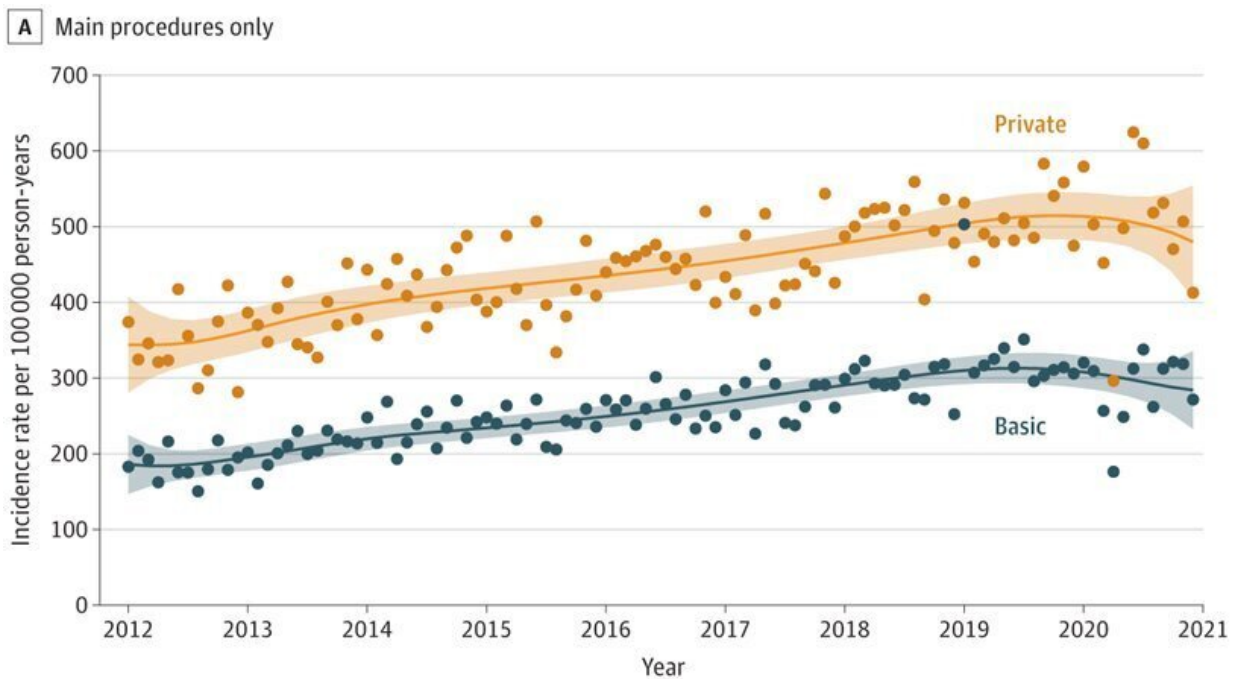


Private patients receive treatment for heart conditions more often than those with basic health insurance, says study

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Incidence Rates According to Health Insurance Status Incidence rates shown for main procedures only (A) and any procedures (B) during the study years for patients with basic insurance only vs those with supplementary private insurance. Locally weighted scatterplot with kernel-weighted local polynomial regression with smoothed values. Solid lines indicate local smoothed means; circles indicate mean incidence rates aggregated by month, insurance class, and age; and shaded

areas represent 99% CIs. Credit: *JAMA Network Open* (2023). DOI: 10.1001/jamanetworkopen.2022.51965

Patients in Switzerland with supplementary private health insurance are more likely to undergo cardiac procedures than those with only basic health insurance. This has been demonstrated in a study by researchers from the University of Basel and the Cantonal Hospital of Aarau. The paper is published in the journal *JAMA Network Open*.

Switzerland has one of the most expensive health care systems in the world. Thanks to mandatory health [insurance](#), everyone in Switzerland has access to outstanding medical care. Purchasing voluntary supplementary insurance allows patients to obtain additional benefits during inpatient treatment, such as a private room and free choice of doctor.

While health insurers pay for treatments for basic insurance policyholders with a flat fee per case, hospitals can charge people with supplementary insurance additional fees, which in part benefit the medical staff. It has long been suspected that this might create [financial incentives](#) to offer unnecessary treatments to supplementary insurance holders.

Statistical analysis

A team of researchers from the University of Basel and the Cantonal Hospital of Aarau investigated whether insurance status is correlated with any difference in cardiovascular interventions in Switzerland. Using data from the Swiss Federal Statistical Office, they analyzed planned hospital admissions of 590,000 [adult patients](#) who received inpatient treatment in the years 2012 to 2020.

Roughly 105,000 treatments consisted of eight different [cardiovascular interventions](#), such as widening narrowed coronary blood vessels or implanting a pacemaker. Of these, 64.4% were paid for by basic health insurance.

The researchers used [statistical methods](#) to analyze this extensive data set and look for differences that could be related to the insurance status of patients and could not be explained by other characteristics such as age, gender, comorbidities, or size and type of [hospital](#).

Supplementary insurance holders tend to receive more treatments

Overall, both basic insurance holders and people with supplementary private insurance tended to undergo an increasing number of interventions over the years of the study, except during the first two COVID-19 waves in 2020.

However, the likelihood of undergoing a cardiovascular intervention was 11% higher for supplementary insurance holders than for those with basic insurance. That's equivalent to 895 additional interventions per year in all of Switzerland.

"We observe a disparity in the treatments received by the two groups that cannot be explained by patient characteristics," says study author Dr. Tristan Struja. "Our data indicates that individuals with supplementary insurance receive treatments that are difficult to justify from a medical perspective and may potentially be unnecessary."

In fact, people with supplementary private insurance are typically better educated, possess higher disposable income, are healthier, and are admitted to hospitals less often than people who only have basic insurance. If anything, we would expect them to require fewer

interventions.

Rethinking the current system

The study authors do not believe the reasons for the differing treatment are clinical: "We assume that people with supplementary private insurance access medical care more often, in part because they spend more money on their [health insurance](#)," says Professor Philipp Schütz, research group leader at the Department of Clinical Research at the University of Basel. "At the same time, hospitals have clear economic incentives to perform inpatient interventions on this lucrative class of patients instead of skipping them or at least performing them as outpatient procedures."

The study authors say this leads to an inefficient allocation of health services. They recommend reconsidering the fees for private [patients](#) and redesigning incentives to focus more on quality of care.

More information: Tristan Struja et al, Comparison of Cardiovascular Procedure Rates in Patients With Supplementary vs Basic Insurance in Switzerland, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2022.51965](#)

Provided by University of Basel

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