



UNC
ORTHOPAEDICS

The Effect Of Insurance Status On Pediatric Access to Care in Sports Medicine

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Disclosures

I (and/or my coauthors) have nothing to disclose.

Please refer to the AOSSM or AANA
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Background

- Pediatric patients are a vulnerable population whose access to timely orthopedic care would ideally not depend on insurance coverage.
- Delay in pediatric anterior cruciate ligament reconstruction (ACL-R) and repair of bucket handle meniscus tears increases the risk of secondary meniscal and chondral injuries.
- Prior studies
 - Insurance status affects access to orthopaedic care for pediatric patients
 - Hypothetical insurance scenarios



Purpose

- Determine the practical insurance disparities on access to orthopedic pediatric sports medicine
- Hypothesized that patients who had Medicaid, uninsured, or had pro bono insurance coverage had delayed presentation in clinic and delayed definitive treatment.

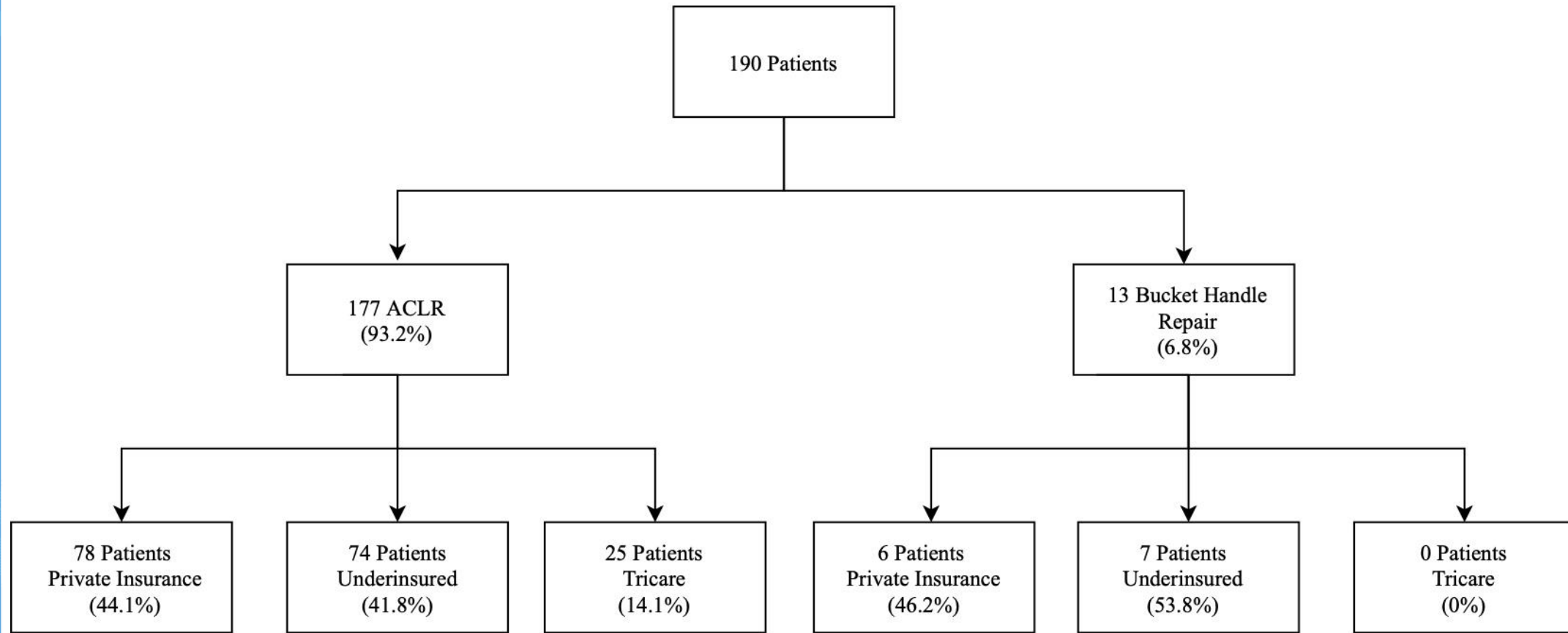


Methods

- Retrospective chart review from April 2014 - December 2018
- Patients younger than 18 years old
- Procedure codes included:
 - ACL reconstruction
 - Meniscal procedures



