

Better short-Term outcomes for private prostatectomies

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median (OR, 1.25 and 1.61, respectively), compared with patients with private insurance. [Medicaid patients](#) also had higher in-hospital mortality (OR, 4.91).

"Private RPs are invariably associated with better outcomes than their public insurance counterparts, even after adjusting for confounding factors," the authors write. "Public policy should promote higher quality of care to all patients, independent of [insurance status](#)."

More information: [Abstract](#)
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(HealthDay) -- For men undergoing radical prostatectomies (RPs), private health insurance coverage is linked with fewer complications, less in-hospital recovery time, and decreased mortality, compared to public coverage, according to a study published in the April 1 issue of *Cancer*.

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Using data from the Health Care Utilization Project Nationwide Inpatient Sample, Quoc-Dien Trinh, M.D., of the Vattikuti Urology Institute in Detroit, and associates analyzed the effects of insurance status on short-term outcomes of 61,167 RPs performed in U.S. hospitals during 2003 to 2007. The majority of cases (67.5 percent) were covered by private insurance, followed by 30.7 percent by Medicare, and 1.8 percent by Medicaid.

The researchers found that insurance status other than private correlated with less favorable short-term outcomes, with significantly higher rates of blood transfusions, overall postoperative complications, hospital stay above the median, and in-hospital mortality. Multivariable analysis of data showed that Medicare and Medicaid patients had higher rates of blood transfusions (odds ratio [OR], 1.21 and 1.45, respectively), more overall postoperative complications (OR, 1.17 and 1.24, respectively), and length of stay beyond the

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