

# **Does A Medical Consortium Influence Health Outcomes of Hospitalized Cancer Patients?**

## **An Integrated Care Model in Shanxi, China**

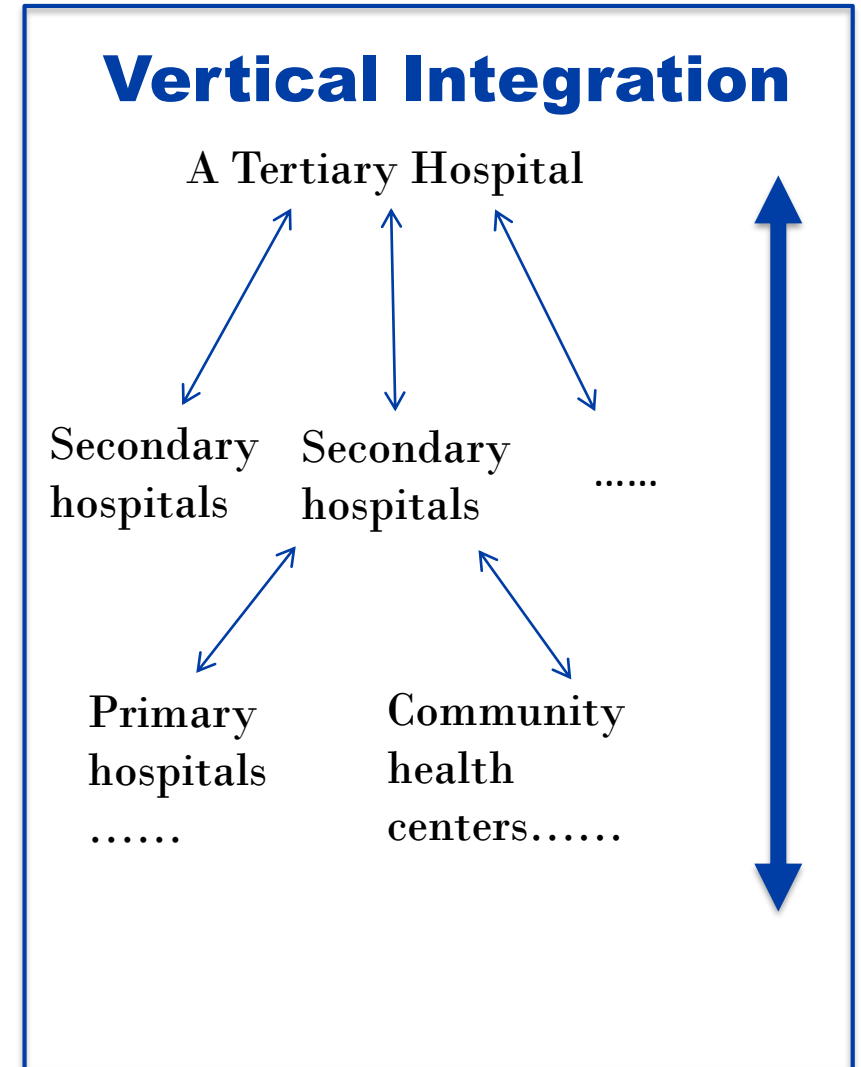
Miao Cai, MS, Echu Liu, PhD, Hongbing Tao, PhD,  
Zhengmin Qian, PhD, John Fu, PhD, Xiaojun Lin, MS,  
Manli Wang, PhD, Chang Xu, PhD



**SAINT LOUIS UNIVERSITY**  
—  
COLLEGE FOR PUBLIC HEALTH  
AND SOCIAL JUSTICE

# 1. Background

- **A Medical Consortium** is a vertical integrated care that involves one widely recognized tertiary hospital and several secondary hospitals or community health centers.
- **Hypothesis:** The medical consortium policy has a significant positive effect on outcomes of cancer patients admitted to secondary hospitals in Shanxi, China.



