



Original Article

All patients are not the same: An audit comparing the public and private sectors

Nicht alle Patienten sind gleich – Ein Vergleich von Fuß- und Sprunggelenkspatienten im öffentlichen und privaten Versorgungssektor

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KEYWORDS

Patient characteristics;
Clinical outcomes;
Service provision

Summary

Background: It is acknowledged that a variety of patient factors are known to influence consultation length as well as outcomes and complication rates following surgery. As little research has been published in this area, our aim was to compare the prevalence of such factors amongst foot and ankle surgical patients treated in the private and public sectors.

Methods: Information was prospectively collected on 100 consecutive new patients presenting to foot and ankle clinics in private practice, a trauma center and a metropolitan hospital. Data was collected for age, primary pathology, availability of home support, employment status, necessity for interpreter, smoking status, presence of diabetes and ASA (American Society of Anesthesiologists) status.

Results: Statistically significant differences were found between the private and public patients for availability of home support, employment status and necessity for an interpreter. When compared with the other two sets of patients, the trauma center had a greater proportion of smokers and diabetics. In addition, a higher ASA grade was observed.

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SCHLÜSSELWÖRTER

Patientencharakteristika;
Klinisches Ergebnis;
Versorgungsplanung

Conclusion: A statistically significant difference in patient factors was noted between patients treated in the public and private sector and between a trauma center and a metropolitan hospital. We believe that careful consideration of these issues is needed when interpreting clinical outcomes and assessing potential service provision.

Study design: Cohort study.

Zusammenfassung

Einleitung: Verschiedene Patientencharakteristika haben einen Einfluss auf die Länge der Behandlung, das klinische Ergebnis und die Komplikationsrate nach Operationen. Bisher sind wenige vergleichende wissenschaftliche Studien zu den Patientenscharakteristika des privaten und öffentlichen Versorgungssektors bekannt.

Methoden: Die prospektive Studie sammelte Daten von 100 konsekutiven Neupatienten, welche sich in einem privaten Fuß- und Sprunggelenkzentrum, einem Traumazentrum und einem öffentlichen Haus vorstellten. Die Daten wurden hinsichtlich Alter, primärer Pathologie, Möglichkeiten der häuslichen Unterstützung, Berufsanamnese, Notwendigkeit eines Übersetzers, Nikotinabusus, Diabetes mellitus und des ASA (American Society of Anesthesiologists)-Status erfasst.

Ergebnisse: Statistisch signifikant zeigte sich, dass zwischen den Patienten im privaten als auch öffentlichen Versorgungssektor ein Unterschied in der häuslichen Unterstützung, des Berufsstatus und der Notwendigkeit eine Übersetzers bestand. Die Patienten des Traumazentrums waren überproportional häufiger Diabetes-Patienten als auch Raucher. Auch der ASA-Status war höher als in den anderen beiden Versorgungssektoren.

Schlussfolgerung: Es besteht ein statistisch signifikanter Unterschied zwischen Patienten im öffentlichen Krankenhaus und privaten Versorgungsbereich. Die differenzierte Betrachtung dieser einzelnen Themen ist bei der Interpretierung der klinischen Ergebnisse und der Versorgungsplanung notwendig.

Introduction

Many studies allude to differences in the private and public sectors. These differences relate to the rate of certain surgical procedures in each sector [1,2], the presenting pathology [3], the perceptions of patient's priorities by doctors [4] and the non operative treatment provided [5].

Despite this, to the best of our knowledge, there are no papers comparing patient characteristics in the two sectors. These differences could potentially have an impact on the length of time the clinician spends with a patient in the outpatient clinic and also the surgical outcome in each sector.

With regards to consultation length it is acknowledged that certain factors such as the absence of social support, medical comorbidities, and lack of English as a primary language may all contribute to an increased consultation [6–8]. An appropriate allocation of time to see these patients must be provided. This in turn facilitates the formation of trust between the surgeon and patient at the first consultation [9] but may also lead to increased waiting times and reduced satisfaction for subsequent patients [10].

Should a patient subsequently undergo surgery, it is well known that patient factors as well as surgical factors can affect the outcome and influence the rate of complications. Patient factors include age, diabetes, obesity, ASA (American Society of Anesthesiologists) physical status and smoking [11–15].

The aim of our study was to compare the prevalence of such factors amongst foot and ankle surgical patients treated in the private and public sectors at different centers in Melbourne, Australia.

Australia provides both private and public medical treatment. Public medical treatment is funded by the state. Private medical healthcare is either provided by self paying patients or through medical health insurance. In 2015, 47% of Australians had private medical health insurance, covering the cost of required medical care.

Methods

Patient data was prospectively collected from one hundred consecutive new patients who presented to foot and ankle clinics at three different centers between July and December 2015. The centers were a private orthopedic practice, an inner city

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