

## Invited Commentary

# Trauma Patients

## Health Insurance Reform Is Only the Beginning

Jarone Lee, MD, MPH

**With the passing** of the Affordable Care Act and the need for policymakers to focus on implementing the individual mandate, the article by Osler et al<sup>1</sup> comes at a most needed time.



Related article [page 609](#)

with increased insurance coverage among nonelderly adult trauma patients.

The implications of the study are immediately evident; however, we must interpret the results within the correct context. The study reports an interesting association that is not causation. As a high-level study, with little sensitivity analysis to test for robustness of the findings, there are many phenomena that could confound the results.

First, in 2008, an amendment to the original law passed<sup>2</sup> that developed standards for uniform billing and coding across Massachusetts. As documented previously, injury coding is an imperfect process.<sup>3-5</sup> In a review of Veteran Affairs discharge

records, only 74% of patients with injuries had an injury code documented.<sup>3</sup> As a result, establishing uniform coding practices would only lead to improved injury coding and subsequent increases in injury-related mortality rates. Interestingly, the implementation of uniform coding across the state coincides with the increase in mortality rates in the study.

Second, during the period of increased mortality, more nonelderly adults with injuries had insurance when visiting the hospital. Newly insured patients who would have previously been admitted for lack of access to services could now be safely discharged to outpatient specialty services. This increase in discharges of insured patients would result in a disproportionate increase in the number of sicker trauma patients being admitted to the hospital.

Overall, the results of the study add to the national debate and require further study. If the findings prove true, the study adds to the growing discussion that health insurance is only one—albeit an important—aspect of the solution to our nation's health care crisis.

### ARTICLE INFORMATION

**Author Affiliations:** Department of Surgery, Harvard Medical School, Boston, Massachusetts; Department of Emergency Medicine, Harvard Medical School, Boston, Massachusetts; Division of Trauma, Emergency Surgery, and Surgical Critical Care, Massachusetts General Hospital, Boston.

**Corresponding Author:** Jarone Lee, MD, MPH, Division of Trauma, Emergency Surgery, and Surgical Critical Care, Massachusetts General Hospital, 165 Cambridge St, Ste 810, Boston, MA 02114 ([lee.jarone@mgh.harvard.edu](mailto:lee.jarone@mgh.harvard.edu)).

**Published Online:** May 6, 2015.  
doi:10.1001/jamasurg.2014.2470.

**Conflict of Interest Disclosures:** None reported.

### REFERENCES

1. Osler T, Glance LG, Li W, Buzas JS, Hosmer DW. Survival rates in trauma patients following health care reform in Massachusetts [published online May 6, 2015]. *JAMA Surg*. doi:10.1001/jamasurg.2014.2464.
2. Chapter 305: an act to promote cost containment, transparency and efficiency in the delivery of quality health care (Senate, No. S2863). In: *Session Laws: Acts of 2008*. Boston: Commonwealth of Massachusetts; 2008.
3. Carlson KF, Nugent SM, Grill J, Sayer NA. Accuracy of external cause-of-injury coding in VA polytrauma patient discharge records. *J Rehabil Res Dev*. 2010;47(8):689-697.
4. Lunetta P, Impinen A, Lounamaa A. Underreporting of external cause codes in the Finnish Hospital Discharge Register. *Scand J Public Health*. 2008;36(8):870-874.
5. Schwartz RJ, Boisoineau D, Jacobs LM. The quantity of cause-of-injury information documented on the medical record: an appeal for injury prevention. *Acad Emerg Med*. 1995;2(2):98-103.