

Insurance expansion associated with increase in surgical treatment of thyroid cancer

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The 2006 Massachusetts health reform, a model for the Affordable Care Act, was associated with significant increases in surgical intervention for thyroid cancer, specifically among nonwhite populations, according to a study published by *JAMA Surgery*.

The incidence of thyroid cancer has been increasing by 5 percent each year over the last decade. While the rise is likely multifactorial, including the possibility of overdiagnosis, there has been little consideration of the effect of insurance statuses on the treatment of thyroid cancer. Benjamin C. James, M.D., M.S., of the Indiana University School of Medicine, Indianapolis, and colleagues evaluated the association of insurance expansion with thyroid cancer treatment using the 2006 Massachusetts health reform. The researchers used the Agency for Healthcare Research and Quality State Inpatient Databases to identify patients with government-subsidized or self-pay insurance or private insurance who were admitted to a hospital with thyroid cancer and underwent a thyroidectomy (removal of all or part of the [thyroid gland](#)) between 2001 and 2011 in Massachusetts (n = 8,534) and three control states (n = 48,047).

Before the 2006 Massachusetts insurance expansion, patients with government-subsidized or self-pay insurance had lower thyroidectomy rates for thyroid cancer in Massachusetts and the control states compared with patients with [private insurance](#). The researchers found that the Massachusetts insurance expansion was associated with a 26 percent increased rate of thyroidectomy and a 22 percent increased rate of neck dissections for thyroid cancer. The increased rate occurred disproportionately among nonwhite patients, with a 68 percent increased rate of undergoing a thyroidectomy and 45 percent

increased rate of undergoing neck dissections among nonwhite patients compared with control states.

"Our findings provide encouraging evidence that insurance coverage may help mitigate racial or socioeconomic disparities while also raising questions concerning the relative appropriateness of the observed management of [thyroid cancer](#), which deserves additional investigation," the authors write

"Our study suggests that [insurance](#) expansion may be associated with increased access to the surgical management of [thyroid cancer](#). Further studies need to be conducted to evaluate the effect of healthcare expansion at a national level."

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