

Patients with medicaid have limited access to physical therapy in Massachusetts after ACL surgery

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Patients with Medicaid in Massachusetts have limited access to reimbursable physical therapy (PT) after anterior cruciate ligament (ACL) reconstruction surgery, according to a new study. Researchers at Boston Medical Center found that only slightly more than half of PT clinics in the metropolitan Boston area accept Medicaid, and patients with Medicaid insurance have to wait longer for their initial PT appointments compared to those with private insurance. The authors note the importance of providers working with their patients with Medicaid earlier on in the process to establish a postoperative treatment plan to avoid PT treatment delays.

ACL reconstructions are among the most common sports medicine procedures performed in the US each year, with [previous studies](#) estimating that 175,000 are performed annually. That number continues to increase, and setting up formal PT sessions right after surgery helps ensure both proper and quality postoperative rehabilitative care is provided in order to improve function while minimizing complications for these patients.

"In our orthopaedic sports medicine clinic, we've heard firsthand from patients with Medicaid that it is increasingly difficult for them to find PT practices that accept their [insurance](#)," said Xinning Li, MD, orthopaedic surgeon specializing in sports medicine and shoulder surgery at Boston Medical Center. "This results in Medicaid patients returning

for follow up or postoperative visits without having been able to do the prescribed PT treatment and exercises, which leads to delayed functional improvement and stiffness."

Locations in greater Boston offering PT services were identified by using Google, Yelp, and Yellow Pages internet services - the same search methods that a real patient might use. Of the 139 practices that researchers made contact with, 96.4 percent of practices took private insurance, while only 51.8 percent accepted Medicaid. Among locations that did not accept Medicaid, less than one third were able to refer patients to a location that would accept Medicaid. "No contract" was the most common reason why Medicaid was not accepted (39.4 percent).

Average time to first appointment also differed significantly for privately insured patients and those with Medicaid - 5.8 days versus 8.4. There was no difference between PT practice locations (town median income or poverty level) and insurance type accepted. Patients residing in lower income areas did not have improved access to PT facilities that would take Medicaid, and they may have to travel farther distances with limited resources to find a PT practice that would accept their insurance.

"The faster, easier access to PT for privately insured individuals could be due to the difference in reimbursement rates between the two insurances, or because the physical therapy centers have limited spots available for patients with Medicaid," said Li, who is also an associate professor of [sports medicine](#) and shoulder surgery at Boston University School of Medicine.

Li suggests that providers counsel Medicaid patients on how to establish a postoperative rehabilitation plan when initially preparing a patient for ACL surgery to start the discussion about this anticipated barrier to recovery. With adequate planning by the surgeon and/or hospital, the obstacle of securing a postoperative PT appointment that accepts

Medicaid is surmountable. In addition, establishing a home-based exercise program with Medicaid patients that have poor access to PT services may also help improve their outcomes.

"Our study shows a gap for some of our most vulnerable patients, and providers and insurers need to collaborate in order to address these barriers so that [patients](#) can more readily access the treatment and services necessary for their recovery," said Li.

This study is published online in *The Orthopaedic Journal of Sports Medicine*.

More information: Medicaid Health Insurance Status Limits Patient Accessibility to Rehabilitation Services Following ACL Reconstruction Surgery, *The Orthopaedic Journal of Sports Medicine*, journals.sagepub.com/doi/full/10.1177/2325967118763353

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