



Insurance-Related Disparities in Immediate Breast Reconstruction Persist Within the Same Hospital: A National Inpatient Sample Analysis of 54,349 Mastectomies

Grace Ryu, M.S.,¹ Solomon Kim, MPH.,² Charles Lee, M.D.,³ T. Shane Johnson, M.D.³

1. Penn State College of Medicine, Hershey, PA, USA

2. California Northstate University College of Medicine, Elk Grove, CA, USA

3. Department of Surgery, Division of Plastic Surgery, Penn State Health Milton S. Hershey Medical Center, Hershey, PA, USA

INTRODUCTION

- Breast reconstruction (BR) after mastectomy significantly improves quality of life and patient satisfaction.
- In recognition of these benefits, the Women’s Health and Cancer Rights Act (WHCRA) was enacted to mandate insurance coverage for post-mastectomy reconstruction, contralateral symmetry procedures, prostheses, and treatment of reconstruction-related complications.
- Despite this mandate, disparities persist due to varying out-of-pocket costs. Although reconstruction procedures increased by 6.8% following Medicaid expansion, overall Medicaid coverage for breast cancer treatment rose by 9.6%, meaning only about 70% of added demand was met.
- While some studies previously described overall trends in BR utilization, fewer have isolated the independent effect of insurance type while controlling for within-hospital practice patterns and patient-level oncologic factors.
- This study aimed to examine national patterns of the association between insurance types and BR rates.

Figure. Diagram of Methods

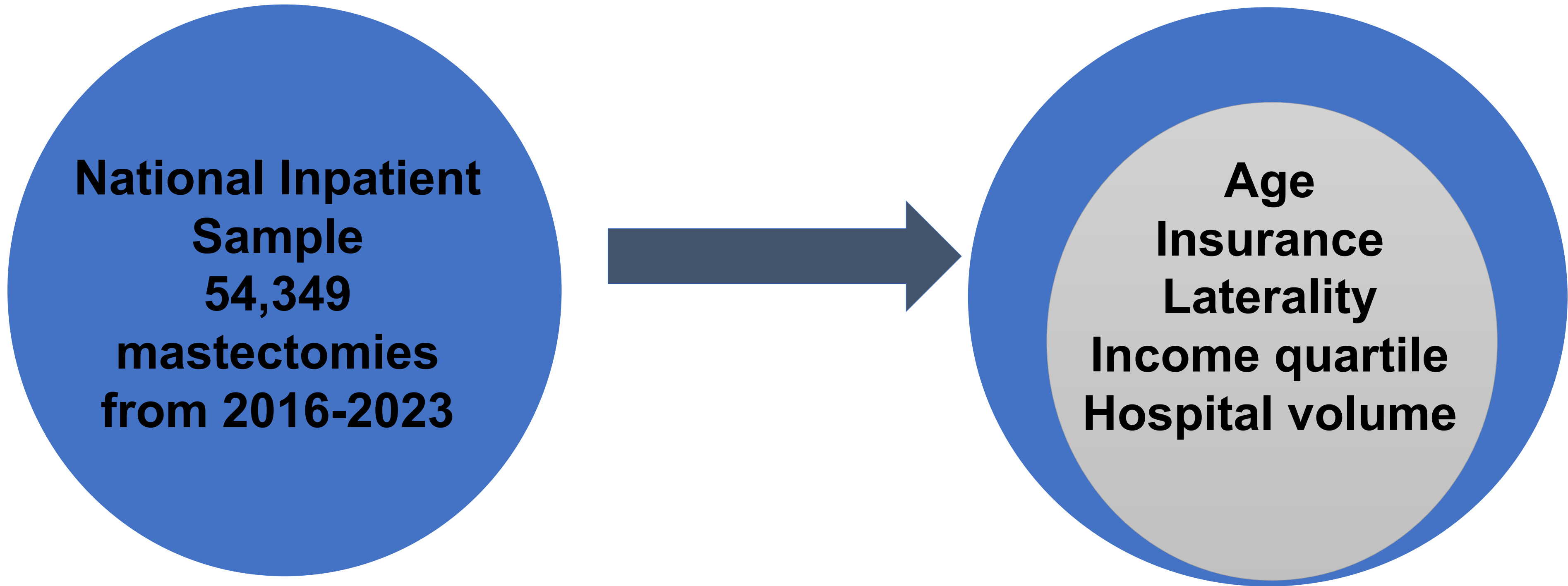


Table. Survey-Weighted Multivariable Logistic Regression for Immediate Breast Reconstruction; Analytic sample: N = 53,524 unweighted; estimated N = 267,620 weighted

Variables	OR	95% CI	p-Value
Age (per year)	0.98	0.975-0.979	<.001
Insurance (ref: Medicare)			
Medicaid	1.12	1.03–1.21	.011
Private	3.08	2.89–3.28	<.001
Self-pay	0.67	0.56–0.80	<.001
Other	1.72	1.49–1.97	<.001
Laterality (ref: Unilateral)			
Bilateral	3.31	3.17–3.46	<.001
Obesity	0.64	0.61–0.68	<.001
Cancer diagnosis	1.18	1.12–1.23	<.001
Income quartile (ref: Q1)			
Q2	1.22	1.14–1.30	<.001
Q3	1.49	1.40–1.59	<.001
Q4	1.96	1.85–2.09	<.001
Hospital volume (ref: Q1)			
Medicaid	1.12	1.03–1.21	.011
Private	3.08	2.89–3.28	<.001
Self-pay	0.67	0.56–0.80	<.001

RESULTS

- BR rates differed among private insurance, Medicaid, and Medicare (59.8% vs 28.3% vs 16.7% respectively, $p<.001$).
- Patients with private insurance were 3.1 times more likely to receive reconstruction compared to those with Medicare.
- Disparity persisted even within-institution analysis.

DISCUSSION

- Higher out-of-pocket costs and potential revision expenses may deter patients.
- Publicly insured patients may be less likely to receive reconstruction counseling or referral.
- Referral patterns to plastic surgery vary by insurance status.
- Implicit bias may influence how providers assess reconstruction candidacy based on payer type.

CONCLUSION

- Factors beyond clinical indication may influence how reconstruction is utilized across payer groups.

REFERENCES

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