## 2. Methods

- **Data:** Electronic medical records of lung cancer (n = 8193), stomach cancer (n = 5693) and esophagus cancer (n = 2802) patients hospitalized in secondary hospitals were used.
- **Sample matching:** Propensity scores were used to match each patient enrolled in medical consortium hospitals with a counterpart admitted in non-medical consortium hospitals.
- **Statistical models:** Cox proportional hazard models were used to estimate the hazard ratio of patients enrolled different categories of hospitals. Controlling variables include gender, age, comorbidities, urgency of disease, and surgery.
- **Test of Assumptions:** with the proportional hazards assumption evaluated by the Empirical Score Process with cumulative sums of martingale-based residuals



# 3. Plots

Figure 1. Product-Limit Survival Estimates of Matched Full Sample Patients

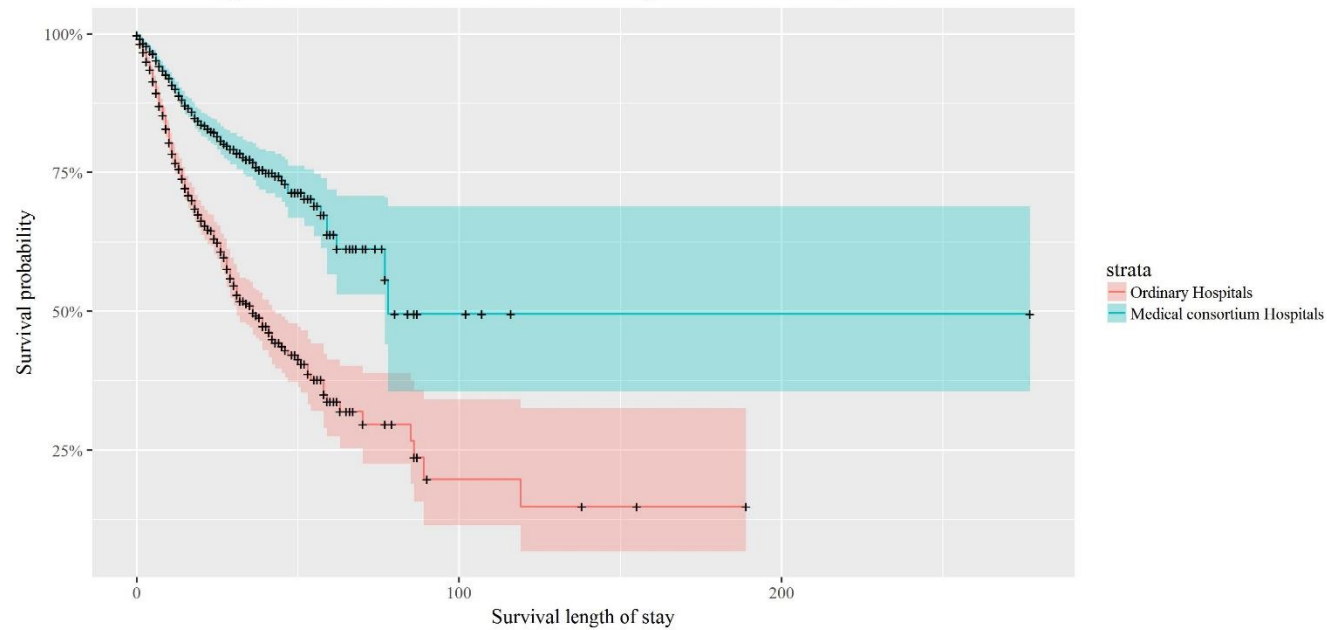
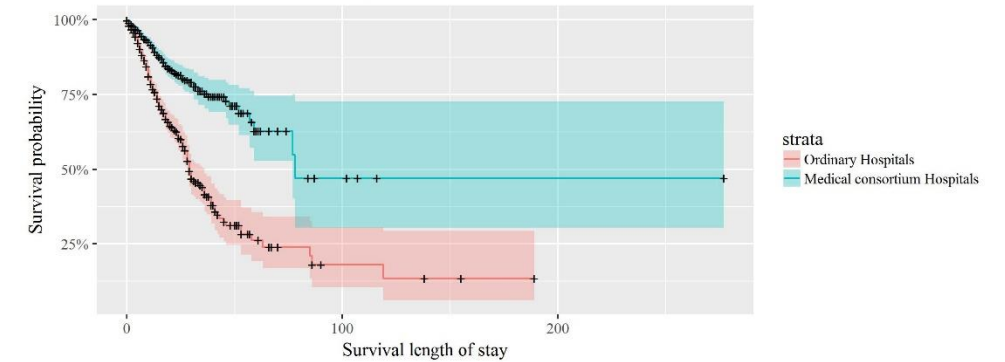
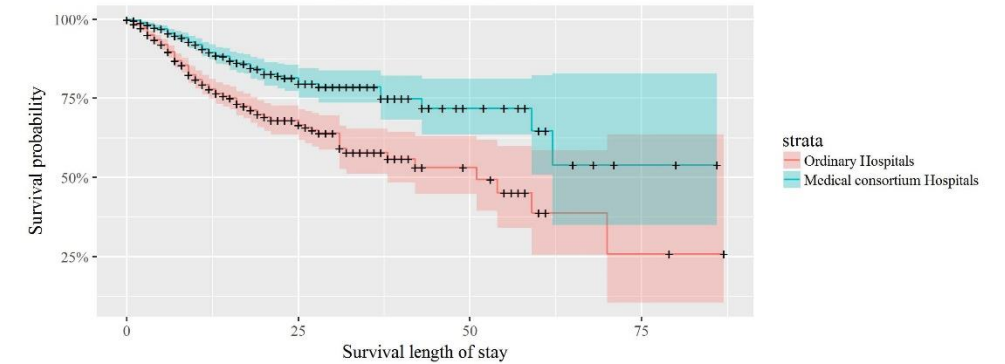


