization](#) among poor and [minority populations](#), particularly for inpatient surgical procedures that are commonly initiated by outpatient physician referral.

Researchers used discharge data on Massachusetts hospitalizations for 21 months preceding and following health reform implementation (July 2006–December 2007). They identified all non-obstetrical major therapeutic procedures for patients 40 years and older and for which more than 70 percent of hospitalizations were initiated by an outpatient physician referral. Specifically, they compared pre- and post-reform utilization of major therapeutic inpatient surgical procedures predominantly scheduled by outpatient referrals among non-elderly Massachusetts adults, and found greater overall increases for lower

income cohorts compared to the highest income cohort, and for Hispanics compared to whites.

"Prior to reform, both blacks and Hispanics had lower rates of these procedures compared to whites. As 90 percent of all surgeries came from outpatient physician referral, these findings suggest a meaningful improvement in access to [outpatient care](#) for the surgeries studied, especially those living in lower income areas," explained senior author Nancy Kressin, PhD, professor of medicine at BUSM.

Findings of significant post-reform expansion in procedure use for Hispanics and lower area income patients are consistent with the relatively larger gains in insurance coverage among these subpopulations. These findings suggest potentially improved access to outpatient care and may reflect demand built up prior to reform when individuals were uninsured. "Whether such improved access – a crucially important first step to improving equity in access and outcomes – translates into improved clinical outcomes at a reasonable cost merits further study," added Kressin.

Provided by Boston University Medical Center

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