



Does Residing in a Medicaid Expansion State Mitigate Racial Disparities in Reconstruction Rates?

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Background

- Rates of post-mastectomy reconstruction have increased in the past two decades
- Disparities in the rate of reconstruction exist between Caucasians and African American (AA) patients.
- Factors contributing to these disparities include patient age, race, and education level.
- Previous studies have not evaluated the impact of Medicaid expansion on these disparities.

Aims

- To use the NCDB to characterize reconstruction patterns across the US according to race.
- To determine if Medicaid expansion affected receipt of reconstruction.

Methods

- The NCDB was examined to identify all women who underwent mastectomy with or without reconstruction between 2004-2016. The association of clinicopathologic variables with the receipt of reconstruction were assessed.
- Statistical analyses performed included a descriptive analysis for all variables of interest stratified by race. A univariate and multivariate analysis was fitted to assess association with race and receipt of reconstruction.

Results

Table 1: Factors Associated with the Receipt of Reconstruction

Covariate	White N(%)	Odds Ratio (95% CI)	p-value	Black N(%)29269	Odds Ratio (95% CI)	p-value
Age						
<=65	164328 (64.4)	3.60 (3.48-3.72)	<0.001	20268 (69.3)	4.12 (3.75-4.52)	<0.001
>65	90870 (35.6)	Ref		9001(30.8)	Ref	
Primary Payor						
Medicaid	12543 (4.9)	0.47 (0.45-0.49)	<0.001	3599(12.3)	0.49(0.45-0.54)	<0.001
Non-medicicaid	242655 (95.1)	Ref		25670(87.7)	Ref	
Medicaid Expansion						
Yes	154255(60.4)	0.97 (0.94-0.99)	0.009	14669 (50.2)	1.06 (0.98-1.15)	0.130
No	100943 (39.6)	Ref		14600 (49.8)	Ref	
Facility Location						
South	95027(37.2)	0.81 (0.79-0.84)	<0.001	16980 (58.0)	0.62 (0.56-0.68)	<0.001
Midwest	68800(27.0)	0.85 (0.81-0.86)	<0.001	5466(18.7)	0.63 (0.57-0.69)	<0.001
West	41666 (16.3)	0.72 (0.70-0.74)	<0.001	1407 (4.8)	0.69 (0.60-0.79)	<0.001
Northeast	49705(19.5)	Ref		5416(18.5)	Ref	

Results

- A total of 302,791 patients underwent mastectomy, of which 109,604 (36.2%) underwent reconstruction.
- AA patients accounted for 9.7%
- Medicaid was the coverage for 6.0% of all patients.
- 182,818 (60.4%) resided in states that underwent Medicaid expansion; Caucasian patients were less likely to have Medicaid vs AA patients (4.9% vs12.3%).
- Caucasian patients in Medicaid expansion states were less likely to receive reconstruction, while Medicaid expansion was not associated with receipt of reconstruction in AA patients.
- Patients in the northeast had highest rates of reconstruction regardless of race.

Conclusions

- Younger age, white race, higher SES and lower stage tumors were all associated with receipt of reconstruction after mastectomy.
- The Northeast region of the US continues to have the highest rates regardless of race.
- Medicaid expansion was a significant factor in receipt of reconstruction for caucasian patients but not for AA patients.
- Further studies are needed to determine the reason for disparities among AA patients.
- Insurance access alone cannot account for disparities in reconstruction.