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Medicare data reveals differences in orthopedic surgical outcomes

The more specialized a hospital is in orthopedic surgical care, the better the outcomes appear to be for patients undergoing hip and knee replacement surgery, University of Iowa researchers report in a new study of Medicare patients.

Among more specialized hospitals, there were fewer serious post-surgical complications such as blood clots, infections and heart problems, as well as fewer deaths.

The findings, which were published online Feb. 11 by the *British Medical Journal*, were based on data for nearly 1.3 million patients who received hip or knee replacement surgeries between 2001 and 2005 at 3,818 hospitals in the United States.

"The findings suggest that more specialized hospitals have better outcomes even after we account for the type of patients each hospital cares for and the number of hip and knee replacement surgeries that each hospital performs," said the study's lead author Tyson Hagen, M.D., fellow in rheumatology at the UI Roy J. and Lucille A. Carver College of Medicine and UI Hospitals and Clinics.

"While specialization appears to be an important indicator of quality, it is just one factor that patients might want to consider along with other important factors, such as how close the hospital is to home," Hagen added.

By using Medicare data from 2001 to 2005, the study was limited to the experience of patients age 65 and older. The study authors used Medicare data since it is available for almost all hospitals in the United States. While the study focused on people age 65 and older, the researchers said the findings indicate trends that could be relevant to the larger population.

The study adjusted for differences in the types of patient seen at each hospital, as well as the number of surgeries that each hospital performed. Compared to the least specialized hospitals, the more specialized hospitals treated a lower proportion of women and African-Americans. These hospitals also treated patients who had better health overall.

The results grouped hospitals into five levels of specialization. At the average hospital, orthopedic surgeries, which include back surgery and fracture repair in addition to joint replacements, represented 10.5 percent of admissions. The most specialized group in the current study included hospitals that had 14.5 percent or more admissions for orthopedic care. These hospitals had fewer complications or deaths within the first 90 days after a surgery than less specialized hospitals did.

For example, the rate of death for patients who had hip and knee replacements was twice as high at the least specialized hospitals compared to patients treated at the most specialized hospital -- 1.4 percent compared to .7 percent within the first 90 days after surgery.

In addition, the rate of post-surgery infection for patients who got hip and knee replacements decreased from 2.6 percent at the least specialized hospitals to 1.6 at the most specialized hospitals.

The study's senior author Peter Cram, M.D., UI associate professor of internal medicine, noted that larger hospitals might do a relatively high volume of orthopedic surgical cases but often were categorized as less specialized because they do so many other types of surgeries besides orthopedics.

"Learning more about orthopedic specialization could help us to better understand how to organize care and take ideas from more specialized hospitals to less specialized hospitals, and result in better outcomes all around," Cram said.

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The study also involved the Center for Research in the Implementation of Innovative Strategies at the Iowa City Veterans Affairs Medical Center.

The study was supported in part by funding from the National Institutes of Health. In addition, Cram is supported through the Robert Wood Johnson Faculty Scholars Program.

STORY SOURCE: University of Iowa Health Care Media Relations, 200 Hawkins Drive, Room E110 GH, Iowa City, Iowa 52242-1009

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February 15, 2010

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Today's Top Story

1. Specialized orthopaedic hospitals have better outcomes for hip and knee replacement.

Hospitals with greater specialization in orthopaedics are associated with improved patient outcomes after primary or revision hip or knee replacement compared to hospitals with less specialization in orthopaedics, according to a retrospective analysis of 1,273,081 Medicare beneficiaries age 65 years and older who underwent the procedures across 3,818 centers in the United States from 2001 to 2005. In the most specialized hospitals, 14.5 percent or more of admissions

were for orthopedic care (including back surgery and fracture repair as well as joint replacement); orthopaedic admissions accounted for 10.5 percent of admissions at the average hospital. The rate of death for patients who had hip and knee replacements at specialized hospitals was 0.7 percent within the first 90 days after surgery--half the rate at the least specialized hospitals during that period. In addition, the rate of post-surgery infection for patients who got hip and knee replacements increased from 1.6 percent at the most specialized hospitals to 2.6 percent at the least specialized hospitals. The study was published online in the British Medical Journal.

