

Value-Based Care in Orthopaedic Trauma: Are Traumatologists Ready to Ride the Wave of Changing Economics?

*Tiffany Gorman; Melissa White, BA; Harsh Rajesh Parikh; Ilexa Rae Flagstad, BS; Bandele Okelana; Sandy Vang, BA; Herman Johal, MD; Brian Cunningham, MD
University of Minnesota & HealthPartners, St. Paul, MN, United States*

Purpose: As health-care expenditures rise, government and private payer policy continue to focus on reducing costs without compromising patient outcomes. Value, defined as the ratio of patient-reported outcomes (PROs) over cost, has emerged as a way to apply cost containment strategies while maintaining quality of care. Although seen frequently in other subspecialties, value-based policy has been slow to disseminate in orthopaedic trauma. With value-based payment models on the horizon, this study was designed to examine the perceptions of value-based care among orthopaedic traumatologists and how it influences their practice.

Methods: After approval was granted by the OTA research committee, all active and associate North American OTA members were e-mailed a 38-question survey. OTA members could also access it online November 7, 2017, to October 25, 2018, through the OTA site. The survey was designed using an orthopaedic staff focus group. Questions focused on demographics, training, experience, and practice, along with 5 areas of value-based care: understanding value, assessing interest, barriers, perceptions around implementing value-based strategies, and policy.

Results: Of 1106 OTA members, 252 members responded for a response rate of 22.7%. Less than a third (28.7%) reported they were comfortable with their knowledge of value and their knowledge level did not grow with increasing years of practice ($P = 0.12$). Consideration around cost was not different between hospital, academic, and private practice setting ($P = 0.47$), and neither was rating if patients thought value of care was important ($P = 0.79$). Prior reported experience in finance increased the amount surgical decision-making influenced by cost ($P < 0.01$), along with reported understanding of implant cost ($P < 0.01$). Over half (59.4%) believed value-based payments are coming to orthopaedic trauma, with less than half (45.4%) indicating their institution was preparing for it. The vast majority (88.5%) believed bundled payments would be unsuccessful or only partially successful. Over half (61%) reported collecting PROs only 25% of the time or less. A third (34.7%) indicated accurate cost data preventing implementation of programs that track and maximize value, another third (31.5%) attributed it to limited ability to collect PROs, and the remaining 33.8% were split between lack of institutional interest and access to funding.

Conclusion: Our study indicated the understanding of value in orthopaedic trauma is limited and practice integration is rare. Reported experience in finance was the only factor associated with increased consideration of value-based care in practice. Our results highlight the need for increased exposure and resources to changing health-care policy, specifically for orthopaedic traumatologists.