

## The Impact of the Affordable Care Act (ACA) on an Orthopaedic Trauma Service

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**Purpose:** Our objective was to determine the impact of the ACA on an orthopaedic trauma service at a Level I trauma center.

**Methods:** We retrospectively analyzed data collected between July 1, 2012 to December 31, 2013 and January 1, 2014 to July 1, 2015. Data were collected for the orthopaedic trauma attendings and fellows who worked at our center during that time period. The data were collected for all operative cases, consultations, and clinic visits and included: payer, professional fee billing, collections, and the number of patients. The data were analyzed using chi-squared analysis. We corrected for changes in patient volume between the 2 time periods by calculating average values per patient.

**Results:** We saw a significant increase in the percentage of inpatients (IP) and outpatients (OP) with Medicaid post ACA (IP 25% to 40%, OP 13% to 23%) with a corresponding significant reduction in the percentage of uninsured patients and county payers (IP 13% to 1%, OP 5% to 1%). The total number of IPs we treated changed by 43 patients between the 2 periods (NS), while our OP population decreased significantly by 1194 patients (20%). Collections for IPs and OPs combined increased by \$41/patient post ACA (-\$49/IP, +\$2/OP). Post ACA, our collection rate decreased by 6% (IP -5%, OP -8%). Medicaid collections decreased by \$162/IP and \$4/OP, contract collections increased by \$183/IP and \$22/OP; UCDHS (UC David Health System) insurance had mixed changes, with decreases of \$474/OP/partial risk, and \$693/IP/full risk, and increases of \$4/OP/partial risk, and \$38/OP/full risk), while Medicare decreased by \$42/IP and increased \$40/OP.

**Conclusion:** One of the goals of the ACA was to increase access to health care. It appears this was successful at our institution as reflected by the shift in our payer mix. However, this shift in insurance coverage was accompanied by a significant decrease in our collection rate, and a decrease in the amount we collected per Medicaid patient. We did collect more money per patient post ACA, but this occurred because of increases in payments for the patients with contracted insurance and OPs with UCDHS insurance. Because we see so many more OP than IPs, the increased payments on the OP side could make up for the decrease in payments for our IPs. However, we saw 20% less OPs post ACA and most of that decrease was patients with contracts and UCDHS insurance. The increase in Medicaid was mirrored by almost the same decrease in self-pay and county payers. Any additional losses of "better" payers in the future and/or further decrease in Medicaid reimbursement would be financially challenging. We conclude that the ACA did allow more patients to access medical care, but was associated with lower professional fee reimbursement for orthopaedic trauma surgeons.