Read more... <<http://lists.aaos.org/t/649/80607/484/0/>>

Read the abstract... <<http://lists.aaos.org/t/649/80607/485/0/>>

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Other News

2. Minority patients often treated at lower volume hospitals.

A study published in the February issue of the journal Archives of Surgery finds that minority patients may be less likely than white patients to have surgery performed at a facility that handles a high volume of similar procedures. The researchers reviewed the histories of 133,821 patients in the New York City area who underwent one of ten procedures between 2001 and 2004. Procedures were selected based on published evidence indicating that hospital and surgeon volume influenced patients' short-term risk of death. Overall, 100,798 (75.3 percent) were white, 17,499 (13.1 percent) were black, 4,249 (3.2 percent) were Asian, and 11,275 (8.4 percent) were Hispanic. For all ten procedures, white patients were more frequently treated by high-volume surgeons and at high-volume facilities than were black, Asian or Hispanic patients.

Read the abstract... <<http://lists.aaos.org/t/649/80607/486/0/>>

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3. New medical schools respond to shortages.

An article in the New York Times examines the relatively large number of medical schools that have opened recently or are planned for the near future in the United States. If all the schools currently proposed actually open, there would be an 18 percent increase in the 131 medical schools across the country—the largest increase in more than 30 years. The schools are responding to an imbalance in American medical education, in which many qualified students are often forced to seek offshore education, even as a growing number of domestic medical residencies have been filled by foreign-trained and foreign-born physicians. Supporters of the expansion say that more physicians are needed to improve care in some urban and rural areas, but skeptics

point out that physicians often congregate in more affluent areas that are already well-covered by providers.

Read more... <<http://lists.aaos.org/t/649/80607/487/0/>>

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4. Haiti update: New symposium added to 2010 Annual Meeting schedule.

"The Haitian Earthquake: What We Saw, Did, and Learned" will be held during the 2010 AAOS Annual Meeting, on Thursday, March 11, from 10:30 a.m. to 12:30 p.m., in room 217 of the Morial Convention Center. The presenters are all AAOS members who have served rotations in Haiti after the Jan. 12, 2010, earthquake.

Learn more about the AAOS Annual Meeting...
<<http://lists.aaos.org/t/649/80607/236/0/>>

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Your AAOS

5. AAOS seeks volunteers for knee brace work group.

The Guidelines and Technology Oversight Committee is seeking AAOS fellows to participate on a work group that will develop an AAOS evidence-based technology overview on knee braces. AAOS technology overviews are developed using a rigorous systematic process designed to promote transparency and limit bias. Applicants must have a background in evidence-based medicine, no financial conflicts of interest relevant to this topic, and be willing to sign an attestation form declaring they will maintain an absence of relevant conflicts for the duration of the technology overview process and one full year after Board of Directors' approval. All work group members must be available to attend a mandatory initial meeting in May 2010 in Rosemont, Illinois.

Learn more about technology overviews...
<<http://lists.aaos.org/t/649/80607/488/0/>>

To apply, please email the evidence-based medicine coordinator, Fareeha Shuttari-Khan by March 15, 2010 for further information and instructions.

shuttari@aaos.org

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6. Call for volunteers: New AAOS Committee on Outside Interests.

February 19 is the last day to submit your application for one of several open positions on the Committee on Outside Interests (chair and four member openings). The Committee on Outside Interests is a new AAOS governance unit, reporting to the Board of Directors, which will advise the Board and other AAOS groups regarding AAOS and individual orthopaedic surgeon relationships with industry, with other concerns added in the future as required. The committee will also oversee the AAOS Orthopaedic Disclosure Program and provide guidance regarding conflict of interest issues. Applicants for this committee should have an interest and understanding of current issues related to disclosure and conflict of interest. The chair should also be comfortable in a leadership position and as a spokesperson for AAOS. Applicants for all positions will be required to complete mandatory enhanced disclosure information.

Learn more and submit your application...
<<http://lists.aaos.org/t/649/80607/31/0/>> (member login required)

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