PTCA in Spain: Do patients differ between public and private hospitals?.

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Abstract

Introduction: The Spanish National Health System provides universal coverage both through the Social Security system, which operates a network of public hospitals, and private health insurance companies (an option the State offers to civil servants), which contract services with private hospitals. Some persons of a higher socioeconomic level also purchase private health insurance policies, and thus can choose to receive services through either Social Security or the private insurer. Controversy exists about possible differential access and coverage of services between the public and private sectors.
Objective: We studied characteristics of patients receiving percutaneous transluminal coronary angioplasty (PTCA) in Spain to determine if there were significant differences between those receiving this procedure in the public sector and those who received it in the private sector.
Methods: We reviewed the medical records of 1934 patients who underwent PTCA in Spain in 1997. These patients were selected through a two-stage sampling process: we first obtained a stratified random sample of 15 public and private hospitals that performed PTCA (10/41 public; 5/17 private) and then selected a random sample of patients from these hospitals. The number of clinical records selected in each hospital was proportional to the volume of interventions performed by that hospital in 1997. Demographic and clinical variables were compared for patients receiving PTCA in the public and private sectors.
Results: The sample included 1601 patients treated in public hospitals and 333 patients treated in private hospitals. Patients treated in the public sector were more likely to have severe coronary artery disease (e.g., left main or 3 vessel disease) than those treated in the private sector (13.5% vs. 8.2%, respectively; $p<.01$); they were also more likely to have experienced a myocardial infarction in the previous month (27.5% vs. 20.7%; $p<.01$), to have had unstable angina in the previous 3 months (48.5% vs. 33%; $p<.000$), to be obese (18.5% vs. 13.5%; $p<.05$), to have some previous valve disease (4% vs. 1.5%; $p<.05$), and to have had previous cerebrovascular disease: (4.4% vs. 0.6%; $p<.000$). There were no significant differences ($p>.05$) between public and private hospital patients with regard to sex, age or waiting time.
Conclusions: Although public and private PTCA patients do not differ by sex, age or waiting time, the public patients have significantly more comorbidities, more serious vessel disease, a higher prevalence of myocardial infarction and more severe symptoms in the months before the procedure. These results raise several questions: Do private hospitals treat healthier, and thus potentially less expensive patients, while leaving the more complicated and expensive patients to the public sector? Are there problems of differential access and/or provision of services between the private and public sectors? Further studies of issues related with access and unmet need are needed to answer these types of questions.