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INTRODUCTION

- The transfer of patients for hand and microsurgical care from emergency departments (ED) to tertiary care centers is a practice that requires substantial resources.
- It is suggested that the patient's insurance status plays a role in likelihood of transfer.
- Many transferred patients may not require immediate surgery in the operating room (OR), but undergo procedures in the ED. They are then discharged with instructions for follow-up care with a hand specialist.
- Treating surgeons are usually concerned that effective follow-up care is available, particularly for complex hand injuries.

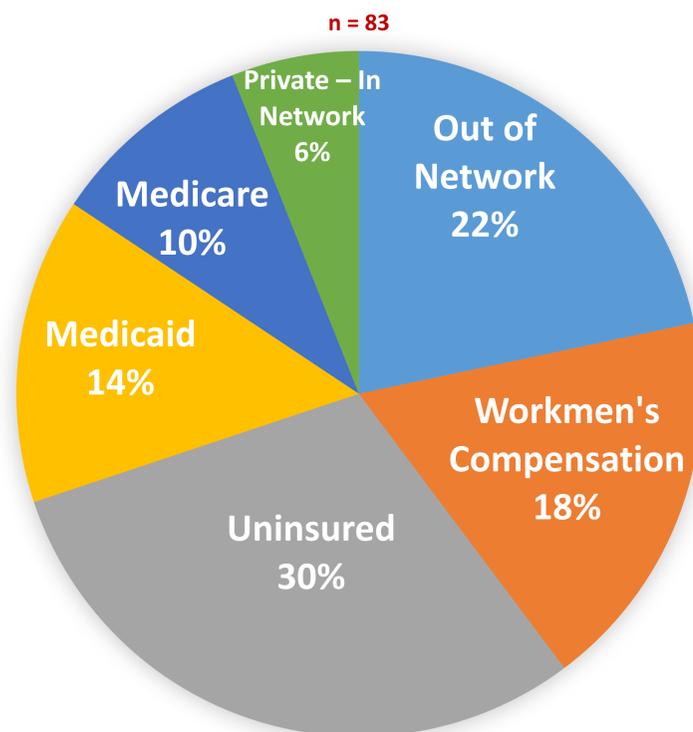
PURPOSE

- This study analyzed patients with hand injuries or conditions acutely transferred to a university ACS Level 1 trauma center to determine whether there was a correlation between the patient's insurance coverage and the likelihood of outpatient follow-up care with a hand specialist.

METHODS

- A retrospective chart review was performed in all patients transferred over a 12-month period to a university ACS Level 1 trauma center for the care of hand and microsurgical trauma.
- Collected data included timing of patient transfer, demographics, insurance status, diagnosis and comorbidities, procedures performed, disposition, and status of outpatient follow-up.
- Statistical analysis was performed to determine whether follow-up with a hand specialist was influenced by insurance status.

Hand Transfer Patients' Insurance Status



CONCLUSIONS

- Uninsured patients are more likely than insured patients to be transferred with issues that can be treated in the ED
- Uninsured and out of network patients are less likely to follow-up with health system surgeons than patients with "in network" insurance

RESULTS

- A total of 83 hand or microsurgical patients were transferred
- 30% were confirmed uninsured
- 22% of the patients were confirmed to be insured but out of the institution's network
- The uninsured patients were less likely to require admission for acute surgery by a hand specialist (36% uninsured versus 62% insured, $p < 0.05$).
- 36% of the uninsured and 35% of the out-of-network patients who underwent a procedure in the ED or had acute surgery in the OR did not receive follow-up care by the institution's hand specialists, while only 5% of "in network" insured patients ($p < 0.05$) failed to attend follow-up appointments with medical center hand surgeons.
- Time to first follow-up was 10.4 days for the uninsured or out of network hand transfers compared to 6.7 days for the insured and in network