STATEWIDE MONITORING FOR EFFECT OF HEALTH INSURANCE COVERAGE ON USE OF CARDIAC SERVICES AND MORTALITY AFTER ACUTE MYOCARDIAL INFARCTION

Patrice Gregory, PhD, MPH; George Rhoads, MD, MPH; Alan Wilson, PhD; John Kosits, MD, for the MIDAS Study Group. UMDNJ-Robert Wood Johnson Medical School, New Brunswick, New Jersey.

Objectives: 1) Identify procedure use and mortality differences by payer status, 2) Understand the statewide monitoring system and its limitations, 3) Discuss possible explanations and future studies.

In a statewide system to monitor services and outcomes after acute myocardial infarction (AMI), the authors studied differences in use of angioplasty and coronary by-pass graft surgery after 90 days and mortality after 1 year of follow-up in Medicaid, self-pay or indigent, and HMO patients compared to privately insured fee-for-service patients. After controlling for age, race, sex and severity of illness in 6290 patients under age 65 in 1986, 5790 in 1990, and 6409 in 1993, Medicaid patients showed widest disparities in revascularization and mortality compared to privately insured patients. Procedures were less likely in Medicaid than privately insured patients (adjusted odds ratio (95% confidence interval) of 0.63 (0.53, 1.13) in 1986, 0.64 (0.42, 0.97) in 1990 and 0.69 (0.51, 0.94) in 1995) and death more likely (adjusted hazard ratio (95% confidence interval) of 1.54 (1.0, 2.24) in 1986, 1.26 (0.9, 1.64) in 1990, 2.13 (1.55, 2.88) in 1993). Patients listed as self pay or indigent consistently had less revascularization than privately insured (0.68 (0.51, 0.91) in 1986, 0.68 (0.56, 0.84) in 1990, 0.79 (0.67, 0.93) in 1993), but inconsistent differences in mortality (1.68 (1.33, 2.12) in 1986, 0.95 (0.7, 1.28) in 1990, 1.28 (0.99, 1.65) in 1993). HMO and privately insured patients had generally comparable rates of procedure use (0.79 (0.55, 1.12) in 1986, 0.91 (0.75, 1.10) in 1990, 1.02 (0.88, 1.19) in 1993) and mortality (1.10 (0.77, 1.58) in 1986, 0.93 (0.67, 1.29) in 1990, 0.93 (0.71, 1.23) in 1993). Possible explanations for differences will be discussed, as will the limitations of this monitoring system.