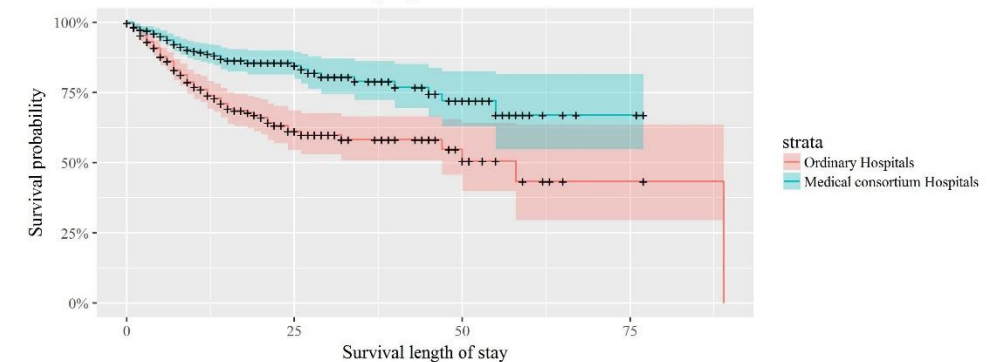
Figure 2. Product-Limit Survival Estimates of 3 Matched Cancer Patients  
Lung Cancer Patients



Stomach Cancer Patients



Esophageal Cancer



Note: strata = 0 denotes patients enrolled in non-Medical Consortium Hospitals,  
strata = 1 denotes patients enrolled in Medical Consortium Hospitals



# 4. Results, conclusion, and implications

- **Results:** significantly lower hazard ratios were consistently associated with lung (hazard ratio (HR) = 0.405,  $p < 0.001$ ), stomach (HR = 0.406,  $p < 0.001$ ), and esophagus (HR= 0.439,  $p < 0.001$ ) cancer patients in medical consortium hospitals, compared with those in non-medical consortium hospitals.
- **Conclusion:** The medical consortium provides an effective strategy to improve the outcomes of cancer patients in Shanxi, China.
- **Implications for policies:** Policy makers can learn from the positive outcomes of the medical consortium and improve the outcomes of cancer patients through the vertical integration of medical providers.

