

Balancing act: Direct and indirect costs of managing musculoskeletal disorders

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The value of medical treatment can be far greater than the cost of the treatment finds a study in BioMed Central's open access journal *Cost Effectiveness and Resource Allocation*. Improved physical function leads to measurable gains in employment, improved household income, and fewer days missed from work. This improvement in employment is matched by a reduction in the necessity of disability benefits.

Analysis of data from the National <u>Health Interview Survey</u> (2004-2010), involving 185,000 adults, showed that severity of physical activity limitations such as walking, sitting, standing, climbing, and carrying objects was linked to reduced employment, <u>household income</u>, missed work days, and increased likelihood of receiving disability benefits.

On the positive side, for every single point increase of Physical Function Index Value there was a 2% increase in chances of being employed, a 2% decrease in receiving disability benefits, and a \$180 increase in annual income.

Using data from clinical trials, researchers from IHS Global Inc and KNG Health Consulting also found that after replacement knee surgery to treat arthritis the probability of being employed increased by 20% while receiving benefits decreased. On average, annual income increased by \$4,300 and the number of sick days fell by six.

Tim Dall who led this study explains, "We're breaking new ground in



being able to quantify the indirect value of common bone and joint procedures. It is important that policymakers and tax payers, as well as affected individuals, are aware of how the costs of surgery balances against loss of employment and the need for long-term assistance in everyday living. This information on the indirect economic impact of treatment and the patient's quality of life combined with direct medical costs is needed to fully understand the net value of treatment."

More information: Modeling the indirect economic implications of musculoskeletal disorders and treatment, Timothy M Dall, Paul Gallo, Lane Koenig, Qian Gu and David Ruiz Jr, *Cost Effectiveness and Resource Allocation* 2013, 11:5.

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