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Introduction:
This study compared ICU LOS among patients admitted under different payer status.

Methods:
Retrospective analysis of prospectively collected data between October 2016 to February 2017 of a tertiary care ICU in India. Patient data collected on all consecutive ICU admissions. Primary and secondary outcomes were ICU LOS and hospital mortality respectively. ICU patients payer status were categorized as self-paid, corporate (paid-fully or partially-by- employer), and insurance (paid-fully or partially-by-third-party-payer). All analyses were adjusted for illness severity and ICU support (vasopressor use, mechanical or non-invasive ventilation, blood transfusion).

Results:
Of 580 patients admitted during study period, 463 were eligible; 55.8% were males; 52.3% were self-paid, 35.9% insured, and 11.5% corporate-paid. Mean age differed significantly between groups (63.2±17.7 years - self-paid; 65.8±13.8 years - insured; 71.7±12.3 years - corporate; p=0.004). Overall mean APACHE IV score of 52.5±25 was similar across groups (p=0.08). No significant difference was noted in distribution of co-morbidities across self-paid, insured; and corporate groups (75.6%, 82.5% and 77.4%; p=0.3). Significantly higher number of patients received ICU support in self-paid and corporate groups compared to insured group (53.7% and 52.8% vs. 39.8%; p=0.02). Mean ICU LOS did not differ significantly among insured, self-paid and corporate groups (4.2±3.2 days vs. 3.7±2.9 and 3.9±2.2 days; p=0.4). Compared to self-paid group, adjusted ICU LOS did not significantly differ among corporate and insured patients (Insured aOR: 1.99 95% CI 0.6, 1.3, p=0.6; Corporate aOR: 0.94 95% CI 0.5, 1.8, p=0.8). Risk-adjusted hospital mortality was similar (Self vs Insured aOR: 0.8 95% CI 0.5, 1.5, p=0.5; Self vs Corporate aOR 1.2 95% CI 0.6, 2.5, p=0.7).

Conclusion:
ICU LOS did not differ among patients under differing payer status in the study ICU.