Rates of Insurance for Injured Patients before and after Health Care Reform in Massachusetts: Another Case of Double Jeopardy?

Heena P. Santry
University of Massachusetts Medical School

Rates of Insurance for Injured Patients before and after Health Care Reform in Massachusetts: another case of double jeopardy?

Heena P. Santry, MD MS1,3*; Courtney E. Collins, MD 1; Jason T. Wiseman, MD1; Julie M. Flahive, MS1; Charles M. Psoinos, MD1; Zeling Chau, MD1; Shimul A. Shah, MD2; Catarina I. Kiefe, PhD MD3

1. Department of Surgery, University of Massachusetts Medical School; 2. Department of Surgery, University of Cincinnati Medical School; 3. Department of Quantitative Health Sciences, University of Massachusetts Medical School

*2010-2015 UMass Clinical Research Scholar

Background
As a result of healthcare reform (HCR), insurance rates among Massachusetts (MA) residents increased from 86.6% (2006) to 94.4% (2010) and conferred a 7.6% higher probability of being insured compared to neighboring states. The effect of an individual mandate on insurance rates among trauma patients is unknown.

Methods
This was retrospective analysis of adult (18-64yrs) trauma patients from MA and surrounding states (NH, RI, CT, NY, VT) treated at our level 1 trauma center in central MA before (2004-2005) and after (2009-2010) MA-HCR. We estimated changes in insurance rates across time-periods and state-residence.

Results
Before MA-HCR, 76.7% (1647/2,148) of injured MA residents had insurance compared to 84.3% (2088/2477) post-HCR (p<0.0001). Out-of-state residents experienced similar but non-significant increases (77.4% (206/266) before compared to 83.2% (223/268) after, p=0.09). Uninsured patients were younger (median age 29 (IQR23-40) vs. 39 (IQR25-50)) and more likely to be male (85.7% vs. 70.7%, p<0.0001), non-white (29.8% vs. 15.3%, p<0.0001), and injured due to penetrating trauma (14.9% vs. 7.9%, p<0.0001). In multivariable models, male sex (OR2.4 (2.0,2.9)), non-white race (OR2.2 (1.7,2.8)), penetrating injury (OR1.2 (1.0,1.4)), and time period (OR1.6 (1.4,1.8)) increased odds of insurance at the time of injury but state-residence did not.

Conclusions
In this single center study, time rather than HCR resulted in modest increases in insurance rates. However, MA-HCR was ineffectual at increasing insurance among trauma patients to levels comparable to the general public, suggesting certain factors may place certain subgroups in “double jeopardy” by simultaneously increasing risk of injury and precluding compliance with an individual mandate.

Word Count: 249 excluding headings

Funding Disclosure: The research reported in this publication was supported by the University of Massachusetts Clinical Scholar Award (HPS) through the National Center for Advancing Translational Sciences of the National Institutes of Health under award numbers UL1RR031982, 1KL2RR031981-01, and UL1TR000161. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.