

Nationwide study shows disparities in outpatient care for common orthopaedic problems

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Racial/ethnic minorities, people with lower incomes, and other groups are less likely to receive office-based care for common musculoskeletal conditions, reports a nationwide study in *Clinical Orthopaedics and Related Research (CORR)*, a publication of The Association of Bone and Joint Surgeons.

Some of the same characteristics are linked to higher use of more-expensive emergency department (ED) care for orthopaedic conditions, according to the new research by Nicholas M. Rabah and colleagues of Case Western Reserve University School of Medicine, Cleveland. "It is imperative for [orthopaedic surgeons](#) to continue to collaborate with policy makers to create targeted interventions that improve access to and use of outpatient orthopaedic care to reduce healthcare expenditures," the researchers write.

Patient Factors Linked to Lower Use of Outpatient Orthopaedic Care, Higher Use of ED Care

The study included data on more than 63,500 patients receiving office-based or ED care for common orthopaedic conditions between 2007 and 2015, drawn from the nationally representative Medical Expenditure Panel Survey. The study focused on eight categories of non-emergent musculoskeletal conditions—for example, osteoarthritis, fractures, and strains and sprains. (The study did not include spinal disorders, which

can be treated by either neurosurgeons or orthopaedic surgeons.)

Several sociodemographic factors were linked to lower use of office-based care for musculoskeletal conditions. After adjustment for other characteristics, black and Hispanic patients were about 20 percent less likely to receive outpatient care, compared to white patients.

Use of outpatient orthopaedic care was also lower for Americans with household incomes below the federal poverty line, without at least a [high school education](#), and without [private insurance](#) (either on public insurance or uninsured).

In contrast, patients with lower income, lower education, and public insurance status were more likely to receive ED care for these nonemergent musculoskeletal conditions. Hispanic patients also were more likely to receive ED care, although black patients were not. For most of the eight conditions studied, expenditures were significantly higher for ED care than for office-based care.

There are well-documented disparities in healthcare use in the United States. Musculoskeletal disorders are a major health burden, affecting more Americans than either cardiovascular or respiratory disease and accounting for more than \$162 billion in healthcare spending per year (based on 2012-14 data).

Office-based care is thought to be the most appropriate site of care for common musculoskeletal conditions. The new study is one of the first to link specific sociodemographic factors to disparities in the use outpatient orthopaedic care.

Multiple factors may contribute to the observed disparities, including differences in health literacy, beliefs about health and disease, and lack of social support and resources to recognize diseases and make informed

decisions. Mr. Rabah and coauthors conclude: "[O]rthopaedic surgeons should focus on improving communication with patients of all backgrounds to help them identify [musculoskeletal](#) symptoms that warrant office-based orthopaedic care versus ED care."

More information: Nicholas M. Rabah et al. Are There Nationwide Socioeconomic and Demographic Disparities in the Use of Outpatient Orthopaedic Services?, *Clinical Orthopaedics and Related Research* (2020). [DOI: 10.1097/CORR.0000000000001168](https://doi.org/10.1097/CORR.0000000000001168)

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