

Study finds Medicare advantage may put complex cancer surgery patients at a disadvantage

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An analysis by researchers at City of Hope, one of the largest cancer research and treatment organizations in the United States, found that

cancer patients with privatized, cost-saving Medicare Advantage were more likely than those with traditional Medicare to go to hospitals with physicians less experienced at performing complicated surgeries, and that they were more likely to die within the first 30 days after the removal of their stomach, pancreas or liver. The study was recently published in the *Journal of Clinical Oncology*.

The finding is important because nearly half of all Medicare beneficiaries—an estimated 29 million Americans—are enrolled in Medicare Advantage plans. And of the 6.6 million Medicare-eligible Californians, nearly half (47%) are enrolled in Medicare Advantage plans.

With traditional Medicare, beneficiaries typically may go to any doctor or hospital in the U.S. that takes Medicare, whereas in most cases, Medicare Advantage beneficiaries can see only doctors and providers who are in the plan's network and service area.

"The study suggests that cancer patients with Medicare Advantage would experience better short-term health outcomes if more of them had access to hospitals that frequently perform complex cancer surgery," said Mustafa Raof, M.D., M.S., surgical oncologist at City of Hope and lead author of the new study. "Research has repeatedly linked improved surgical outcomes to cancer patients who receive care at a National Cancer Institute-designated cancer center, such as City of Hope, or at hospitals with high surgery volumes or that are accredited by the Commission on Cancer."

City of Hope is a federally recognized comprehensive cancer center known for its state-of-the-art research focused on developing new and better approaches to preventing, diagnosing and treating cancer.

"Dr. Raof and colleagues' study shows that far too many Medicare

Advantage beneficiaries lack access to optimal cancer care and suffer adverse outcomes as a result," said Joseph Alvarnas, M.D., [vice president](#) for government affairs at City of Hope, who was not involved in the study.

In the retrospective study, City of Hope researchers analyzed California Cancer Registry data from 76,655 Medicare beneficiaries who underwent elective inpatient cancer surgery of the lung, esophagus, stomach, pancreas, liver, colon or rectum.

They found that cancer patients who had their stomach or liver removed and had Medicare Advantage were 1.5 times more likely to die within the first month after surgery compared to their peers with traditional Medicare. Similarly, Medicare Advantage beneficiaries who had oncologic surgery of the pancreas were twice as likely to die within the first month, the study showed.

People with traditional Medicare were more likely to be treated at a teaching hospital (23% vs. 8%), hospital accredited by the Commission on Cancer (57% vs. 33%) or National Cancer Institute-designated cancer center (15% vs. 3%). Traditional Medicare beneficiaries were also more likely to be treated at hospitals with a higher median number of total beds, ICU beds, operating rooms and annual inpatient surgical volume.

Medicare Advantage beneficiaries, on the other hand, experienced a delay of more than two weeks from diagnosis to first course of therapy. A reason for the delay could be the required prior authorization that Medicare Advantage beneficiaries with an HMO have to undergo. While this referral process is intended to limit unnecessary medical care, it can cause delays for Medicare Advantage beneficiaries who need specialized services, such as complex cancer surgery.

"The study data can inform policymakers and insurers who want to

extend the lifespan of [cancer patients](#)," Raof said.

Alvarnas added, "As of end of this current enrollment period, 50% of Medicare beneficiaries will likely enroll in Medicare Advantage plans. While these plans can provide patients with some added benefits, a significant missed opportunity exists in the narrow network design that many of these plans utilize. Access to high expertise [cancer](#) care, including surgical care, produces better outcomes for patients."

More information: Mustafa Raof et al, Medicare Advantage: A Disadvantage for Complex Cancer Surgery Patients, *Journal of Clinical Oncology* (2022). [DOI: 10.1200/JCO.21.01359](https://doi.org/10.1200/JCO.21.01359)

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