

Hospital volume not linked to costs of cancer surgery

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(HealthDay)—Hospital surgical volume does not appear to correlate with Medicare payments for cancer surgery, according to research published online Nov. 24 in the *Journal of Clinical Oncology*.

Hari Nathan, M.D., Ph.D., of the Memorial Sloan Kettering Cancer Center in New York City, and colleagues assessed risk-adjusted 30-day episode Medicare payments for elderly patients undergoing cancer surgery. The relationship between hospital volume and payments was evaluated.

The researchers found differences between the first and third terciles of cost, ranging from 27 percent for cystectomy to 40 percent for colectomy. Most of the variation in cost (66 to 82 percent) was attributed to the cost of the index hospitalization, and not costs related to readmissions or physician services. Neither total risk-adjusted payments

nor complication rates were associated with hospital volume. Complication rates were associated with 47 to 70 percent higher costs.

"Cost was strongly associated with postoperative complications and primarily driven by differences in the cost of the index hospitalization," the authors write. "Efforts to prevent and cost-effectively manage complications are more likely to reduce costs than volume-based referral of [cancer surgery](#) alone."

One author disclosed financial ties to Genentech.

More information: [Abstract](#)
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