

Study estimates effect on surgery following national health insurance expansion

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Full implementation of the Affordable Care Act's (ACA) national health insurance expansion could result in many more discretionary surgical procedures in the next few years based on how utilization changed after an earlier insurance reform in Massachusetts.

The potential effect of the ACA on surgical care is not well known. The authors examined its possible effect by analyzing the Massachusetts insurance expansion and utilization of discretionary and nondiscretionary surgical procedures.

The authors used state inpatient databases from Massachusetts and two control states (New Jersey and New York) to identify adults who underwent discretionary procedures (e.g. elective procedures such as joint replacement and back surgery) and nondiscretionary procedures (e.g. cancer surgery and hip fracture repair) from 2003 through 2010. The transition point for insurance reform was July 2007.

A total of 836,311 surgical procedures were identified during the study period. Insurance expansion was associated with a 9.3 percent increase in discretionary surgery in Massachusetts and a 4.5 percent decrease in nondiscretionary [surgery](#). Authors estimate the ACA could yield an additional 465,934 discretionary surgical procedures by 2017.

"Our collective findings suggest that insurance expansion leads to greater utilization of discretionary inpatient procedures that are often performed to improve quality of life rather than to address immediately life-

threatening conditions. Moving forward, research in this area should focus on whether greater utilization of such procedures represents a response to unmet need or changes in treatment thresholds driven by patients, providers or some combination of the two." Chandy Ellimoottil, M.D., of the University of Michigan, Ann Arbor, and colleagues wrote in their *JAMA Surgery* paper.

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