Health-Care Reimbursement Models and Orthopaedic Trauma: Will There Be Change in Management?

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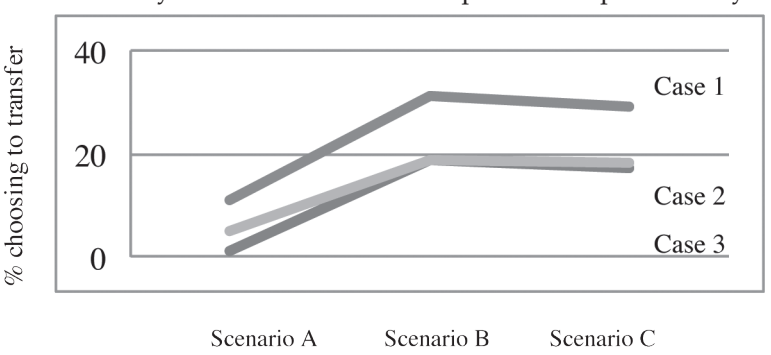
Purpose: Health-care reimbursement models are changing. Fee-for-service may be replaced by pay-for-performance or capitated care. Medicare and Medicaid will alter payment schedules and tighten policy surrounding hospital readmission, and hospitals will face the potential creation of different reimbursement models including bundled payment and capitation. Some propose that given these changes the management of higher risk patients may occur predominantly at larger medical centers. The purpose of this study is to examine the possible changes in future management of orthopaedic trauma and general orthopaedic injuries based on potential shifts in policy surrounding readmission and reimbursement.

Methods: An e-mail survey was sent to 375 orthopaedic surgeons across the state of Tennessee via REDCAP. Surveys consisted of 3 case-based scenarios presented 3 separate times under different health-care settings for a total of 9 cases (table). Five options for management of each case were provided, with one choice involving transfer to a tertiary care center. Fisher's exact tests were conducted to compare the distribution of answers among the three scenarios.

POSTER ABSTRACTS

Table Cases	Health-Care Environments
(1) 44-year-old type 3 open tibia fracture	(A) Current fee-for-service health-care setting
(2) 36-year-old, comorbidities, closed trimalleolar fracture	(B) 90-day reoperation/admission not reimbursed
(3) 65-year-old, comorbidities, hip osteoarthritis	(C) Capitated structure w/fixed payment per patient

Results: The response rate was 40.3% with 151 surgeons completing the survey. 71% of respondents were in private practice settings, while 28% were in academic centers. Respondents came from all orthopaedic subspecialties. In each case, there was a significant shift towards transferring patients to tertiary care centers under the capitated and penalized systems compared to the current fee-for-service model (figure). For Case 1, a significant increase in patient transfers occurred with 31% and 29% of respondents respectively choosing to transfer under health-care environments B and C ($P < 0.005$). In



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Case 2, 19% and 17% of respondents chose to transfer the patient in scenarios B and C ($P < 0.005$), respectively. With Case 3, 19% and 18% of respondents respectively chose to transfer care in scenarios B and C ($P < 0.005$).

Conclusion: This survey is the first of its kind to confirm through case-based scenarios that a health-care system with readmission penalties and capitated reimbursement models may lead to a significant increase in transfer of orthopaedic injuries to tertiary care centers. Tertiary care centers must prepare for this influx from both a resource and financial perspective.

- The FDA has not cleared this drug and/or medical device for the use described in this presentation (i.e., the drug or medical device is being discussed for an "off label" use). For full information, refer to page 600.