

Effect of insurance required referral on orthopaedic evaluation and patient reported outcome measures

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INTRODUCTION: Health insurance payers have variable requirements for patients seeking evaluation by a specialist often including a primary care referral and/or prior authorization. This barrier to evaluation can result in delayed evaluation and treatment leading to increased musculoskeletal pain and disability.

METHODS: New patients at a single academic orthopedic surgery clinic completed intake surveys including Patient-Reported Outcomes Measurement Information System (PROMIS) pain interference 6a, PROMIS-physical function 10a or PROMIS-upper extremity 7a, Single Assessment numeric evaluation (SANE) function score, and Visual Analog Scale (VAS) for pain. The electronic medical records of these patients were reviewed for insurance payer type, presence and necessity of referral, demographic data, reported duration of symptoms, and if surgery was recommended for treatment. Patients were divided into cohorts based on if referral/prior authorization was required before evaluation

RESULTS: A total of 440 adult patients completed surveys with a mean age of 54.5 years (SD 16.7). There were 103 (23.4%) of patients with an insurance type that required a referral from a primary care provider or prior authorization prior. There was no significant difference between the two groups with regards to age, gender, race. Patients with insurance types that did not require a referral were seen in the orthopaedic clinic sooner than those who did need a referral (17 days vs 25 days, $p = 0.008$). Patients who did not require a referral were more likely to be seen for an acute/subacute issue (<6 weeks) (43.3% vs 19.4%, $p < 0.0001$). There was no significant difference between referral required or not required groups with regards to PROMIS scores, VAS pain level, SANE score, or if surgery was recommended for their complaint.

DISCUSSION AND CONCLUSION:

Patients not requiring referral or prior authorization for evaluation by an orthopaedic surgeon are more likely to be seen with an acute complaint and are seen over 1 week faster. This delay, however, did not correlate with statistically significant differences in patient-reported outcomes.

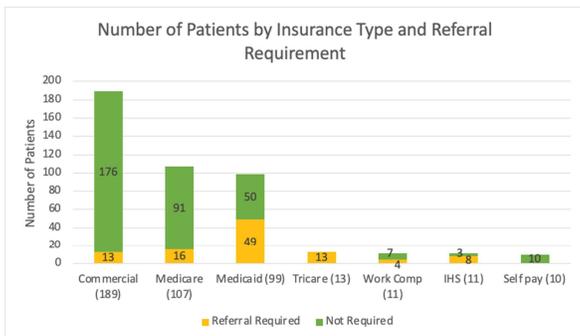


Figure 1. Number of Patients by Insurance type and referral requirement

Table 1. Comparative demographics, duration of symptoms, PROMIS/symptom scores

	Referral Required	Not Required	P-value
N	103	337	
Age (years ± stdv)	54.0 ±13.2	54.7 ±17.7	0.69
Gender, F	56 (54.4%)	182 (54.0%)	0.95
Average time referral to visit	25±32 days	17±14 days (n=174)	0.008
Average duration of symptoms	22.2 months	19.8 months	0.33
Subacute issue (<6 weeks)	20 (19.4%)	146 (43.3%)	<0.0001
Surgery recommended	20 (19.4%)	82 (24.3%)	0.30
Visual Pain Scale (0 to 10)	5.8	5.2	0.08
SANE (affected joint from 100%)	43.3%	44.5%	0.67
Physical function (lower extremity) PROMIS 10a T-score (13.5 – 61.9)	38.3	36.4	0.10
Upper extremity PROMIS 7a T-score (16.3 – 58.2)	29.1	31.5	0.07
Pain Interference PROMIS 6a T-score (41.1 – 76.3)	65.3	64.4	0.23