

Insurance Status Influences Mandible Fracture Management and Outcomes: An Analysis of 268,809 Admissions

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INTRODUCTION

The role of insurance status in mandible fracture management has not been well-characterized.

AIM

To investigate the role of insurance status on mandible fracture management and outcomes nationally.

METHODS

Study Design:

- Adults w/mandible fracture
- National Inpatient Sample (NIS): 2002 - 2019
- Cross-sectional observational

Outcomes:

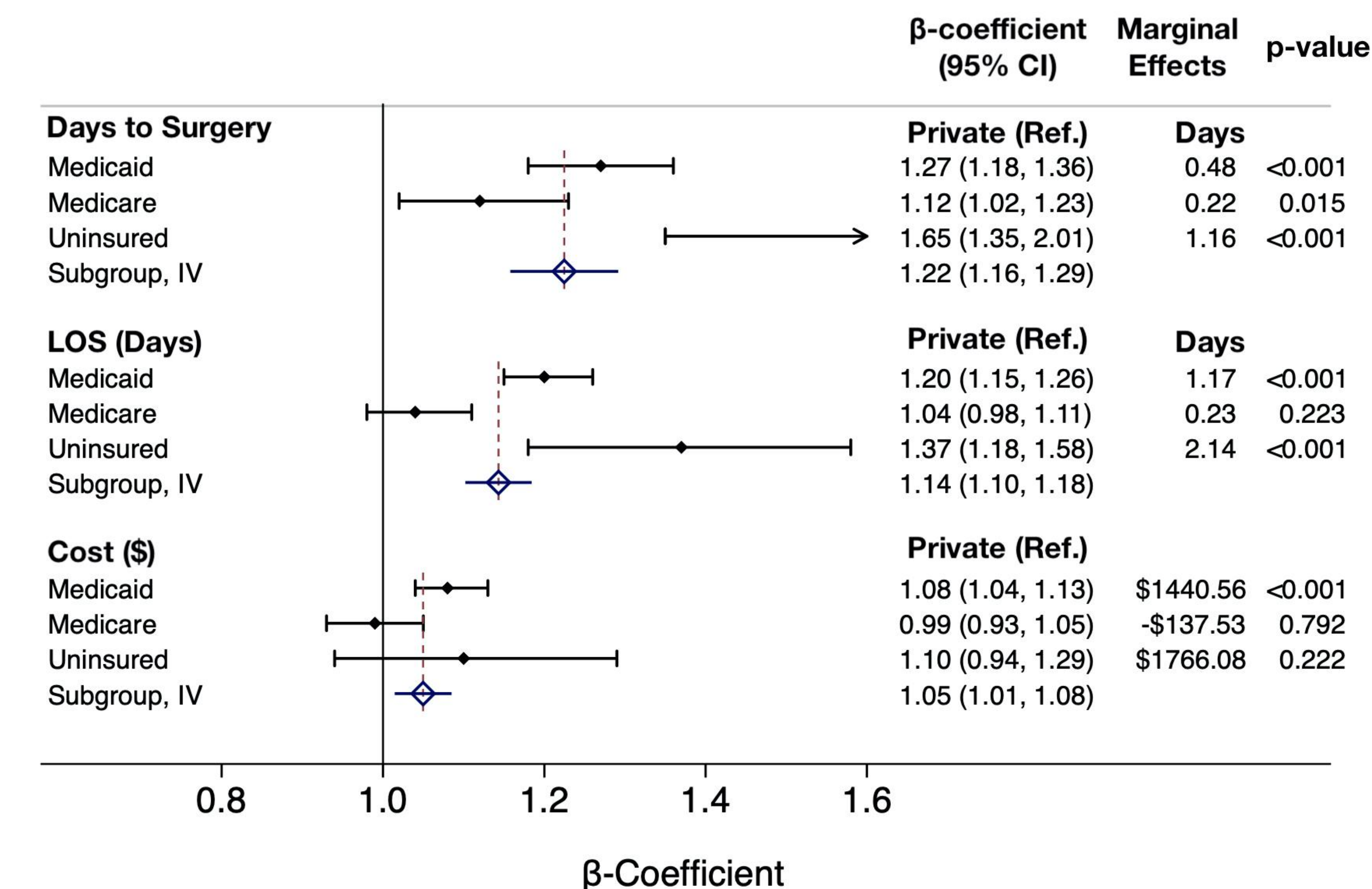
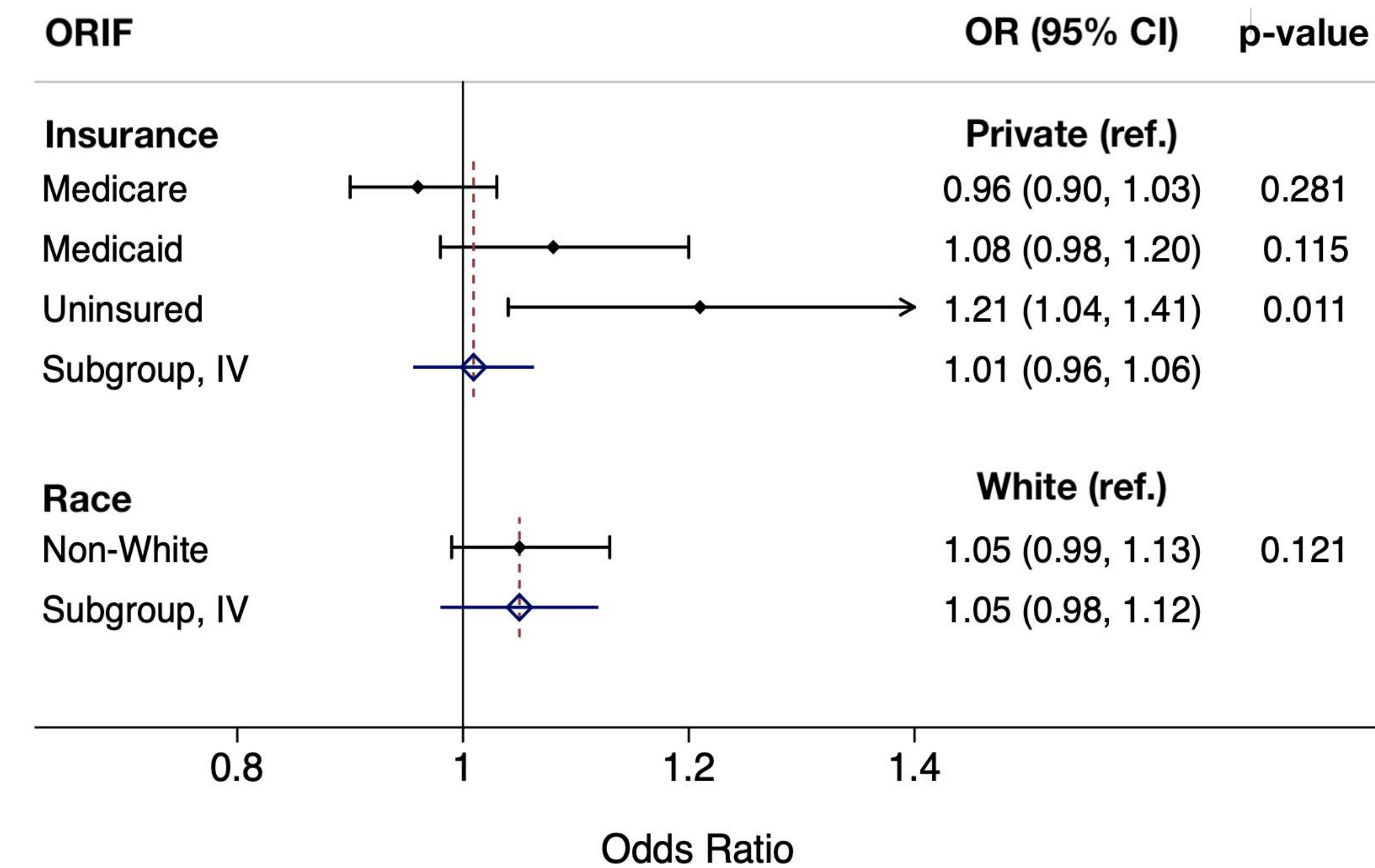
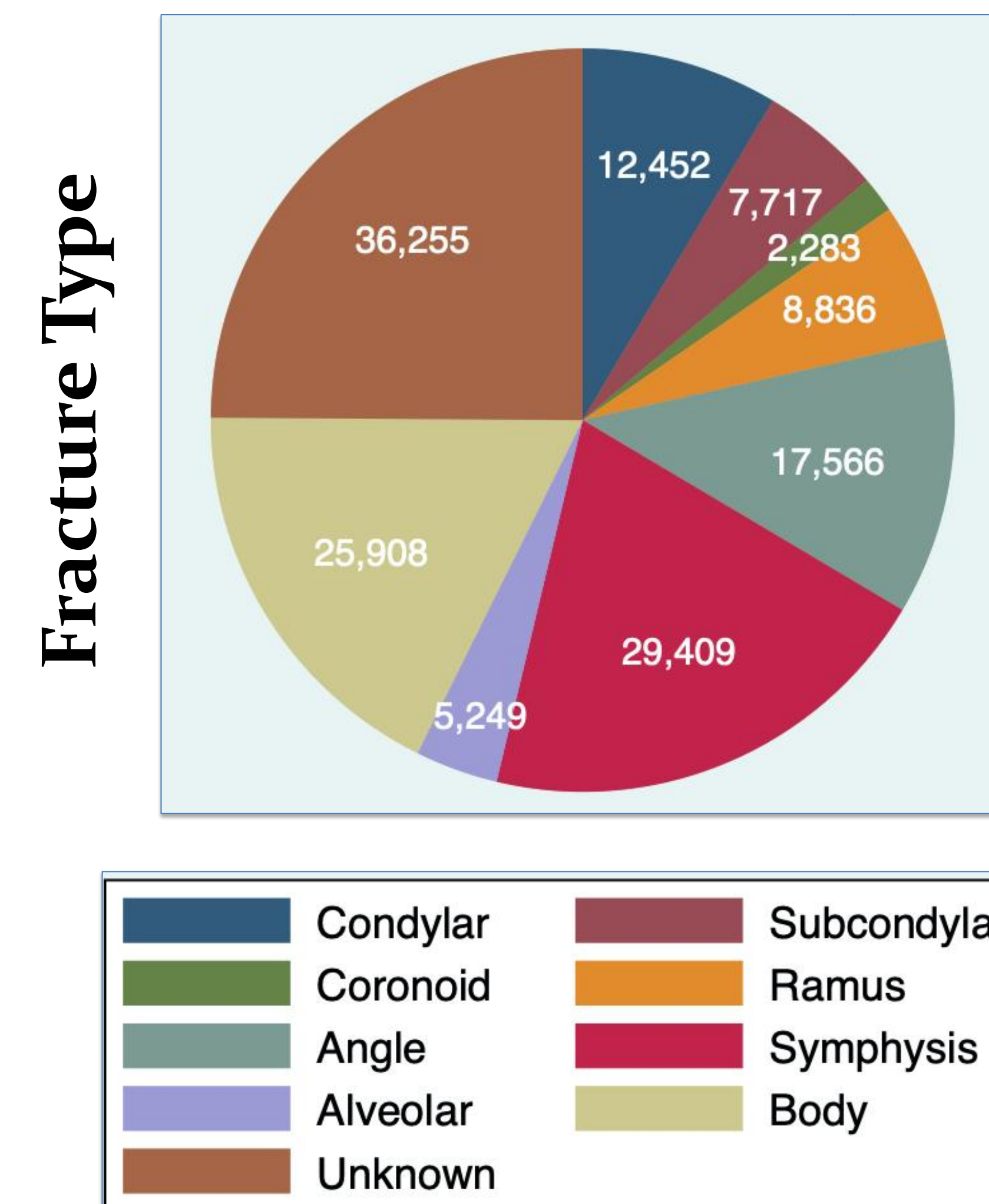
- Open reduction internal fixation (ORIF) vs. no intervention, days to ORIF, length of stay (LOS), admission cost, home discharge, post-operative infection, dehiscence, and hematoma.

Statistical Analysis:

Multivariable regression to compare outcomes by insurance status and adjust for confounders.

RESULTS

	Total	%
	n=268,809	
Age [Median, IQR]	33 [24 - 48]	
Sex		
Male	213,891	80.0%
Female	53,538	20.0%
Insurance		
Private	83,416	49.4%
Medicaid	50,366	29.8%
Medicare	27,676	16.4%
Uninsured	7,386	4.4%



TABLES & FIGURES



CONCLUSIONS

- Insurance coverage may influence;
- Odds of ORIF
 - Time to surgery
 - Post-operative infection
 - Length of stay
 - Cost

REFERENCES

1. NIS: <https://www.hcup-us.ahrq.gov/nisoverview.jsp>
2. Tang OY, Pugacheva A, Bajaj AI, Rivera Perla KM, Weil RJ, Toms SA. The National Inpatient Sample: A Primer for Neurosurgical Big Data Research and Systematic Review. *World Neurosurg.* 2022;S1878-8750(22)00260-1. doi:10.1016/j.wneu.2022.02.113