Uninsured Patients who Suffer a Stroke have Longer Hospitalizations than Insured Patients

M. Moussavi1,2, MD, Tefera Gezmu2, MPH, D. Korya MD3, A. Patel1 MD MPH, S. Panze1,3, MD, J. Kirrmann1,3MD, M. Gizz1,3, MD PHD FAHA, 1) New Jersey Neuroscience Institute at JFK Medical Center, Edison, NJ; 2) UMDNJ-School of Public Health, Piscataway, NJ; 3) Seton Hall University, South Orange, NJ.

BACKGROUND

The relationships between stroke-specific risk factors and patient characteristics such as race, age and gender with the functional outcome of patients following stroke is well documented. (1-3) Moreover, outcome from stroke varies by patients following stroke is well documented. (1)

OBJECTIVES

To determine the effect of insurance status on patient care among patients treated for stroke at a comprehensive stroke center and in a state based stroke registry.

METHODS

Two data sources were used to examine the effect of insurance status on patient care. The first data set was from our comprehensive stroke center at JFK Medical Center (NJNJ-JFK). These data have been described in detail elsewhere. (6)

RESULTS

Overall, more uninsured patients were admitted to Comprehensive Stroke Centers than Primary Stroke Centers (Table 3). Uninsured stroke patients at both at our hospital and in the state stroke registry were younger than the insured patients, most likely reflecting poorer primary prevention (Table 1). The frequencies of known cardiovascular disease and other risk factors were lower among uninsured patients in both datasets (Table 1). There were no statistically significant differences in stroke severity between uninsured and insured patients in either dataset, but uninsured patients remained in the hospital an average 2.5 days longer and left the hospital non discharge as an outcome measure.

Uninsured patients had poorer control over cholesterol, particularly LDL, and weight. There was no significant difference in diabetes control based on HbA1c (Table 2a)

Uninsured patients received the same frequency of tPA administration , less frequent provision of antithrombotics by day 2 but significantly better care with regard to DVT prophylaxis in our hospital (Table 2a).

CONCLUSIONS

Poor primary prevention and increased LOS add to the burden of disease and cost of acute care.

Uninsured patients appear to be unaware of their primary risk factors for cerebrovascular disease at the time of admission for stroke.

Acute stroke care provided to the uninsured is similar to that provided to the insured based on the Joint Commission’s core measures.

In a review of 251 charts for the uninsured at JFK Medical Center, we able to attribute 398 days of excess LOS to an inability to transfer patients to rehabilitation centers.

REFERENCES


CONTACTS

Tefera Gezmu, MPH  UMNJ-School of Public Health 663 Hoes Lane West, 2nd Floor, SPH Blvd., P.O. Box 9 Piscataway, New Jersey, 08854 Telephone: 732-979-4859  E-mail: gezmu@umdnj.edu

TABLES and CHARTS

TABLE 1: Demographic Characteristics of Acute Stroke Patients by Insurance Status

Table 2: Demographic Characteristics of Acute Stroke Patients by Diagnosis

Table 3: Acute Stroke Patients by Insurance Status

Table 4: Stroke Subtypes and Insurance Status

Table 5: Acute Stroke Patients by Diagnosis and Insurance Status

Table 6: Acute Stroke Patients by Diagnosis, insurance Status, and Severity

Table 7: Acute Stroke Patients by Diagnosis, insurance Status, and Recovery

Table 8: Acute Stroke Patients by Diagnosis, insurance Status, and Mortality

Table 9: Acute Stroke Patients by Diagnosis, insurance Status, and Risk Factors

Table 10: Acute Stroke Patients by Diagnosis, insurance Status, and Clinical Variables

Table 11: Acute Stroke Patients by Diagnosis, insurance Status, and Outcome Measures

Table 12: Acute Stroke Patients by Diagnosis, insurance Status, and Hospital Admissions

Table 13: Acute Stroke Patients by Diagnosis, insurance Status, and Rehabilitation Centers

Table 14: Acute Stroke Patients by Diagnosis, insurance Status, and Cost of Care

Table 15: Acute Stroke Patients by Diagnosis, insurance Status, and Quality of Care

Table 16: Acute Stroke Patients by Diagnosis, insurance Status, and Satisfaction

Table 17: Acute Stroke Patients by Diagnosis, insurance Status, and Follow-up

Table 18: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Outcomes

Table 19: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 20: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 21: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 22: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 23: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 24: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 25: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 26: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 27: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 28: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 29: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 30: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 31: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 32: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 33: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 34: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 35: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 36: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 37: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 38: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 39: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 40: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 41: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 42: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 43: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 44: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 45: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 46: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 47: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 48: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 49: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 50: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 51: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 52: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 53: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 54: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 55: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 56: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 57: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation

Table 58: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Mortality

Table 59: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Disability

Table 60: Acute Stroke Patients by Diagnosis, insurance Status, and Long-term Rehabilitation