



# Effect of Insurance Status on Patient-reported Outcomes for Lumbar Stenosis Patients Treated Surgically

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## Introduction

Evaluate the effect of payer status on outcomes in adult patients treated surgically for lumbar spinal stenosis.

## Methods

Patients were evaluated as part of a quality outcomes database at a single institution. Data was obtained from 2012 – 2014 as part of a retrospective cohort. Outcome measures were evaluated at baseline, 3-months, and 12-months and analyzed in regard to payer status (private insurance versus Medicare/VA insurance).

## Results

100 patients were included in the study with outcome data for at least 3 months. At baseline, patients had similar scores for back/leg pain based on a Visual-Analog Scale (VAS), Oswestry Disability Scale (ODI), and Euroqual-5D (EQ-5D). At 3 months, patients with government insurance reported more leg pain than those with private insurance (mean difference 1.26, p=0.051) and lower EQ-5D (mean difference 0.11, p<0.001). At 12 months, patients with government insurance reported lower EQ-5D (mean difference 0.14, p<0.001). There were no significant differences at 3 months or 12 months between groups for back pain (p=0.14 and 0.42) or ODI (p=0.19 and 0.15). In paired outcomes analysis, patients in both groups showed improvement at 3 months and 12 months in all 4 functional outcomes compared to baseline (p<0.001).

## Conclusions

Patients with government insurance reported worse leg pain at 3 months, but this difference resolved at 12 months. At 3 months and 12 months, patients with government insurance reported worse quality of life than those with private insurance. This may be related to advanced age seen in the Medicare population or worse baseline ASA scores.

## Learning Objectives

By the conclusion of this session, participants should be able to: 1) Understand the utility of prospective national databases in spine outcomes research, 2) Understand surgical outcomes between a Medicare and Private Insurance cohort of lumbar stenosis patients, and 3) Understand the importance of patient-reported outcomes in spinal surgery.

## References