

Better insurance access leads to more hip, knee replacements among minorities

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Researchers at Boston Medical Center (BMC) have found that the expansion of insurance coverage in Massachusetts increased the number of elective knee and hip replacement procedures by 4.7 percent, with greater increases among black and Hispanic patients. The findings are published online in advance of print in the *British Medical Journal*.

The insurance coverage expansion in Massachusetts in 2006 set the framework for the Affordable Care Act, which was created with the goal of increasing access to healthcare, and thereby reducing disparities in access to care based on race and income. The new findings, which compared utilization of elective [hip](#) and knee replacements pre-reform (2004-2006) and post reform (2008-2010), suggest an improvement in access to healthcare, particularly among racial/ethnic minorities.

"The need for knee and hip replacements is fairly universal among various ethnic groups," said Amresh Hanchate, PhD, of the Section of General Internal Medicine at BMC, and the Healthcare Disparities Research Program in the Department of Medicine at Boston University School of Medicine, and the first author of the study. "However, access to care has not been universal. Our findings suggest that there may have been a pent-up demand for these procedures among racial/ethnic minorities, and once these patient populations received insurance, they were able to move forward with the procedures."

Researchers concluded that, while more information is needed to confirm the clinical need for hip and knee replacements, the findings

suggest that improved access to medical insurance for racial/ethnic minorities leads to increased elective joint replacement procedures, which can significantly improve a patient's overall health and quality of life. For patients with osteoarthritis of knee and hip, these procedures have been shown to be cost-effective.

According to the study's findings, joint replacement procedure use increased 22.4 percent overall during the 2½-year period following insurance expansion; Massachusetts reform was associated with a 4.7 percent increase. The increase associated with reform was significantly higher among Hispanics (37.9 percent) and blacks (11.4 percent) than whites (2.8 percent). Lower income was not associated with larger increases in procedure use. The share of [knee](#) and hip replacement procedures performed in safety-net hospitals in Massachusetts decreased from a pre-reform level of 12.7 percent by 1 percent.

"Our findings clearly demonstrate that limited insurance coverage has been a real barrier to receiving some forms of medical care such as joint replacement surgery, among racial/ethnic minorities," said Nancy Kressin, PhD, of the Section of General Internal Medicine at BMC, and Director of the Healthcare Disparities Research Program in the Department of Medicine at Boston University School of Medicine, and the senior author. "And that by opening that door, by providing access through insurance, we can help many people receive the care they need to live healthier lives."

In the U.S., 18 percent of the population ages 18-64 do not have health insurance. But large-scale [insurance coverage](#) expansions could significantly reduce barriers to health care, particularly among racial/ethnic minorities and low-income populations.

Provided by Boston University Medical Center

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