Patient Perception of Reimbursement for Arthroscopic Meniscectomy and ACL Reconstruction

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Objective

Historically, patient perceptions of surgeon reimbursement have been exaggerated compared to actual reimbursement. Currently there is limited evidence for patient perception for arthroscopic meniscectomy and anterior cruciate ligament (ACL) reconstruction reimbursement. The purpose of this study was to evaluate patient perception of physician reimbursement for arthroscopic meniscectomy and ACL reconstruction and compared health care perceptions between urban and suburban clinics.

Methods

Surveys were given to 231 consecutive patients, 127 in an urban clinic and 104 in a suburban clinic. Patients were then asked:

- What they believe a surgeon should be reimbursed for an arthroscopic meniscectomy and ACL reconstruction
- What they believe actual Medicare reimbursement to physicians is for each procedure
- How much they would be willing to pay out of pocket for each procedures

After revealing actual reimbursement rates, patients were asked if reimbursement levels were appropriate, and questions about health care reform. Survey responses were compared with respondents in an urban versus a suburban setting as well as amongst respondent’s income and education levels.

Results

Patients on average reported that surgeons should receive:

- $8096 for a meniscectomy
- $11,794 for an ACL reconstruction

Patients estimated that Medicare paid physicians on average:

- $5442 for a meniscectomy
- $6667 for an ACL reconstruction

- 65% of patients believed reimbursement for meniscectomy was too low and 57% of patients believed reimbursement for ACL reconstruction was too low
- Less than 2% of patients believed surgeon salaries should be cut
- 75% believed orthopedic surgeons should be paid extra for subspecialty training

There were no differences in payment perceptions between urban and suburban settings.

Discussion

- Many uninformed patient assume that the rise in the amount that the United States spend on health care each year, surgeon reimbursement also rises.
- Since 1992 (the year that the resource based relative value system was implemented) reimbursement for orthopedic surgical procedures has declined 28% (range -62% to +13%).
- This study’s findings expand on previous knowledge and provides data to support that patients place a higher value than what is reimbursed on the most commonly and sixth most commonly performed procedures in orthopedic surgery, arthroscopic meniscectomy and ACL reconstruction.
- Those surveyed in our study estimated the value of meniscectomy and ACL reconstruction at about 14 and 11 times the actual reimbursement, respectively.
- Our study found that regardless of income level, education, history of knee surgery or clinic location (urban vs. suburban), patients universally overestimated physician reimbursement.
- 87% of patients did not think physicians are overpaid and 88% believed physician salaries should not be cut.
- Rather, when asked how to solve current health care problems, the majority of patients believed reimbursement to drug and device companies should be decreased.
- 82% of survey respondents believed it was important for their surgeon to have subspecialty training.

Conclusion

Patients perceived that the values of meniscectomy and ACL reconstruction were substantially higher than current Medicare reimbursement. The majority of patients believed that the current reimbursement is too low and patients on average would be willing to pay more out of pocket than what is currently reimbursed.