

Transition to public insurance ups post-heart transplant death

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(HealthDay)—For patients receiving first-time orthotopic heart

transplants, transition from private to public health insurance is associated with increased mortality, according to a study published online Sept. 13 in *Circulation: Cardiovascular Quality and Outcomes*.

Dmitry Tumin, Ph.D., from The Ohio State University College of Medicine in Columbus, and colleagues identified adults aged 18 to 64 years receiving first-time orthotopic heart transplants between July 2006 and December 2013. They categorized patients surviving more than one year according to insurance status trajectory (private versus public) at wait listing, transplantation, and one-year follow-up.

The researchers found that among the 9,088 patients who survived to one year, continuous [public insurance](#) and transition from private to public insurance correlated with increased mortality compared with continuous private insurance (hazard ratios, 1.36 and 1.25, respectively). In additional analyses of 11,247 patients with all durations of post-transplant survival, the transition from private to public insurance correlated with increased mortality (hazard ratio, 1.25), while lower mortality was seen for the transition from public to private insurance (hazard ratio, 0.78).

"Transition from private to public insurance after heart transplantation is associated with worse long-term outcomes, compounding disparities in post-transplant survival attributed to insurance status at transplantation," the authors write. "By contrast, post-transplant gain of [private insurance](#) among patients receiving publicly funded heart transplants was associated with improved outcomes."

More information: [Abstract](#)

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