



MIDWEST SURGICAL ASSOCIATION

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17. ASSOCIATION BETWEEN HOSPITALS CARING FOR DISPROPORTIONATELY HIGH MEDICARE BENEFICIARIES AND POST-SURGICAL OUTCOMES

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Background: Disparities in insurance status may influence access to care, as well as in-hospital patient outcomes. We sought to determine the impact of payer-mix on post-operative outcomes among Medicare beneficiaries following hepatopancreatic (HP) surgery.

Methods: Medicare beneficiaries who underwent HP surgery between 2013-2017 were identified in the Standard Analytic Files. The Hospital General Information dataset was used to obtain overall information of hospital quality markers. To identify the proportion of Medicare patient days versus all patient days, regardless of payer type, the Final Rule Dataset were utilized. Subsequently, hospitals were dichotomized (high burden vs. low burden) to identify those serving a disproportionately high number of Medicare beneficiaries (high burden).

Results: A total of 33,829 patients (median age: 72, IQR: 68-77; 51.6% male) were identified across 1631 hospitals. Compared to low burden hospitals, hospitals caring for a disproportionately high number of Medicare beneficiaries were less likely to be a teaching hospital ($n=574, 55.6\%$ vs. $n=193, 32.3\%$; $p<0.001$). High burden Medicare hospitals generally had improved quality indicators versus low burden hospitals. Specifically, high burden Medicare hospitals were overall more likely to be ranked higher than the national average relative to safety of care ($n=304, 29.4\%$ vs. $n=228, 38.1\%$; $p<0.001$), and timeliness of care ($n=159, 15.4\%$ vs. $n=157, 26.3\%$; $p<0.001$) compared with low burden Medicare hospitals. However, after adjusting for patient characteristics, Medicare beneficiaries who had an HP procedure at a high Medicare burden hospital were at higher risk of a complication (OR: 1.16, 95% CI: 1.07-1.26), as well as death during the index admission (OR 1.32, 95% CI 1.08-1.60) or within 30-days (OR 1.60, 95% CI 1.44-1.79) of surgery (all $p<0.05$).

Conclusion: While hospitals caring for a higher number of Medicare beneficiaries generally performed better on CMS quality indicators, these findings did not equate to improved post-operative outcomes following HP surgery. Rather, Medicare beneficiaries undergoing HP surgery at hospitals serving a high number of Medicare beneficiaries had worse outcomes.