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Regarding “Worse outcomes among uninsured general surgery patients: Does the need for an emergency operation explain these disparities?”

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To the Editors

I read with great interest the article entitled, “Worse outcomes among uninsured general surgery patients: does the need for an emergency operation explain these disparities?”¹ The authors are to be commended in furthering our knowledge about disparity research in emergency surgery.

In addition to the limitations outlined by the authors, there are several more that must be acknowledged. First, we know that in trauma patients, a very closely related group to emergency surgery patients, undiagnosed comorbidities substantially increase the uninsured patient’s risk of mortality. This finding makes intuitive sense; if you are not evaluated by a doctor, then you cannot be diagnosed with a comorbidity.² As a result, the Charlson Comorbidity Index, which the authors used in the multivariable analysis, is likely skewed toward a lower score (ie, fewer comorbidities) in the uninsured population. As a result, the data presented will not reflect the increased risk of complications including death and may be the reason why government-insured patients had poorer outcomes than the uninsured.

Second, I am interested in the author’s opinion on the forthcoming surveys of the Hospital Consumer Assessment of Healthcare Providers and Systems, which will, in part, determine reimbursement rates to medical institutions. Those institutions with greater scores will see greater reimbursement; conversely, lower scores result in deductions in reimbursement. If the patients who have worse outcomes also tend to carry government-backed insurance programs, isn’t it, therefore, likely that these patients will also submit lower HCAHP scores? In turn, won’t these lower scores lead to less reimbursement rates to the hospitals that need the money the most, namely ones in lower socioeconomic neighborhoods?

References

1. Schwartz DA, Hui X, Schneider EB, Ali MT, Canner JK, Leeper WR, et al. Worse outcomes among uninsured general surgery patients: does the need for an emergency operation explain these disparities? *Surgery*. 2014; 156:345–51. [PubMed: 24953267]
2. Duron VP, Monaghan SF, Connolly MD, Gregg SC, Stephen AH, Adams CA Jr, et al. Undiagnosed medical comorbidities in the uninsured: a significant predictor of mortality following trauma. *J Trauma Acute Care Surg*. 2012; 73:1093–8. discussion 1098–9. [PubMed: 23117376]