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## Acute Coronary Syndromes

### PRIMARY PAYER STATUS AND OUTCOMES IN PATIENTS WITH ST-ELEVATION MYOCARDIAL INFARCTION UNDERGOING PRIMARY PERCUTANEOUS CORONARY INTERVENTION

Poster Contributions

Hall C

Saturday, March 29, 2014, 10:00 a.m.-10:45 a.m.

Session Title: Acute Coronary Syndromes: NSTEMI

Abstract Category: 1. Acute Coronary Syndromes: Clinical

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**Background:** Previous studies have shown that uninsured and Medicaid patients with acute myocardial infarction receive less invasive cardiac procedures and have poorer outcomes as compared to those with private insurance. However, the influence of primary payer status on outcomes in patients with ST-elevation myocardial infarction (STEMI) who receive primary percutaneous coronary intervention (pPCI) has not been examined.

**Methods:** We used the 2003-2011 Nationwide Inpatient Sample databases to identify all patients aged  $\geq 18$  years with STEMI admitted through the emergency room (i.e. all non-transfer patients) and who received pPCI. Multivariable logistic regression analysis was used to determine the association between primary payer status (Medicare, Medicaid, private or uninsured) and in-hospital mortality. The influence of primary payer status on length of stay and total hospital cost was also examined.

**Results:** Among 267,104 patients with STEMI who underwent pPCI, 100,810 (37.7%) had Medicare, 16,644 (6.2%) had Medicaid, 124,377 (46.6%) had private insurance, and 25,273 (9.5%) were uninsured. Unadjusted in-hospital mortality in Medicare (7%), Medicaid (4%), and uninsured (2.8%) patients was higher compared to private insurance patients (1.9%,  $p < 0.001$ ). After adjusting for age, gender, race, income, co-morbidities, and hospital characteristics, Medicaid (adjusted OR 1.50, 95% CI 1.36-1.67), uninsured payer status (adjusted OR 1.43, 95% CI 1.29-1.58), and Medicare (adjusted OR 1.34, 95% CI 1.24-1.44) were independently associated with higher in-hospital mortality. Length of stay was longest for Medicare patients ( $4.9 \pm 5.5$  days) and shortest for private insurance patients ( $3.7 \pm 3.5$  days,  $p < 0.001$ ). Medicaid patients accrued the highest unadjusted total hospital costs ( $\$28,377 \pm 28,087$ ,  $p < 0.001$ ).

**Conclusions:** Medicaid and uninsured payer status are associated with increased risk-adjusted in-hospital mortality in patients with STEMI undergoing pPCI. Medicaid payer status is also associated with the highest total hospital costs in these patients.