

# Medicaid patients at higher risk of complications after spine surgery

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Among patients undergoing spinal surgery, Medicaid beneficiaries are at higher risk of experiencing any type of complication, compared to privately insured patients, reports a study in the July 15 issue of *Spine*.

"Medicaid [insurance status](#) is a risk factor for perioperative complications," according to the research by Dr Jacques Henri Hacquebord of University of Washington, Seattle, and colleagues. They believe their study draws attention to the "often unacknowledged" problem of underinsurance.

## Insurance Status Affects Spinal Surgery Outcomes

The researchers analyzed outcomes in a database of nearly 1,600 patients undergoing [spinal surgery](#) over a two-year period. Type of insurance was evaluated as a predictor of any type of complication or adverse outcome within two years after surgery.

On analysis of insurance status, about 23 percent of procedures were paid by Medicaid, which covers low-income Americans; and a similar percentage by Medicare, which mainly covers people aged 65 and older. Outcomes were compared with the 38 percent of patients covered by [private insurance](#). (The remaining patients had other sources of insurance or were "self-pay" patients.)

On [initial analysis](#), the risk of adverse outcomes was nearly three times

higher for Medicare beneficiaries, compared to privately insured patients. However, after controlling for age, Medicare insurance status was not a significant risk factor for complications after spinal surgery.

In contrast, Medicaid recipients were at significantly increased risk of adverse outcomes: 68 percent higher than for patients with private insurance. The effects of Medicaid insurance on complication rate remained significant, and in fact were somewhat stronger, after adjustment for other factors.

## **Medicaid Patients Face Risk of Underinsurance**

As reported in a previous study using the same database, several medical factors were associated with an increased risk of adverse outcomes: [heart failure](#), bleeding disorders, and trauma or infection as the cause of spinal disease. The strongest risk factor was the invasiveness of spinal surgery: risk of complications was 11 times higher for patients in the most-invasive category.

Several previous studies have looked at risk factors affecting the risk of complications after spinal surgery. However, the new study is the first to focus on the impact of insurance status, in a large group of spinal surgery patients.

The results show an increased [complication rate](#) for Medicaid patients undergoing spinal surgery, even after other factors are taken into account. That's consistent with many studies reporting increased rates of adverse outcomes, including death, in Medicaid patients with a wide range of medical diagnoses.

The findings add to growing concern over the health consequences of underinsurance, defined as insurance coverage that is "in some way inadequate." Underinsured patients may lack needed benefits or services,

have limited access to healthcare, or face unreasonable out-of-pocket costs.

Low-income patients on Medicaid may face any or all of these barriers to care. Low education and poor understanding of medical conditions and treatment may also be a contributing factor. "Therefore, rather than being a risk factor on its own, insurance status more likely serves as a proxy for other variables," Dr Hacquebord and coauthors write.

If outcomes are consistently worse for Medicaid patients, that might affect quality-of-care ratings—and potentially reimbursement—for hospitals serving a large Medicaid population, the researchers add. They conclude. "[J]ust as medical and surgical co-morbidity factors should be taken into account when considering the safety of surgery and likelihood of complication, Medicaid status should be considered as well."

Provided by Wolters Kluwer Health

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