

Oral Session 12

Research Study

Title: "Access to Total Hip Arthroplasty for Florida Medicare Advantage Patients"

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Introduction and Objective. Total hip arthroplasty (THA) is one of the most performed procedures among U.S. patients 65 and older, with roughly 400,000 THAs performed in 2018 alone. Studies have shown that when compared to private health insurance, government health insurance leads to higher risk of medical complications, surgical complications, and mortality after elective THA. As the geriatric population is primarily enrolled in Medicare and Medicare Advantage(MA) plans, it is crucial to understand differences in access to care which may lead to poor outcomes. The purpose of this study is to assess whether various Medicare insurance plans have an impact on Florida patients' access to THA.

Methods. This cross-sectional study queried the AAOS directory for listed Hip & Knee surgeons in the state of Florida. Each office was called 4 times to assess appointment availability for a fictional 70-year-old father needing left THA based on insurance type. Insurance types surveyed were Cigna(commercial insurance), Traditional Medicare(TM), and two MA plans; Humana Gold Plus HMO and Blue Medicare Select PPO. Accepted insurance and time to appointment measured in business days were recorded. Practices with no contact information, retired physicians, or not performing THA were excluded.

Results. 61 of the original 103 contacted orthopedic surgeons met inclusion criteria. Of those 61 clinics, 62.3% participated in the Humana Gold Plus (MA-HMO) network and 63.9% in Blue Medicare Select (MA-PPO) network while TM and Cigna were accepted in 96.7% and 96.7% of the clinics, respectively. When comparing insurances by appointment success rates, both MA plans were accepted at a significantly lower rate with a $P < 0.0001$. Analysis comparing time to appointment showed no significant difference between insurances with a P-value of 0.74.

Conclusions-Implications. The outcome of this study demonstrates that patients enrolled in MA programs within Florida have substantially less access to orthopedic care than those insured with TM or commercial insurance. With delays in orthopedic care proven to prolong osteoarthritic pain and increase mobility limitations, patients enrolled in MA plans are at increased risk of enduring depressive symptoms and self-care limitations. These findings highlight the need to address the disparity in access to orthopedic care for geriatric patients enrolled in MA plans.