A Pediatric Orthopaedic Access Coordinator Reduces Health Disparities

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INTRODUCTION:

Uninsured and publicly insured pediatric patient families presenting to the ER with orthopaedic injuries often have low health literacy and language barriers, making it difficult for them to navigate the complex medical industrial complex for follow up. Due to the relatively lower numbers of pediatric orthopaedic subspecialists, even well-insured PPO patients often have difficulty finding care for their injuries in a timely manner. However, it is well-documented that Medicaid patients are turned away when seeking pediatric orthopaedic post-ER follow-up care significantly more often than privately insured patients. One reason is that reimbursement rates are lower for Medicaid patients compared to privately insured patients. To motivate providers to care for this vulnerable population, the author's State implemented a program that offers additional financial incentives to baseline Medicaid reimbursement. Many patient families are not aware of this option, nor are medical systems in the State utilizing this option fully. Additionally, publicly insured patients who do not qualify for this State-funded program (typically those with a Medicaid-backed HMO) are especially at-risk. These patients are not afforded the opportunities for coverage with the state-funded program, but their HMO plan creates barriers and prohibitively long wait-times to find pediatric-specific orthopaedic care in time for optimal healing. After being seen in the ER, these patients are required to obtain a referral to an orthopaedic specialist from their primary care physician, which adds outcome changing delays to their care.

METHODS:

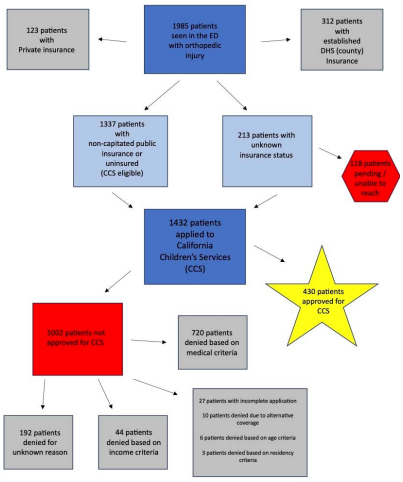
A Pediatric Orthopedic Access Coordinator (PAC) was employed to help children initially seen in the authors' ER navigate to timely pediatric orthopaedic care. Patients who were eligible for State-funded insurance were assisted with the State enrollment process and applications were submitted for coverage at the author's hospital. The coordinator also helped children who were not eligible for State funding access timely care within their own networks. Most of these patients were publicly insured but ineligible to follow up at the author's institution. The PAC did this by communicating with patients' insurances to identify covered orthopaedic specialists and primary physicians to obtain urgent referrals to the specific specialists. Covered orthopaedic specialists were contacted to confirm that patients could be seen and/or operated on in the timeframe necessitated by their specific injuries. Insurance data and clinic visits were reviewed for all pediatric orthopaedic patients seen in the ER during this period. The number of pediatric patients who were not capitated to the author's institution, who qualified for the State-funded program, or had a Medicaid HMO or other insurance but did not qualify for the State-funded program were calculated. Financial data was reviewed, and cost-benefit analysis of this program was performed.

RESULTS:

Over a 3.5-year period from 10/2019-5/2023, 1,985 children were seen in the ER with orthopaedic injuries between the ages of 1-week to 21-years-old. State insurance applications were submitted for 1,432 patients. Excluding those patients who did not meet medical or financial eligibility criteria, approval was granted for 430 out of 668 patients (64%). The PAC then followed up with the 1,002 patients who were denied from the state and helped connect them with timely care based on their eligibility. The number of follow-up visits to achieve optimal health outcomes ranged from 2-18 visits per patient at the author's institution. Financial data was calculated through June 2022 and resulted in $4,035,626.00 of billing and $1,910,184.00 in collections for the hospital. This rendered the hiring of the PAC a net cost benefit to the hospital.

DISCUSSION AND CONCLUSION:

This pilot program achieved its goal of assisting vulnerable Medicaid and uninsured patient families navigate the healthcare system by helping eligible patients apply for a State-funded insurance program. Without this program, these children would likely have delayed or no access to care, leading to poor clinical outcomes. Importantly, the PAC also expedited access to pediatric orthopaedic specialty care for an especially at-risk population: non-capitated Medicaid patients who did not qualify for State funding. This program can be replicated by other health systems to provide vulnerable children with timely access to subspecialty orthopaedic care and help close a major gap in healthcare disparity.


1985 patients seen in the ED with orthopedic injury
123 patients with Private insurance
312 patients with established DHS (county) Insurance
1337 patients with non-capitated public insurance or uninsured (CCS eligible)
213 patients with unknown insurance status
218 patients pending / unable to reach
1432 patients applied to California Children's Services (CCS)
430 patients approved for CCS
1002 patients not approved for CCS
720 patients denied based on medical criteria
192 patients denied for unknown reason
44 patients denied based on income criteria
27 patients with incomplete application
10 patients denied due to alternative coverage
6 patients denied based on age criteria
3 patients denied based on residency criteria