

Study examines surgical outcomes after head and neck cancer at safety-net hospitals

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Safety-net hospitals appear to provide head and neck cancer surgical care to a vulnerable population, without an increase in short-term mortality, morbidity, or costs, according to a report in the November issue of *Archives of Otolaryngology - Head & Neck Surgery*.

"Safety-net hospitals provide a disproportionate amount of care to those who are uninsured or underinsured, including Medicaid beneficiaries and other vulnerable populations, compared with the average hospital," according to background information in the article.

To determine the association between safety-net hospital care and short-term outcomes following [head and neck cancer](#) surgery, Dane J. Genter, M.D., and Christine G. Gourin, M.D., M.P.H., of Johns Hopkins University, Baltimore, reviewed data from adults who underwent an ablative procedure (a surgical removal or excision) for a malignant oral cavity, laryngeal (larynx; or voice box), hypopharyngeal (hypopharynx; area where the larynx and esophagus meet), or oropharyngeal (oropharynx; oral part of the pharynx) neoplasm in 2001 through 2008.

Safety-net burden was calculated as the percentage of patients with head and [neck cancer](#) who had Medicaid or no insurance.

Overall, 123,662 patients underwent surgery from 2001 through 2008, and were included in the analysis. The authors found that high safety-net burden hospitals were associated with an increase in length of stay but

were not associated with an increase in costs of care, after controlling for all other variables, including hospital volume status. Additionally, safety-net burden was not associated with in-[hospital](#) mortality, acute medical complications or surgical complications, after controlling for all other variables.

"These data suggest that safety-net hospitals provide valuable specialty care to a vulnerable population without an increase in complications or costs," the authors conclude. "Health care reform must address the economic challenges that threaten the viability of these institutions at the same time that demand for their services increases."

More information: *Arch Otolaryngology Head Neck Surg.* 2012;138[11]:1015-1022

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