Access to Arthroplasty in South Florida

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Abstract: Our objective was to compare the availability of hip and knee arthroplasty to an adult insured by Medicaid and by private insurance. All orthopedic surgeons' offices in a South Florida county were contacted by telephone and presented with a hypothetical patient that needed either a hip or a knee arthroplasty for end stage arthritis. Two scenarios were presented. The hypothetical patient was presented as either having private insurance or Medicaid. 14.3% of all offices contacted offered an appointment to patients with Medicaid coverage for hip and knee arthroplasty, respectively. All offices offered an appointment to patients with private insurance. The mean time until appointment was longer for patients with Medicaid when compared with private insurance. Adults insured with Medicaid currently have limited access to total joint arthroplasty within the studied community. **Keywords:** Medicaid, access to care, hip arthroplasty, knee arthroplasty.

Medicaid was created as a result of the Social Security Act (Title XIX) passed by Congress in 1965. It is a means-tested (ie, there are financial criteria for enrollment) health and medical services program that provides federal matching grants to states for the purpose of giving health coverage to low-income individuals and families, as well as certain categories of the aged and disabled. An estimated 58 million low-income individuals across the United States receive this low-cost health coverage. The elderly and the disabled account for 25% of the individuals enrolled in Medicaid, and they are responsible for 69 percent of Medicaid spending [1]. From 1995 to 2005, total (federal and state) expenditures for Medicaid increased from $144.9 billion to $315.2 billion, whereas its enrollment grew from 43.3 million to 60.4 million people, making it the nation's largest public health insurance program [2].

As a result of the new Patient Protection and Affordable Care Act (PPACA) starting in 2014, nonelderly individuals and people with an annual income below 133% of the federal poverty level would generally be made eligible for Medicaid beginning in 2014. With this bill, the federal government would pay a share of the costs of covering newly eligible enrollees that would average about 90 percent (under current rules, the federal government pays on average about 57 percent of the costs of Medicaid benefits [3]). The fundamental principle for this section of PPACA is to reduce the uninsured and to provide universal access for legal residents of the United States to medical care.

Despite PPACA projections that Medicaid will solve issues of insurance coverage in the future, patients currently covered by Medicaid are finding it increasingly difficult to locate doctors who accept their coverage, particularly for specialty care. Previous reports have found that low physician reimbursements are related to low Medicaid participation [4-6]. In 2008, Medicaid reimbursements averaged only 72% of the rates paid by Medicare, which are themselves typically well below those of commercial insurers. In the State of Florida, current Medicaid rates are 60% of the already low Medicare rates [7].The purpose of this study was to assess whether insurance status affects access to arthroplasty surgery for adults with end-stage arthritis. We hypothesize that Medicaid beneficiaries have less access to total joint replacement surgery than those with private insurance.

Methods

The membership list of the American Academy of Orthopaedic Surgeons was queried for all orthopedic surgeons' offices within a specific county in South Florida. They were identified by the zip code of their primary practice address. A total of 117 offices were identified and studied. Each office was called on four different occasions, to make an appointment for a fictitious 55-year-old female patient. Each office was called twice to make an appointment for a hip

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replacement and twice for knee replacement. The common script for all phone calls was: "My 55-year-old mom has a diagnosis of osteoarthritis of the hip/knee. I was told she has bone on bone with no cartilage left, and needs to see an orthopedic surgeon to have a total hip/knee replacement. Do any of your doctors replace hips/knees?" If no, the call was ended. If yes, the office was informed that the patient had only Medicaid. During the other attempt to make an appointment, the patients were said to be covered by private insurance. If an office would not see patients with Medicaid, they were asked if they could refer to an orthopedic surgeon who would be willing to provide an appointment to someone with Medicaid.

We recorded the following data from each attempt at making an appointment: date of phone appointment request, date of appointment if given, and if they did not accept Medicaid whether the office could recommend and orthopedic surgeon who accepted patients with Medicaid.

Statistical analysis was performed using SPSS version 12 (SPSS, Inc, Chicago, IL). The Fisher exact test was used to analyze differences in the proportion of patients given appointments based on type of insurance. To analyze mean differences in wait time until an appointment for total knee arthroplasty (TKA) and total hip arthroplasty (THA), Mann-Whitney *U* tests were used, as the data were not normally distributed. One outlier was excluded from the wait time analyses, as the mean wait time for both procedures for that single practice was greater than three standard deviations longer than the mean wait time across all practices. The excluded provider did not offer arthroplasty to Medicaid patients.

Results

Out of the 117 physicians' offices contacted, 35 (30%) physicians perform THA and 42 (36%) perform TKA. One hundred percent of physicians' offices that performed THA gave an appointment when the patient had private insurance. In contrast, when the patient was reported to be insured with Medicaid, only 14.3% (5/35) of physicians' offices offered an appointment which was significantly lower rate than for private insurance patients ($P < .05$). Among the physicians that performed TKA, 100% would give an appointment when the patient was reported to be insured with a private provider organization. On the other hand, when the patient was reported to be insured with Medicaid, only 14.3% (6/42) of the physicians' offices offered an appointment. Thus, physicians were significantly less likely to give a TKA appointment to a Medicaid patient ($P < .05$).

The mean time for a THA appointment for prospective patients insured with a private provider organization was 11.2 days (±8.3 SD; range, 1-33 days, n = 34) and, for Medicaid, 24 days (±5.7 SD; range, 20-28 days, n = 2). There was a trend towards significant differences in the length of wait time for THA between Medicaid and private insurance ($P = .052$). The mean time for a TKA appointment when insured with a private provider organization was 8.0 days (±7.2 SD; range, 1-28 days, n = 41) and, for Medicaid, 26.7 days (±6.1 SE; range, 20-32 days, n = 3). The difference in wait time for TKA was significantly longer for prospective patients with Medicaid than for patients with private insurance ($P < .05$). In three offices, the orthopedic surgeon had to review the case prior to giving an appointment when insured with Medicaid.

Of the 42 physicians' offices that performed TKA, that would not see a patient with Medicaid, 35 (83%) were unable to recommend an orthopedic office that accepted Medicaid. None of the offices that stated they performed THA recommended an orthopedic office that accepted Medicaid.

Discussion

The purpose of this study was to examine whether insurance status (private vs. Medicaid) affects timely access to orthopedic care for adults in need of total joint arthroplasty. In this study, less than 15% of orthopedic surgeons' offices within our studied community were willing to give an appointment to an adult Medicaid patient that needed an arthroplasty. In contrast, every physician who performed THA or TKA extended an appointment to an adult with an identical profile if they had private insurance. These results are consistent with a recent study [8] which used a similar methodology to show that children with Medicaid-Children's Health Insurance Program (CHIP) insurance needing specialty care were denied appointments 66% of the time in comparison to only 11% with private insurance. In that study, multiple specialties were contacted, and orthopedic specialists only provided an appointment 20% of the time for patients with Medicaid-CHIP, while extending appointments to private insurance patients 98% of the time. Thus, while access to care for Medicaid is a significant issue across specialties, it is particularly salient in orthopedics.

Previous reports have documented the disparity in access to orthopedic care between children with Medicaid and private insurance [9,10]. In 2006, a national survey of 250 orthopedic offices found that children with Medicaid had access to only 38% of offices who treat children [10]. Similarly, a survey of 50 orthopedic surgeons' offices in California found that children with Medicaid coverage were almost 17 times less likely to receive an appointment for an arm fracture and in only one case a timely appointment was offered [9]. In addition, our findings show that Medicaid patients who need a hip or knee arthroplasty experienced longer waiting times than those patients with private insurance. The wait in these cases exceeded an