Results

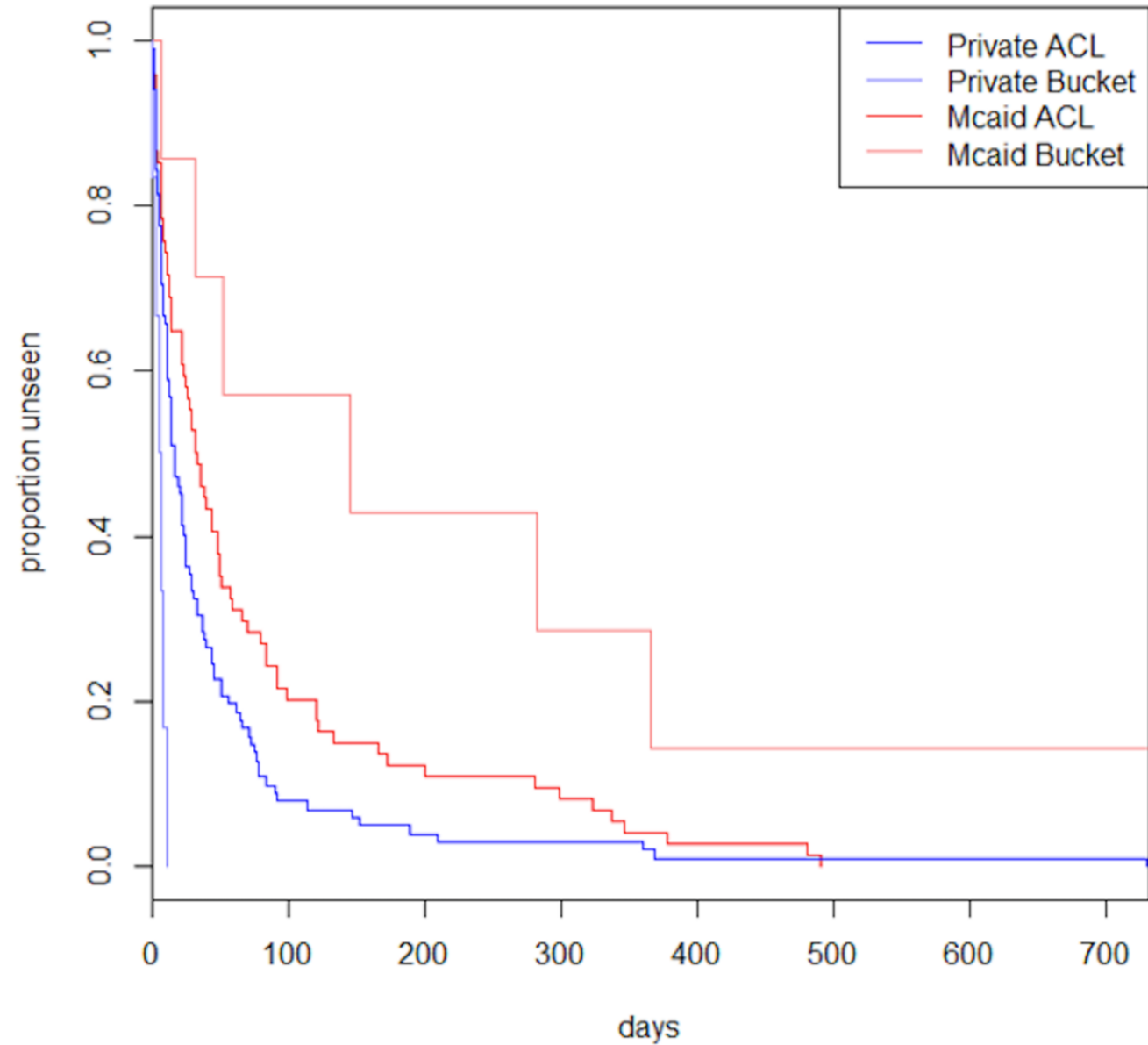


Results

Procedure	Private Insurance + Tricare	Medicaid / Pro Bono	P-Value
ACL Reconstruction	33 out of 103 patients (32%)	39 out of 74 patients (52.7%)	p = 0.006
Bucket Handle Meniscus Tear	0 out of 6 patients (0%)	6 out of 7 patients (85.7%)	p = 0.0001



Results



Conclusion

- While access to Medicaid increases the percent of the population with insurance coverage, it does not necessarily increase access to orthopedic subspecialty care.
- Further research needed to explicitly correlate disparities in access to care and poor orthopedic and sports medicine outcomes

Thank You!

