

Insurance-Based Differences in Illness Severity and Mortality Risk at the Time of IVC Filter Placement

A Statewide Health Policy Analysis • New York State, 2019–2023

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BACKGROUND

Inferior vena cava (IVC) filters are frequently placed in patients with **contraindications to anticoagulation**, often in high-acuity settings. However, **payer-associated differences** in illness severity and mortality risk at the time of placement remain poorly characterized.

METHODS

- 1 Data Source**
NY State SPARCS database, 2019–2023; adult inpatient encounters involving IVC filter placement.
- 2 Comparator Groups**
Medicaid (n=879) and Medicare (n=5,255) beneficiaries compared on clinical acuity and care delivery.
- 3 Outcomes**
APR-DRG mortality risk and severity of illness at placement; ED presentation as care pathway indicator; hospital-level case concentration.

CONCLUSION

IVC filter placement in publicly insured patients **occurs largely in high-acuity clinical contexts**, with Medicare beneficiaries more frequently in the highest mortality risk strata. **Emergency presentations** and hospital-level concentration highlight opportunities for policy-driven improvements in care coordination.

RESULTS — APR MORTALITY RISK

Distribution of APR Risk of Mortality at Time of IVC Filter Placement

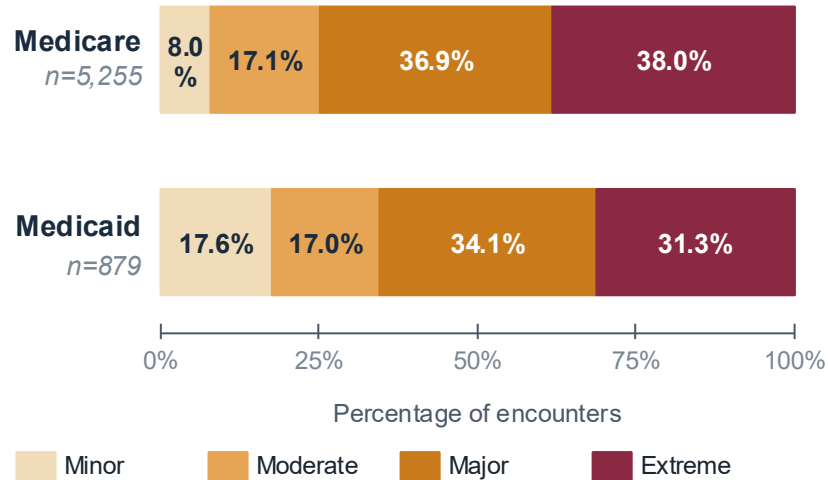


Figure 1. Distribution of APR risk of mortality categories among Medicaid and Medicare beneficiaries undergoing IVC filter placement in NY State, 2019–2023. Medicare beneficiaries demonstrated a higher proportion of extreme mortality risk at the time of filter placement.

KEY FINDINGS

7,748
encounters
inpatient IVC filter placements identified statewide (2019–2023)

74.9%
Medicare
had major or extreme mortality risk at filter placement (vs 65.4% Medicaid)

81.8%
Medicare
had major or extreme illness severity at placement (vs 78.6% Medicaid)

CARE PATHWAY

ED-driven placement. In both payer groups, IVC filter placement most commonly occurred in the setting of emergency department presentation.

Concentrated delivery. The top 10 hospitals accounted for ~26% of statewide IVC filter placements, indicating institutional concentration of high-acuity care.