

Insurance Status Predicts Endoscopy No-Show

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Abstract

The completion of scheduled endoscopies is a vital component of patient care and resource utilization. We retrospectively analyzed all scheduled endoscopies in 2021 at the LBJ GI lab. Patients with self-pay or temporary county assistance were more likely to no-show for endoscopy when compared to participants of the county assistance program. This data can be used to identify interventions and contribute to closing the healthcare gap in this disadvantaged population.

Introduction

Lyndon B. Johnson (LBJ) hospital is a part of the Harris Health System, which provides comprehensive care to the uninsured and underinsured population in Harris County, TX. LBJ serves a population with 55% unemployment and a median household income of \$22000. Access to endoscopy is limited by resource availability and the completion of scheduled endoscopies is essential for public health. We aimed to assess if insurance status was associated with no-show for scheduled endoscopic procedures at the LBJ GI Lab.

Methods

Included patients must have completed a GI clinic appointment, anesthesia screening, pre-procedural COVID test, confirmed attendance on pre-procedure call, and not showed for scheduled endoscopy (Figure 1). Patient's insurances statuses were: FAP (county payment assistance), Harris County Prisoners (no costs), Medicare/Medicaid (variable costs), Private Insurance (variable costs), Self-Pay, and Texas Family Planning/HCHD Presumed (temporary FAP).

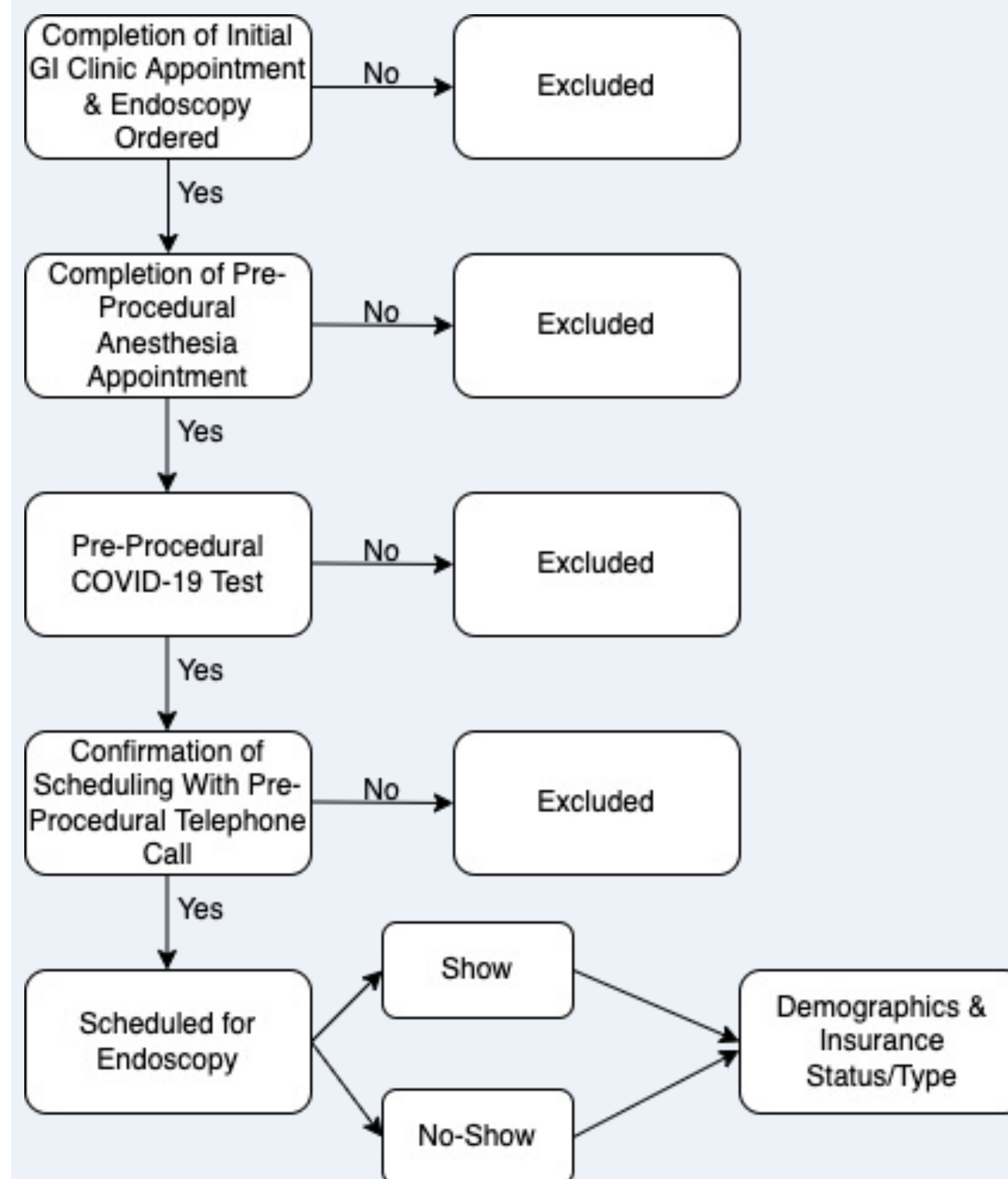


Figure 1

Results

Comparative analysis of insurance types demonstrated that patients who were Self-Pay were 5.96 times more likely (P<0.002) not to show up for previously scheduled endoscopic procedures, while patients with the TFP/HCHD insurance were 10.1 times more likely (P<0.001) to not show when compared to patients who were covered by the county's FAP (table 1).

Multivariate Logistic Regression	OR ^{1,2}	95% CI ²	p-value
Gender			
Female	–	–	
Male	1.33	0.74, 2.41	0.3
Patient Age (yrs)	0.98	0.96, 1.01	0.2
Primary Insurance			
FAP	–	–	
Harris County Prisoner	7.17	0.35, 49.7	0.086
Medicare/Medicaid	1.95	0.66, 5.54	0.2
Private	1.76	0.72, 4.35	0.2
Self Pay	5.98**	1.76, 18.1	0.002
Texas Family Planning Indigent/HCHD Presumed	10.1***	4.52, 23.8	<0.001

Table 1

Conclusions

Our analysis demonstrated a statistically significant association between insurance status and the incidence of no-showing for endoscopy. We plan to continue this quality assessment by meeting with the patient eligibility department to assess if modifications of benefit profiles could optimize procedural attendance.