

Do Medicaid Patients have Decreased Access to Shoulder Surgery?

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INTRODUCTION:

Medicaid with its expansion has become the largest source of health coverage in the United States. Despite this, Medicaid patients are known to have less access to orthopaedic care compared to those who are privately insured. Limited and delayed access can negatively affect outcomes for patients insured by Medicaid presenting with orthopaedic complaints, especially for patients living in rural areas. The purpose of this study was to evaluate whether Medicaid insurance and rural settings negatively affect access to shoulder surgery.

METHODS: The study population included board-certified orthopaedic specialists who belonged to the American Academy of Orthopaedic Surgeons (AAOS) from five Florida counties, representing urban and rural counties. The secret shopper method was applied to evaluate Medicaid patient access to offices in each county. An appointment was requested for the caller's fictitious 49-year-old mother requesting a rotator cuff repair (RCR). The following response data were collected and compared between urban and rural counties: acceptance of insurance, number of days until earliest appointment, Medicaid appointment success, wait time, and average distance to clinics accepting Medicaid.

RESULTS: Of the 108 clinics identified, 76.9% (n=83/108) performed arthroscopic rotator cuff repair (RCR). The rate across all counties for successfully obtaining an appointment was 100% (n=83) for privately insured patients and 9.6% (n=8) for Medicaid patients. There was no significant difference in access to shoulder arthroscopy among Medicaid patients in urban and rural counties (p=0.984). Of the 9.6% of clinics who accepted Medicaid patients, there was a significantly longer wait time to earliest appointment compared to privately insured patients (p=0.030). Medicaid patients had significantly shorter wait times in rural counties compared to urban counties (p=0.021). Rural counties encountered a significantly greater average travel distance to clinics accepting Medicaid compared to urban counties (p=0.042).

DISCUSSION AND CONCLUSION: Medicaid patients had reduced access and greater travel time for arthroscopic RCR compared to privately insured patients. The current data supports the recent decision by some states not to expand Medicaid, as this may potentially limit further subspecialty access to orthopaedic care. The minimal acceptance rates of Medicaid patients may contribute to delayed treatment, poor patient satisfaction, and negative outcomes after arthroscopic RCR. Future studies should investigate methods that Medicaid can implement to incentivize orthopaedic specialists to provide better access to care.